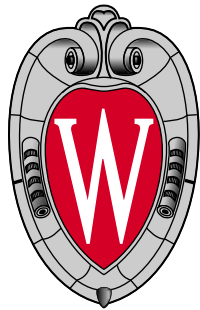


**University of Wisconsin
School of Medicine
and Public Health**



**Student Handbook
2009-2010**

**UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
2009-2010 STUDENT HANDBOOK**

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RESOURCE LIST

<i>FOR INFORMATION ABOUT:</i>	<i>CONTACT:</i>
Associate Dean for Students	Dr. Patrick McBride 263-4920 pem@medicine.wisc.edu 2150 HSLC
Associate Dean for Medical Education	Dr. Christine Seibert 262-6746 cseibert@wisc.edu 4299A HSLC
Student Academic Support Services including tutoring, study and test-taking skills	Sharon Marks 263-8280 srmarks2@wisc.edu 2264 HSLC Brent Nelson 265-5030 bnelson@wisc.edu 2266 HSLC
Career decision-making, CV and personal statement preparation, effective interviewing skills	Christopher Stillwell 262-7543 cmstillw@wisc.edu 2134 HSLC
Clerkship scheduling, registration, OASIS	Jane McGann 263-4923 jmcgann@wisc.edu 2144 HSLC
Course scheduling	Laura Dast 263-1391 lcdast@wisc.edu 4283 HSLC
Course materials, handouts, locker assignments, mailbox keys, mentor scheduling	Sarah Schmit 263-7676 schmit2@wisc.edu 2141A HSLC
Curriculum, Year 1	Amy Stickford Becker 265-2927 aebecker@wisc.edu 4286 HSLC
Curriculum, Year 2, Year 1 and Year 2 Integrative Cases	Renie Schapiro 265-3472 rschapir@wisc.edu 4285 HSLC
Curriculum, Year 3, Year 4	Roberta Rusch 263-8428 rrusch@wisc.edu 4287C HSLC Dr. Yolanda Becker 263-0483 yolanda@surgery.wisc.edu 4287D HSLC

<i>FOR INFORMATION ABOUT:</i>	<i>CONTACT:</i>
Financial Aid	Amy Schrader 262-3060 amy.straka@finaid.wisc.edu Office of Student Financial Aid 333 East Campus Mall
Global Health Programs	Dr. Cynthia Haq 263-6546 chaq@fammed.wisc.edu 4256B HSLC Lori DiPrete Brown 262-4801 dipretebrown@wisc.edu 4256A HSLC
Grades, immunization and TB test records	Jeanne Johnson 263-4912 jejohnson22@wisc.edu 2141G HSLC
Infectious disease exposure, including needle sticks and health records	Craig Roberts 262-6720 cmrober1@wisc.edu University Health Services 333 East Campus Mall
Learning Communities / Houses	Lynne Cleeland 265-6045 lmcleela@wisc.edu 4119 HSLC
MD Program Admissions	Lucy Wall 263-8228 lwall@wisc.edu 2138 HSLC
Mental health counseling and crisis response services	Counseling and Consultation Services 333 East Campus Mall 265-5600
Mistreatment and harassment	Rosa Garner 265-9666 rgarner@wisc.edu 2262 HSLC Dr. Patrick McBride 263-4920 pem@medicine.wisc.edu 2150 HSLC Equity and Diversity Resource Center 263-2378 179A Bascom Hall www.wisc.edu/edrc/sexualharassment Campus Women's Center 262-8093 710 University Ave, Suite 202 UW Police Department Non-emergency: 262-2957 Emergency: 911

<i>FOR INFORMATION ABOUT:</i>	<i>CONTACT:</i>
Multicultural Affairs	Gloria Hawkins 263-3713 gvhawkin@wisc.edu 2146 HSLC
Ombuds	Rosa Garner 265-9666 rgarner@wisc.edu 2262 HSLC
Personal or patient harassment response services	<p>Emergent/Acute Incidents: 911</p> <p>Non-Emergent Incidents:</p> <p><i>UW Hospital and Clinics</i> <u>Patient Relations</u> 263-8009</p> <p><u>Health Sciences Complex Security</u> 262-3058</p> <p><u>Hospital Security</u> 263-7065</p> <p><u>Risk Management</u> Sue Statz 261-1327</p> <p><i>School of Medicine and Public Health</i> <u>Ombuds</u> 265-9666 Rosa Garner</p> <p><u>Dean of Students</u> 263-4920 Dr. Patrick McBride</p> <p><u>UW Police Department</u> 262-2957</p>
Research opportunities and Research Honors Program	Lynne Cleeland 265-6045 lnccleela@wisc.edu 4119 HSLC
Residency application and Match	<p>Pat DeMarse 263-7135 pdemarse@wisc.edu 2148 HSLC</p> <p>Christopher Stillwell 262-7543 cmstillw@wisc.edu 2134 HSLC</p> <p>Sharon Greuel 263-4920 greuel@wisc.edu 2141H HSLC</p>

<i>FOR INFORMATION ABOUT:</i>	<i>CONTACT:</i>
Service learning	Sharon Younkin 262-4204 slyounkin@wisc.edu 4229 HSLC
Technical Standards Committee	Sharon Marks 263-8280 srmarks2@wisc.edu 2264 HSLC Brent Nelson 265-5030 bnelson@wisc.edu 2266 HSLC
Testing and evaluation	Georgia Hinman 265-6368 glhinman@wisc.edu 4281 HSLC
Wisconsin Academy for Rural Medicine (WARM)	Dr. Byron Crouse 265-6727 bicrouse@wisc.edu 4117 HSLC
Year End Professional Skills Exam (YEPSA)	Bill Schwanke 262-4708 wrschwan@wisc.edu 1171 HSLC

POLICIES

ATTENDANCE

Religious Observances

In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule mandatory course requirements on dates when a religious observance may cause substantial numbers of students to be absent. However, a conflict can still arise for an individual student. When this occurs, the student must submit a request to the course/clerkship director asking for permission to be absent from the scheduled mandatory course requirement. The course/clerkship director will decide upon the alternative means of meeting the requirement.

Year 1 and Year 2

The lecture, laboratory and small group sessions associated with each of the courses in Year 1 and Year 2 are valuable components of the medical school learning experience. It is highly recommended that students attend all sessions. All clinic and small group sessions are required unless designated otherwise by course directors. Students should contact their instructor regarding any requests for being excused from a scheduled session.

Standard expectation for all courses when a patient is present: If a patient is to be present at a large group course activity, attendance for all students is required. The course director will notify students at the beginning of the course regarding dates for these required patient events. The notification will appear in course materials and will be noted in OASIS by REQ on the event. All students are expected to come to class in professional dress consistent with UW Hospital Dress Code Policy. White coats are not required. Students should be on time and attentive during the presentation (laptops closed, cell phones on silent mode, no texting etc). Attendance may be taken. If a student cannot attend due to illness or other reason, he/she must contact the course director in advance. There may be a make-up assignment for any student who misses these events for any reason (excused or unexcused). These patient events will not be uploaded to the video library.

Year 3 and Year 4

Year 3 and Year 4 students are expected to participate in all clerkship activities including the Transitional Clerkship and the CORE Curriculum sessions held several times during the third year in Madison. Students must obtain prior approval from the clerkship director for all absences from clerkship activities, and directors will report absences to the Associate Dean for Students where the absences will be recorded and periodically reviewed. The absence request form is available on OASIS and includes instructions regarding submission for approval. (<http://med.uwisc.org/shared/notices.html> -- found in Forms in M3 folder and General Information in M4 folder).

Clerkships may excuse absences due to emergencies and certain professional activities. Examples of excused absences include a death in the family; religious holidays; serious personal illness, or illness of a spouse, domestic partner or dependent child. Requests to attend professional meetings will be considered if a student is presenting research or serving as a delegate representing SMPH.

Absences for social events are less likely to be granted. However, if absence is desired for an important social event (member of a wedding party, la Quinceañera of sibling, 50th anniversary of parents etc.) an absence request form must be completed at least 1 month in advance of the beginning of the clerkship and for minimal amount of excused time to attend the primary element of the engagement. These requests will be reviewed by the individual clerkship directors, and students will be informed within 1 week if their request is granted. Please note that total time off a single clerkship (for all reasons) will be taken into account in granting of requests for absence to assure that students have maximal opportunity for adequate clinical exposure. All requests will be recorded in the Associate Dean of Students Office. Requests in excess of five (5) per academic year will automatically be reviewed by the Dean of Students.

For all clerkships, residents or faculty directly working with the student are NOT allowed to grant approval for absence. Please do not approach these individuals and realize approval granted by them is NOT official. Approval MUST be obtained as specifically designated for each clerkship. Information regarding contact person for this approval is available on the request form.

If a student anticipates having requirements that may lead to unique requests for time away, it is suggested that the student speak with the Associate Dean of Students prior to beginning the third year (or as soon as the requirements develop).

Appeal of denied request: If a student is not approved for a request, he/she may appeal in writing directly to the clerkship director within 72 hours. The clerkship director will then consult with the Clerkship Curriculum Committee and the Office of Student Services to reconsider the request.

Consequences of an absence: Clerkship directors are committed to making sure students receive adequate exposure to multiple experiences, therefore required make-up time for absences is likely. Significant absences may require a student to repeat a clerkship.

Consequences of a non-approved absence (excluding emergencies): Absence without prior approval is considered unprofessional behavior and may result in failure of a clerkship or lowering of a clerkship grade.

Excused Absences for Personal Health Care: Medical students are strongly encouraged to promote and maintain their own health and well being. Health care is available for all students through the University Health Services and the student's private health insurance plan. However, since access to this health care is usually restricted between 8:00 a.m. and 6:00 p.m., Monday through Friday, the following policies govern excused absences for personal health care treatment.

Non-Emergency Care - Students in the Greater Madison Area: UW faculty will excuse a medical student from classroom and clinical responsibilities to attend appointments for personal medical and dental care. It is the student's responsibility to schedule appointments that do not conflict with examination schedules, surgical procedures, morning rounds, or other important group teaching sessions. Excused absences for such appointments should typically be in the range of one to two hours. The student must notify the appropriate faculty member of a scheduled appointment as soon as possible and arrangements should be made at that time regarding any required make-up work. It is understood that a student's clerkship evaluation will not be influenced in any way by an excused absence for personal health care needs. Frequent, standing appointments do not apply as excused absences under this policy.

Non-Emergency Care - Students Outside the Greater Madison Area: Medical students doing short-term away rotations should make every effort to schedule their personal, non-emergency, medical appointments while in residence in Madison (since the Medical School cannot enforce a University policy with non-UW faculty). Students on longer assignments should work with local faculty and preceptors to ensure that time is allocated for personal health care needs. A list of statewide facilities and providers accepting the UW Student Health Insurance Plan (SHIP) is available at http://www.uhs.wisc.edu/display_story.jsp?id=640&cat_id=116.

In addition to the Year 3 and Year 4 attendance expectations outlined above, the faculty recognizes that fourth-year students have added responsibilities that will take them away from their fourth-year clerkships. These include residency interviews, and the USMLE Step 2 examinations, Clinical Skills and Clinical Knowledge. Students are expected to avoid scheduling interviews or Step 2 testing on clerkship exam dates and orientation dates. During interview months of November – January (October – December for early match), students will be allowed to take time off for interviews and examinations, but the total time allocated for absence will be prorated based on the length of the clerkship. The number of days allowed

per clerkship based on the length of the clerkship is listed below.

Length of clerkship	Number of days allowed off
6 weeks	5 days, limit of 3 consecutive days
4 weeks	4 days, limit of 3 consecutive days
3 weeks	2.5 days
2 weeks	2 days

Students will be required to present proof of an interview invitation to the clerkship director as soon as they receive it, or at the beginning of the clerkship. Some clerkship directors may choose to have a student complete specific responsibilities to obtain any additional flexibility when they need time for interviews.

If a student decides to take the Step 2 Clinical Skills Examination outside of the residency interview months (Oct – Dec or Nov - Feb), he/she will be allowed a maximum of 2 days off of the clerkship and must provide proof in advance that he/she is registered for the examination. If any required rotation components or exams are missed, the form of the make-up and the date are at the discretion of the clerkship. A student may need to alter his/her schedule (including any planned time off) to meet clerkship requirements.

Rotation Release – Year 3 Core Days

- All students will be excused from taking call the night before a core day.
- Students who are at sites located further than a one-hour drive away from Madison are:
 - Excused at 2:00 p.m. the day before a core day so that they can have adequate time to get to Madison.
 - Expected to resume their regular clinic duties by Saturday afternoon, and should take call Saturday night if they are scheduled to do so.
- Students who are doing a rotation at the UW or VA hospital are:
 - Expected to make rounds on their patients on the morning of core day. The rounds should be completed before the start of the core day program, usually 8:00 a.m.
 - Expected to resume their regular on-call schedule on Friday night and clinic duties on Saturday morning.
- Students who are doing a rotation in Madison or within a one-hour drive are:
 - Expected to resume their regular on-call schedule on Friday night and clinic duties on Saturday morning.
- February Core Day
 - Since the program includes a session on Saturday morning, Madison area students should not take call Thursday or Friday night, but should resume training activities Saturday afternoon.
 - Out-of-town students should not take call Thursday through Saturday, but can resume training activities on Sunday.

Rotation Release – Year 4 Match Day

- Match Day is Thursday of Match Week. All M4s are excused from taking call on Wednesday, the night before Match Day.
- M4s who are at sites located further than a one-hour drive from Madison:
 - Are excused at 2:00pm on Wednesday to allow adequate time to return to Madison.
 - Will return to resume their regular duties by 1:00pm on Friday and take call that night if they are scheduled to do so.
- M4s who are at sites within a one-hour drive of Madison:
 - Are excused at the end of their regular duties on Wednesday.
 - Will return to resume their regular duties by 8:00am on Friday and take call that night if they are scheduled to do so.

- M4s who are in Madison:
 - Are excused at 9:00am on Thursday
 - Will resume their regular duties at the usual time on Friday and take call that night if they are scheduled to do so.

Work Hour Policy for Clinical Rotations

The Clerkship Curriculum Committee developed the following clinical rotations work hour (duty hour) policy regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical rotations. According to the ACGME, duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. All clerkships are committed to and responsible for promoting patient safety and medical student well-being, and must provide a supportive educational environment. Clerkships must ensure that faculty provide appropriate supervision of students in patient care activities.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period inclusive of all in-house call activities.
2. No duty shift shall exceed 24 hours plus 6-hour sign-off.
3. Students are required to have at least one 24-hour period off per week on average.
4. All students are advised to report overages to the designated clerkship administrator, the Associate Dean for Students, or the Ombuds.

CONFLICT of INTEREST: POLICY REGARDING the INTERACTION AMONG STUDENTS, FACULTY MENTORS, and INDUSTRY*

Preface:

The students of medicine at the University of Wisconsin School of Medicine and Public Health (UW SMPH), in carrying out the school's mission of excellence in health-care education, research, and service to the people of Wisconsin and beyond, regularly and usefully interact with members of industry. However, collaboration with external interests has the potential to compromise the integrity of student education. The purpose of this policy is to minimize interactions in which the interests of the health care industry may conflict, either in appearance or in actuality, with medical students' goal of acquiring the knowledge necessary for optimal care of our future patients.

These guidelines are meant to supplement policies established by the University of Wisconsin School of Medicine and Public Health and its affiliated schools, the Medical Foundation, and the Hospitals and Clinics, specifically Hospital Policy 11.19, Chapter UWS 8 of the *Wisconsin Administrative Code*, and the management plans of the Conflict of Interest Committee.

Policy:

- I. While in clinical settings for required UW SMPH activities, students will not interact with members of industry in any context that is not in compliance with SMPH institutional policies regulating such interactions. Additionally, a faculty member should be present if students do interact with industry representatives in approved contexts.
- II. While in clinical settings for required UW SMPH activities, students will not use or exhibit promotional items that display industry brand names. Student presentations and projects should not include industry-sponsored promotional materials.
- III. Students will not accept any personal gifts or promotional items from industry. Members of industry may donate grants and scholarships for students if approved by UW SMPH administration. Administration will be solely responsible for selection of recipients and distribution of such grants. Faculty will not distribute industry-funded promotional items to students unless approved by UW SMPH administration.

- IV. Students are strongly discouraged from attending industry-sponsored promotional events.
- V. Industry sponsorship for student organization events is strongly discouraged. Student organizations must request UW SMPH administration approval for any event involving industry.
- VI. All course and clerkship materials should disclose the nature of any industry relationships of the faculty member relevant to course material. If a course faculty member has no relevant relationships to report, that should also be indicated. Course materials should not contain paid advertisements and should avoid brand names in favor of generic names.
- VII. Students are discouraged from attending any industry-sponsored educational activities not scheduled as part of any specific course. Students may opt out of these activities without adversely affecting their evaluation in any course or clerkship. This restriction does not apply to professional conferences or other meetings supported by multiple industry sponsors.
- VIII. In special circumstances, UW SMPH administration may approve exceptions to this policy. Requests for exceptions should be submitted in writing to UW SMPH Associate Dean for Students office. Requests should clearly state how the benefits of the proposed exception might outweigh the potential for conflict of interest. If granted, petitioners should receive written notification of the exception.
- IX. Individuals who may be in violation of this policy should be referred to the Associate Dean for Students office.

*Note: for this policy, it is recommended that “industry” refer to those who make pharmaceuticals, devices, or any other product for use in health care.

EXAMINATIONS

General Policy for Courses and Clerkships

Expectations

All students are expected to take examinations on the date and time they are scheduled. Being unprepared for an exam due to poor time management is not an acceptable excuse for rescheduling an exam.

Exam Tardiness

Examinations are administered with a specified starting and ending time and students are expected to arrive on time; arriving late is disruptive to other students. Students who arrive late to an examination will not be given additional time beyond the scheduled end of the exam without prior approval by the office of the Associate Dean for Students. This policy applies to all exams in medical school.

Unapproved Exam Absence

Any student with an unapproved absence from a scheduled examination will receive a zero score for that examination. This policy applies to all exams in medical school.

Students with a Documented Disability

Students with a documented disability requiring exam accommodation must contact the course/clerkship director at the beginning of the course/clerkship to discuss testing accommodations. The course/clerkship director will designate the date and time for the examination and notify the medical school Testing Center.

Religious Observances

In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule examinations on dates when a religious observance may cause substantial numbers of students to be absent. However, there may be conflicts between scheduled examinations and religious observances other than those listed on the medical school’s exam schedules. If this occurs, a student must submit a request to the course/clerkship director to reschedule the examination according to the applicable procedures below.

Policy on Rescheduling Examinations

The Medical School recognizes that emergencies, illness, professional or personal situations occur that necessitate a change in the examination schedule for a student.

Urgent Requests to Reschedule an Exam

Urgent requests to reschedule an exam include:

- A death in the family.
- A serious personal illness or illness of a spouse, partner or dependent child. In the case of a student's illness or psychosocial reason for requesting an exam delay, the student may be required to be assessed by the appropriate staff in Student Services, University Health Services, or other appropriate counselors
- Participation in the Moms-Dando a Luz program for Year 1 and Year 2 students who are actively following a pregnant patient under the supervision of a UW faculty or community physician will be approved to reschedule a quiz or an exam if the patient is in labor and delivery at the time of the exam, or if the delivery has occurred in the 24 hours preceding the scheduled exam. Students will not be excused to attend a patient's labor and delivery if the exam is already underway. Exam or quiz absences will not be sanctioned for the patient's clinic appointments or care other than the labor or delivery. Students are reminded that they must follow the procedure to request to reschedule an exam as outlined in the policies above.

Non-Urgent Requests to Reschedule an Exam

Only ONE (1) non-urgent request to reschedule an exam may be approved in each semester. The event and/or travel to/from the event must occur on the day of the exam in order for the request to be considered. For Year 3 and Year 4, the fall semester is from July-December, the spring semester from January-June. Non-urgent requests to reschedule an exam may include:

- 1) Presenting research at a professional meeting; 2) Attending a professional meeting; and
- 3) Participating in a significant personal or family event.

Procedure to Reschedule an Examination

Year 1 and Year 2

Requests to reschedule an exam must be submitted on a *Request to Reschedule an Exam* form. The forms are available in OASIS Notices and the office of the Associate Dean of Students, 2150 HSLC. The rescheduled exam date for each course is noted on the form.

Students who are unable to take a scheduled examination must do the following.

For an Urgent request:

Contact the office of the Associate Dean for Students (263-4920) as soon as possible prior to the start of the examination. If no one answers, leave a message with your name, the reason for your request, and the time of your call. If the examination is scheduled on a Saturday, contact the person who administers the exam. If a delay is verbally approved, submit a *Request to Reschedule an Exam* form as soon as possible to the office of the Associate Dean of Students, 2150 HSLC.

For a Non-Urgent request:

Submit a *Request to Reschedule an Exam* form to the office of the Associate Dean for Students, 2150 HSLC at least two (2) weeks prior to the regularly scheduled exam date. The reasons for the request must be indicated and may need to be documented. Approval is not assured until the Associate Dean for Students or a designated staff member has signed the form.

When either an Urgent or Non-Urgent request is approved:

Course directors and the medical school Testing and Evaluation will be notified immediately by the office of the Associate Dean for Students.

Rules for students who receive approval for an Urgent or Non-Urgent request:

1. The student is prohibited from viewing the answer key or discussing the exam or its contents with other students or faculty.
2. It is the student's responsibility to be certain that the rescheduled exam time does not conflict with any of his/her educational responsibilities (e.g. small group sessions, other exams, etc.).
3. Rescheduled exam dates, times and locations are established by the medical school and will not be modified to suit individual student needs. Dates are noted on the *Request to Reschedule an Exam* form.
4. The student is expected to take the exam on the specified rescheduled exam date. Failure to do so will result in a zero score for that exam unless prior approval is obtained from Testing and Evaluation and the office of the Associate Dean for Students.

Year 3 and Year 4

Students who are unable to take a scheduled examination must do the following.

Obtain prior approval:

A student must submit a *Year 3 and Year 4 Request to Reschedule an Exam* form located in OASIS Notices within **two days** of the start of the clerkship, or in the case of an emergency, as soon as the student is aware there is a conflict.

If the request is approved:

The exam must be taken at one of the following times:

- a) The next time it is offered, or
- b) At the scheduled make-up date not to exceed one semester.

Students who fail an exam:

The exam must be taken no later than the scheduled make-up date for the current semester.

Students with a documented disability:

A student who has a disability that is documented with Student Academic Support Services may be allowed additional examination time. The student must contact the clerkship director at the **beginning of the rotation** to discuss testing accommodations. The clerkship director or administrator will designate the date and time for the examination and notify Testing and Evaluation.

Examination Standards

The medical school follows National Board of Medical Examiners (NBME) standards for exam delivery. As such, all examinations will be video recorded to ensure exam integrity; the testing environment will be fair, consistent, respectful, and quiet for all students.

The testing administrator and proctors are responsible for the examination milieu, the integrity of the exam, and implementing backup testing procedures in the event of a computer or environmental malfunction.

Students may bring the following items in to the examination room:

- Soft earplugs
- Beverages
- Cough drops (please show proctor and unwrap prior to the exam)

Students will be asked to leave the following items outside the examination room:

- Bags, purses, and backpacks
- Coats and jackets
- Hats and gloves
- Fleeces, sweatshirts, shirts or dresses with front/side pockets near the midline

- Extraneous materials
- Food
- All electronics (except watches)
- Writing instruments

What will be provided to you if approved by the course director:

- Calculator
- Scratch paper
- Pencil

Examination Review

As a learning tool, students are encouraged to review their medical school examinations after they have been graded and the final results have been made available. In addition, reviewing an examination with an instructor or member of Student Academic Support Services can be helpful for the student to evaluate their study and test-taking skills. Students have two weeks following the date their examination is available for review for purposes of disputing an exam grade. Students may still review exams after the two-week period, but adjustments to scores will not be considered after this time. Year 1 and 2 exams can only be reviewed under secure conditions in the Exam Review Center, 2132 HSLC, during specified times. Students can contact Student Academic Support Services to schedule an alternative review time if necessary. Year 3 and 4 exams are managed by the clerkships.

United States Medical Licensing Examinations (USMLE)

Three steps of the United States Medical Licensing Examination (USMLE) are required for licensure in the United States. The USMLE licensing board requires completion of Steps 1, 2 and 3 within seven years, beginning when the examinee first passes Step 1. The medical school must sponsor students to register for the Step 1 and 2 exams; registration for the exams is the responsibility of the student. Applications and information about the Step examinations may be obtained online on the National Board of Medical Examiners web site at www.nbme.org.

- I. USMLE Step 1 Examination
 - A. All students must take and pass the Step 1 examination within one year of completion of their Year 2 coursework.
 - B. All eligible students are expected to take the Step 1 examination on or before June 30 in the year they plan to begin Year 3 clinical clerkships. If there are extenuating circumstances, a request to delay the exam must be submitted to the Associate Dean for Students. If approval is granted, the student's first clerkship will be scheduled to begin after the exam has been taken.
 - C. Students who fail the Step 1 examination on their initial attempt will be allowed only two additional attempts to pass. If a third attempt is necessary, it must be taken no later than one year after the date of the student's first sitting for the exam.
 - D. Students who fail the Step 1 exam on their first attempt will be allowed at the discretion of the clerkship director to complete the third year clerkship they are taking at the time the exam results become available. After retaking the Step 1 exam for the second time, students will be allowed to re-enter their Year 3 schedule while waiting for the exam results. Students who take the Step 1 exam a third time must wait for the exam results before being allowed to re-enter their Year 3 schedule.
 - E. Students who fail the Step 1 examination three times will be dismissed from Medical School.
- II. USMLE Step 2 – Clinical Knowledge Examination
 - A. All students must take, but are not required to pass, the Step 2 Clinical Knowledge exam in order to satisfy the graduation requirements (Faculty Action, 1992).
 - B. Failure to pass the Step 2 Clinical Knowledge exam could lead a residency program to deny the start or continuation of the student's residency training.

- III. USMLE Step 2 – Clinical Skills Examination
 - A. All students must take, but are not required to pass, the Step 2 Clinical Skills exam in order to satisfy the graduation requirements.
 - B. Failure to pass the Step 2 Clinical Skills exam could lead a residency program to deny the start or continuation of the student’s residency training.
- IV. USMLE Step 3 Examination
 - A. In order to take Step 3, a student must have taken and passed the Step 2 Clinical Knowledge and Step 2 Clinical Skills exams.
 - B. Step 3 is usually taken toward the end of the first year of residency training.

GRADING and EVALUATION

Grading System (Faculty Action, 2000)

- A = Outstanding Performance
AB = Very Good Performance
B = Good Performance (performance expected of most students)
BC* = Satisfactory Performance
C* = Minimally acceptable Performance
F = Failure
An unacceptable level of work. The course must be repeated if permitted by the Student Promotion Committee. The original F remains on the transcript along with the grade achieved after repeating the course.
S = Satisfactory performance in a pass/fail course
U = See below
IF = See below
I = Incomplete
Assigned when the requirements for the course have not been completed because of an excused absence. After the missed coursework or examinations have been completed, a grade of A, AB, B, BC, C, F, S, U or IF may be assigned. The I grade remains on the transcript only until one of the grades listed above is reported.
P = Progress
Used to indicate satisfactory progress in a course extending over more than one semester. The P grade is replaced with a final grade when the course is completed.
PI = Permanent Incomplete
Used only when a course has not been completed. The PI grade remains on the transcript.

*Although BC and C grades are accepted as passing grades in an individual course, a student whose overall performance is consistently rated as BC or lower will be considered to be academically at risk and will be referred to the Student Promotion Committee for appropriate action. In the fourth year, a student must complete a minimum of 30 credits of approved 4th year course work with a grade of B or better to satisfy the graduation requirements.

U and IF grades prior to the 2008/2009 academic year are used as follows:

- U = Deficient Performance in a Clinical Course
Used in Year 3 and Year 4 courses when deficiencies can be remedied short of repeating the entire course. Additional work or a repeat examination may be required. Upon satisfactory completion of the remedial requirements, the U will be replaced by a final grade as specified in the department's grading policy for the course. (Faculty Action, 1991)
IF = Deficient Performance in a First or Second Year Course
Used in first and second year courses when deficiencies can be remedied short of repeating the course. The IF grade remains on the transcript only until a final grade is reported. When the deficiency is corrected, the final grade cannot exceed a C (S in a pass/fail course).

U and IF grades beginning with the 2008/2009 academic year are used as follows:

- U = Unsatisfactory performance in a pass/fail course (failure)
An unacceptable (failing) level of work. The course must be repeated if permitted by the Student Promotion Committee. The original U remains on the transcript along with the grade achieved after repeating the course.
IF = Deficient Performance
Year 1 and Year 2 Courses:
Used in Year 1 and Year 2 courses when deficiencies can be remedied short of repeating the course. The IF grade remains on the transcript only until a final grade is

reported. When the deficiency is corrected, the final grade cannot exceed a C or an S in a pass/fail course.

Year 3 and Year 4 Courses:

Used in Year 3 and Year 4 courses when deficiencies can be remedied short of repeating the entire course. Additional work or a repeat examination may be required. The IF grade remains on the transcript only until a final grade is reported. Upon satisfactory completion of the remedial requirements, the IF will be replaced by a final grade as specified in the department's grading policy for the course.

Grade Point Average Calculation (Faculty Action 2000)

A grade point average is calculated using the following permanent letter grades and their corresponding grade points. GPAs are for internal purposes only and are not reported on the official UW-Madison transcript.

- A = 4.0 grade points per credit
- AB = 3.5 grade points per credit
- B = 3.0 grade points per credit
- BC = 2.5 grade points per credit
- C = 2.0 grade points per credit
- S = 0.0 grade points per credit
- IF = 0.0 grade points per credit
- U = 0.0 grade points per credit
- F = 0.0 grade points per credit

- I. F grades earned after the 2000/2001 academic year are calculated into the GPA; F grades earned prior to the 2000/2001 academic year are not calculated in the GPA.
- II. Grades earned in pass/fail courses are not included in the GPA calculation.
- III. Grades earned in the Required Clerkships taken in either Year 3 or 4 are not included in the GPA calculation.
- IV. Grades earned in elective courses are not included in the GPA calculation.
- V. The clinical evaluation grade for Year 3 Core Clerkships is not included in the GPA calculation; only the final clerkship grade is used.
- VI. Grades earned in medical school courses taken prior to matriculation as a medical student at the UW School of Medicine are not included in the GPA calculation.
- VII. Grades earned in courses taken at other medical schools, either before or after matriculation at the UW School of Medicine, are not included in the GPA calculation.
- VIII. A Dean's GPA is calculated for purposes of determining class rank.

The Dean's GPA is calculated using the following formula for students who completed the first year of medical school prior to the 2008/2009 academic year:

$$\text{Dean's GPA} = \frac{\text{Year 1 GPA} + \text{Year 2 GPA} + 2(\text{Year 3 Core GPA})}{4}$$

The Dean's GPA is calculated using the following formula for students who complete the first year of medical school beginning in the 2008/2009 academic year:

$$\text{Dean's GPA} = \frac{\text{Year 2 GPA} + \text{Year 3 Core GPA}}{2}$$

Repeating Courses and Removing IF Grades

- I. A course in which a passing grade (A, AB, B, BC, C, or S) has been received may be repeated only with approval of the Student Promotion Committee. Although a C is accepted as a passing grade in an individual course, a student whose overall performance is consistently rated as C is not performing at a passing level and may be required to repeat coursework (see Policies Regarding Student Promotion.)

- II. All completed courses, whether passed or failed, remain on the student's official UW-Madison transcript. When the SPC permits or requires a student to repeat certain course(s), only the new grade if it has associated grade points, will be included in the GPA.
- III. Failed Courses (Faculty Action, 1991)
 - A. Failed courses must be repeated. The F grade, or U grade if the course is pass/fail, remains on the transcript along with the new grade achieved. As noted in the *Grade Point Average Calculation* section above, a grade of F in a course taken during and after the 2000/2001 academic year will be calculated into the student's GPA. A grade of F in a course completed prior to the 2000/2001 academic year will not be calculated in the student's GPA.
 - B. Failed courses may be repeated only once.
 - C. An IF grade in a Year 1 or Year 2 course can be replaced by a C grade, or an S grade if the course is pass/fail, only through satisfactory completion of the work at the medical school. A student may be given only one re-examination to remove an IF. If, upon re-examination, the student's performance is still not at a minimally acceptable level, a grade of F, or U if the course is pass/fail, will be reported and the student must repeat the entire course.
 - D. If a student has taken a Year 1 or Year 2 course and earned an F grade, or a U grade if the course is pass/fail, then satisfactorily completed the course at another institution, the F or U will remain on the transcript and the grade will be included in calculating the student's GPA if it has associated grade points. Upon recommendation by the course director, the grade from the other institution will be noted in an academic action excusing the student from repeating the course. This academic action will appear in the body of the official transcript.
 - E. In a Year 3 or Year 4 course, a U grade prior to the 2008/2009 academic year, and an IF grade beginning in 2008/2009, can be replaced by an A, AB, B, BC or C grade, subject to departmental policies, when all course requirements have been successfully completed. If clinical work or a clinical clerkship exam is failed a second time, the U or IF grade is replaced by an F grade, and the student must repeat the entire course. The final grade for the repeat of the course and the original F grade will be used in the Year 3 GPA calculation if the course is a Core clerkship. In all cases where a clerkship is repeated, a notation will be made in the student's MSPE.

Grade Changes

- I. Any change to a final grade, whether the change is due to clerical error or reevaluation of an exam answer, must be made by the course instructor.
- II. Faculty may not permit selected students to improve a passing grade through completion of extra work. If extra credit work is permitted, it must be available to all students taking the course. This provision does not apply to arrangements made to remediate an IF grade.
- III. Resolution of Grade Disputes
 - A. Course grades are the responsibility of the teaching faculty. Questions about grades must first be directed to the faculty member responsible for the course -- the course director in a basic science course, or the clerkship director/administrator in a clinical course. Students should refer to individual course grading policies regarding grade disputes.
 - B. Following the course grade review process, if the student believes he/she was graded inappropriately, the student may request a review by the Associate Dean for Students. The student's request for review must be in writing, and must include the reasons the student believes the grade was unfair.
 - C. The Associate Dean for Students cannot authorize a grade change but can discuss the student's concerns with the course/clerkship director. Following this review, the course director makes the final decision.

IMMUNIZATION and TB TEST REQUIREMENTS

Health care professionals, including students-in-training, are at higher risk than the general population for acquiring communicable diseases such as measles, mumps, rubella, varicella (chicken pox), Hepatitis B, and tuberculosis. In order to protect themselves, their colleagues and patients, students must provide evidence of immunization or immunity against these diseases.

- A. Required Immunizations and Tests
 1. Evidence of immunization and/or antibody testing for measles, mumps, rubella, varicella and Hepatitis B, is required to demonstrate proof of immunity.
 2. An annual tuberculin skin test is required of all students. The test is given by University Health Services and the results are provided to the school. A chest x-ray is required at the time of the first positive skin test. Students known to have a positive skin test must provide an annual update of their health status relative to tuberculosis. A new chest x-ray is not required each year unless there are signs or symptoms of tuberculosis or other medical concerns.
 3. Students beginning the program in 2010 must have a documented tetanus/diphtheria immunization within the last ten years. Tetanus/diphtheria/pertussis (Tdap) vaccine is strongly recommended and can be given as early as two years since the last Td dose. Prior to 2010, tetanus/diphtheria immunization was strongly recommended.
- B. Strongly recommended: An initial polio vaccine series..
- C. Exemptions
Students will be exempt from immunization (a) if they object on the grounds that administration of immunizing agents conflicts with their religious beliefs (unless the Board of Health has declared an emergency or an epidemic of disease), or (b) if they present a statement from a licensed physician which states that their physical condition is such that administration of one or more of the required immunizing agents would be detrimental to their health.

HEALTH INFORMATION PORTABILITY and ACCOUNTABILITY ACT (HIPAA)

Students in clinical training programs at UW-Madison are required to learn about the health information privacy requirements of the Health Insurance Portability and Accountability Act (also known as the HIPAA Privacy Rule) that went into effect in April, 2003 (<http://hipaa.wisc.edu/traininguwfcc.html>). When students are at a health care facility for clinical training, they are covered by the Privacy Rule as a member of that facility's workforce. In addition to this training, a training site may require students to complete Privacy Rule training specific to that site. Students are expected to follow that site's policies and procedures, including those concerning health information privacy.

HIPAA Privacy Rule

The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information, called "Protected Health Information" ("PHI"). PHI includes written, spoken, and electronic information and images.

PHI is health information or health care payment information that identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs, and voices or images on tape or electronic media. When in doubt, you should assume that any individual health information is protected under the Privacy Rule.

All patients students come into contact with at a training site will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights under the Privacy Rule.

INSURANCE COVERAGE

Health Insurance

All medical students are required to have active health insurance coverage that meets the insurance requirements listed below. It is important to note that the list details the minimum coverage requirements only. We urge you to review your plan carefully to ensure that the coverage is adequate throughout. Features of many low cost plans that should be avoided include:

- “Limited medical benefit plans” which have monetary caps or limits on services such as ambulances, inpatient care, intensive care or other services.
- Plans with no coverage for mental health services.
- Plans with no prescription drug benefit.
- Geographically limited plans, often out-of-state HMOs, which offer only emergency coverage in the Madison area or other areas where you will be studying.

Insurance Category	Coverage Requirement
Maximum Lifetime Benefit	\$1,000,000
Annual Plan Deductible	\$1,000 per person
Emergency Room (visits and treatment)	80% (after deductible/copayment)
Inpatient Hospital Benefits (including labs, x-rays and miscellaneous expenses) <i>(Note: “limited medical benefit plans” with separate daily benefit caps on medical services such as intensive care are not acceptable)</i>	80% (after deductible)
Outpatient Benefits (e.g. Physician office visits, labs, Physical Therapy, radiology etc.) in the location you will be studying (typically Madison)	80% (after deductible)
Mental Health Benefits (Inpatient, Outpatient and Chemical Dependency)	Must include in-patient coverage

Disability Insurance

Disability insurance, while not required, is highly recommended given the health risks associated with the training and practice of medicine. It can be a good investment given your financial status and risk of illness in your career.

Low-cost student disability insurance is available through the American Medical Association. The AMA, through its AMA Insurance Agency, offers a student plan that provides a benefit of \$1,000 a month up to a maximum annual benefit of \$12,000 to help students through a disabling illness or injury. The rate is affordable at \$41 per year. Please note that students can apply only during the open enrollment period from July 1 - December 31.

For information regarding the plan, go to <http://ww2.amainsure.com/products/health/sdi.html> or call the AMA Insurance Agency at 800-458-5736, Monday through Friday, 8:00 a.m. to 5:00 p.m., Central Time.

LEAVE of ABSENCE

Request for Leave of Absence

A request for a leave of absence must be submitted on a Leave of Absence Request Form and discussed with the Associate Dean for Students. Approval is dependent on the reasons and goals for the leave. Generally, a leave of absence is only granted to students who are in good academic standing. If the leave begins after the semester has begun, disposition of the registered courses for that semester follow University and School of Medicine guidelines unless the Associate Dean approves a specific exception to the policy. Students will not be granted a leave of absence once their final exam period has begun. Students granted a leave of absence are not permitted to enroll as University Special Students in courses offered in the medical student curriculum. All approved leaves of absence are presented to the Student Promotion Committee.

When the Associate Dean for Students considers a leave of absence to be in the best interest of the student, and the student does not agree, the case will be presented to the Student Promotion Committee.

Duration of Leave of Absence

The duration of a leave of absence can be for any length between two and twelve months. Leaves beyond one year are discouraged and require approval of the Student Promotion Committee. Students on financial aid are encouraged to inquire about the possible impact of a leave on their loan status.

Leave of Absence for Medical Reasons

When a leave of absence is requested for medical reasons, a written evaluation from a physician may be required. The Associate Dean for Students may require an independent opinion by a physician chosen by and at the expense of the medical school. When readmission to medical school is sought after a leave of absence for medical reasons, a written evaluation from a physician may be required. The Associate Dean or the Student Promotion Committee may require an independent opinion by a physician selected by the medical school. When the reason for a medical leave is associated with a newly acquired physical or learning disability, the student must be reviewed by the Technical Standards and Accommodation Advisory Committee before readmission to medical school can be considered.

Leave of Absence for Maternity and Paternity Reasons

Students choosing to have or adopt a child during medical school may take a leave of absence before and/or after the child arrives. The usual length of the leave is up to 8 weeks.

Impact of Leave of Absence on Time Limits

The academic policies of the medical school stipulate specific time limits for students to progress through the curriculum. These time limits are suspended during the duration of a leave of absence for students who begin a leave in good academic standing and with no incomplete grades.

Impact of Leave of Absence on Year 3 Scheduling

Regardless of when the leave is taken during the first three years of Medical School, if the leave delays the start or interrupts a student's third year clerkship schedule, every effort will be made to reschedule the missing clerkship(s) at the beginning of the next Year 3 scheduling cycle. However, if the total number of students (new and old Year 3 students, transfers, MD/PhD students, etc.) wanting to schedule Year 3 rotations exceeds the total number of available slots, those on a maternity or paternity leave will be given a lower priority compared to other categories of students.

Priority Ranking for Scheduling Year 3 Clerkships

1. Year 2 students who completed all preclinical course requirements.
2. Year 4 students who missed a Year 3 clerkship(s) due to personal crises/emergencies.
3. Year 3 students who missed a Year 3 clerkship(s) due to a failed Step 1 examination.
4. Students whose Year 3 start was delayed due to personal crises/emergencies causing unfinished Year 2 coursework.

5. Students who missed or delayed start of the Year 3 clerkship(s) due to a maternity or paternity leave.
6. Transfer students.
7. Students choosing to delay Step 1 and who are otherwise eligible or students choosing to delay or interrupt an established Year 3 schedule.

MISTREATMENT and HARASSMENT

The UW School of Medicine and Public Health, UW Medical Foundation, and UW Hospital and Clinics, as stated in the *UW Health Policy for Professional Conduct in the Learning Environment*, are committed to providing a learning environment that facilitates students' acquisition of the knowledge, skills, and professional and collegial attitudes necessary for effective, caring and compassionate health care. Harassment or mistreatment of any kind is detrimental to such an environment and it is for this reason that the medical school will not tolerate any incidents of mistreatment or harassment of students, and encourage students to report incidents of mistreatment to the school.

Student Report of Mistreatment or Harassment

Student feedback is essential to the goal of achieving excellence in the learning environment. Students are urged to bring any concerns or complaints of mistreatment or harassment – including sexual harassment - to the medical school's attention through the most comfortable of a variety of routes. All concerns related to mistreatment or harassment from faculty, staff, patients or fellow students will be addressed and students may report confidentially, and without retaliation. If a student feels he/she has been mistreated or harassed, they are encouraged to notify and discuss this with the medical school and campus resources listed in the Resource List section of this document. Students may also use the *UWSMPH Confidential Report / Consultation on Mistreatment Concern* reporting format in OASIS. Submissions through OASIS are forwarded directly to the Ombuds. The Ombuds may:

- Serve as a resource to students where reports of mistreatment, harassment, and sexual harassment will be considered discreetly and impartially;
- Serve as an intermediary within the medical school, hospitals, clinics, preceptorship sites, or campus, as needed.

Inappropriate and Unacceptable Behavior

Supporting a positive learning environment requires creating an atmosphere in which the ability of individuals to function professionally is optimized. Unacceptable behavior can be unintended, yet perceived as abusive. Awareness of examples of inappropriate and unacceptable behavior should serve to help avoid such misperceptions. The list of behaviors below sets out a few of many examples of such behaviors:

- Belittling or humiliation;
- Insults or verbal attacks;
- Threats of physical harm or physical attacks;
- Threatening to assign a lower grade or to write a poor evaluation as a means of intimidation;
- Taking credit for another individual's work;
- Disregard for the safety of others;
- Sexual harassment, including unwelcome sexual advances or demands, either verbal or physical;
- Discrimination on the basis of race, gender, sexual orientation, religion, ethnic background, age, or physical ability.

Sexual Harassment

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- Submission to such conduct is a condition of employment or academic progress;
- Submission to or rejection of such conduct influences employment or academic decisions; or

- The conduct interferes with an employee's work or a student's academic career, or creates an intimidating, hostile, or offensive work or learning environment.

People, such as the Ombuds, may serve as an intermediary with staff and students or others within the medical school, hospitals, clinics, preceptorship sites or campus, as needed; and are available to help a student even when the concern does not appear to fall within the sexual harassment guidelines. It is appropriate to use the suggested resources to explore whether behaviors that seem inappropriate would be considered sexual harassment. State and federal laws and University policies protect against retaliation for reporting sexual harassment or filing a complaint of sexual harassment, even if the complaint is eventually dismissed or is deemed to be lacking in merit. It does not follow that false claims will be tolerated; a person will be held accountable for making a frivolous or malicious complaint of sexual harassment. Colleagues who assist others in raising a complaint of sexual harassment by offering advice, moral support, or giving testimony or documentary evidence in support of a complaint of harassment are similarly protected.

Consensual Relationships

The University presumes that the ability to make objective decisions is compromised if there is a romantic and/or sexual relationship between two individuals who have a reporting or evaluative relationship. There is almost always a power differential between such individuals, which not only obscures objectivity but influences perceptions of consensuality. The individual with the power or status advantage is always accountable for failing to take appropriate action to remove the conflict of interest by reporting the relationship to his or her supervisor.

In the case of instructor and student, the respect and trust accorded the instructor by the student, as well as the power exercised by the instructor in giving grades, evaluations, recommendations for further study and/or future employment, greatly diminishes the student's actual freedom of choice concerning an amorous or sexual relationship. Codes of ethics for most professional associations forbid professional-client relationships. The relationship enumerated above should be viewed in this context.

Procedures to Follow if Harassed by a Patient

How a student might respond to harassment from a patient depends on the perceived severity of the harassment. The following three suggestions appear in order of escalating severity of the harassment from patients. As noted in the last suggestion, Patient Harassment Response Services are listed in the Resource List section of this document.

- Ask the patient to refrain from making the offensive comments or actions. This usually curtails any further inappropriate behavior.
- If further inappropriate behavior continues, tell the patient you will refuse to continue with the examination or treatment unless the inappropriate comments or actions stop immediately.
- Leave the examining room and immediately report the incident to your faculty instructor. If the instructor is not immediately available, report the incident to your supervising resident or fellow.
- Report the incident to one of the contacts included in the Patient Harassment Response Services listed in the Resource List section of this document.

MEDICAL STUDENT MORAL OBJECTIONS POLICY

A student's moral formation is a lifelong process that continues during his or her medical training. There are practices and procedures that are part of standard medical training that may conflict with a person's conscience or morality. The UW School of Medicine and Public Health (UW SMPH) recognizes the right of students in special or unusual circumstances to decline to participate in certain aspects of their medical education which are in conflict with their ethical or religious beliefs if the following conditions are met:

- A. The student notifies the course or clerkship director, the Associate Dean for Medical Education, and the Associate Dean for Students of the request not to participate in a part of a course or clerkship.
- B. The written notification includes the specific aspect of the curriculum the student is requesting not to participate in, the reason for the request, the student's signature, and the date of the request.

- C. Requests should be made at least 3 months prior to the course or clerkship, or as much in advance as is possible.
- D. The course/clerkship director reviews the request, makes a recommendation for approval or denial of the request, and sends the recommendation to the Associate Dean for Students, the Associate Dean for Medical Education, and the Student Promotions Committee.
- E. The Student Promotions Committee will review and vote on the request, which is based on a majority of members.
- F. The student will be notified in writing of the decision of the Student Promotions Committee. A copy of the decision will be placed in the student's file and the appropriate course / clerkship director, the Associate Dean for Students and the Associate Dean for Medical Education will be notified.

Since it is not always possible to identify these situations in advance, the attending physician / faculty should excuse the student from such procedures until the situation can be fully reviewed as above.

A student may not refuse to participate in the care or treatment of a patient based solely on the patient's diagnosis (e.g. HIV/AIDS or other sexually transmitted diseases, tuberculosis or other contagious diseases), personal characteristics (e.g. gender, race, sexual orientation, etc), religion, creed or patient's personal behaviors. Such a refusal may result in action by the Student Promotion Committee or the Associate Dean for Students office. An exception will be made if a student has been directed in writing by a personal physician to avoid patients with certain diagnoses because of danger to an existing health condition of a student. In this situation, the student must provide the written directive to their course or clerkship director, the Associate Dean for Medical Education, and the Associate Dean for Students.

A student will not be subject to any adverse action or evaluation for exercising their rights under this policy. A student should not be subjected to any mistreatment or harassment when he/she declines to participate in these specific situations, or have this decision affect his/her clinical grades or evaluations. A student should report any concerns related to mistreatment to the clerkship director, Associate Dean for Students office, or the UW SMPH Ombuds.

PROMOTION and PROFESSIONALISM

Students are required to meet both the academic and the professional behavior requirements specified below. Failure to meet any of these requirements will lead to review by the medical school's Student Promotion Committee.

Academic Performance Requirements (Faculty Action, 2002)

I. Year 1 and Year 2 Curriculum

For students who completed the first year of medical school PRIOR to the 2008/2009 academic year

- A. Failure Limitations. A student must pass at least two of these three required first semester courses, Biomolecular Chemistry, Gross Anatomy, and Histology, by the end of the regular exam period in December.
 - 1. A student who fails to pass two of these three courses in the first semester will not be permitted to continue into the second semester. After review of the student's academic record by the Student Promotion Committee, the student will be either dismissed from school or placed on a leave of absence. Students placed on a leave of absence may reenter the following fall and must repeat all courses specified by the Student Promotion Committee. All required first semester courses must be passed in the first semester after reentry or the student will be dismissed from school.
 - 2. A student who has failed or dropped one first semester course, and a student with no grade higher than a C, will be permitted to

continue "on probation" and will be dismissed at the end of the second semester if he/she does not have at least a 2.800* semester GPA.

- B. Minimum GPA. A student must have a cumulative GPA of 2.800* at the conclusion of the first two semesters of enrollment. Failure to meet this requirement will result in dismissal from school or, if permitted to continue, the student will be required to comply with the conditions set forth by the Student Promotion Committee. A student who is permitted to repeat is on probation and will be dismissed if he/she does not maintain a semester GPA of at least 2.800* in subsequent semesters.
- C. Promotion Requirements. A student must have passed all courses of a curricular year before being promoted to the next year. In addition, the student's academic program must conform to the requirements set forth in sections D, E, and F below. The Student Promotion Committee must approve any exceptions to this rule.
- D. Time Limitations. A student must complete the Year 1 curriculum with a minimum cumulative GPA of 2.800* within 24 months of matriculation. The student must complete the Year 1 and Year 2 curriculum with a minimum cumulative GPA of 2.800* within 36 months of matriculation. A student who fails to meet these requirements will be dismissed from medical school. Maximum time requirements may be waived only for the following reasons: a) to permit the student to engage in research or other scholarly pursuits; b) illness; c) for other compelling non-academic reasons. If a waiver is sought for medical reasons, a written evaluation from a physician is required.
- E. Credit Limitations. During both the Year 1 and Year 2 curriculum, a student must be registered for at least eight credits per semester to maintain full-time student status. A student who completes less than eight credits with a GPA of less than 2.800* in any one semester, will be reviewed by the Student Promotion Committee and may be dismissed from medical school.
- F. Satisfactory Progress. A student who does not maintain satisfactory progress in Year 1 and Year 2 will be reviewed by the Student Promotion Committee and may be dismissed from medical school. Satisfactory progress shall be determined as follows:
 - 1. A student must have completed by the end of the third full semester of enrollment 37 credits with a cumulative GPA of 2.800*.
 - 2. A student must have completed by the end of the fourth full semester of enrollment 49 credits with a cumulative GPA of 2.800*.
 - 3. A student must have completed by the end of the fifth full semester of enrollment 61 credits with a cumulative GPA of 2.800*.
 - 4. A student must have completed by the end of the sixth full semester of enrollment all required credits in the curriculum of Year 1 and Year 2 with a cumulative GPA of 2.800*.

*The minimum cumulative GPA for students who matriculated prior to 2000 is 2.500.

For students who complete the first year of medical school BEGINNING in the 2008/2009 academic year

- A. Year 1 Failure Limitations.
 - 1. A student who fails two or more courses in the first semester of Year 1 will not be permitted to continue into the second semester pending review by the Student Promotion Committee. After review, the Committee may dismiss the student from school, place the student on a leave of absence, or allow the student to continue in school under the Committee's direction. Students placed on a leave of absence may re-enter school the following fall and must repeat all courses specified by the Committee. All required Year 1 first

- semester courses must be passed in the first semester after re-entry or the student will be dismissed from school.
2. A student who fails or drops one course in the first semester of Year 1 will be permitted to continue "on probation" pending review by the Student Promotion Committee.
 3. A student who fails two or more courses within Year 1 will be dismissed at the end of the second semester of Year 1 pending review by the Student Promotion Committee.
 4. A student who earns two or more IF grades or one or more U grades in Year 1 will be reviewed by the Student Promotion Committee.
- B. Year 2 Failure Limitations.
A student who fails or drops one or more first semester courses in Year 2, and a student with no grade higher than a C in Year 2 first semester courses, will be reviewed by the Student Promotion Committee. A student may be permitted to continue "on probation" pending action by the Committee. A student will be dismissed at the end of the second semester of Year 2 if s/he does not have a minimum second semester GPA of 2.800.
- C. Drop Policy.
A student may be allowed to drop a Year 1 and/or Year 2 course(s) with permission of the Associate Dean for Students in consultation with the Course Director and staff in Student Academic Support Services. If the approved drop occurs prior to the date the course is two-thirds complete, the course will be removed from the student's medical school record and University transcript. If the approved drop occurs when two-thirds or more of the course is complete, a notation of PI (Permanent Incomplete) will appear on the student's medical school record and University transcript.
- D. Promotion Requirements.
A student must have passed all courses of a curricular year before being promoted to the next year. In addition, the student's academic program must conform to the requirements set forth in E, F and G below. The Student Promotion Committee must approve any exceptions to this rule.
- E. Time Limitations.
A student must successfully complete the Year 1 curriculum within 24 months of matriculation. A student must successfully complete the Year 1 and Year 2 curriculum within 36 months of matriculation. A student who fails to meet these requirements will be dismissed from medical school unless s/he is placed on an approved leave of absence. Maximum time requirements may be waived only for the following reasons: a) to permit the student to engage in research or other scholarly pursuits; b) illness; c) for other compelling non-academic reasons. If a waiver is sought for medical reasons, a written evaluation from a physician may be required.
- F. Credit Limitations.
During both the Year 1 and Year 2 curriculum, a student must be registered for at least eight credits per semester to maintain full-time student status. The Student Promotion Committee may review a student who completes less than eight credits in any one semester.
- G. Satisfactory Progress.
A student who does not maintain satisfactory progress in Year 1 and Year 2 will be reviewed by the Student Promotion Committee and may be dismissed from medical school. Satisfactory progress shall be determined as follows:
1. A student must have completed by the end of the third full semester of enrollment 37 credits and have a minimum cumulative GPA of 2.800.
 2. A student must have completed by the end of the fourth full semester of enrollment 49 credits and have a minimum cumulative GPA of 2.800.

3. A student must have completed by the end of the fifth full semester of enrollment 61 credits and have a minimum cumulative GPA of 2.800.
4. A student must have completed by the end of the sixth full semester of enrollment all required credits in the curriculum of Year 1 and Year 2 and have a minimum cumulative GPA of 2.800.

II. Year 3 and Year 4 Curriculum

- A. Promotion to Year 3. A student must have satisfactorily completed all Year 1 and Year 2 course requirements and must have taken the USMLE Step 1 exam before being permitted to begin third year clinical clerkships. Official promotion to Year 3 is contingent upon a passing score on Step 1. A student who does not pass Step 1 will not be allowed to continue taking clinical clerkships until they have retaken the exam. A student may take a third year rotation while waiting for the exam results to be available. The Student Promotion Committee may waive this rule in exceptional circumstances. However, in no case, will promotion to Year 4 occur before the student has passed Step 1.
- B. Year 3 Failure Limitations. The Student Promotion Committee will review the performance of any student who fails a Year 3 clinical evaluation or the YEPSA exam, or who receives a clerkship grade of C, U (prior to 2008/2009), IF (beginning in 2008/2009) or F on any clerkship taken in Year 3. If a student has such deficiencies in more than one clerkship taken in Year 3, the Student Promotion Committee may require the student to do an individualized clinical experience, or complete a special evaluation, before proceeding with regularly scheduled clerkships or electives. All failed clerkships must be repeated; only one repeat is permitted. If a student fails a clerkship twice, the student will be dismissed from medical school. If a student has an overall failure on the YEPSA exam, the student must repeat the YEPSA exam the next time it is offered. A student who fails parts of the YEPSA exam but does not have an overall failure, must pass the remedial requirements for the failed station(s).
- C. Substantial Deficiencies. A student with substantial deficiencies will immediately be dismissed or required to be evaluated by a panel of clinical faculty through an individualized clerkship, written examination, Objective Structured Clinical Exam and/or standardized patient-type examination in subjects to be specified by the Student Promotion Committee. Substantial deficiencies are defined as:
 - Clinical grade of C on 12 or more weeks of performance evaluations; or
 - More than one F on a clinical evaluation; or
 - Failure of more than 3 end-of-clerkship examinations (including repeat failures of the same exam), regardless of final clerkship grade after repeating the exam; or
 - Final grade of F in more than one clerkship, or
 - Failure in one clerkship and six or more additional credits of C, U (prior to 2008/2009), or IF (beginning in 2008/2009); or
 - Final grade of C, U (prior to 2008/2009), or IF (beginning in 2008/2009) on twelve or more credits; or
 - Overall failure of the YEPSA exam combined with deficiencies in the preclinical or Year 3 academic record.Unresolved U grades (prior to 2008/2009) or IF grades (beginning in 2008/2009) will be counted as a D under this rule. A failed clerkship will continue to be counted as an F under this rule even if the clerkship has been repeated and passed with a grade better than C. If the panel indicates unsatisfactory performance, the student is dismissed from medical school. If the panel indicates satisfactory performance, the student will be scheduled

to complete the unfinished Year 3 rotations, including the repeat of any failed rotations. The Student Promotion Committee must indicate the specific performance expectations on remaining clerkships for students permitted to continue after such review.

- D. Promotion to Year 4. A student must satisfactorily complete all Year 3 Core clerkships and have taken the YEPSA exam before being promoted to Year 4. A student whose Year 3 Core clerkship final grade(s) is/are not received until after Year 4 has begun, and if the grade(s) is/are a U (prior to 2008/2009), IF (beginning in 2008/2009), or F, the student will be required to postpone further Year 4 work until all Year 3 coursework is satisfactorily completed.
- E. Year 4 Credit Limitation. A student must complete at least 30 credits of approved Year 4 work with a grade of B or better to satisfy graduation requirements. Failed clerkships or electives must be made up either by repeating the same clerkship or with approval of the Student Promotion Committee by taking a similar clerkship. A grade of C or BC on required Year 4 clerkships or the preceptorship will be sufficient to satisfy the course requirement, but the credits will not count toward the 30 B or better required credits. In addition, a student must have successfully completed the 10 credits of required clerkships which can be taken in either Year 3 or Year 4 to meet graduation requirements.
- F. Site Limitation. The Student Promotion Committee reserves the right to require of any student that all 30 credits of required Year 4 work be completed within the UW clinical campus.
- G. Fourth Year Failure Limitations. The Student Promotion Committee will review the performance of any student who receives a grade of C, U (prior to 2008/2009), IF (beginning in 2008/2009), or F on any Year 4 required clerkship, preceptorship, or elective. The Student Promotion Committee will review the remaining fourth year program scheduled by students who have C or F grades on Year 4 work and may specify which electives may be used to satisfy the remainder of the 30 credit requirement. If the student receives C, U (prior to 2008/2009), IF (beginning in 2008/2009), or F grades on 8 credits or more of Year 4 work, the Student Promotion Committee may dismiss the student from medical school, or require the student to complete a special evaluation before proceeding with regularly scheduled clerkships or electives.
- H. Time Limitations and Graduation Deadlines.
 - 1. A student who fails to complete all Year 3 Core and Year 3/4 Required Clerkships satisfactorily (including repeated clerkships and special evaluations or required individualized clinical experience) within 24 months of beginning the clinical clerkships will be dismissed from medical school.
 - 2. A student who fails to complete the Year 3 and Year 4 curriculum within 36 months of beginning the clinical clerkships will be dismissed from medical school.
 - 3. Maximum time for completing the requirements may be waived only due to illness, to permit a student to engage in research or other scholarly pursuits, or for other compelling non-academic reasons. If the waiver is sought for medical reasons, a written evaluation from a physician is required.
 - 4. A student expecting to graduate in May or August must have completed all Year 3 Core clerkship requirements by the preceding September 30. A student expecting to graduate in December must have completed all Year 3 requirements by the preceding March 31.

Professional Behavior Requirements (Faculty Action, June 2002; revised and approved effective November 2005 by the Medical School Academic Planning Council, University Legal Services, and the University Committee)

Medical students are expected to adhere to the highest standards of professional behavior and ethics. Students should avoid improper behavior or lack of ethical standards while at medical school and in all profession settings. Students should conduct themselves according to the standards expected of members of the medical profession to which the student aspires.

University of Wisconsin System Administrative Code: UWS 14, 17 and 18

All medical students are subject to the rules and regulations, procedural rights and protections, contained in UWS 14, 17 and 18 of the University of Wisconsin System Administrative Code that governs student academic and nonacademic disciplinary procedures and conduct on university land, and to all other applicable state and federal law. Violation of UWS 14, 17 or 18 may result in University disciplinary action including disciplinary probation, suspension or expulsion.

Plagiarism

Plagiarism is a serious breach of professional conduct. The medical school will not accept plagiarism in reports, patient histories and physicals, or other assignments. Medical school policies are consistent with Chapter 14 of the University of Wisconsin System Administrative Code (UWS14) on academic conduct. Students are responsible for knowing the principles of plagiarism and the correct rules for citing sources. In general, if an assignment implies that the student is the originator of words or ideas, those words and ideas must in fact be the student's own.

Professional Behavior Code

In addition to the requirements in UWS 14, 17 and 18, students must adhere to the medical school's Professional Behavior Code (see below). Unprofessional behavior toward patients, faculty, peers and the public are significant issues in the evaluation and promotion of medical students. These factors will be considered in the grading and promotion process in all four years of medical school. Inappropriate behavior may be grounds for failure to promote, dismissal, and/or denial of the degree. Separate and apart from a violation of the school's Professional Behavior Code, a student also may face University disciplinary action, as noted in UWS 14, 17 and 18, with regard to the same action.

Professional Behavior Code (Faculty Action, June 2002; revised and approved effective November 2005 by the Medical School Academic Planning Council, University Legal Services, and the University Committee)

Preamble. In conferring the M.D. degree, the University of Wisconsin certifies that the graduate is competent to pursue a career as a Doctor of Medicine. In addition to certifying competency in medical knowledge and skills, the degree means that the graduate has demonstrated intellectual honesty, exemplary moral and ethical character, a responsible, civil attitude towards patients and fellow health care workers, and a strong sense of personal integrity. The purpose of this code is to create a basic framework to assist medical students in learning to make ethical decisions in the academic and clinical environments. The following are professional behavior guidelines and responsibilities that the medical school expects of students and faculty. Each includes examples of violations of the Professional Behavior Code that could lead to a review by the Student Promotion Committee, however, these examples are not all-inclusive. Furthermore, not all violations are considered to be equal such that, in determining the appropriate sanction(s), violations will be penalized in

accord with severity. Every attempt will be made to fairly and consistently apply the Professional Behavior Code.

I. Interpersonal Relationships

Students shall communicate with and treat instructors, fellow students, patients, staff, allied professionals, and the public in a professional manner. This includes addressing them in a collegial, professional manner and respecting individual rights to hold opinions that differ from their own. Examples of violations are listed below.

- A. Interfering with the learning process by causing a disturbance to other students and/or the instructor during a lecture.
- B. Dating a patient or otherwise exploiting the doctor/patient relationship.
- C. Making inappropriate or demeaning references to a patient's ethnicity, physical stature, background, intelligence or mental status.
- D. Failing to respect the rights of patients, fellow students, faculty, and all others to be free from illegal harassment and discrimination.
- E. Using disrespectful or obscene language in communication with patients, students, faculty, staff and others in clinical or academic settings.

II. Honesty, Integrity and Confidentiality

The patient-physician relationship is dependent on the patient's assurance that the physician or student-physician will not divulge sensitive information to others. Thus, patient medical records and all conversations between student and patient are considered confidential and shall not be disclosed or made available to any person not directly involved in the patient's care. In the pursuit and achievement of all academic and professional matters, students shall act fairly and honestly. Examples of violations are listed below.

- A. Having possession of unauthorized copies of patient records.
- B. Discussing or inappropriately addressing patients in public.
- C. Making an assertion that intentionally deceives or misleads. This deceitful assertion may be oral, written, or clearly communicated by a gesture.
- D. Failing to be truthful and forthright in all dealings with patients, the public, faculty, fellow students, staff, and others with whom the student interacts.

III. Professional Appearance

Students shall maintain a physical appearance and personal hygiene that is conducive to developing effective doctor-patient relationships. Students who do not appear well groomed and appropriately attired when interacting with a patient are at risk for jeopardizing patient respect and for creating a barrier to effective communication. Examples of inappropriate attire in the professional setting for both men and women include blue jeans, shorts and tee shirts, open-midriff blouses, and open-toed shoes. Certain types of facial jewelry, other than earrings, may be viewed as inappropriate on certain rotations. Examples of violations are listed below.

- A. Continuing to wear facial jewelry despite being notified by the clerkship director or attending that the jewelry is potentially offensive to the patients.
- B. Wearing wrinkled or dirty clothing.
- C. Having offensive body odor.

IV. Professional Responsibility and Judgment

Students are expected to meet their clinical and educational responsibilities at all times. While personal issues can arise that conflict or interfere with such obligations, every effort should be made by the student to resolve the conflict in a professional manner by assuring that patient care is not compromised and that appropriate members of the health care team and administration are notified in a timely fashion. Although classroom attendance is not mandatory in all courses, students who are

unable to attend class are responsible for finding out what occurred that day and should not expect instructors to give them individual instruction. Students shall not participate in classroom and clinical activities while under the influence of alcohol or any psychoactive substances, unless the use of such a substance is under the orders of a physician. Examples of violations are listed below.

- A. Failure to contact your clinical supervisor or administrator for permission to take care of personal business that results in being late for morning rounds, leaving early or otherwise interrupting your clinical duties.
- B. Missing an examination or being late for an examination without contacting the Dean of Students office.
- C. Being under the influence of alcohol while participating in clinical or other educational activities.
- D. Creating a public disturbance.

Failure to Meet Requirements (Faculty Action, June 2002; revised and approved effective November 2005 by the Medical School Academic Planning Council, University Legal Services, and the University Committee)

The Student Promotion Committee shall review all reports of medical students who fail to meet any of the academic or professional behavior requirements defined above. The Committee is composed of twelve voting members appointed by the Dean of the medical school, six from the clinical science departments, and six from the basic science departments. A quorum is eight voting members, at least 3 from basic sciences and 3 from the clinical sciences. The chairman is a voting member and is appointed by the Dean.

- I. The responsibilities of the Student Promotion Committee.
 - A. Review the academic progress of any student not meeting the minimal academic requirements.
 - B. Review allegations of student violations of the Professional Behavior Code.
 - C. Determine the necessary remediation and/or sanctions in cases involving unsatisfactory academic progress or cases of unprofessional behavior.
 - D. Review and revise academic policies as needed.
 - E. Consider requests for a Leave of Absence beyond one year.
 - F. Approve the promotion to the next year of all students who have satisfactorily completed a given year's curricular requirements.
 - G. Approve the graduation of all students who have completed the requirements for the Doctor of Medicine degree.
- II. Procedures to be followed by the Student Promotion Committee.
 - A. In cases involving academic progress
 - 1. The Associate Dean for Students shall present the case and the student's academic record to the Student Promotion Committee.
 - 2. At the discretion of the Student Promotion Committee, the student may be invited to attend the meeting and may be accompanied by an advocate.
 - 3. If invited to attend, the student has the right to present relevant information, including presenting witnesses. The student also has the right to question any witness presented by the Associate Dean for Students.
 - 4. The meeting shall not be bound by common law or statutory rules of evidence and may admit information having reasonable probative value, but shall exclude immaterial, irrelevant, or unduly repetitious information, and shall give effect to recognized legal privileges.

5. The Student Promotion Committee shall make a record of the meeting. Any party to the meeting may obtain copies of the record at his or her expense.
 6. All Committee actions shall be in closed session. Only voting and ex-officio members of the Student Promotion Committee may be present during the closed session, including legal counsel to the Committee.
 7. The Student Promotion Committee shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting.
 8. The decision of the Student Promotion Committee shall be delivered in writing to the student either by personal delivery or by first class US mail.
- B. Allegations of unprofessional behavior
1. When an allegation of inappropriate behavior is made, whether by faculty, residents, staff, fellow students, patients or members of the non-academic community, it must be presented in writing to the Associate Dean for Students.
 2. The Associate Dean for Students shall communicate the allegations in a letter to the student and shall schedule a meeting to discuss the matter with the student.
 3. Following an investigation and review of all available information, the Associate Dean for Students shall decide if the allegations potentially violate the Professional Behavior Code. If so, the Associate Dean shall send a letter to the student explaining the findings and informing the student that the case will be presented to the Student Promotion Committee.
 4. The student shall have an opportunity to address the Student Promotion Committee and may be accompanied by an advocate or representative.
 5. The student has the right to present relevant information, including presenting witnesses. The student also has the right to question any witnesses presented by the Associate Dean for Students.
 6. The meeting shall not be bound by common law or statutory rules of evidence and may admit information having reasonable probative value, but shall exclude immaterial, irrelevant, or unduly repetitious information, and shall give effect to recognized legal privileges.
 7. The Student Promotion Committee shall make a record of the meeting. Any party to the meeting may obtain copies of the record at his or her expense.
 8. All Committee actions shall be in closed session. Only voting and ex officio members of the Student Promotion Committee may be present during the closed session, including legal counsel to the Committee.
 9. In determining a sanction, the Student Promotion Committee may take into account prior incidences of review by the Committee or other allegations of unprofessional behavior brought to the attention of the Associate Dean for Students but not requiring review by the Student Promotion Committee.
 10. If the Student Promotion Committee finds a student has violated the Professional Behavior code, one or more of the sanctions may be imposed:
 - Written reprimand

- Denial of specified medical school privilege
 - Imposition of reasonable terms and conditions on continued student status
 - Restitution
 - Removal of the student from the course in progress
 - Probation
 - Failure to promote
 - Dismissal from medical school
 - Denial of degree
11. The Student Promotion Committee shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting. If the decision by the Student Promotion Committee is adverse to the student, the decision must include notification that the student may request a reconsideration by the Student Promotion Committee.
12. The decision of the Student Promotion Committee shall be delivered in writing to the student either by personal delivery or by first class US mail.

Appeals (Faculty Action, June 2002; revised and approved effective November 2005 by the Medical School Academic Planning Council, University Legal Services, and the University Committee)

- I. Reconsideration of Student Promotion Committee Actions
- A. Following the issuance of a written decision by the Student Promotion Committee, the student may request a reconsideration meeting. A request for reconsideration should be considered only in cases in which the student wishes to present new and/or additional facts to the Student Promotion Committee. A written request for reconsideration must be submitted to the Dean of the medical school within thirty (30) days of the date of the Student Promotion Committee's written decision. The request must include the reasons for requesting a reconsideration of the Committee's initial decision. For purposes of this section, days means calendar days excluding holidays.
 - B. The Student Promotion Committee shall meet to reconsider its decision after the Dean has forwarded the request for reconsideration to the committee.
 - C. A spokesperson or advocate may accompany the student to the meeting of the Student Promotion Committee for reconsideration of a decision.
 - D. This meeting of the Student Promotion Committee shall be the final opportunity for the student to present new or additional facts.
 - E. All committee actions for reconsideration of a decision shall be in closed session. Only voting and ex officio members of the Student Promotion Committee may be present during the closed session, including legal counsel to the committee.
 - F. The Student Promotion Committee's decision on the reconsideration shall be communicated to the student in writing, stating the reasons for the decision. If the Committee's reconsideration decision is adverse to the student, the notification must state that the student may appeal the reconsideration to the Educational Policy Council.
- II. Appeal to the Educational Policy Council
- A. If the student wishes to appeal an adverse decision, a written request for an appeal must be submitted to the Dean of the medical school. The request for appeal must be submitted within thirty (30) days of the date of the Student Promotion Committee's written decision or, if the appeal follows a reconsideration by the Student Promotion Committee, within thirty (30) days of the Committee's written decision on the reconsideration.

- B. In the request for an appeal, the student should state the specific ground(s) of appeal which is/are limited to those listed in subsection C below. For purposes of this section, days means calendar days excluding holidays.
- C. The appeal to the Educational Policy Council must be based on one or more of the following items.
 - 1. School policies were incorrectly applied.
 - 2. The decision is contrary to existing state or federal law.
 - 3. Proper procedures were not followed.
 - 4. Unfounded, arbitrary or irrelevant assumptions of fact regarding the student's performance or behavior were made by the Student Promotion Committee.In addition, the student may be requested to identify those specific aspects of the Student Promotion Committee decision process that he/she believes meet the criteria cited as a basis for the appeal. Only the facts presented to the Student Promotion Committee may be introduced at the appeal before the Educational Policy Council.
- D. The burden of proof shall be on the student to demonstrate that the Student Promotion Committee reconsideration decision was based to a significant degree on one or more of the above conditions.
- E. The student may appear before the Educational Policy Council to provide information consistent with paragraph II.B. A spokesperson or advocate may accompany the student to the appeal meeting of the Educational Policy Council.
- F. The Educational Policy Council shall meet after the Dean has forwarded the request for an appeal of the Student Promotion Committee reconsideration decision to the Educational Policy Council.
 - 1. The meeting will be chaired by the Dean of the medical school or his designee.
 - 2. All committee actions regarding student appeals shall be held in closed session. Following any presentation to the committee, only voting and ex officio members may be present including legal counsel to the committee. Any member of the Educational Policy Council who also served on the Student Promotion Committee when that committee made an adverse decision regarding the student, may not vote on the appeal to the Educational Policy Council.
 - 3. The Educational Policy Council may take any of the following actions on the appeal:
 - a. Reject the appeal.
 - b. Reverse the decision of the Student Promotion Committee based on one or more of the conditions for the appeal.
 - c. Remand the matter for reconsideration by the Student Promotion Committee for appropriate corrective action under instructions from the Educational Policy Council.
 - 4. The student shall be notified in writing of the Educational Policy Council's action on the appeal, stating the grounds for the action taken.

Readmission of Students (Faculty Action, September 1979, revised September 1987)

- I. A student who has been dropped or who has withdrawn for not meeting academic or professional behavior requirements during the Year 1 or Year 2 can be readmitted only by approval of the Student Promotion Committee. The Admissions Committee shall be notified of the students who are dropped during these years to assist the committee in its evaluation of admissions criteria.
- II. A student who has been dropped or who has withdrawn for academic or professional behavior requirements during Year 3 or Year 4 can be readmitted only by approval of the Student Promotion Committee. In general, applications for readmission following an absence of three (3) or more years will not be considered favorably.

- III. When readmission to the medical school is sought after a leave of absence for medical reasons, a written evaluation from a physician is required. The Student Promotion Committee may require an independent opinion by a physician of its choice. The Student Promotion Committee must approve a readmission to medical school following a medical leave of absence.
- IV. A student who has been dropped from school or granted a leave of absence is not permitted to enroll as a University Special student in M.D. curriculum courses.

Student Code of Medical Ethics

UW medical students, believing that professional development is a student's responsibility as much as it is the medical school's, established a student-run Ethics Committee to develop ways to enhance professional and ethical behavior throughout their medical education. The goals of the committee include educating medical students regarding ethical issues in the profession, and providing open communication between student and faculty.

The following code was written by medical students and adopted by the faculty. In addition, each entering class writes a class code of ethics that is included as a part of the White Coat Investiture Ceremony for the next entering class. Each member of a matriculating class will be responsible for acknowledging that the medical school strives to achieve the goals outlined in the Code of Medical Ethics. Declaration of commitment shall be performed as a part of the White Coat Investiture Ceremony.

As University of Wisconsin medical students, we are committed to sustain the interests and welfare of patients and to be responsive to the health needs of society. We are committed to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge. We will neither lie, steal, nor cheat in an effort to misrepresent our academic standing or that of another colleague.

STUDENT TRAVEL

The Student Travel Policy applies to medical students and registered medical student organizations requesting approval to attend professional meetings or conferences, and medical students requesting support for travel for research presentations at professional meetings or conferences.

[Please note that international group or individual travel taken for academic credit or supported by UW-Madison or UW School of Medicine funds is subject to separate approval, additional insurance, and orientation requirements. Students should consult with the Office of Global Health at least two months prior to their anticipated international travel.

- I. Non-research travel
 - A. If the travel activity is sponsored by the School of Medicine, or supported by UW-Madison or School of Medicine funds (including MSA funding), approval from the Office of Academic Affairs is necessary.
 - B. To request approval, students are required to submit the *Travel Pre-Approval* form at least 3 weeks prior to the travel date. A committee composed of representatives from medical education, academic affairs and student services will review the form and notify the student of their decision. Appeals of decisions can be requested and will be reviewed by the Office of Academic Affairs.
 - C. Year 1 and Year 2 students must complete a *Request to Reschedule an Exam* form to request approval to take an exam on the established rescheduled exam date if the travel occurs during a scheduled exam. Travel approved by the Committee does not influence the decision as to whether the student will be approved to take the exam on the rescheduled date.

- D. Year 1 and Year 2 students requesting to attend a conference who are either a presenter or a leader/delegate will be excused from required course activities. These students must contact the course directors regarding the absence and arrange to make up the missed activities. Year 1 and Year 2 students requesting to attend a conference who do not have a role as a presenter or a leader/delegate must request and receive permission from the Dean for Students and the course directors to be absent from required course activities (small groups, labs, etc). Make-up work may be required.
 - E. Year 3 and Year 4 students requesting to attend a conference must obtain permission from their clerkship director prior to scheduling any travel and adhere to the policies established by the clerkship. Students may be excused to attend professional meetings if they are presenting or participating as a leader.
 - F. The policies and procedures for MSA supported travel including reimbursement are included in the MSA documents posted on the medical student web site.
- II. Research presentation travel
- A. Students who wish to request Dean's office funds for meetings/conferences where they are presenting research must submit the following to Assistant Dean Lynne Cleeland, 4119 HSLC, **at least 6 weeks prior** to the meeting/conference:
 - 1. Invitation or letter of acceptance from the sponsoring meeting/conference.
 - 2. Abstract of the research to be presented.
 - 3. Request for Research Presentation Travel Funds form.
 - B. Year 1 and Year 2 students must submit a *Request to Reschedule an Exam* form to request approval to take an exam on the established rescheduled exam date if the travel occurs during a scheduled exam.
 - C. Year 3 and Year 4 students must obtain permission from their clerkship director prior to scheduling any travel.
 - D. In order to be considered for funds, student research must have been conducted under the supervision of a UW-Madison or School of Medicine faculty member.
 - E. The Office of Academic Affairs may reimburse approved applications for student research presentations at conferences/meetings for up to 50% of travel and conference expenses, not to exceed \$500.00. Students are expected to request additional support from their research mentor's department or grant funds, or self-fund the remainder of their expenses.
 - F. Funding will be approved for travel to one meeting per student per academic year, contingent on the availability of funds. As funds are limited, applications will be considered on a first come, first served basis. Funds will be disbursed after research is presented.
 - G. Filing for travel reimbursement upon returning from trip:
 - 1. No later than four (4) weeks after traveling, students are responsible for submitting information and expense receipts to the Office of Academic Affairs Financial Manager (4225 HSLC).
 - 2. Allowable travel expenses generally include transportation (airfare, car mileage, etc), food, lodging, conference registration fees, parking, taxis, research presentation preparation expenses if approved for that activity, and other miscellaneous related expenses. **It is important that students keep originals of airline coupons/E-tickets, hotel statements showing a 0 balance, registration fee receipt, parking and ground transportation (taxi, limo, etc) receipts and a copy of the conference/meeting program.** It is expected that students will obtain travel and accommodations by the most efficient and economical means reasonable.
 - 3. The information will be reviewed for compliance with UW-Madison travel expense policies and submitted for reimbursement. Checks will be mailed directly to students. Students are responsible for submitting any required paperwork for support from other sources such as departments or outside grants.

TECHNICAL STANDARDS and ACCOMMODATIONS for STUDENTS with DISABILITIES

- I. Introduction
Conferral of the medical degree certifies that the recipient has demonstrated all the requisite abilities to become a practicing generalist physician. This demonstration encompasses a variety of attributes critical to the provision of quality medical care, including the physical, cognitive and emotional strengths necessary to complete the rigorous requirements of the medical school curriculum, and the social and behavioral skills expected of a competent caregiver.
- II. Admissions Process Accommodation Requests
Admission to the medical school reflects the judgment of the Admissions Committee that the admitted applicant possesses these attributes. The Admissions Committee's judgment is based primarily on each applicant's previous academic and personal experience. In some cases, where the presence or function of a critical attribute is affected by an applicant's disability, additional consideration is given to whether, through reasonable accommodation, adequate and reliable function can be secured. In the exceptional case, where either reasonable accommodation cannot be provided or adequate assurance of function obtained, admission may be denied or rescinded. Accommodation decisions are the responsibility of the medical school's Technical Standards Committee. Regarding applicants and admitted students who have not yet matriculated, but who have disclosed a disability and/or requested accommodation, the Technical Standards Committee independently evaluates the necessity for and practicality of any accommodation; the committee then advises the student and the Admissions Committee of its findings. The Admissions Committee makes the final decision regarding the applicant's admission status whenever the Technical Standards Committee advises that reasonable accommodation cannot be provided.
- III. Enrolled Student Accommodation Requests
Issues of accommodation may arise not only at the point of admission and/or matriculation. A need for reasonable accommodation may arise during a student's enrollment in the medical school. The Technical Standards Committee again is responsible for evaluating the necessity for and practicality of any accommodation for an enrolled student; the committee then advises the student and the Student Promotion Committee of its findings. The Student Promotion Committee makes the final decision regarding the student's enrollment status.
- IV. Technical Standards Committee
The medical school has constituted the Technical Standards Committee to assist applicants and students in a responsible way to respond to conditions that can impact adversely on their ability to participate fully in the medical school curriculum, and ultimately, to train for a career as a medical doctor. Applicants and students are urged to contact the Chair, Technical Standards Committee, listed on page iii, for advice and assistance.
- V. Standards
In order to perform adequately in medical school courses, students must, at a minimum, possess functional use of the somatic senses and adequate motor capabilities to manage situations in which these senses would be employed, and must be able to integrate data acquired via these senses. Reasonable accommodation may be made to enable performance at the required level. The following entries are intended to provide applicants and students with a framework for understanding the personal attributes critical to satisfactory performance in medical school and ultimately, to the practice of medicine, since decisions on admission and student promotion are made in reference to these attributes:
 - A. Observational Skills. The functional ability to observe in the lecture hall, instructional and clinical laboratories, the clinic, and the patient's bedside is required.
 - B. Communication Skills. Students must be able to communicate effectively and sensitively with patients, their families and all members of the health care team. Candidates must show evidence of effective written and verbal communication skills.
 - C. Motor Function. The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g., palpation, auscultation) is expected. However, the candidate who

cannot perform these activities independently should be able to understand and direct the methodology involved in such activities.

- D. Intellectual, Conceptual, Integrative, Quantitative Abilities. Candidates and students must be able to measure, calculate, reason, analyze and synthesize. Problem solving, a critical skill demanded of physicians, requires all of these intellectual abilities. In order to complete the requirements for the MD degree, students must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in medical problem-solving and patient care.
- E. Behavioral and Social Attributes. The Technical Standards Committee must examine all available information regarding a candidate's behavioral and social attributes, including compassion, empathy, altruism, integrity, ethics, responsibility, emotional stability and tolerance, and decide whether the candidate is suitable.

VI. Implementation

Implementation of these standards is within the purview of the medical school Technical Standards Committee. It is the responsibility of the Technical Standards Committee to determine the appropriate interpretation and application of the standards in individual cases. When a request for accommodation is received, the Technical Standards Committee is charged with making decisions regarding each applicant or student's ability to meet the standards.

UNIVERSAL PRECAUTIONS

Sections I-IV below are adapted from "Universal Precautions for Preparation of Transmission of Human Immunodeficiency Virus, hepatitis B Virus, and other Blood-borne Pathogens in Health Care Settings," MMWR 1988; vol 37, no 24. See also OASIS Notices: Blood/Fluid Exposure Information and Flow Chart.

I. Blood and Body Fluid Precautions

Blood and body fluid precautions should be used for all patients, regardless of known HIV status.

- A. Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.
- B. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. Universal precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable.
- C. Human breast milk has been implicated in perinatal transmission of HIV, and HbsAg has been found in the milk of mothers infected with HBV. However, occupational exposure to human breast milk has not been implicated in the transmission of HIV nor HBV infection to health care workers. Whereas Universal Precautions do not apply to human breast milk, gloves may be worn by health care workers in situations where exposures to breast milk might be frequent; for example, in breast milk banking.

II. Barrier Techniques

Appropriate barrier techniques should be used to prevent skin and mucous membrane exposure when contact with the blood or other body fluid of any patient is anticipated.

- A. Gloves should be worn when touching blood, body fluids, mucous membranes, or non-intact skin. Gloves should be changed after contact with such patients.
- B. Glove use for phlebotomy - Although not accurately quantified, the risk of HIV infection following intact skin contact with infected blood is certainly much less than the approximately 0.3% risk following percutaneous needle stick exposures. Some institutions have relaxed recommendations for using gloves for phlebotomy procedures by skilled phlebotomists in settings where the prevalence of blood-borne pathogens is known to be very low. Gloves should always be available to health care workers who wish to use them for phlebotomy. In general, glove use is recommended:
 - 1. For performing phlebotomy when the health care worker has cuts, scratches, or other breaks in the skin.

2. In situations in which the health care worker judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative patient.
 3. For performing finger or heel sticks on infants and children.
 4. For persons receiving training in phlebotomy technique
- C. Masks and protective eyewear or face shields should be worn during procedures likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.
 - D. Gowns or aprons should be worn during procedures likely to generate splashes of blood or other body fluids.
 - E. Hands and skin should be washed immediately if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
 - F. Care should be taken in disposing of needles, scalpels, and other sharp instruments. They should be placed in a puncture-resistant container.
 - G. Mouthpieces and resuscitation bags should be available to minimize the need for mouth-to-mouth resuscitation.
 - H. Health care workers who have exudative lesions or weeping dermatitis should refrain from direct patient contact and from handling patient care equipment, until the condition is resolved.
- III. Office Housekeeping
- A. Environmental surfaces should be cleaned when contaminated.
 - B. Scrubbing is as important as the cleansing agent in the physical removal of microorganisms.
 - C. Soiled linen should be properly bagged and washed in water of 160 ° F (71 ° C) with detergent for 30 minutes or with suitable chemicals at lower temperatures.
- IV. Sterilization of Instruments
- A. Instruments should be thoroughly cleaned prior to sterilization or disinfection.
 - B. Commonly used chemical germicides rapidly inactivate HIV.
 - C. Sodium hypochlorite (household bleach) prepared at 1:10 concentrations inactivates HIV.

Management of Bloodborne Pathogen Exposure

The following information contains guidelines for UW medical students regarding the management of bloodborne pathogen exposures.

Exposure to bloodborne pathogens can occur in many ways. Although needlestick and other sharps injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their *employees*, and usually (but not always) provide the same services to students on clinical rotation at their facility. These guidelines are designed to assist you in the event that you sustain a bloodborne pathogen exposure.

What is an “exposure”? An exposure incident means a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

What are “infectious materials”? Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, mixtures of fluids where you can’t differentiate between body fluids, unfixed human tissue or organs (other than intact skin), and certain cell, tissue or organ cultures and mediums.

If you have an exposure incident:

1. Seek care for your injury immediately.

- *At UW Hospital and Clinics, go to Employee Health Services during daytime hours and to the Emergency Room after hours.*
- *At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.*

2. Notify the facility's coordinator for employee health and/or infection control issues immediately. The coordinator will:

- *Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.*
- *Arrange for testing of the source patient, if necessary. This is the responsibility of the site.*
- *At UW Hospital and Clinics, contact Employee Health Services (days) or the ER (nights).*

3. Notify your preceptor or clinical instructor as soon as practical.

4. Contact Student Services the next business day at 608-263-4920.

5. Contact University Health Services for advice, consultation, or follow-up as needed.

- *Craig Roberts PA-C (608) 262-6720 pager 265-7000, # 4555*
- *Appointments/info (608) 265-5600 8:30 am - 5 pm weekdays*
- *A clinician is available on call after-hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends*

Employee health staff in most facilities are generally very experienced in the management of exposures and the issues that surround them. For follow up care, students should use University Health Services. University Health Services provides primary care for students enrolled at UW-Madison, but does not cover services provided elsewhere. If it is not practical to come to University Health Services for care, the cost of services incurred is the responsibility of the student and/or his/her insurance.

While the exact implementation of procedures will vary from place to place, some common themes that will be part of the management of an exposure incident are listed on the next page.

<p>CARE OF THE INJURY OR EXPOSED AREA</p>	<p>Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.</p>
<p>REPORTING THE INCIDENT</p> <p>Staff at the clinical site must make an assessment of the exposure incident: is it a significant exposure?</p>	<p>Another health professional should assist you to make sure the proper steps will be followed to collect the information that is needed to manage the exposure and to care for you.</p> <p>There is a specific definition of significant exposure, it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury.</p> <p>Facilities use an <i>incident report</i> as a tool in evaluating such situations</p> <p>Some thought should be given to understanding how the incident happened and how it could be prevented in the future. That might not be the first thing on your mind, but it should be part of the process.</p>
<p>EVALUATION OF THE SOURCE PATIENT for bloodborne pathogens. This typically includes:</p> <p>HIV antibody hepatitis B surface antigen or panel hepatitis C antibody</p> <p>Source patient test results should be provided to you</p>	<p>One may not rely on medical or social history to assess the risk of bloodborne pathogens. A practice of testing every source patient is the standard. This usually requires the patient's consent for testing. You may not obtain the consent yourself and there should be a mechanism in place for that to be done.</p> <p>Testing the source patient should be done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings. In particular, the source patient should be tested for HIV within a few hours of the exposure.</p> <p>Since exposures may take place in a surgical or delivery room areas, the source patient's ability to give consent for testing may be delayed.</p>
<p>EVALUATION OF THE EXPOSED PERSON</p> <p>Hepatitis B surface antibody, if needed</p> <p>Post-exposure prophylaxis</p>	<p>Routine baseline testing is <u>not</u> necessary for the exposed person.</p> <p>If you have not had Hepatitis B vaccine and a post-vaccine determination of immune status, that should be done now.</p> <p>Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.</p>
<p>FOLLOW-UP</p> <p>Hep B, Hep C or HIV serology; schedule varies</p>	<p>The need for follow-up testing in exposed persons is determined by the source patient's test results. <u>No</u> testing is needed if the source patient is negative.</p> <p>Testing may still be done if desired for personal reasons. Contact UHS to schedule an appointment.</p>

Needlestick Injuries

Needlestick injuries can lead to serious or fatal infections. Health care workers who use or may be exposed to needles are at increased risk of needlestick injury. All workers who are at risk should take steps to protect themselves from this significant health hazard. Studies indicate that needlestick injuries are often associated with these activities:

- recapping needles
- transferring a body fluid between containers
- failing to properly dispose of used needles in sharps containers

Protect yourself from needlestick injuries by using only approved devices, not recapping needles, and disposing of needles promptly in sharps containers (not laying them on trays, bed sheets, etc). Report all needlestick and sharps-related injuries promptly to ensure that you receive appropriate follow-up care. See specific instructions on page 38 and in OASIS Notices: Blood/Fluid Exposure Information and Flow Chart.

WISCONSIN CAREGIVER LAW

Wisconsin Statutes §48.685 and 50.065 require medical students to disclose a personal history of any acts, crimes, and offenses that may act as a bar or restriction to the student's medical training and/or licensure. Under this law, health care entities (hospitals, clinics, nursing homes, child caring institutions, shelters, etc.) that are licensed by the State of Wisconsin can deny a student's training at their entity based on the criminal background information provided. The records received from background checks are maintained in confidential files in the Office of Student Services at the medical school. The school is obligated to provide background check information to clinical training sites upon request. Each clinical site will decide if students may have access to their facility and patient population based on reports generated by the check.

Additional information about this law is available on the Department of Health and Family Services website, <http://dhs.wisconsin.gov/caregiver>

CURRICULUM

The medical school curriculum emphasizes the acquisition of core doctoring skills in a humane and nurturing environment. Students spend time in a doctor's office beginning in the first month of medical school and continue to build their doctoring skills throughout the four years of school through a core curriculum component, which is interdisciplinary and longitudinal.

In Year 1, the core curriculum is a cohesive series of courses designed to build a firm base in the sciences fundamental to clinical medicine through courses that focus on the functional, morphological, molecular, metabolic and developmental principles of the human body. In Year 2, the courses emphasize organ systems, mechanisms of disease and abnormalities, and therapeutic intervention. Throughout the first two years a mixture of didactic, small group, standardized patient and clinical experiences help to provide a lively and varied medical education. Elective courses are available for Year 1 and Year 2 students and vary each year.

Beginning in Year 3, clerkships expose students to a wide variety of clinical settings; including outpatient, inpatient, community-based, rural and inner city. Our "statewide clinical campus" includes clinical training sites in communities throughout Wisconsin, with principal locations in Madison, La Crosse, Marshfield and Milwaukee.

REQUIREMENTS

Year 1 and Year 2 Required Courses

Year 1, Semester 1

Patient, Doctor and Society 1
Molecular and Medical Genetics
Comprehensive Human Biochemistry
Population Medicine and Epidemiology
Cell Structure and Function

Year 1, Semester 2

Patient, Doctor and Society 2
Principles of Human Physiology
Integrated Medical Anatomy
Neurobiology and Anatomy of the Head and Neck

Year 2, Semester 1

Patient, Doctor and Society 3
Foundations of Medicine 1
Foundations of Medicine 2
Integrated Cardiovascular System
Integrated Dermatology
Integrated Renal System
Integrated Respiratory System

Year 2, Semester 2

Patient, Doctor and Society 4
Foundations of Medicine 3
Foundations of Medicine 4
Integrated Gastrointestinal and Hepatic System
Integrated Endocrinology and Reproductive Health
Integrated Hematology System
Integrated Musculoskeletal System
Integrated Neuroscience

Year 3 and Year 4 Required Clerkships

Year 3 Required CORE Clerkships

Internal Medicine (8 weeks)
Primary Care (8 weeks)
Surgery (8 weeks)
Pediatrics (6 weeks)
Obstetrics-Gynecology (6 weeks)
Psychiatry (4 weeks)

Year 4 Required Clerkships

Medicine Subinternship (4 weeks)
Required Surgery Electives (4 weeks)
Preceptorship (6 or 8 weeks)
Direct Patient Care Electives (4 weeks)

Required Clerkships taken in either Year 3 or Year 4

Anesthesiology (2 weeks)
Integrated Clinical Neurosciences (6 weeks)
Radiology (2 weeks)

Elective Clerkships

Students take elective clerkships to complete the requirements for graduation. The majority of students complete these electives in Year 4. However, electives may be taken in Year 3 provided the course prerequisites have been met and the student's schedule permits. Students can choose from a combination of UW statewide electives, extramural electives (U.S. or international sites), individualized Year 4 clerkships, and research.

Year End Professional Skills Exam (YEPSA)

The Year End Professional Skills Assessment, a comprehensive Objective Structured Clinical Exam (OSCE), is administered at the end of Year 3. Students must take the exam and pass it in order to fulfill degree requirements. The exam involves multiple clinical stations, and each station is drawn from a clinical core competency list that is developed by the Year 3 clerkship directors and distributed to students at the beginning of Year 3. Specific YEPSA examination policies, including exam dates, core competencies, eligibility, and penalties for an unexcused absence are published by October 1 of the academic year in which the exam is administered.

INTERNATIONAL EXPERIENCES

The School of Medicine and Public Health offers a wide variety of international programs and encourages students to take advantage of these opportunities in order to experience health care outside the United States.

- I. International Electives Approved for Degree Credit
 - A. Approved international electives may be taken during Year 4. A maximum of 8 credits (1 credit per week) of extramural international experiences may be applied toward the 30 fourth-year credits required for the medical degree. Students may choose from a variety of sites, some requiring knowledge of another language.
 - B. Although sites vary in terms of experiences and emphasis, there are general goals and guidelines applicable to all sites. Students will receive assistance with the application process to ensure that medical school requirements for an international elective are met.
 - C. Students may register their interest in international health at any time during the first two years. By the fall of Year 3, students can begin the application process for a Year 4 elective.
- II. International Electives Not Approved for Degree Credit
 - A. During Year 1 and Year 2 of medical school, international health experiences aim to give students a broad exposure to health care in developing countries and to provide opportunities for service learning. Opportunities include study tours, usually taken during winter, spring or summer breaks. In the past, study tours have included trips to El Salvador, Cuba, Vietnam, China, and Malawi. Study tours are approved for non-degree credit only.
 - B. Students may also pursue extracurricular non-credit summer opportunities in international health, such as language immersion, public health, research, and service learning programs.

EXTENDED PROGRAM

Extended programs are occasionally approved to allow students to spread the Year 1 and Year 2 curriculum, (or the Year 3 and Year 4 curriculum), over a three-year rather than two-year period. Reasons for such requests may include pursuing research experiences, parenting and family issues, health issues, and academic difficulty. Students are cautioned that any extension of medical school training beyond the traditional four-year period may be perceived to be a negative factor in the residency application process, depending on the reasons for the extension and the chosen specialty field. Students who request an extended program will be apprised of the possible risks before any decision is made. Request forms are available in OASIS Notices and the Office of Student Services, 2130 HSLC

RESEARCH HONORS PROGRAM

The Research Honors Program was approved by the faculty in 2004 to provide a mechanism to recognize students who choose to devote a significant effort to research while in medical school and maintain high academic standards. Students who successfully complete the program receive an MD degree with the designation "Honors in Research."

A student wishing to participate in the Research Honors Program must be accepted and obtain approval of a proposed research project by an appointed Medical School Research Honors Committee. If accepted to the Program, the student must satisfactorily complete the following requirements prior to graduation:

- I. Completion of a minimum of 16 weeks of mentored research under the active direction of a UW faculty researcher while enrolled in the UW School of Medicine and Public Health. This will normally include completion of a UW or externally -sponsored summer research project between Year 1 and Year 2, and research elective time in Year 3 and Year 4 to total at least 16 weeks. Note: A year-long research fellowship may substitute for this requirement with approval in advance by the Research Honors Committee. The research project can be in any of the basic sciences, clinical, translations, or population health research areas. Research undertaken must be an independent effort that is original and separate from the work of others who may be investigating the subject.
- II. Fulfill curricular requirements in six research content areas through seminar attendance, on-going interactions with mentors and research colleagues, written progress reports, presentations of their research, and their final research product.
- III. Participation in other research-related activities as outlined in an individual research activities plan. Activities might include seminars, journal clubs, grand rounds, and conferences relevant to the student's area of research.
- IV. Submission of either a research thesis in scientific paper format or a published or "in press" peer-reviewed scientific paper with the student as first author by March 1 of his/her Year 4 or midterm of the semester in which the student will complete graduation requirements.
- V. Presentation of research findings at one UW School of Medicine Student Research Forum is required. Oral or poster presentation at a regional or national conference is optional, but strongly encouraged.
- VI. Satisfactory annual evaluations by the research mentor and satisfactory progress reports submitted to the Research Honors Committee.
- VII. Acceptance of a research thesis or scientific paper and final approval of the honors designation by the Research Honors Committee.

Applicants for the Research Honors Program will submit application materials in the fall of Year 2 of medical school for review by the Research Honors Committee. Acceptance into the Program after Year 2 will be reviewed and approved on a case-by-case basis.

Criteria for acceptance include:

- I. Good academic standing in the MD degree program with a minimum cumulative grade point average of 3.5. Students enrolled in the Medical Scientist Training Program (MD/PhD) are not eligible.
- II. An identified UW faculty member who agrees to provide oversight and mentor research. Students may identify specific projects and mentors on their own or be made aware of possibilities through the Office of Academic Affairs.
- III. Submission of a written research proposal that conforms to format guidelines.
- IV. Submission of student's curriculum vitae and cover letter describing research interest and career motivation.
- V. Letter of support for the application from the research mentor.
- VI. Review of application materials and approval for candidacy by the Research Honors Committee.

STUDENT EVALUATION of the CURRICULUM

Students are asked to complete evaluations of each course and are asked to participate in a course evaluation committee once per year. Evaluations are extremely important in that they provide constructive feedback to individual faculty, an overview of each course to the Course Director and the administration. These evaluations should be filled out candidly yet professionally. The evaluations are not shared with the faculty until after the course has been completed and the final grades have been submitted.

In addition, the medical school invites students to participate in focus groups to have an open discussion about the strengths of the curriculum as well as areas in need of improvement. The students are randomly invited to each focus group. Focus groups are convened by the Director of Curriculum Evaluation. Following each focus group, the student comments are summarized and presented to course and clerkship directors. Recommendations for improving each course are proposed and discussed.

SCHEDULING and REGISTRATION

Course scheduling and campus registration are handled automatically through the medical school's Online Access to Student Information and Scheduling (OASIS) system.

Year 1 and Year 2

Required Courses: Students are scheduled for required Year 1 and Year 2 courses in OASIS. Schedules are completed one semester at a time and finalized about one month prior to the start of the semester. Registration with campus occurs automatically using OASIS schedules.

Electives: Students who wish to take electives in Year 1 and/or Year 2 enter them into OASIS, and registration with campus subsequently occurs.

Year 3

Details about the scheduling process for Year 3 are distributed in February of Year 2. Students are assigned a year-long Year 3 grid via the OASIS lottery system, and clerkship rotation sites by lottery after the grid assignment has been determined. Clerkship sites are located throughout the state offering students opportunities to experience a broad range of patient populations and medical settings. The goal for finalizing Year 3 schedules is May 1st. Registration with the campus occurs automatically using these schedules.

When the number of students needing to schedule Year 3 clerkships exceeds the number of clerkship slots available, the Office of the Associate Dean will establish scheduling priorities for each student based on the following guidelines from highest to lowest priority:

1. Year 2 students who completed all preclinical course requirements.
2. Year 4 students who missed a Year 3 clerkship due to a personal crisis or emergency.
3. Year 3 students who missed a clerkship due to a failed Step 1 examination.
4. Students whose Year 3 start was delayed due to a personal crisis or emergency causing unfinished Year 2 coursework.
5. Students who missed, or delayed start of Year 3 clerkship, due to a maternity or paternity leave.
6. Transfer students.
7. Students choosing to delay Step 1 who are otherwise eligible, or students choosing to delay or interrupt an established Year 3 schedule.

Year 4

Students begin to schedule Year 4 during the spring of Year 3. Year 4 scheduling is handled through a series of lotteries in OASIS. When scheduling is complete, students are automatically registered using their OASIS schedule.

2009-2010 ACADEMIC YEAR CALENDAR

Every reasonable effort has been made to ensure the accuracy of this information. Nonetheless, it is subject to change without notice. No part of this information should be construed as a contract or offer to contract.

Year 1 and Year 2

Fall Semester 2009		Spring Semester 2010	
Madison Moving Day	August 15	Semester Begins	January 4 (tentative)
Semester Begins	August 17	MLK, Jr. Holiday	January 18
Labor Day Holiday	September 7	Spring Recess	March 27- April 4
Rosh Hashanah*	September 19	Passover*	March 30
Yom Kippur*	September 28	Good Friday*	April 2
Year 1 White Coat Ceremony	October 4	Semester Ends	May 14 (tentative)
Thanksgiving Recess	November 26-29	M2 Transitional Clerkship	July 1 (tentative)
Semester Ends/Winter Recess	December 19	M2 Begin Year 3	July 1 (tentative)

*In accordance with Faculty Document 488a, faculty are asked not to schedule mandatory exercises on these dates.

Year 3 and Year 4

Fall Semester 2009		Spring Semester 2010	
M3 Transitional Clerkship	July 6	Semester Begins	January 4
Semester Begins	July 7	MLK, Jr. Holiday ³	January 18
Labor Day ³	September 7	M3 Core Day	February 19-20
Rosh Hashana ²	September 19	Passover ²	March 30
Yom Kippur ²	September 28	Good Friday ² -not a holiday	April 2
M3 Core Day	October 16	M3 Core Day	April 30
Thanksgiving ¹	November 26-29	Commencement Weekend	May 14-16
Semester Ends	December 19	Memorial Day ³	May 24
¹ M3 Thanksgiving: Wednesday at 5pm through Sunday ¹ M4 Thanksgiving: Follow schedule of clerkship		M3 YEPSA Exam	June 3, 4, 7, 8
		Semester Ends	June 18

²See * under Year 1 and Year 2

³Holiday for all students

FACILITIES, CLINICAL TRAINING SITES, and CAMPUS TRANSPORTATION

CLINICAL TRAINING SITES

In addition to sites in Madison, the medical school's "statewide clinical campus" provides training in a number of locations including its Marshfield Academic Campus, Milwaukee Academic Campus and Western Academic Campus in La Crosse.

Madison

Clinical Sciences Center (CSC)

Many clinical rotations are taken at the University Hospital and Clinics located in CSC which is located next to the HSLC. Getting around the CSC is confusing due to its design. The following tips will help students find their way.

Each section (module) of the CSC is numbered and lettered on a coordinate system. Letters are on a north-south axis and numbers are on an east-west axis. The lettering begins at the south end (near the VA Hospital) with the letter "A" and progresses through the alphabet to "K" at the far north end (near Nielsen tennis stadium). The numbers begin with 1 on the west side (near emergency entrance) and progress through 6 on the east side (main entrance).

Each room in the CSC can be identified by an alpha-numeric designation, such as B4/628. The first letter and number refer to the module coordinates; the next number refers to the floor; the last two numbers indicate the room number. So using the example above, this room is in the B4 module on the 6th floor, room number 28. Note that you will not find all six east-west sections on every floor. To further confuse the "master plan", hallways on floors 1-3 and portions of 4-6 were built at a 45° angle to the coordinate axes. So to get from D5 to F5 on the third floor, you can't just go straight through E5.

Veteran's Administration (VA) Hospital

The VA Hospital connects to the third floor of the CSC. Most students at some point during their education spend time there and find their experiences very rewarding. The building layout is much more user friendly than the CSC. Two wings, A and B, comprise the bulk of the building and are simply long single hallways.

Meriter Hospital

Meriter Hospital, located at 202 South Park Street, provides Year 3 clerkships in Ob/Gyn and a variety of Year 4 electives.

Milwaukee

Aurora Sinai Medical Center

Year 3 clerkships (Medicine, Primary Care, Ob/Gyn), and Year 4 electives can be taken at Aurora Sinai Medical Center. The facility has two complexes, the East and West Campuses. East Campus is located on 12th Street between Kilbourn Avenue and State Street. West Campus is on 21st Street between Kilbourn and State. Students are housed in modern apartments located four blocks from the hospital. Each unit has 3 bedrooms with 2 beds per room. Students are assigned housing by gender. Each unit has a fully equipped kitchen, two baths and a living room.

Marshfield

Marshfield Clinic and St. Joseph's Hospital

Year 3 clerkships (Medicine, Ob/Gyn, Pediatrics, Primary Care) plus Year 4 electives can be taken in Marshfield, a small city located 137 miles north of Madison. The Marshfield Clinic and St. Joseph's Hospital are located on St. Joseph Avenue between Dodge and Kalsched Streets. Student housing apartments are 7 blocks from the medical complex.

La Crosse

Gundersen Lutheran Medical Center

Year 3 clerkships (Medicine, Pediatrics, Primary Care, Surgery), plus Required Anesthesiology and Year 4 electives can be taken in La Crosse, a small city located 145 miles northwest of Madison. The Gundersen Clinic and Lutheran Hospital are located at the intersection of South Avenue and South Seventh Avenue. Students live in modern efficiency apartments in a building on the hospital grounds.

Green Bay

Aurora BayCare Medical Center

Year 3 clerkships (Ob/Gyn, Pediatrics, Primary Care) can be taken in Green Bay. Students live in housing about 10 minutes from the medical center.

Primary Care Sites

The Primary Care Clerkship uses clinics in Appleton, Eau Claire, and Minocqua in addition to the sites above, to provide training to Year 3 students. If needed, housing is provided. For information about the clerkship and sites, go to www.fammed.wisc.edu/pcc.

HEALTH SCIENCES LEARNING CENTER

The Health Sciences Learning Center (HSLC) is the site of classroom instruction and clinical skills training for the medical school. It also houses the Ebling Health Sciences Library, and medical school academic and administrative offices. The HSLC features sophisticated instructional technologies, including advanced digital capabilities throughout its lecture halls, classrooms, clinical training and assessment areas, computing laboratories and distance education centers. The building was designed to enhance individual and small-group learning, and has wireless internet access. Three areas within the building, the InfoCommons, the Wichman Clinical Teaching and Assessment Center (CTAC), and the Special Use Lounge, are described below.

InfoCommons

The InfoCommons is located within the Ebling Library to provide an integrated environment for library and information technology services and resources. It is open to the entire UW-Madison community of enrolled students, faculty and staff. The HSLC wireless network is available in all public areas of the HSLC, including the InfoCommons. It provides access to the same databases as the library workstations using a wireless enabled laptop or an ethernet cable plugged into one of the many data jacks spread throughout the library.

There are 100+ PCs and 6 Macs with a variety of applications including:

Windows XP or Mac OS X	Palm Desk Top
Microsoft Office 2007	Nero (CD Burning)
Adobe Photoshop	Mozilla Firefox (Browser)
Adobe Pagemaker	Power DVD
Adobe Illustrator	Quicktime Player
Adobe Reader	Realplayer/Winamp/Windows Media Player
Adobe Flash/Fireworks/Dreamweaver	iTunes
Adobe Acrobat	Kurzweil 3000/ JAWS
Irfanview (Graphic Viewer)	Various Courseware

There also is a variety of equipment available for use within the InfoCommons. Wireless laptop computers are available for 3-day check-outs to anyone with a valid UW ID at no charge. Each unit comes equipped with basic productivity software. A mini-DV camcorder and digital still camera are available for a maximum checkout period of 3 days. A Digital Projector is also available for a 1 day checkout. Check with the Service Desk for other accessories such mice, headphones, tripod, etc.

Students receive a printing supplement of 500 sheets for the fall semester, 500 sheets again in the spring semester, and 250 sheets during the summer. Direct questions regarding printing to the InfoCommons technology manager or the staff at the Ebling Service desk. Students exceeding the supplement can purchase a vending card and use public printing to meet their needs. Vending card prints are 7 cents per page. Printing (black/white and color), photocopying, document scanning, and color scanning are also available and require a debit card.

Wichman Clinical Teaching and Assessment Center (CTAC)

CTAC is a 24-room clinical teaching and assessment facility where health sciences students practice and are tested on interviewing and physical examination skills. Each of the center's 24 rooms contains medical equipment, including otoscopes, blood pressure cuffs, x-ray view boxes, examination tables and sinks. A central observation area allows individuals to remotely view each room. The rooms are also equipped with two ceiling-mounted video cameras and microphones that allow digital capture of students' encounters with patients and/or faculty members. These encounters are captured at specific points in the educational process, and include all clinical assessments, called Objective Structured Clinical Exams (OSCEs). Video-captured encounters are stored on a server and can be streamed to any computer on the campus network. Videos also can be placed on a CD or DVD for off-campus viewing. Any recording of encounters is done with the explicit knowledge of all participants.

Special Use Lounge

The HSLC Special Use Lounge is located in 2120. The lounge is available to students, faculty, and staff who work in the HSLC and the Wisconsin Institutes for Medical Research (WIMR) building who need private space to manage their health needs. Examples of appropriate use of the space include mothers who are breast-feeding their infants, and individuals who need to administer medication such as insulin. The lounge has a small kitchen with a refrigerator and sink, and comfortable furniture. See the Student Services receptionist, 2130 HSLC, to request access.

LIBRARY FACILITIES

The Ebling Library serves as the health science library for the UW-Madison campus. It is an exceptional facility that provides the convenience of a consolidated book and journal collection and spaces for both group and individual study. For information regarding library services and hours of operation, go to www.hsl.wisc.edu.

Other Libraries on campus are listed below. Information regarding the location, hours and services provided at these libraries can be obtained by clicking on "Campus Libraries" on the menu bar of the Electronic Library home page at: www.library.wisc.edu

NAME	LOCATION
<i>Memorial Library</i>	State Street Mall
<i>Steenbock Library (Agriculture)</i>	Babcock and Observatory
<i>Wendt Library (Engineering)</i>	North Randall and West Dayton
<i>Helen White Library</i>	Park and Observatory
<i>State Historical Society Library</i>	Across the Mall from Memorial Library
<i>Kohler Art Library</i>	Conrad A. Elvehjem Building, University and Murray
<i>Law Library</i>	Bascom Hill
<i>Physics Library</i>	Chamberlain Hall

UW-MADISON TRANSPORTATION and PARKING SERVICES

The UW-Madison Transportation Services web site – www.fpm.wisc.edu/trans -- contains information regarding the following: parking on campus, safe nighttime services, citations and enforcement, bike and bus commuting, and disabled parking. Brief descriptions of a few of these services follow.

UW-Madison Assigned Student Parking

All UW-Madison students apply for parking through Transportation Services. Limited parking is available for approved student commuters on a space available basis. The following criteria are used to make student assignments:

- Commuting students from outside Madison (beyond one mile of the city transit system);
- Working students using their vehicles at least 3 times a week for employment when there is a proven need;
- Students with unusual or special needs with justification.

Parking Near the HSLC

In general, students are not able to park near the HSLC during business hours Monday through Friday. However, some lots are open from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all day Saturday and Sunday. Check the UW-Madison Transportation Services web site – www.fpm.wisc.edu/trans -- for information.

Parking Near the MSC

Lot 20, which can be entered from University Avenue just west of MSC, has a few public parking stalls for use during business hours, Monday through Friday. This lot, plus others in the area, are free from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all day Saturday and Sunday.

Bus Service On/Off Campus and CSC Shuttle Service

The Route 80 Campus Bus is free and offers service to most areas of the campus including Lot 60 and Eagle Heights. Madison Metro provides free bus service in Madison and to a few surrounding communities to students who obtain a free bus pass with their valid student ID. For Madison Metro routes and schedules, go to <http://www.ci.madison.wi.us/metro>. For information on how/when to get a free bus pass, go to the Associated Students of Madison (ASM) website, <http://www.asm.wisc.edu/>. The CSC Shuttle Van is free and operates every 20 minutes between the HSLC and the MSC.

Nighttime Transportation and Escort Services

SAFE (Safe Arrival For Everyone) Nighttime Services is the university's comprehensive late-night transportation system, available to students, faculty, staff and university guests. The goal of SAFE is to promote personal and community safety through offering a safe means of nighttime transportation and educating the UW community on matters of nighttime safety. The program consists of cab and bus rides and walking escorts.

- *SAFEwalk* provides walking escorts throughout the entire campus except for the far west side (UW Hospital and Eagle Heights). Students work in two-person escort teams, responding to requests for walks, and watching for suspicious situations. All *SAFEwalkers* undergo training with UW Police and are able to assist in a variety of situations. Each team carries a two-way radio and is about to act as a mobile emergency phone between UW Police and *SAFEwalk* dispatchers. Service is available from 7:00 p.m. to 1:00 a.m. from October 1 through March 31 and from 8:00 p.m. to 1:00 a.m. from April 1 through September 30. To request this service, call 262-5000.
- *SAFEride Bus* service runs three circular routes providing free service from 6:30 p.m. until 1:30 a.m. Sunday through Thursday, and until 3:00 a.m. Friday and Saturday during the school year: Route 80 (Memorial Union/Eagle Heights), Route 81 (Lakeshore Dorms/Langdon-Johnson), and Route 82 (Regent-Breese/Bedford-Broom)
- *SAFEride Cab* service provides emergency nighttime transportation to individuals either outside *SAFEwalk* boundaries or not close to a *SAFEride Bus* route. *SAFEride* boundaries are at approximately a two-mile radius of campus. All trips are strictly one-way rides. No more than two individuals are allowed per *SAFEride Cab* ride. A four ride per month limit is strictly enforced and

riders must present valid UW ID the cab driver. Cab service is complimentary, but a \$1 donation plus driver's tip is requested. Service is available from 10:30 p.m. to 3:00 a.m. and 10:30 p.m. to 6:00 a.m. during final exam periods. Requests before 1:00 a.m. may be referred to *SAFEwalk* or *SAFEride Bus*. To request this service call 262-5000.

SERVICES FOR STUDENTS

STUDENT ACADEMIC SUPPORT SERVICES (SASS)

The staff in the Office of Student Academic Support Services are experts in the field of medical education, and provide various services to help medical students achieve their full academic potential.

Services offered include:

- Tutoring;
- Test-taking skills through review of a student's past exams;
- Note-taking skills;
- Time management skills;
- Study skills designed to enhance student's ability to select what to study;
- Basic testing for learning disabilities;
- General counseling and referrals.

Additional resources that facilitate learning include:

- Files containing self-assessment exams for many of the first and second year courses;
- A library of texts and review texts for most courses taught at the medical school;
- Practice exams and other support for the Step 1 USMLE.

The Office also coordinates the medical school tutorial and USMLE Step 1 prep programs. Students who are experiencing academic difficulty and feel a tutor would be helpful are encouraged to make an appointment to meet with a staff member to arrange tutorial assistance. USMLE Step 1 "board prep" groups, organized in the spring semester, are lead by Year 4 students and instructors and are open to all students.

CAREER ADVISING

The Office of Career Advising provides specialty, residency, and career information for students from matriculation to graduation. It also serves as the information hub for career education and specialty information for prospective students, faculty, staff, and alumni. For all students, the career advising office and Academic & Career Advising Program (ACAP) offers support on four major career decision-making tasks:

Self-Assessment

- Clarification of personal interests, abilities, and values relating to potential specialties
- Exploration of preferred work environment and practice characteristics

Exploring Options

- Information-gathering regarding career options including specialties and subspecialties, academic medicine, public health, and other medical careers
- Advising and counseling for career-related evaluation of clinical experiences
- Information regarding summer experiences: clinical, research, volunteer, etc.
- Referrals to clinical faculty in area(s) of interest

Choosing a Specialty

- Selecting a specialty or non-residency continuing medical education (MPH, PhD, etc.)
- Evaluating specific residency training programs
- Advising and support for career decision-making

Getting into Residency

- Descriptive & comparative residency match data, for both national and UW applicants
- Preparing a curriculum vitae, personal statement, and application materials
- Developing interviewing skills, including mock interviews

- Utilizing residency application services & navigating the match process

There are four major initiatives to support students with these tasks. First, there is a comprehensive specialty and career education program throughout medical school, especially during the third and fourth years, beginning at the Transitional Clerkship. Second, the Careers in Medicine web-based program contains resources, exercises, and informational databases designed to help students navigate their career choices. Third, Career Advising staff and the Dean for Students are available to meet one-on-one with students. Fourth, and most important, ACAP faculty mentors provide longitudinal advising and support for career and academic decisions. ACAP mentors are also affiliated with the learning communities to provide students with another, broader set of faculty resources to contact with questions. These program and associated resources are under continual development and improvement. For more information, contact the staff listed on page i of this document.

FINANCIAL AID

Student Financial Aid Office

The financial aid counselor for medical students is located in the UW-Madison Student Financial Aid Office. The counselor assists students whose personal and family resources are not adequate to cover the cost of attending medical school. The primary resources available through the office are low interest loans. A limited number of scholarships are awarded to incoming students based on merit and financial need. Year 1 students receive aid based on a 10.5 month budget; Year 2-4 students receive aid based on a 12 month budget.

Aid Eligibility and Application

To be eligible to receive financial aid, a student must:

- Be a citizen or permanent resident of the United States.
- Be admitted as a medical student.
- Demonstrate financial need as determined by the OSFA.
- Maintain satisfactory academic progress as defined by the Medical School.
- Carry a minimum of 4 credits per semester.
- Meet the eligibility requirements of each of aid program applied for.
- Show willingness to repay any educational loan, not be in default on any educational loan, and not owe any refund to the University.
- Have a valid social security number.
- Be in compliance with Selective Service registration.

To apply for financial aid, a student must:

- Submit a Free Application for Federal Student Aid (FAFSA).
- Submit a UW Student Tax Return form.
- Keep his/her mailing address current since all correspondence goes to a student's local address.
- Re-apply every year.

It is important to note that residency status for tuition purposes is determined by the Residence Examiner in the Office of the Registrar, not the medical school or the financial aid office.

Determination of Financial Need

After the student's FAFSA is analyzed by the U.S. Department of Education and the Student Financial Aid office, the student's "total resources available for education" is determined. For financial aid purposes, "need" is defined as the difference between the cost of attendance (as defined by the University) and the "total resources available" to the student.

Appeals

If a student is denied aid, or is not offered as much as he/she feels is needed, it is possible to appeal for reconsideration. Appeals must be submitted in writing to the OSFA. Appeals are usually successful only

when income information changes from a student's original application. It is also possible for a student to use actual living costs, within office parameters, instead of the base budget used to calculate need.

Tuition, Fees and Expenses

The 2009-2010 estimated single student budget prepared by the Student Financial Aid office is below.

	<i>Med 1</i> <i>10.5 Months</i>	<i>Med 2</i> <i>12 Months</i>	<i>Med 3</i> <i>12 Months</i>	<i>Med 4</i> <i>12 Months</i>
Tuition & Fees	\$23,598	\$23,598	\$23,598	\$23,598
Books	1,350	1,490	1,540	1,040
Room & Board	10,395	11,880	11,880	11,880
Miscellaneous	3,045	3,950	3,480	3,950
Instruments	660			
Transportation	1,575	1,800	2,220	2,250
Loan Costs	30	30	30	30
Health Insurance	<u>2,100</u>	<u>2,400</u>	<u>2,400</u>	<u>2,400</u>
Resident Total	\$42,753	\$45,148	\$45,148	\$45,148
Nonresident (tuition add-on)	<u>\$11,124</u>	<u>\$11,124</u>	<u>\$11,124</u>	<u>\$11,124</u>
Nonresident Total	\$53,877	\$56,272	\$56,272	\$56,272

Types of Aid

- Federal Perkins Loan. A federal loan program allowing up to \$30,000 for an entire academic career, including undergraduate career. Simple 5% interest accrues only in repayment period that begins 9 months after graduation. Two-year deferments for advanced training are possible.
- Federal Stafford Loan. 1) Subsidized Loan. Commercial lending institutions provide these funds, but funds are federally insured. Maximum total is \$65,500, including undergraduate loan total, at \$8,500 per year. Interest is fixed at 6.80% with a cap of 8.25% for new borrowers. Neither interest or payments begin until borrower leaves school or is enrolled less than half time (less than 4 credits/semester in medical school). 2) Unsubsidized Loan. Same as above except interest accrues while student is in school. Eligibility is based on financial need. Up to approximately \$30,000 per year.
- Health Professions Medical Loan (Primary Care Loan). Federal loan takes parent ability to provide financial assistance into account. Repayment can be deferred through residency. Interest is 5% beginning to accrue when repayment starts.
- Federal Graduate Plus Loan. Used for unmet costs for students who have maxed out borrowing ability in other federal loan programs. Interest is fixed at 8.50% and accrues as soon as the loan is disbursed.
- Manchester, Gilbert, Snow, Burns-Leslie, Kellogg, Dredge, and AMA-ERF Loans. Funds come from private institutional sources, not federal or state. Funds limited and only awarded to students of very high financial need. Interest is 5%, which can be deferred for 5 years after leaving school.
- Wisconsin Medical Society Loan. The Charitable, Educational & Scientific Foundation of the Wisconsin Medical Society provides loans for state residents only. Students are chosen based on financial need and may borrow up to \$5,000 per year.
- Alternative Med Loan. These loans are available to students with extremely high financial need or to those who have exhausted federal loan programs.
- Grant Assistance. Limited grant aid is available through the medical school.
- Child Care Tuition Assistance Program. Students with children may qualify for up to \$1,000 per year. Payments are made directly to the day care provider.

Short Term Loans

Low interest, short-term loans are available on a limited basis. These loans are given to assist in unanticipated emergency situations and must be repaid within the semester they are borrowed. Applications are available in the Student Financial Aid office.

Other Options

Students may be eligible to apply for some of the following other types of assistance:

- National Medical Fellowship (NMF). Private non-profit organization that funds minority medical students in the first and second year. New entering students may obtain applications from the National Medical Fellowships, Inc., 254 W. 31st Street, New York, NY 10001.
- National Health Service Corps. For information contact the U.S. Department of Health and Human Resources.
- Armed Forces Scholarship Program. The Army, Navy and Air Force have programs that provide a year of funding for a year of service later on. Students enrolled in these programs may be limited to military hospitals for their postgraduate medical education (residency). Service deferments until after residency can be applied for, although there are no guarantees. Contact the nearest recruiting office for more details.

HEALTH and COUNSELING SERVICES

In addition to providing for students' educational and academic needs, the medical school and UW-Madison are strongly committed to providing for students' physical and mental health needs. University Health Services (UHS) provides students with primary health care, health education, health promotion and disease prevention services. All currently enrolled students are eligible for care at UHS. For the most part, the services are prepaid as part of student fees.

I. University Health Services (UHS)

A. Location – 333 East Campus Mall, 265-5600

B. Hours

1. 8:30 am to 5:00 pm, M-T-TH-F; 9:00 am to 5:00 pm W
2. After-hours telephone medical consultation, 265-5600, M-F, 5:00 pm to 9:00 pm.; weekends/holidays, 12 noon to 9:00 p.m.
3. Evenings & Weekends: UHS is closed

Since UHS is closed on evenings and weekends, students needing urgent care must go to one of the following local hospitals or clinics:

- UW Health Immediate Care: 4122 East Towne Blvd., 242-6855 and 7102 Mineral Point Rd, 828-7603.
- Dean Urgent Care: 1821 Stoughton Rd., and 725 N. High Point Rd, both at 250-1525.
- UW Hospital and Clinics: 600 Highland Ave., 262-2398.
- Meriter Hospital: 202 South Park Street, 267-6206.
- St. Mary's Hospital: 707 South Mills Street, 258-6800.

These centers operate on a first come, first served basis. UHS does not cover the cost of services provided outside the UHS facility. **All medical students are required to have health insurance which provides coverage for care not provided by UHS.**

C. Appointments

Most services at UHS are provided on an appointment basis, however, care for urgent or an acute problem is always available during the hours the clinics are open. For appointments, including the Blue Bus Clinic, call 265-5600. **Students should always call ahead for an appointment before going to the clinic.**

D. Being Treated by Fellow Students

Year 4 medical students and visiting Year 4 students can take a clinical elective at the UHS. Occasionally this raises concerns on the part of fellow students who need to visit the UHS but do not wish to be treated by a colleague or student. UHS has a clear policy stating that, *"All patients shall be informed of the student or trainee status of the care provider or observer at the time of the appointment or initial contact,"* and that *"a patient may refuse to see a student or post-graduate trainee."* Staff at UHS have been trained to implement this policy.

II. University Counseling Services

Counseling and Consultation Services, a unit of UHS, offers a variety of individual, group and couple counseling services. Experienced counselors, psychologists and psychiatrists are available to assist students in overcoming depression, and managing anxiety, and in developing self-awareness and understanding, independence and self-direction.

Medical records of students seen by a counselor are private and secure. Any person seeking mental health assistance has a legal and ethical right to privacy. The law allows a helping professional to breach this right to privacy, if and only if, the individual is in clear and imminent danger to harm themselves or another or of harm from another and there are no other viable ways to intervene. Counseling and Consultation Services is committed to meeting this standard. Some students are concerned that computer generated records of their appointments may not be secure enough to avoid breach of confidentiality. The UW computer database for storing medical records is extremely secure, is strictly limited to only those who are directly involved in a patient's care, and is constantly monitored to determine unauthorized access.

- A. Location: 333 East Campus Mall
- B. Regular weekday hours: 8:30 am to 5:00 pm, M-T-TH-F; 9:00 am to 5:00 pm W
Call 265-5600 for an appointment
- C. **After Hours and Weekends mental health crises: call 265-5600, Counseling Services Crisis Response Services.**
- D. Some of the areas covered by Counseling Services are:

Interpersonal relationships	Eating disorders
Anxiety and depression	Alcohol and drug concerns
Self-esteem	Stress management
Women's issues	Couples and Family Issues
Men's issues	
- E. Additional Counseling Services
In response to the needs of medical students, the medical school in partnership with Counseling and Consultation Services provides a model of treatment including a one-hour assessment, and flexible appointments to accommodate students as determined by the judgment of the professional counselors. The goal is to provide resources to facilitate a student's mental well being as they progress through the medical curriculum.

LEARNING COMMUNITIES / HOUSES

Learning Communities, or Houses, were established during the planning stages of the Health Sciences Learning Center to provide new possibilities for students and faculty to participate in formal and informal learning and to foster interaction among students in all four years of medical school. The Learning Communities are made up of five houses named after prominent faculty and alumni – Bamforth, Bardeen, Gundersen, McPherson, and Middleton – and are comprised of 30-35 students from each of the four years for a total of 150-175 students per House.

The mission of the Houses is to foster community, leadership, professionalism, well-being and the sharing of knowledge in order to develop more intellectually, socially, physically and emotionally prepared physicians. This will be achieved by:

- Providing opportunities for peer and professional mentoring and career guidance.
- Promoting the skills and attitudes of professionalism.
- Developing opportunities for emotional and personal support through recreational and social interactions.
- Fostering development of cross- discipline relationships and interactions.

Each House is allotted an annual sum of \$1000 to use for activities. With the exception of purchasing alcohol, the use of the funds is unrestricted.

MULTICULTURAL AFFAIRS

The mission of the Office of Multi-cultural Affairs is to provide academic opportunities that will yield an increase in students historically under-represented in medicine and to work toward the development of learning environments that will foster academic success. The office has forged partnerships with internal and external constituent groups to provide a climate that embraces diversity and supports the professional development of all students, especially students of color.

The office works closely with all aspects of the medical school including admissions, recruitment, academic support services, career advisement, and counseling. The office identifies target areas to recruit prospective students, develops programs to encourage pre-college students to pursue careers in the health sciences, and identifies prospective students from national databases.

An important goal of the office is to foster the development of an academic environment that is sensitive to and respectful of people from diverse backgrounds. This is accomplished by the following:

- I. Monitoring each student's integration into the medical school environment.
- II. Working with the Associate Dean for Students to provide an optimal environment for maximizing a student's learning potential.
- III. Incorporating multicultural issues and humanistic values into the curriculum.
- IV. Identifying summer programs that increase minority student participation in medical career experiences.
- V. Working with units within the medical school, University and community to identify and sponsor workshops, lecture series and programs devoted to health care delivery in undeserved and culturally diverse areas.
- VI. Working with Medical Students for Minority Concerns (MSMC), a student-run organization that enhances the environment for all medical students through collegial support, promotion of the values of ethnic diversity, and participation in community service.

It is important to note that racial/ethnic heritage information and data are confidential. Information and data pertaining to one's racial and ethnic heritage are collected for compliance purposes with University policy and the U.S. departments of Education and Labor. Student racial information is not available to individuals not employed by the University unless the student gives written permission. Release of individual racial information is made to faculty and staff only by approval of the UW-Madison Chancellor or the Chancellor's designee.

OMBUDS OFFICE

The ombuds is an individual in the medical school community who serves as a confidential resource for students, providing a comfortable, confidential environment for conflict management where interpersonal and professional difficulties can be aired, and a safe forum to voice concerns, evaluate a situation, express feelings, prioritize important issues relevant to a dilemma, and develop strategies. The ombuds is independent of existing administrative or academic structures and supplements existing resources and will treat all matters confidentially within the bounds of the law. Note that for concerns regarding sexual harassment and mistreatment, students may use OASIS: enter the current academic year, click on "View a report of the evaluations you need to complete" under the Evaluations to Complete heading, and then click on the link for "UWSMPH Confidential Report / Consultation on Mistreatment Concern." All submissions are confidential and are forwarded directly to the ombuds.

What will the ombuds do?

- Provide a comfortable, confidential environment to air concerns
- Work to develop options for resolving or managing their concerns or complaints
- Open channels of communication

- Research and provide information for questions regarding a policy or procedure
- Serve as an intermediary or mediator for conflict management
- Seek fair and equitable solutions to problems

What powers does the ombuds have?

- As an impartial 3rd party, ask questions, and upon request, mediate disputes
- With permission, bring issues to the attention of those with authority to address concerns
- Persuade in decision-making, make recommendations
- Report systemic issues to the Dean and other leaders with recommendations for resolution

Categories of concerns the ombuds may review:

- Career Progression & Development – including obstacles to academic progress, scheduling or travel issues, professionalism challenges, differential treatment
- Evaluative Relationships / Academic Issues – including communication with faculty and staff, special needs or circumstances, concerns about fairness in academic progress
- Peer & Colleague Relationships – including mistreatment by staff, faculty, or fellow students, unprofessional demeanor, harassing unkind behavior, conflicts among students
- Miscellaneous – including safety, stress, ethical dilemmas, conflicts of interest

Go to the ombuds web site, <http://www.med.wisc.edu/for-staff/ombuds-office/main/786>, for information.

STUDENT HONORS, AWARDS and SCHOLARSHIPS

Each year the medical school recognizes students for their outstanding achievements and contributions. Each award, honor or scholarship has designated criteria that are used in the selection process. Criteria may include a student's year in medical school, academic achievement, class standing, residency area, financial need, geographic or ethnic origin, integrity and character, service to the community and medical school organizations, or combinations of the above. There is no application process; selection is by faculty, staff and students where indicated.

A prestigious honor available to fourth year students is election to the *Alpha Omega Alpha Honor Medical Society*. The medical school has one of 123 active *Alpha Omega Alpha (AOA) Honor Medical Society* chapters in the United States and Canada. The first AOA society was established in 1902 by six medical students at the College of Physicians and Surgeons in Chicago out of protest against "a condition which associated the name medical student with rowdiness, boorishness, immorality, and low educational ideals." AOA rules permit each school to select one-sixth of their graduating class for membership in AOA. The UW chapter currently selects Year 4 students in the fall using scholastic excellence (Dean's GPA) as the key criterion. Selection for AOA is a distinction that accompanies a physician throughout his or her career.

The recurring awards and scholarships administered by the medical school are listed on the following pages.

FOURTH YEAR AWARD TITLE	CRITERIA
Alpha Omega Alpha Honor Medical Society	See description above.
American Academy of Neurology Medical Student Prize	Dedication to excellence in clinical neurology
Betty J. Bamforth Award	Interest & excellence in the field of anesthesiology
Charles Russell Bardeen Award	Outstanding academic achievement, dedication
Dr. Darren Bean Scholarship	Commitment to excellence, collegiality, education, research and patient care in the field of emergency medicine

FOURTH YEAR AWARD TITLE, con't	CRITERIA
William Bleckwenn, Jr. Award	Clinical promise, qualities of character, heart & mind
Everett Burgess Award	Demonstrated excellence in surgery
Compassion in Action National and International Community Health Awards	During course of medical education, developed, implemented or improved health care in a disadvantaged community in the US or abroad
John Curtis Award	Interest in treating pulmonary disease
Christopher Dahl Award	Outstanding scholarly, humanistic abilities
Dean Scholarship	Outstanding academic achievement
Lynn Eggman Memorial Award	Excellence in interpersonal skills, communication with children & their families
Francis Forster Award	Demonstrated excellence in neurology
Founders Award	Outstanding student who fosters concepts of Family Medicine
General Internal Medicine Award	Leadership, outstanding commitment to principles of general internal medicine & career in Internal Medicine
Mark Gichert Memorial Award	Outstanding student pursuing training in the neurosciences
Gold Humanism Honor Society	Peer nominated and selected on basis of demonstrated excellence in clinical care, leadership, compassion and dedication to service
John & William Houghton Award	By State Medical Society for extracurricular accomplishments
Robert & Irma Korbitz Scholarship	Outstanding students pursuing career in Family Medicine
Dr. Katherine Kulak Scholarship	Outstanding student pursuing career in internal medicine
T. A. Leonard Award	Outstanding performance in Obstetrics & Gynecology
Dr. B.K. & Tomina Lovell Scholarship	Worthy, deserving students interested in radiology
James Magnino Scholarship	Exceptional understanding in Medical Ethics
George & Laura Maki Scholarship	Academic achievement, humanism, career in Internal Medicine
William Middleton Award	High academic achievement, including clinical performance
Grace Parker Scholarship	Demonstrated promise in Psychiatry
Dr. Samuel G. Perlson Scholarship	Academic achievement, humanism, career in Obstetrics & Gynecology
Dr. Elizabeth Smithwick Scholarship	Deserving students with an interest in Pediatrics and/or Pediatric Immunology
Society for Emergency Medicine Award	Demonstrated excellence in Emergency Medicine
Larry Tempelis Peer Mentoring in Professionalism Award	Successful in efforts to mentor junior colleagues in professionalism
Two Award for Humanism in Medicine	Demonstrated ideals of outstanding compassion in the delivery of care; respect for patients, their families and health care colleagues; and clinical excellence
Cora & Edward Van Liere Award	Outstanding scholastic achievement during all 4 years
Vogel Foundation Award	Demonstrated interest in family medicine with an emphasis on providing care for underserved populations
Harry Waisman Award	Demonstrated promise in treating health problems of children
Ralph M. Waters Medical Scholarship	Merit, ability, scholarship
Wisconsin Society of Pathologists Award	Demonstrated excellence in clinical pathology
Donald Worden Memorial Scholarship	Demonstrated devotion to the care and comfort of others
Gibbs Zauft Award	Demonstrated concern for comfort and welfare of patients

THIRD YEAR AWARD TITLE	CRITERIA
Don Bruechert Medical Scholarship	To support deserving medical students
Isadore Cash Scholarship	High academic achievement
Phillip Hamilton III Scholarship	Superior dedication and service to school, community
Bernard & Margaret Haza Scholarship	Interest in Internal Medicine, dedication to community, high level of academic achievement
Lora L. Marshall Scholarship	Outstanding scholastic achievement, financial need
Lewis & Edith Phillips Scholarship	Outstanding academic achievement
Vincent Russo Memorial Scholarship	Outstanding qualities of leadership, character
H. James Sallach Scholarship	Outstanding academic achievement, interest in primary care
Robert Schilling Scholarship	Financial need, academic excellence
Michele Tracy Memorial Scholarship	Demonstrated commitment to community service and public health
University League Scholarship	Leadership, scholarship

SECOND YEAR AWARD TITLE	CRITERIA
Robin Allin Scholarship	Financial need
American Society of Clinical Pathologists	Academic excellence, clinical promise
Murray Angevine Pathology Award	Outstanding achievement in Pathology
Class of '53 Scholarship	Worthy, dedicated, deserving student
Community Service & Student Leadership Awards	Demonstrated time & effort to service projects that benefit the community & to medical school organizations & activities outside the classroom
Alice & Philip Farrell Scholarship	Leadership within medical student organizations
Hanson Family Scholarship	Outstanding academic achievement, financial need
Molly & Louis Hinshaw Scholarship	Academic achievement, leadership, volunteerism, initiative, demonstrated understanding of value of teamwork
McGovern-Tracy Scholarship	Demonstrated commitment to community service
Otto Mortensen Scholarship	Most outstanding student in Medical Neurosciences
Achievement in Orthopedics Award	Excellence, citizenship, research in Orthopedics
Pathology Honor Society Award	Recognition of academic achievement
Eugene Polo Scholarship	Worthy, deserving student
Pat & George Rowe Scholarship	Academic excellence
Walter Schacht Scholarship	Financial need, academic excellence
Herman and Gwen Shapiro Student Research Award	Outstanding research in any field by a medical student in the regular MD curriculum
University League Endowed Scholarship	Leadership, scholarship
Marvin Watts Scholarship	Outstanding academic achievement
WI Medical Alumni Assoc Scholarship	Outstanding leadership skills
Youmans Award in Medical Physiology	Most outstanding student in physiology

FIRST YEAR AWARD TITLE	CRITERIA
Charles Russell Bardeen Award	Most outstanding student in anatomy
Community Service & Student Leadership Awards	Demonstrated time & effort to service projects that benefit the community & to medical school organizations & activities outside the classroom
Compassion in Action LOCUS Award	Commitment to develop programs for underserved communities

FIRST YEAR AWARD TITLE, con't	CRITERIA
Anthony Kisley Scholarship	Financial need
Lora L. Marshall Scholarship	Outstanding scholastic achievement & financial need
Dr. Otto Mortensen Scholarship	Most outstanding student in gross anatomy
Dr. Otto & Margaret Ann Mortensen Scholarship	Most outstanding student in medical cell Biology and Immunology
Jean Sanderson Academic Excellence Award	Academic excellence

STUDENT ORGANIZATIONS

MEDICAL STUDENT ASSOCIATION and OTHER STUDENT ORGANIZATIONS

Medical student interests are as diverse as the students themselves. A few organizations are highlighted below and currently active organizations follow by category (interest groups, community service organizations, and social organizations.) Information on each organization is available on the Medical Student Website, <http://www.uwmedstudents.com>.

The **Medical Student Association (MSA)** is the student governmental body representing the interests of all enrolled medical students at the University of Wisconsin School of Medicine and Public Health. Made up of elected officers and representatives from each class, the organization is involved in many aspects of student life. MSA oversees the budgets for each student-run organization, organizes social and entertainment events (including class parties, Dean's Cup, TGIF's, etc.), coordinates service projects in the greater Madison area, organizes clothing and equipment sales, and represents the student body to the administration, faculty, and alumni to address the concerns and wishes of the students.

Advocacy and Intervention for Medical Students (AIMS)

The AIMS Committee was established by students and faculty interested in providing a resource for students that is outside the Medical School Administration. Faculty members serve at the invitation of elected student members. The chief goals are to provide education, support and advocacy for students whose lives may be adversely affected by a variety of problems including, but not limited to, substance abuse, eating disorders, and depression. Members of the AIMS committee are trained to address acute as well as non-urgent questions and concerns posed by students. All referrals are confidential.

American Medical Association – Medical Student Section (AMA-MSS)

The AMA is a powerful lobbying group with a long, rich history in shaping the health care in the United States. Student members can attend national and regional AMA conventions to participate in discussions on health care delivery, medical education, and numerous social and political issues. Students may join the AMA at the special rate for all four years and receive a subscription to JAMA, a subscription to PULSE (medical student journal of the AMA), the AMA Drug Evaluation reference text, and the American Medical News.

American Medical Student Association (AMSA)

AMSA is a national organization whose goals include working to improve health care delivery to all people, to promote improvement of medical education, to involve its members in the social, moral and ethical obligations of the profession, to improve world health problems, and to assure that medicine reflects the diversity of society.

Organization of Student Representatives (OSR)

OSR fulfills a unique role among medical student organizations. As part of the AAMC, it provides all United States allopathic medical students with voting representation to the nation's largest association dedicated solely to the advancement of academic medicine. The OSR provides medical students with an active role in achieving AAMC's mission to improve the nation's health through the advancement of academic medicine. Additionally, the OSR seeks to assure that students actively participate in directing their education, preserving their rights, and delineating their professional responsibilities. To this end, the OSR provides medical students with a voice in academic medicine at a national level and strives to foster student involvement and awareness in this arena at a local level.

Wisconsin Medical Society

Membership in the Wisconsin Medical Society is free to medical students and includes a free subscription to the *Wisconsin Medical Journal*. The Society provides a strong voice to the health care issues and policies of the State of Wisconsin. The Society is very committed to medical education and in the

professional development of future physicians. As an example, they provide opportunities for students to receive mentoring from, or make connections with, physicians throughout the state.

Interest Groups

The following interest groups meet on a regular basis as a means to share common interests and concerns, or to broaden the understanding of an area of medicine that the students might be considering. The interest groups often have faculty advisors or clinical contacts who assist them with their goals.

American Physician Scientists Association (APSA)
Anesthesiology Interest Group (AIG)
Asian Pacific American Medical Student Association (APAMSA)
Catholic Medical Student Association (CMSA)
Christian Medical Association (CMA)
Dermatology Interest Group (DIG)
e-docere
Emergency Medicine Interest Group (EMIG)
Ethics Committee
Family Medicine Interest Group (FMIG)
Global Health Interest Group (GHIG)
Integrative Medicine Interest Group (IntMIG)
Internal Medicine Interest Group (IMIG)
International Federation of Medical Students' Associations (IFMSA)
Medical Informatics Group (MIG)
Medical Scientist Training Program (MSTP) Student Executive Committee
Medical Students for the Arts (MFA)
Medical Students for Choice (MSFC)
Medical Students for Life (MSFL)
Medical Students for Minority Concerns (MSMC)
Military Medicine Interest Group (MILMEDIG)
Neuroscience Interest Group (NIG)
OB/Gyn Interest Group (OBIG)
Orthopedic Interest Group (OIG)
Pediatric Interest Group (PIG)
Psychiatry Student Interest Group (PsychSIG)
Public Health and Medicine Interest Group (PHMIG)
Radiology Interest Group (RADing)
Rehab Interest Group (RIG)
Rural Health Interest Group (RHIG)
Student National Medical Association (SNMA)
Student Physicians for Social Responsibility (SPSR)
Surgery Interest Group (SIG)
Wilderness Medical Society (WMS)
Women in Medicine (WIM)

Community Service Organizations

The following student-run and/or student-staffed organizations devote considerable time to “giving back to the community.”

<i>Allied United for Health (AUH)</i>	Devoted to health education and outreach programming for residents of Madison’s Allied Drive community.
<i>Doctors Ought to Care (DOC)</i>	Trains and sends students to local schools to provide health education to school children.
<i>Health Professions Mentoring Program (HPMP)</i>	Provides Madison-area high school students from underrepresented populations with positive support and mentoring, especially in the pursuit of fields in the health professions.
<i>LOCUS (Leadership Opportunities with Communities, the Underserved, and Special Populations)</i>	A unique opportunity for medical students to develop skills and acquire knowledge that will help them work effectively with communities. This leadership training program is a four year commitment and requires an application process. Up to 18 M1’s are accepted into the program annually.
<i>MEDIC</i>	Provides health care to the underserved people in Madison; students, physicians, and other health professionals work together.
<i>Mentorship Achievement Program (MAP)</i>	Matches medical students with at-risk middle school students. Students serve as role models, and provide support, encouragement and structure for young people in need.
<i>Mothers and Maternal Support /Dando a Luz (MoMS)</i>	Provides support to unwed mothers-to-be during pregnancy and delivery.

Social Organizations

In addition to the wide variety of leadership and service organizations, medical students have also organized a number of groups based on mutual social and recreational interests:

<i>Arrythmias</i>	A band composed of current and former medical students. The band performs at a variety of different medical school and non-medical school functions throughout the year.
<i>Basketball Interest Group</i>	Organizes basketball pick-up games for medical students.
<i>Coda Blue</i>	A wind and string chamber ensemble composed of medical students. The ensemble performs at a variety of different medical school and non-medical school functions throughout the year.
<i>Dr. Mom</i>	Group whose members create a supportive environment for medical students who are also mothers and sponsor events that create a parenting community.
<i>Karaoke Interest Group (KIG)</i>	Group whose members encourage entertaining fun with karaoke.
<i>Running Club</i>	Fitness group designed to support medical student wellness and promote running. Members of this group organize medical student participation in a variety of local running events, as well as provide support for training and plan group runs.

STUDENT ORGANIZATIONS and RISK MANAGEMENT

Institutional Mission and Benefit

Any community service, extra-curricular, or co-curricular activity undertaken by faculty, staff, students, and/or recognized student organizations at the University of Wisconsin School of Medicine and Public Health must reflect the values expressed in the medical school's Mission Statement: *"to meet the health needs of Wisconsin and beyond through excellence in education, research, patient care, and service."* Furthermore, such activities should address the goals of the medical school's Strategic Plan to *"strengthen the professional development of students through learning experiences that emphasize ethics, professional responsibility and public service."*

Student and faculty service activities enhance the community outreach goals of the medical school, as well as the medical school's academic and student development goals. Additionally, such service activities directly address a critical point in the Chancellor's strategic plan for the University of Wisconsin, to *Promote Service Learning Focused on Societal Issues*, as well as goals stated in "Plan 2008" involving UW-Madison and Community Partnerships.

Institutional Policies

In order to be afforded the privileges and protections associated with official recognition by the medical school, recognized (registered) medical student organizations must fulfill the responsibilities listed below. Additionally, for liability protection to exist there must be: 1) a direct relationship between the university's mission, the medical school's mission and the student organization's mission, 2) a direct relationship between the purpose/mission of the student organization and that organization's activity or event.

- I. Responsibilities of recognized (registered) Medical Student Organizations
 - A. Each student organization must apply and be accepted as a Registered Student Organization (RSO) through the University of Wisconsin Student Organization Office. Organization members are responsible for being familiar with all UW rules and regulations pertaining to student organizations. The MSA Council will be responsible for the verification and documentation for every medical student organization's RSO status.
 - B. Each recognized (registered) student organization must register with the MSA Council.
 - C. Each student organization will have a written mission statement on file with the MSA Council. The mission statement shall also be posted on the medical student website, <http://www.uwmedstudents.com>. This mission statement must address how the mission of the organization helps to fulfill the mission of the school as well as the mission of the University of Wisconsin. The mission statement will be reviewed and updated annually by each organization's incoming leaders.
 - D. Each student organization will create and follow bylaws which at a minimum define: organizational operations, how decisions will be made, all leadership positions within the organization, the selection process by which new leaders are chosen, and the transition process for new leaders. This information will be on file with the MSA Council. The bylaws shall also be posted on the medical student website.
 - E. Each student organization will have at least one designated faculty/staff advisor. Any organization involved in the provision of clinical services (including but not limited to: patient education, health screening, patient advocacy, patient care) will also have a clinical advisor. This individual must be a faculty physician.
 - F. Each recognized (registered) student organization must communicate the dates, times and locations of each organizational meeting to the faculty/staff advisor(s) and all organization members, and post them on the electronic student event calendar.
 - G. Each recognized (registered) student organization must record minutes for any and all meetings. These minutes should then be distributed to all organizational members and the organization's advisor(s) to ensure adequate communication between interested parties. All minutes shall also be posted on the medical student web page.
 - H. Each student organization will submit the names and contact information for the organization's leadership and advisor(s) to the MSA Council.

- I. Organizations will file a summary of all completed activities, events, and/or service projects with the MSA annually.
 - J. Any student organization involved in community service and/or community engagement activities must submit their plans to the office of Community Service Programs with reasonable notice** prior to the event/activity. Any activities or events which arouse concern regarding their appropriateness and/or liability will be referred to the Dean of Students for consideration and possible approval. ***Examples of "reasonable notice": organizing a charitable donation: 2 weeks prior notice; hosting a health promotion fair, 6 months notice; opening a new clinic, 12 months notice.*
 - K. Organizations providing any medically-related services must complete and provide documentation to the medical school administration of the following:
 - 1. Authorization by a clinical (physician) faculty advisor, including documentation of said advisor's clinical oversight in the planning of any and all events and services as well as in the delivery of same.
 - 2. The parameters of treatment (example: the MSMC annual health fair will offer cholesterol screening only to individuals 21 years of age and older; the MEDIC clinics will only see patients suffering from acute illness, and will not see any patients for the following complaints:.....[to be determined by the faculty physician advisor(s)]). These will be documented and will be on file with the student organization hosting the activity, as well as with the Medical School Administration.
 - 3. Evidence that all clinical volunteers have appropriate liability coverage and/or are considered to be "agents of the University" must be on file with the Community Service Learning Programs Manager one week prior to the event. Organizations should partner with their physician faculty advisor and their faculty/staff advisor to address this issue. The office of Community Service Programs, will work with student organization leaders and the UW's legal consultants in order to ensure that the required protections are in place.
 - L. All organizational activities are expected to conform to University rules and regulations.
 - M. Student organizations shall send their prospective advisors a letter of invitation requesting the appropriate faculty/staff person's involvement as an organization advisor. An acknowledgement letter with a renewed invitation shall be sent annually to the organization advisor, until such time that the student organization determines a new advisor shall be sent a letter of invitation. The outgoing advisor shall be sent a letter acknowledging the end of their term.
 - N. Organizations choosing NOT to follow these institutional policies may be formed, but will not have the benefit of institutional recognition and/or support. Any such organizations may not identify themselves as being affiliated with the University of Wisconsin School of Medicine and Public Health, and will not be subject to the protections associated with this affiliation. Such organizations are not eligible to receive funding from the Medical Student Association, the medical school, or any of its agents.
- II. Roles and Responsibilities of Faculty/Staff Advisors to Student Organizations
- A. Faculty/staff appointments as advisors to medical student organizations should be included in their written position descriptions if possible. At a minimum, the appointment should be documented and signed by the Chair of their department. The faculty/staff advisor is responsible for obtaining this appointment from his/her department Chair. A copy of the appointment letter should be provided to the appropriate student organization.
 - B. All faculty, staff and/or volunteers involved in the provision of medical services provided or sponsored by a medical student organization are required to have a clinical volunteer appointment letter on file in their department and in their personnel file. These appointment letters may vary depending on whether the volunteers are directly affiliated with the university, are clinical faculty, or are supervised by clinical faculty. The student organization advisor will work with the office of Community Service Programs, student organization leaders and the UW's legal consultants in order to ensure that the required protections are in place.

- C. Faculty/staff advisors will communicate regularly with the leaders of the student organization they advise. Advisors should be active participants in the student organization, while at the same time promoting the organization's independence and self-governance as appropriate.
 - D. Faculty/staff advisors are responsible for evaluating the organization's plans and activities for potential issues and concerns, and are expected to consult with the medical school administration if they anticipate any potential problems with planned activities or events.
 - E. Faculty/staff advisors are encouraged to regularly attend organizational meetings. Faculty physician clinical advisors will likely have more limited involvement with the student organization. Typically direct involvement will be limited to clinical supervision of any medically-related activities and/or events.
 - F. Faculty/staff advisors will assist student organization leaders and members in problem solving and in obtaining any relevant and meaningful information necessary to ensure the safety and protection of members carrying out activities or events sponsored by the student organization.
 - G. Faculty/staff advisors are encouraged to nominate student organization leaders and members for appropriate awards and recognition opportunities, as well as provide written acknowledgment to organization leaders and members who have made substantial contributions to their organization.
 - H. Faculty/staff advisors are expected to conform to University rules and regulations.
- III. Responsibilities of Medical School Administration for Student Organizations
- A. The medical school administration, through the Office of Academic Affairs, will provide the support necessary in order for student organizations to be optimally effective, as outlined below.
 - B. The medical school administration will work with student organization leaders in the planning and delivery of leadership training workshops to ensure that organizations have access to leadership training opportunities or materials. Workshops will occur once every academic year, at minimum, and will be arranged through the Associate Dean, Rural Health Programs.
 - C. The Office of Academic Affairs will endeavor to maintain open and clear channels of communication so that student organization leaders know precisely who is in charge of the various points of concern to student organizations (e.g., travel, school absences, legal issues, event planning, provision of medical services, record keeping, etc.). This information will be provided annually to the Medical Student Association and updated as necessary. MSA representatives will be responsible for disseminating this information to all student organizations via the Medical Student Website.
 - D. The Dean of Students Office will provide the Medical Student Association, and any students or student organizations that so request, copies of the medical schools policies for travel, alcohol, and for the use of funds provided by the medical school.
 - E. The Dean of Students Office will provide student organizations the necessary forms for travel, absences, community service/engagement activities, incident reports, confidentiality statements, emergency contact procedures, liability releases, etc., and will provide guidance in the completion of these forms as requested. The Dean of Students Office will partner with MSA to ensure that necessary forms are available online through the Medical Student Website.
 - F. The Office of Academic Affairs will provide a clear statement delineating the criteria by which decisions are made, the approval process, and possible appeal options, regarding all situations. This information will be provided to the Medical Student Association, and any students or student organizations that so request.
 - G. The Office of Academic Affairs will work actively with the Medical Student Association as a link between the Administration and all Medical Student Organizations.
 - H. The Office of Academic Affairs will provide faculty/staff advisors with the necessary information and support required for the advisor(s) to be optimally effective in assisting

- the medical student organizations with whom they work and will assist student organizations in obtaining faculty/staff advisors if requested.
- I. The Office of Academic Affairs will work with MSA leaders to address the needs of medical student organizations (including but not limited to: space, letterhead paper, and phone lines).
 - J. The Office of Academic Affairs will ensure the consistent and continual education of faculty, staff and students about their potential liability exposures, the limitations in liability coverage through the SSLP, and the evaluation of their need for outside coverage.

This document was created in order to fully protect and support student organizations recognized by the Medical School and the University of Wisconsin. This document was prepared by the Student Organization Task Force, which represents the combined efforts of Medical Student Organization Leaders (2002-2003; 2003-2004), the Medical School Administration, the Office of Risk Management, and the Office of Administrative Legal Services.

RESIDENCY TRAINING APPLICATION and MATCH

RESIDENCY APPLICATION SERVICES

This section provides useful information related to a fourth year medical student's application to residency programs in his/her chosen specialty area. The residency application process is complex and can be a bit overwhelming. Students apply through two application services, the Electronic Residency Application Service (ERAS) and the San Francisco Central Application Service (CAS), depending on the specialty they wish to enter. The San Francisco CAS offers application services for programs in child neurology and ophthalmology; ERAS is used by programs in the remaining specialties. The process is further compounded by the fact that some specialties do not provide a first-year postgraduate training year (PGY-1), which means a student may need to participate in both application processes at the same time, one for a PGY-1 position and another for specialty training beginning as a PGY-2. PGY-1 positions are most often found in programs that participate in ERAS that offer preliminary medicine, preliminary surgery and transitional year positions. On occasion, a family medicine or pediatrics program may offer a one-year only training experience.

The left-hand side of the table below lists the specialties that begin at the PGY-1 level. The specialties listed on the right begin at the PGY-2 level after a first year of general clinical training. The table also indicates the number of years of training for each specialty. In-depth specialty information pages complete with match statistics, residency information, and practice descriptions are available on the Careers in Medicine website (<https://services.aamc.org/careersinmedicine/>, registration required). School-specific information can be found on the medical students' website: <http://www.uwmedstudents.com>. Select Academic Resources, then Residency/Specialty Information.

Specialties beginning at PGY-1 level	DURATION	Specialties beginning at PGY-2 level	DURATION *
Family Medicine	3	Anesthesiology	4
General Surgery	5	Dermatology	4
Internal Medicine	3	Emergency Medicine	4
Obstetrics & Gynecology	4	Neurological Surgery	6
Orthopedic Surgery	5	Neurology	4
Otolaryngology	5	Ophthalmology	4
Pathology	4	Physical Medicine & Rehab	4
Pediatrics	3	Radiology – Diagnostic	5
Psychiatry	4	Radiation Oncology	5
		Urology	5

* Duration = total number of years including 1st year of training that may be included in specialty program, or taken separately prior to specialty training

- I. Electronic Residency Application Service (ERAS)
ERAS was developed by the Association of American Medical Colleges to transmit applicant information to residency programs via the Internet. Items which are transmitted include the application form, personal statement, letters of recommendation, the Medical Student Performance Evaluations (MSPE), grade reports and other supporting credentials from students and medical schools. Most, but not all specialties, use ERAS. For more information about ERAS and the specialties which use the service, visit the ERAS web site at <http://www.aamc.org/eras>.
- II. San Francisco Central Application Service
Applicants to programs in the specialty areas of child neurology and ophthalmology complete a universal application form provided by the San Francisco Central Application Service (CAS). The CAS distributes the application and supporting documents (letters for recommendation, MSPE, transcript, etc) to the residency programs, thereby eliminating the need

for applicants to do so themselves. For more information about the San Francisco CAS, go to www.sfmatch.org.

III. Other Application Processes

Specialties and programs that do not participate in ERAS or the San Francisco Central Application Service have their own application processes. Contact these residency programs directly for their program and application requirements.

RESIDENCY MATCHING SERVICES

There are three match services: the National Residency Matching Program (NRMP), the San Francisco Match for programs in child neurology and ophthalmology, and the Urology Match for programs in urology. These services facilitate the match process by deciding which medical students are assigned to a program for residency training. All three collect rank order lists (preference lists) from their applicants and participating programs, and provide a process that determines the closest fit between the lists. The closest fit becomes the “match” for both. Each service provides a uniform date when decisions about residency selection are made by the applicants and programs, thus eliminating the pressure that may be placed on either party to make decisions before all options have been explored. The San Francisco and Urology Matches are often referred to as the “Early Match” since their results are made available about two months before the results of the NRMP Match. It is important to note that training in many programs in the San Francisco and Urology Matches begins after an applicant has completed one or two years of preliminary training. These applicants must participate in the NRMP Match to apply to programs that offer this preliminary training.

I. National Residency Matching Program (NRMP)

- A. Matching through the NRMP is a lengthy process that begins with registration in the fall of the Year 4, and ends with “Match Day” the following March. Match Day is the date when medical students participating in the NRMP Match learn in which residency program they will receive their training. For additional information about the NRMP, visit their website at www.nrmp.org.
- B. The NRMP offers a couples match so that applicants can link their program choices together and be matched into a combination of programs suited to their needs. In creating pairs of program choices on their rank order lists, couples can mix specialties, program types, and geographic locations. The decision to participate as a couple is made at the time of submission of the Rank Order Lists. Applicants do not have to be married or engaged to apply as a couple. Applying as a couple should not influence the selection decisions made by program directors.
- C. The NRMP has explicit match policies for both programs and applicants. These include contract participation rules precluding both parties from compelling disclosure of the other’s intentions and ensuring both programs and applicants maximize outcomes when ranking ONLY using the criterion of true preferences. For more information, consult the NRMP website: www.nrmp.org. Specifics are available in the “match policies” section.
- D. The types of programs offered through the NRMP are:
 1. Categorical (C) positions are in programs that expect applicants who enter in their first post-graduate year (PGY-1) to continue until they complete the training required for specialty certification, provided their performance is satisfactory.
 2. Preliminary (P) positions provide one year (PGY-1) only of prerequisite training for entry into advanced positions in specialty programs that require one or more years of broad clinical training. Many internal medicine and surgery programs offer preliminary positions in addition to categorical positions. Transitional year programs only offer preliminary year positions.
 3. Advanced (S) positions are in specialty areas that begin after completing one or two years of preliminary training.

4. Physician (®) positions are advanced positions in specialty programs and are reserved for physicians who have had prior graduate medical education. Physician positions are not open to US senior medical students.
- II. San Francisco and Urology Matching Services
- Both of these match services begin and end their process earlier than the NRMP Match. Residency program application deadline dates are usually in the early fall and the match process ends in January when results from the matches are released. For information about these matches, go to their respective websites: www.sfmach.org, and www.aunet.org.

CURRICULUM VITAE and PERSONAL STATEMENT

The **curriculum vitae (CV)** is a succinct summary of the major academic and personal experiences and achievements in a person's life. The overall goal is to provide useful information to the reader without wasting their time or making them work too hard to understand it. Students should put themselves in the position of the reader when deciding what to include and what to omit on their CV. CVs are provided to recommendation letter writers and the medical school Office of Student Services to assist with the preparation of the MSPE. In addition, CVs may be useful to take to residency program interviews.

The **personal statement** is one of the most difficult items to prepare for the residency application. Again, there is no single formula for writing a successful personal statement, only do's and don'ts. The goal is to try to convey some insight into who you are, what you value, your philosophy, your interests, and your rationale for the chosen area. The reader will be looking for this information plus judging your writing skills.

For information on preparing a CV and personal statement, and effective residency program interviewing, review the information in the Career Advising folder in OASIS Notices, and contact the Office of Career Advising.

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE) and LETTERS OF RECOMMENDATION

The Associate Dean for Students, not the Dean of the medical school, prepares the student's MSPE. The MSPE is an evaluation report, not a letter of recommendation. It contains a description of a student's basic science and clinical years, the student's Transcript Analysis (summary of grades in comparison to his/her classmates), and a transcription of the verbatim clinical comments received from Year 3 core clerkships, required clerkships, and early Year 4 electives. The MSPE attempts to present the student's strengths while presenting an accurate comparison of how the student compared to his or her classmates. To overstate the student's performance too much risks a loss in the credibility of the UW School of Medicine's MSPE. To understate the student's performance results in an obvious disadvantage to the student that must be avoided. The final paragraph of the MSPE includes a reference to the student's class rank. Class rank is based on the student's Dean's GPA. In the Dean's GPA, the Year 3 GPA earned for the Core clerkships counts twice as much as the GPA for Year 1 and Year 2.

Letters of recommendation are important documents in the residency application. Most residency programs require three to four letters from clinical faculty who know the student well. How does a student select a person to write a letter? This is a difficult question for most students for the following reasons:

1. Clinical faculty rarely get to know a student very well during Year 3 rotations.
2. Students usually do not know how positive and glowing the letter may be.
3. Students usually do not know the impact, if any, of the faculty's reputation.

The credibility of a letter of recommendation is dependent either on the reputation of the letter writer, or the nature of his or her relationship with the student, or both. A person whose national reputation or academic title may not be the most prestigious, but who can state in the opening paragraph that he or she

has worked closely with the student for a long period of time, can write a very credible, valued letter. Conversely, a nationally renowned faculty who has had minimal contact with the student may not be able to write a credible letter. Questions regarding letters should be directed to Student Service.

USEFUL PUBLICATIONS *(available in the Career Advising Office, 2134 HSLC)*

TITLE	RATING	FEATURES
<i>Careers in Medicine Student Guide: Setting a Course for Career Success</i> , by AAMC	☺☺☺☺	Outlines the Careers in Medicine website and provides an excellent overview of the career development process from specialty exploration through match.
<i>So you Want to be a Surgeon...</i> , by Johansen & Heinbach	☺☺	Paperback. Indicates academic class rank, Step 1 results, etc. for recent selections to each program.
<i>Getting into a Residency, A Guide for Medical Students</i> , by Iserson	☺☺☺☺	Excellent resource for generic help on maximizing your application and strategizing.
<i>How to Choose a Medical Specialty</i> , by Anita Taylor	☺☺☺☺	Very good for defining areas, life styles & training demands; also good for advice on selecting an area.
<i>Medical Student's Guide To Successful Residency Matching</i> , by L. T. Miller and L. G. Donowitz	☺☺☺	Good overview of residency selection and application process.
<i>Medicare Payments for Graduate Medical Education</i> , by AAMC	☺☺	Reference pamphlet outlines the how Medicare remuneration to residency programs affects your salary. This is only relevant if you're considering switching specialties.
<i>Pathway Evaluation Program</i> , by the GlaxoWellcome Drug Company	☺☺☺	Excellent for defining areas and helping students determine which are most appealing. Include survey results of current physicians who rank 17 critical factors.
<i>First Aid for the Match-Insider Advice from Students and Residency Directors</i> , by Bhushan, Le and Amin	☺☺☺☺	Paperback. Excellent for details about residency application and match. Includes brief overview of specialties.
<i>Graduate Medical Education Directory</i> , The annual "Green Book" by the AMA	☺☺☺	Lists every program, contact info, & program size.
<i>Let Your Life Speak: Listening for the Voice of Vocation</i> , by Parker Palmer	☺☺☺☺	Although it does not address physician career choice, the short (<100 pages) but excellent book describes the critical role of self-reflection in career development.
<i>On Doctoring: Stories, Poems, Essays</i> , edited by Richard Reynolds & John Stone	☺☺☺	This book does not talk about the career development process directly. Rather the stories, poems, and essays may provide a point of reflection and reference for students considering how medicine fits into their lives.
<i>Student Guide to the Appraisal and Selection of House Staff Training Programs</i> , by AMSA	☺☺☺	Very good for how to evaluate a program strengths & weaknesses.
<i>Roadmap to Residency: From Application to the Match and Beyond</i> , by AAMC	☺☺☺	Describes the processes and tasks related to residency program selection, application, match. General information is relevant to all specialties and a variety of student scenarios.

USEFUL WEBSITES

AMA-FREIDA (AMA Fellowship and Residency Electronic Interactive Database)
www.ama-assn.org (click on Med School & Residency)

Careers in Medicine (contact Career Advising Office for personal access token)
<http://careersinmedicine.org>

Choosing a Surgical Residency
www.facs.org/residencysearch/index/html

Electronic Residency Application Service (ERAS)
www.aamc.org/eras

National Residency Matching Program (NRMP)
www.nrmp.org

San Francisco Match (for child neurology and ophthalmology)
www.sfmatch.org

Urology Match
www.auanet.org