Front Matter

Approval

This document, including all policies and procedures contained herein, was reviewed and approved by majority votes of the Student Promotions Committee (SPC) and Education Policy Council (EPC) on June 10, 2015.

Notes on Language

Except where explicitly specified to the contrary, references to individual administrative positions (e.g. “Dean, SMPH”) refers to this person or their designee. In many cases throughout, this option is formally stated; however, a formal empowering is not required.

Editorial Team

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Questions

Unless otherwise specified, questions on policy interpretation should be directed to the Office of Student Services, 2130 Health Sciences Learning Center and reachable by phone (263-4920) or email (studentservices@med.wisc.edu).
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Chapter 1: Attendance

1.01 Preclinical Course Attendance

(1) 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, small group, and integrative case sessions are required unless designated otherwise by course directors. Students should contact their instructor regarding any requests for being excused from a scheduled session.

(2) Absence without prior approval from clinic, small group and integrative case sessions is considered unprofessional behavior and may result in a lower grade and/or failure of the assignment or course. Absence without prior approval from a session during which a patient is scheduled is considered unprofessional behavior and may result in a lower grade and/or failure of the assignment or course.

(3) 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. 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, the student 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.

(4) Absence Requests When Missing a Required Event/Activity
(4-a) Student fills out absence request form from OASIS.
(4-b) Students returns Absence Request form to the Office of Student Services for approval and signature.
(4-c) Upon approval, student brings form to course director for review and approval.
(4-d) Course director(s) outlines any consequences and/or make-up work for missed activities.
(4-e) Course directors sign off and approve absence.
(4-f) Student returns form to the Office of Student Services for final approval and filing.

1.02 Clinical Course Attendance

(1) Students are expected to participate in all clerkship activities including the Transitional Clerkship and the CORE Curriculum sessions which are held several times during the third year in Madison.

(2) Students must obtain prior approval from the clerkship director for all absences from clerkship activities, and directors will report absences to the Office of Student Services where the absences will be recorded and
periodically reviewed. The absence request form is available on OASIS under Notices (Planning for Third Year folder and General Information-Forms & Instructions folder) and includes instructions regarding submission for approval.

(3) Clerkship Absence Requests

(3-a) Emergencies
Clerkships may excuse absences due to emergencies. Examples of excused absences include a death in the family, serious personal illness, or illness of a spouse, domestic partner or dependent child.

(3-b) Religious holidays
Absences may also be excused for religious holidays.

(3-c) Professional activities
Requests for absence to attend professional meetings will be considered if a student is presenting research or serving as a delegate representing UW SMPH. Request should be made as soon as the student is aware of the need to attend the professional meeting and no later than one month prior to the meeting.

(3-d) Social/family events
Absences for social events are less likely to be granted. If absence is desired for an important social event an absence request form must be completed at least 1 month in advance of the beginning of the clerkship.

(3-e) In an effort to limit time away from clinical training, students should request absence for the minimum amount of time needed to attend the primary activity.

(4) Approval of Absence Requests
Clerkship directors are responsible for the approval of absence requests. Residents or faculty directly working with the student are NOT authorized to grant approval for absence. Students will not approach these individuals for absence approval and any absence approval granted by them is NOT official. Approval MUST be obtained as designated from clerkship leadership. Information regarding contact person for this approval is available on the absence request form.

(5) Total Time Off
The total time off during a single clerkship (for all reasons) will be taken into account in granting requests for absence in order to assure that students have sufficient opportunity to meet clerkship objectives, especially those regarding patient contact. All requests will be recorded in the Office of Student Services. Requests in excess of five (5) per academic year will automatically be reviewed.

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

(6) 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.

(7) **Approved Absence Consequences**
Clerkship directors are committed to assuring students receive adequate exposure to multiple clinical and educational experiences, therefore required make-up time for absences is likely. Significant absences may require a student to repeat a clerkship.

(8) **Unapproved Absence Consequences (ex. emergencies)**
Absence WITHOUT prior approval is considered unprofessional behavior and may result in failure of a clerkship or lowering of a clerkship grade.

### 1.03 Work Hour Policy for Clinical Rotations
The medical student work 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, is based on the Accreditation Council for Graduate Medical Education (ACGME) general guidelines. All clerkships must be committed to and be responsible for promoting patient safety and medical student well-being and provide a supportive educational environment. Clerkships must ensure that faculty provide appropriate supervision of medical students in patient care activities.

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.

(1) **Clerkship Work Hour/Duty Policy**
   (1-a) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   (1-b) No duty shift shall exceed 24 hours, plus 6-hour sign-off.
   (1-c) Students are required to have at least one 24-hour period off per week on average.
   (1-d) All students are advised to report overages to the designated clerkship administrator, the Dean for Students, or the Ombudsperson.

### 1.04 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, accommodating as required by school and campus policies.
1.05 **Emergencies & significant personal events**
Courses may excuse absences due to emergencies or significant personal events. 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.

1.06 **Professional activities**
Requests for absence to attend professional meetings will be considered if a student is presenting research or serving as a delegate representing the school.

1.07 **Social/family events**
Absences for social events are less likely to be granted. However, if absence is desired for an important social event an absence request form must be completed at least 1 month prior to the beginning of the course and for the minimum amount of time required to attend the primary element of the engagement. The Office of Students Services and course director will review these requests.

1.08 **Excused Absences for Health Care**
Medical students are strongly encouraged to promote and maintain their health and well-being. Health care is available for all students through University Health Services (UHS) and the student’s private health insurance plan. As access to this health care usually occurs between 8:00 a.m. and 6:00 p.m., Monday through Friday, the following policies govern excused absences for personal health care treatment.

1. **Non-Emergency Care - Students in the Greater Madison Area**
   
   (1-a) 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.
   
   (1-b) Excused absences for such appointments should typically be in the range of one to two hours.
   
   (1-c) The student must notify the appropriate clerkship administrator, clerkship director, and, where appropriate, supervising faculty of scheduled appointment as soon as possible and arrangements should be made at that time regarding any required make-up work.
   
   (1-d) 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 1.02(5) and 1.10(1).

2. **Non-Emergency Care - Outside the Greater Madison Area**
   
   (2-a) 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).
   
   (2-b) Students on longer assignments should work with local faculty and preceptors to ensure that time is allocated for personal health care needs.
(2-c) A list of statewide facilities and providers accepting the UW Student Health Insurance Plan can be found on the SHIP website.

1.09 United States Medical Licensing Examination (USMLE) Step 2
Students are expected to avoid scheduling interviews or Step 2 testing on clerkship exam dates and orientation dates. During interview months of October through January, students will be allowed to take time off for examinations and residency interviews, but the total time allocated for absence will be prorated based on the length of the clerkship. See 1.10(1) for the number of days allowed.

1.10 Residency Interviewing & USMLEs
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.

(1) Days of Absence per Clerkship
Students are allowed to take time off for examinations and residency interviews, but the total time allocated for absence is prorated based on the length of the clerkship.

<table>
<thead>
<tr>
<th>Length of clerkship</th>
<th>Number of days allowed off</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks</td>
<td>5 days, limit of 3 consecutive days</td>
</tr>
<tr>
<td>4 weeks</td>
<td>4 days, limit of 3 consecutive days</td>
</tr>
<tr>
<td>3 weeks</td>
<td>2.5 days</td>
</tr>
<tr>
<td>2 weeks</td>
<td>2 days</td>
</tr>
</tbody>
</table>

(2) Advanced Notification
Students are expected to be proactive in notifying clerkships of residency interviews. Therefore students are required to present proof of interview invitation(s) and work with clerkship leadership on scheduling accommodations a) one month in advance, b) at the beginning of the clerkship, or c) as soon as they receive it, whichever comes first.

(3) Compensatory Learning Activities
While students are expected to take some initiative in proposing alternative activities, experiences, schedules, and/or assignments for those missed, clerkship directors reserve final authority to mandate students complete specific additional learning or clinical activities to compensate for approved time away. A student may need to alter his/her schedule (including any planned time off) to meet clerkship requirements.

(4) Additional Policy for USMLEs
If a student decides to take the Step 2 Clinical Skills Examination outside of the residency interview months (October – January), he/she is 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 is at the discretion of the clerkship. A student may need to alter his/her schedule (including any planned time off) to meet clerkship requirements.
1.11 **M3 Core Day Release from Clinical Clerkships**

All students are excused from taking call the night before a Core Day.

1. Students who are doing rotations located at Madison-based hospitals or clinics will not be expected to make rounds on their patients on the morning of a Core Day.

2. Students who are doing a rotation in Madison, or within a one-hour drive of Madison:
   - Will be excused by 10:00pm the day before Core Day;
   - Will resume their call schedule the evening of Core Day;
   - Will contact their team at the completion of Core Day events.

3. Students who are doing rotations that are located farther than a one-hour drive away from Madison:
   - Will be excused by 2:00pm the day before Core Day;
   - Will resume their regular duties by noon the day following Core Day, and should take call that evening if they are already scheduled to do so.

1.12 **M4 Core Day Release from Clinical Clerkships**

1. Students who are doing rotations located at Madison-based hospitals or clinics will be expected to make rounds on their patients on the morning of a Core Day.

2. Students who are doing a rotation in Madison, or within a one-hour drive of Madison:
   - Will be excused by 10:00 am on the Core Day;
   - Will resume their call schedule the evening of Core Day;
   - Will contact their team at the completion of Core Day events.

3. Students who are doing rotations that are located farther than a one-hour drive away from Madison:
   - Will not be expected to make rounds on their patients on the morning of Core Day;
   - Will be excused no later than 8:00 am the morning of Core Day;
   - Will resume their regular duties by noon the day following Core Day, and should take call that evening if they are already scheduled to do so.

1.13 **Match Day Release**

1. Match Day is Friday of Match Week. All M4s are excused from taking call on Thursday, the night before Match Day.

   1-a) M4s who are at sites located farther than a one-hour drive from Madison:
       - Are released at 2:00pm on Thursday to allow adequate time to return to Madison;
       - Resume their duties by 1:00pm on Saturday if scheduled to do so.

   1-b) M4s who are at sites within a one-hour drive of Madison:
       - Are released at the end of their regular duties on Thursday;
       - Resume their duties by 8:00am on Saturday if scheduled to do so.

   1-c) M4s who are in Madison:
• Are released at 9:00am on Friday;
• Resume their duties at the usual time on Saturday if scheduled to do so.

1.14 Policy on Departure Day for Exit from Statewide Campus Clinic Site

(1) Policy
On the day that students are required to move out of campus site housing, all UW medical students completing clerkships at sites outside Madison will be released from clinical obligations at 12:00 noon.

(2) Background
A 12:00 noon departure occurs at a natural gap in most patient care settings. This time allows the teacher and student to do a review of performance before departure without delaying patient care, and lessens the student stressors to get all of their items returned and checked by the clerkship coordinator at their site. The noon departure time allows earlier access to student housing units by housekeeping services, which will create more prompt turnover of housing and allow earlier access for incoming students.
Chapter 2: Conflict of Interest – Student/Industry Interaction

2.01 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 healthcare 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’ goals 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.

2.02 Policy

(1) 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 UW SMPH institutional policies regulating such interactions. Additionally, a faculty member should be present if students do interact with industry representatives in approved contexts.

(2) 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.

(3) 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.

(4) Students are strongly discouraged from attending industry-sponsored promotional events.

(5) Industry sponsorship for student organization events is strongly discouraged. Student organizations must request UW SMPH Administration approval for any event involving industry.

(6) 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

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*For this policy, it is recommended that “industry” refer to those who make pharmaceuticals, devices, or any other product for use in health care.*
indicated. Course materials should not contain paid advertisements and should avoid brand names in favor of generic names.

(7) 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 does not apply to professional conferences or other meetings supported by multiple industry sponsors.

(8) In special circumstances, UW SMPH Administration may approve exceptions to this policy. Requests for exceptions should be submitted in writing to Office of Student Services. 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.

(9) Individuals who may be in violation of this policy should be referred to the Office of Student Services.
Chapter 3 : Email, Listservs, & Electronic Communication

Email is the official form of communication at the Medical School. The School’s Online Access to Student Information and Scheduling (OASIS) system only accepts WiscMail email accounts which are used in listservs (see below).

Official School Listservs

These Listservs are reserved for official medical school communication. Students are responsible for keeping their inbox open and for reading ssmed emails promptly.

- ssmed1@lists.wisc.edu
- ssmed2@lists.wisc.edu
- ssmed3@lists.wisc.edu
- ssmed4@lists.wisc.edu
- ssmedall@lists.wisc.edu

(1) Student-use Listservs

Everyone on these can send to the list. They are intended for student-to-student communication within a class.

- med1@lists.wisc.edu
- med2@lists.wisc.edu
- med3@lists.wisc.edu
- med4@lists.wisc.edu
- medall@lists.wisc.edu

(2) House Listservs

Each House has a listserv and anyone in that House can send to the list.

- bamforthhouse@lists.wisc.edu
- bardeenhouse@lists.wisc.edu
- gundersenhouse@lists.wisc.edu
- mcpersonhouse@lists.wisc.edu
- middletonhouse@lists.wisc.edu

3.02 General Policies

(1) Students are expected to pay prompt attention to all ssmed emails and electronic communication from school administration.

(2) If a reply is required and a timeline not specified, students are expected respond within two business days (excluding weekends, holidays, and university vacation days).

(3) Failure to read and respond to official emails in a timely manner may be grounds for review and action for unprofessional behavior per Chapter 18: Professionalism & Professional Behavior.

(4) Students can unsubscribe to all listservs except the ssmed listserv.
3.03 University Policies

1. The UW-Madison has comprehensive policies governing appropriate use of IT resources. They are enumerated on this site, and students are responsible for reading and adhering to all of them.

2. Of particular importance to medical students, university policies forbid students from using listservs (or other university-owned IT resources) to sell things or to advertise parties and events where liquor is served. To publicize personal sales, parties, etc., use the medical student website or other means.

3.04 Social Media and Social Networking Policy

1. Interacting with Patients
   Students will not interact with current or past patients on email, social networking sites, or any other internet medium.

2. Privacy/Confidentiality
   Patient privacy and confidentiality must be protected at all times. This includes social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient. Posting of any patient information on social media or social networking sites may be a violation of federal privacy laws, such as the Health Information Portability and Accountability Act (HIPAA). Students should not post any patient information on social media or social networking sites.

3. Violations & Sanctions
   Violation of this policy is considered a major violation of professional conduct. Any student violating this policy will be reviewed by the SPC and may receive a formal reprimand for unprofessional behavior.

4. Professionalism
   Students should be aware that any information they post on a social networking site might be widely disseminated (whether intended or not) to a larger audience including patients and residency programs. Such posted information may remain publicly available online in perpetuity. When posting content online, students should always remember that they are representing the school. Students should take caution not to post information that is unprofessional, ambiguous or that could be misconstrued.

4-a) To use social media and social networking sites professionally, students should adhere to the following guidelines:
   - Follow the same principles of professionalism online as they would offline;
   - Avoid posting any depictions of students intoxicated, misusing alcohol or drugs, or engaging in sexually explicit behavior;
   - Avoid any use of discriminatory language or depiction of discriminatory practices in the context of patient care or discharge of professional responsibilities;
   - Do not post any patient information;
   - Report any online unprofessional behavior to the Office of Student Services.
(4-b) Any student posting depictions of intoxication, drug use, sexually explicit behavior or discriminatory language will be reviewed by the SPC and may receive a formal reprimand for unprofessional behavior.

3.05 Mobile Device Use on Clinical Rotations Policy
Students must act appropriately and professionally on each clinical rotation regarding use of mobile devices. Respecting peers, faculty, staff and patients in lecture, conference settings, on the hospital wards, and in the clinics, students should:

1. Turn cell phone to vibrate.
2. Refrain from text messaging, checking email, or talking on the phone while engaged in patient care and educational activities.
3. Use digital/electronic notepads (e.g. iPads or tablets) exclusively for educational purposes or relevant patient care that is compliant with HIPAA and any policies specific to that training site.
4. Ask permission of faculty, attendings, residents, and/or patients if the student may use a digital device for referencing or note taking while working with them.
5. Any video or telephonic capture of patients (i.e. photos, and audio or video recordings) without explicit, signed consent of the patient, permission from the attending, and compliance with HIPAA and site-specific policies is explicitly prohibited.
6. Across the statewide campus, adhere to any site-specific policies regarding use of electronic devices in the clinic environment.
4.01 **General Policy for Courses and Clerkships**
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.

4.02 **Exam Tardiness**
Examinations are administered with a specified starting and ending time and students are expected to arrive on time. Doors to the exam room will close two minutes prior to the start of the exam. To minimize disruptions, late arriving students will be allowed to enter the room 10 minutes after the exam has started. No additional time will be given beyond the scheduled end of the exam without prior approval by the Office of Student Services. This policy applies to all exams in the MD Program.

4.03 **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 the Medical School.

4.04 **Rescheduling Examinations**
The school recognizes that emergencies, illnesses, and professional or personal situations may occur and necessitate a change in a student’s examination schedule.

(1) **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 the Office of Student Services, UHS or other appropriate health care providers;
- 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 these policies;

(2) **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:

- Presenting research at a professional meeting;
- Participating in a significant personal or family event.

### 4.05 Rescheduling Exams – Years 1 & 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 Student Services. The established date students are required to take a rescheduled exam is noted on the form for each course.

1. **Urgent Requests**
   
   Contact the Office of Student Services (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 Student Services, 2130 HSCL.

2. **Non-Urgent Requests**
   
   Submit a *Request to Reschedule an Exam* form to the Office of Student Services, 2130 HSCL 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 supported with relevant documentation. Approval is not assured until the Dean for Students or a designee has signed the form.

3. **Request approved, Urgent or Non-Urgent**
   
   - **(3-b)** The student is prohibited from viewing the answer key or discussing the exam or its contents with other students or faculty.
   - **(3-c)** 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-d)** 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.
   - **(3-e)** 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 The Office of Assessment and Testing and the Office of Student Services.

### 4.06 Rescheduling Exams – Years 3 & 4

Students are expected to take clerkship examinations when scheduled; however, there are occasions when a student must reschedule or retake an exam. Students who are unable to take an examination as scheduled must obtain PRIOR approval from the clerkship director with final approval from the Office of Student Services. Students must submit a *Year 3 and Year 4 Request to Reschedule an Exam for a Core or Required Clerkship* form located in OASIS Notices to the clerkship director.
as detailed below. All requests will be reported to the Office of Student Services who automatically reviews requests in excess of one (1) per academic year.

(1) **Urgent requests**
In the case of an emergency (such as serious personal illness; illness of a spouse, partner or dependent child; or death in the family), the student must inform the clerkship director and submit the request for reschedule of the exam as soon as the student is aware of his/her inability to take the exam at the scheduled time.

(2) **Non-urgent requests**
Students must obtain PRIOR approval from the clerkship director and final approval from the Office of Student Services to reschedule the exam. For a non-urgent request, students must submit a *Year 3 and Year 4 Request to Reschedule an Exam for a Core or Required Clerkship* within 2 days of starting the clerkship. The reasons for the request must be indicated and may need to be supported with relevant documentation. Approval is not assured until the clerkship director and a designee of the Office of Student Services has signed the form.

(3) **Approval**
When the request to reschedule an exam is approved by the clerkship director and the Office of Student Services, the exam *must* be taken at one of the following times:

(3-a) At the established school exam make-up date for the semester in which the clerkship was taken.

(3-b) At a regularly scheduled end-of-clerkship exam date in the semester in which the clerkship was taken provided the date occurs while the student is not taking another clerkship.

(4) **Retake of Failed Exam**

(4-a) Students must retake a failed exam no later than the scheduled exam make-up date for the semester in which the clerkship was taken.

(4-b) Exceptions to this policy may be granted by the Dean for Students or SPC, in consultation with the course faculty and the Medical Education Office.

(5) **Core and Required Clerkship Test Release Policy**
This policy applies to all students taking Core and Required Clerkships that have an end-of-rotation OSCE or written examination. Currently, these clerkships are:

- **Core** Medicine, Ob/Gyn, Pediatrics, Primary Care, Psychiatry, Surgery, Neuroscience
- **Required** Anesthesiology, Radiology

Students will be released from all clinical obligations as follows:

(5-a) Students **within a 60 mile radius** of exam site: **no later than 5:30pm** the day before the exam

(5-b) Students **outside of a 60 mile radius** of exam site: **no later than 2:00pm** the day before the exam

The mileage radius is calculated from the exam site. For example, if the exam is given in Marshfield and the rotation is in Marshfield, the release time is 5pm on the
day before the exam; if the exam is given in Madison and the rotation location is La Crosse, then the release time is 2pm on the day before the exam. Any questions should be directed to the Madison-based clerkship director or the Medical Education Office.

4.07 Documented Disabilities and Exam Accommodations
To receive an exam accommodation, students must have documentation of a disability and be approved by the Medical School’s Technical Standards Committee. Students with a documented disability should apply for exam accommodations through the Technical Standards Committee (contact Student Academic Support Services or Dean for Students). Students requiring exam accommodations must contact the course/clerkship director within 2 working days of the start of the course/clerkship to discuss testing accommodations. The clerkship director or administrator will designate the date and time for any in-house examinations. For NBME exams, please notify the Office of Assessment and Testing’s testing administrator of approved accommodations.

4.08 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 a substantial number 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 above.

4.09 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 environment, the integrity of the exam, and implementing backup testing procedures in the event of a computer or environmental malfunction.

4.10 Exam Room Integrity & Permitted Items
(1) Items permitted in the examination room:
- Soft earplugs;
- Beverages;
- Cough drops/medicine (please show proctor & unwrap prior to the exam).

(2) Items not permitted in the examination room:
- Bags, purses, and backpacks;
- Coats and jackets;
- Hats and gloves;
- Fleeces with side pockets, sweatshirts with front pockets;
- Extraneous materials;
- Food;
• All electronics (Smart watches are prohibited under this policy, but analog and simple digital watches are allowed.);
• Cell phones;
• Writing instruments.

(3) **Provided in the exam room (if approved by the course director):**
• Calculator;
• Scratch paper;
• Pencil.

### 4.11 Examination Review

(1) Students are encouraged to review their medical school examinations after they have been graded and the final results have been made available.

(2) Students have two weeks following the date their examination is available for review for purposes of disputing an exam grade.

(3) Students may still review exams after the two-week period, but adjustments to scores will not be considered after this time.

(4) Year 1 and 2 exams can only be reviewed under secure conditions in the location and times designated by Student Academic Support Services. Students may contact Student Academic Support Services to schedule an alternative review time if necessary.

(5) Year 3 and 4 exam reviews are managed by the individual clerkships.
Chapter 5 : United States Medical Licensing Examinations (USMLES)

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. Applications and information about the examinations may be obtained online on the National Board of Medical Examiners (NBME) website. Disabled individuals seeking test-day accommodations for the USMLEs must contact the NBME directly. UW SMPH is not involved in NBME’s determination of whether to provide testing accommodations. Obtaining accommodations from UW SMPH does not guarantee that NBME will provide testing accommodations.

5.01 General Policies for all USMLEs
   (1) The medical school must sponsor students to register for the Step 1 and 2 exams.
   (2) Registration for the exams is the responsibility of the student.

5.02 USMLE Step 1
   (1) Students must successfully complete all preclinical coursework\(^2\) and be in good or marginal academic standing\(^3\) prior to taking the examination or have received special approval from the Student Promotions Committee to take Step 1 on a nonstandard academic plan.
   (2) Students must take the examination prior to beginning Year 3.
   (3) The deadline to take Step 1 is June 30 following the regular end date of Year 2.
   (4) Students with extenuating circumstances who wish to delay the examination beyond this deadline must submit a request to the Office of Student Services by June 30. If the request is approved, the examination must be taken within three months following the regular end date of Year 2. Requests to take the examination beyond this time frame must be approved by the Student Promotion Committee.
   (5) Students with coursework extending beyond the regular end date of Year 2 must discuss their plan to take the examination with the Dean for Students or his/her designee.
   (6) Students who fail the examination on their initial attempt will be allowed only two additional attempts to pass. Students who fail the examination on their initial attempt must pass the examination within one year of the date they first take the examination.
   (7) An academic plan for Year 3 will be developed for students who fail the examination. If the student is on a rotation at the time the results become available, the plan will be prepared by the Office of Student Services in conjunction with the clerkship director.

\(^{2}\) per 14.01
\(^{3}\) see Chapter 16: Academic Plan, Progress, and Promotion
(8) After retaking the examination (i.e. 2nd attempt), students are allowed to begin or continue in Year 3 while awaiting exam results. Students who take the examination a third time must wait for their score before being allowed to continue in school.

(9) Students who fail the examination three times will be dismissed from the Medical School.

5.03 USMLE Step 2

(1) All students must take, but are not required to pass, both the Step 2 Clinical Knowledge and Step 2 Clinical Skills exams in order to satisfy graduation requirements.

(2) Clinical Knowledge Exam (Step 2 CK)
All students must attempt Step 2 Clinical Knowledge by their graduation day or December 31 of their final academic year, whichever is earlier.

(3) Clinical Skills Examination
All students must attempt Step 2 Clinical Skills (CS) prior to their MD graduation day.

(4) Additional Policies Governing Both Step 2 CK & CS
(4-a) For policies regarding course attendance and time away, refer to Sections 1.05 and 1.06.
(4-b) Students requesting an exception to the timeline outlined in this section (5.03) must do so in writing to the Office of Student Services or Student Academic Support Services Office at least 4 weeks prior to their test date. The Dean for Students or their designee will decide most cases, but some may be reviewed by the SPC.
(4-c) Some residency programs have additional rules or guidelines requiring when their applicants must take/pass both parts of Step 2 in order to be considered for interview and ranking. Since these vary widely by program, students are responsible for seeking out and following these residency-program-specific policies.
(4-d) Failure to pass either part of the Step 2 exam could lead a residency program to deny the start or continuation of the student’s residency training.

5.04 USMLE Step 3
Policies for registration and taking Step 3 are individualized by each state’s physician licensing board. Most require at least one year of graduate medical education before students can sit for the exam. Students may not take Step 3 prior to graduation.
Chapter 6 : Grading and Evaluation

6.01 **Table of Grades**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Outstanding performance</td>
</tr>
<tr>
<td>AB</td>
<td>Very good performance</td>
</tr>
<tr>
<td>B</td>
<td>Good performance (performance expected of most students)</td>
</tr>
<tr>
<td>BC</td>
<td>Satisfactory performance</td>
</tr>
<tr>
<td>C</td>
<td>Minimum acceptable performance</td>
</tr>
<tr>
<td>F</td>
<td>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.</td>
</tr>
<tr>
<td>S</td>
<td>Satisfactory performance in a pass/fail course</td>
</tr>
<tr>
<td>U</td>
<td>See below</td>
</tr>
<tr>
<td>IF</td>
<td>See below</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
</tr>
<tr>
<td>P</td>
<td>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.</td>
</tr>
<tr>
<td>PI</td>
<td>Permanent Incomplete – Used only when a course has not been and will never be completed. The PI grade remains on the transcript.</td>
</tr>
</tbody>
</table>

6.02 **Minimum Performance**

1. Although individual BC and C grades are accepted as passing grades in a single course, a student whose overall performance is consistently rated below the B grade will be considered to be academically at risk and will be referred to the SPC for appropriate action. (Specific policies for GPA limits are described below.)

2. In the fourth year, a student must complete a minimum of 32 credits of approved 4th year course work with a grade of B or better to satisfy the graduation requirements.

6.03 **U and IF Grades**

Beginning with the 2008/2009 academic year

1. **U = Unsatisfactory Performance** (i.e. failure in in a pass/fail course)
   (1-a) An unacceptable (failing) level of work in a pass/fail course. The course must be repeated if permitted by the SPC.
   (1-b) The original U remains on the transcript along with the grade achieved after repeating the course.

2. **IF = Incomplete/Failure**
   (2-a) The IF grade is a temporary placeholder grade. It is used when deficiencies can be remedied short of repeating the course. The IF grade remains on the transcript only until a final grade is reported.

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4 Faculty Action, 2000
(2-b) When issued, the instructor of record shall establish the benchmarks for remediation including a timeframe for completion.
(2-c) A student may be given only one attempt (typically a re-examination) to remove an IF grade. If, upon re-examination, the student’s performance is still not at a minimally acceptable level, a grade of F or U will be reported and the student must repeat the entire course.
(2-d) Students who eschew offered remediation will retain their initial assessment scores and as such earn failing grades for the course.
(2-e) The remediation is limited to satisfactory completion of the work at UW SMPH.
(2-e1) In preclinical courses, the IF grade is typically used to allow remediation of a single deficient exam. If the deficiency is corrected, the final grade cannot exceed a C (or an S in a pass/fail course). Remediation must be completed within the academic year in which the student took said course.
(2-f) In clinical courses, the IF grade may be issued when the remediation of one exam is required to earn a passing grade.
(2-f1) If the exam is successfully remediated, the grade of IF will be replaced with a grade no higher than BC for the clerkship.
(2-f2) The option for any remediation and the cut off score for allowing an exam remediation attempt are at the discretion of the clerkship director.
(2-g) If clinical work or a clinical clerkship exam is failed a second time, the IF grade is replaced by an F grade, and the student must repeat the entire course.
(2-h) Individual course directors are empowered to issue IF grades and offer appropriate remediation for circumstances beyond those enumerated in 6.03(2-e1) and 6.03(2-f) but must do so uniformly to all students in their course.

(3) The SPC will consider exceptions to these policies for extraordinary circumstances.

6.04 Grading Schema by Year

(1) First Year
Required first-year courses are graded on a “Satisfactory/Unsatisfactory” scale.

(2) Second Year
Required second-year courses are graded on the University’s “A” through “F” scale and use the intermediate grades of “AB” and “BC.”

(3) Third Year
Core and required course/ clerkships are graded on the University’s “A” through “F” scale and use the intermediate grades of “AB” and “BC.”

(4) Fourth Year
(4-a) Required course/ clerkships are graded on the University’s “A” through “F” scale and use the intermediate grades of “AB” and “BC.” Most electives also use this rubric.
(4-b) Some elective courses are graded on the “Satisfactory / Unsatisfactory” scale. In these cases, a “Satisfactory” grade fulfills the “B” or better grade requirement for the 32 credits of fourth year work.
(4-c) The grading system for extramural/away electives varies by host institution. Every effort is made to encourage host institutions to follow grading rubrics including our evaluation forms and the UW grading schema (i.e. A, AB, B, BC, C, F). For those institutions that do not follow these guidelines, their summative evaluation is converted to the UW schema, and extramural evaluations are uploaded verbatim into the student’s permanent record (i.e. OASIS).

6.05 Per Course Grade Distributions, Years 2 & 3

(1) The EPC recommends the following distribution of letter grades for courses in years two and three.
(1-a) No more than 30% of students earn “A” grades.
(1-b) At least 50% of students earn grades of “B” or below.

(2) Course directors adopt these guidelines at their discretion.

6.06 Clinical Grading Year 3

(1) Calculation of Clerkship Grades
Students’ grades are a composite of their clinical assessment(s) and scores on the final examination(s). Some clerkships have Objective Structured Clinical Exams (OSCE). Attending physicians determine clinical grades based on observations of performance, often with input from other clinicians, residents, and staff. On some rotations, residents may contribute an additional evaluation form. The clinical evaluation form is called the “UW SMPH Student Clinical Performance Evaluation on Clerkships.”

(2) Grading Rubrics by Clerkship
Clerkships distribute (in writing) and review grading policies to students at the start of each clerkship. Information may be sent to students via email/hard copy and is accessible on the clerkship website.

(3) Mid-Rotation Feedback
Feedback will occur midway through each rotation and will include a self-assessment as well as input from one of your team members. Clerkships use the Mid-Rotation Feedback Form. This feedback is for your benefit and it is in your best interest to seek out additional feedback from the faculty and residents you work with throughout your rotations.

(4) Posting of Clerkship Evaluations and Final Grades
Grades are posted in OASIS in two dynamically generated reports: 1) Course Completion Record and 2) Course Requirements Report. Both are accessible from the “Degree Progress” menu. Evaluations are in OASIS when complete. They are viewable upon student’s completion of course and faculty evaluations.

(5) Narrative Feedback/Comments
The Student Clinical Performance Evaluation includes two sections for narrative feedback/comments.
(5-a) The first section includes comments to be transcribed verbatim on the Medical Student Performance Evaluation (MSPE or “Dean’s Letter”) and is indicated as such.
The second section provides space for constructive comments intended for continued development of the student’s clinical skills. These will not be included on the MSPE. This area is clearly marked.

(6) Grade Distribution
See 6.05.

(7) Failed Clerkship Exam
A student earning a passing grade for the clinical portion of the clerkship but failing the final written exam may be given the opportunity to remediate the exam.

(7-a) Students are assigned the IF grade until the exam is successfully remediated.

(7-b) After successful remediation, the IF grade will be removed and replaced with a final grade no higher than BC.

(7-c) If the exam is not successfully remediated, the grade of IF will be replaced with a grade of F for the clerkship. The clerkship must then be repeated.

6.07 Repeating Courses

(1) Students may only repeat required courses where they have earned a passing grade with approval of the SPC Elective or selective coursework may be repeated provided the course content or experience differs substantively between iterations (e.g. research courses or M3 & M4 specialty electives).

(2) 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, may be deemed to demonstrate substantial deficiency and may be required to repeat coursework (see Chapter 15: Student Promotions Committee).

(3) All completed courses, whether passed or failed, remain on the student’s official UW-Madison transcript.

(4) When a student is required to repeat a course, only the new grade, if it has associated grade points, will be included in the GPA.

6.08 Failed Courses

(1) Failed core courses must be repeated. The F or U remains on the transcript along with the new grade achieved.

(2) A grade of F will be calculated into the student’s GPA until the course has been repeated, passed, and a new grade issued.

(3) Failed courses may be repeated only once.

(4) If a student has taken a preclinical course, earned an F or a U grade, and then satisfactorily completed the course at another institution; the F or U will remain on the transcript. 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.

(5) In all cases where a clerkship is repeated, a notation will be made in the student’s MSPE.
6.09 Grade Changes

(1) Final Grades
   (1-a) 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.

(2) Extra Work
   (2-a) 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.

(3) Exam Grade Changes – See 4.11.

(4) Resolution of Grade Disputes
   (4-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, i.e. 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.
   (4-b) Following the course grade review process, if the student believes he/she was graded inappropriately, the student may request a review by the Dean for Students. The student’s request for review must be made in writing, and must include the reasons the student believes the grade was unfair.
   (4-c) The 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.
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.

7.01 Grade Points Table

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points per Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>AB</td>
<td>3.5</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>BC</td>
<td>2.5</td>
</tr>
<tr>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>S</td>
<td>Not applicable</td>
</tr>
<tr>
<td>IF</td>
<td>0.0</td>
</tr>
<tr>
<td>U</td>
<td>0.0</td>
</tr>
<tr>
<td>F</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

7.02 GPA Calculation

(1) Per Course Policies
   (1-a) F grades earned in required courses are calculated into the GPA until the course is repeated and a new grade issued.
   (1-b) Grades earned in pass/fail courses are not included in the GPA calculation.
   (1-c) Only required courses are used in calculations of GPAs to determine academic progress and class standing.
   (1-d) Grades earned in elective courses are not included in the GPA calculation.
   (1-e) The clinical evaluation grade for Year 3 Core Clerkships is not included in the GPA calculation; only the final clerkship grade is used.
   (1-f) Grades earned in medical school courses taken prior to matriculation as a medical student at the UW SMPH are not included in the GPA calculation.
   (1-g) Grades earned in courses taken at other medical schools, either before or after matriculation at the UW SMPH, are not included in the GPA calculation.

(2) Overall GPA Calculation Policies
   (2-a) A Dean’s GPA is calculated for purposes of determining class rank.
   (2-b) Year GPAs are weighted averages based on the credit values and grade points corresponding to the assigned letter grade.
   (2-c) 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:
         \[
         \text{Dean’s GPA} = \frac{\text{Year 1 GPA} + \text{Year 2 GPA} + 2(\text{Year 3 Core GPA})}{4}
         \]
   (2-d) 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:
         \[
         \text{Dean’s GPA} = \frac{\text{Year 2 GPA} + \text{Year 3 Core GPA}}{2}
         \]
Chapter 8 : Medical Student Performance Evaluation (MSPE)

8.01 Preparation

(1) The UW SMPH adheres to the Association of American Medical College’s document, A Guide to the Preparation of the Medical Student Performance Evaluation, for guidance on the overall content, structure, and formatting of the MSPE.

(2) The Dean for Students, not the Dean, SMPH, signs the student’s MSPE.

8.02 Contents

(1) 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.

(2) The MSPE attempts to present the student’s strengths while presenting an accurate comparison of how the student compared to his or her classmates. The final paragraph of the MSPE includes a reference to the student’s class rank. We do not report an explicit class rank (e.g. 7 of 157) but rather assign students to one of four quartiles based on the student’s Dean’s GPA.

(3) Narrative comments are reported verbatim in each student’s MSPE. During preparation of the MSPE, the Office of Student Services does not independently edit or redact student performance evaluation comments given in response to the question: “Please comment on this student’s overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation…”

8.03 Student Review

(1) Students are required to review their MSPE prior to its release.

(1-a) Students may review a paper copy in the Office of Student Services or may have a secure PDF emailed to them.

(1-b) Requested edits/corrections from the student review are limited to issues of fact.

(1-c) Students are embargoed from copying and sharing ANY content from the MSPE review prior to the universal release date.

8.04 Updates

Beyond the initial preparation and review, MSPEs are not continuously updated after the universal release date. A student’s MSPE is only updated after the universal release date under one the following conditions:

- SPC action/reprimand;
- Reapplication for PGY-1 positions in a subsequent year.

8.05 Dean’s GPA

See 7.02(2).
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/trainingstudents](http://hipaa.wisc.edu/trainingstudents)). 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.

9.01 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, students should assume that any individual health information is protected under the Privacy Rule.

All students who come into contact with patients 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.
Chapter 10: Immunization & 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.

10.01 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 seasonal influenza vaccination is required of all students.

(3) An annual tuberculin skin test is required of all students. The test is given by UHS 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.

(4) Students must have a documented tetanus/diphtheria immunization within the last ten years.

(5) Tetanus/diphtheria/pertussis (Tdap) vaccine is strongly recommended and can be given as early as two years since the last Td dose.

10.02 Strongly Recommended

(1) An initial polio vaccine series.

10.03 Exemptions

(1) Students are exempt from immunization in two cases:
   (1-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
   (1-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.

(2) If an exemption is approved, the UW SMPH cannot guarantee that our affiliated hospitals and clinics will allow the student to participate in patient care at these affiliate sites.
11.01 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.

(1) Table of requirements

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

11.02 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 very affordable. Please note that students can apply only during the open enrollment period from July 1 - December 31.
Chapter 12: Mistreatment & Harassment

The UW SMPH, 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.

12.01 Student Report of Mistreatment or Harassment

(1) 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 Dean for Students, any member of the Office of Student Services, any member of Student Academic Support, ACAP mentors, course directors, clerkship directors, course instructors or any of the campus resources listed in the Resource List section of this document.

(2) Students may also use the UW SMPH Confidential Report / Consultation on Mistreatment Concern reporting format in OASIS. Submissions through OASIS are forwarded directly to the Ombudsperson. The Ombudsperson may:

- Assure that student concerns will be registered and investigated without fear of retaliation;
- 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.

(3) It does not follow that false claims will be tolerated; a person will be held accountable for making a frivolous or malicious complaint of harassment. Colleagues who on good faith assist others in raising a complaint of harassment by offering advice, moral support, or giving testimony or documentary evidence in support of a complaint of harassment are protected.

12.02 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, gender identity, religion, ethnic background, age, or physical ability.

12.03 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 creates an intimidating, hostile, or offensive work or learning environment.

People, such as the school’s Ombudsperson, 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.

12.04 Consensual Relationships

(1) 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.

(2) In the case of instructor and student who have a reporting or evaluative relationship, 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 student/faculty relationship enumerated above should be viewed in this context.

12.05 Patient Harassment Procedures

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.

(1) Ask the patient to refrain from making the offensive comments or actions. This usually curtails any further inappropriate behavior.

(2) 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.

(3) 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.

(4) Report the incident to one of the contacts included in the Patient Harassment Response Services listed in the Resource List section of this document.
Chapter 13: Moral Objections Policy

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:

(1) Process for Moral/Religious Objections
Since it is not always possible to identify these situations in advance, faculty should excuse the student from such procedures until the situation can be fully reviewed as below.

(1-a) The student notifies the course or clerkship director, the Assistant Dean for Medical Education, and the Dean for Students of the request not to participate in a part of a course or clerkship.

(1-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.

(1-c) Requests should be made at least 3 months prior to the course or clerkship, or as much in advance as is possible.

(1-d) The course/clerkship director reviews the request, makes a recommendation for approval or denial of the request, and sends the recommendation to the Dean for Students, the Assistant Dean for Medical Education, and the SPC.

(1-e) The SPC will review and vote on the request.

(1-f) The student will be notified in writing of the decision of the SPC. A copy of the decision will be placed in the student’s file. If upheld, the appropriate course director and the Office of Student Services and Medical Education Office will be notified on an as needed basis.

(2) Required Participation
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 Student Services 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 Assistant Dean for Medical Education, and the Dean for Students.

(3) Reprisal Protections
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, the Office of Student Services, or the UW SMPH Ombudsperson.
Medical students at the UW SMPH get a firm grounding in important aspects of public health and the links between public health and medicine. The first year of the MD program is designed to advance student knowledge and understanding of the biology of the normal human individual and at the same time begins to place this knowledge within the larger social context of medicine. The year-one curriculum includes a molecular, cellular and organ systems approach to normal structure and function with an emphasis on beginning doctoring skills and a public health perspective of medicine.

The second year of the curriculum builds on the understanding of biological processes and the broader social context of medicine taught in the first year with a new focus on disease processes and the basic mechanisms of therapeutics. Medical students learn pathophysiology, relating it to the context of the whole patient and the system in which the patient functions. Material from previous courses is integrated into ongoing learning activities, providing students with the necessary knowledge base for the transition into the clinical years and subsequent years of medical learning.

In Years 3 and 4, students rotate through required and elective clerkships and a Preceptorship at sites throughout Wisconsin, gaining broad exposure to many aspects of medicine and public health including outpatient, inpatient, community-based, rural and urban settings. As medical students advance through their clinical years, they have increased opportunities to tailor their electives to personal interests and career goals.

14.01 Required Courses

(1) Year 1

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
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</thead>
<tbody>
<tr>
<td>Patient, Doctor and Society 1</td>
<td>Patient, Doctor and Society 2</td>
</tr>
<tr>
<td>Molecular &amp; Medical Genetics</td>
<td>Principles of Human Physiology</td>
</tr>
<tr>
<td>Comprehensive Human Biochemistry</td>
<td>Integrated Medical Anatomy</td>
</tr>
<tr>
<td>Population Medicine &amp; Epidemiology</td>
<td>Neurobiology/Anatomy of the Head &amp; Neck</td>
</tr>
<tr>
<td>Cell Structure and Function</td>
<td>Integrated Dermatology</td>
</tr>
</tbody>
</table>

(2) Year 2

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient, Doctor and Society 3</td>
<td>Patient, Doctor and Society 4</td>
</tr>
<tr>
<td>Foundations of Medicine 1</td>
<td>Foundations of Medicine 3</td>
</tr>
<tr>
<td>Foundations of Medicine 2</td>
<td>Foundations of Medicine 4</td>
</tr>
<tr>
<td>Integrated Cardiovascular System</td>
<td>Integrated Gastrointestinal and Hepatic Systems</td>
</tr>
<tr>
<td>Integrated Renal System</td>
<td>Integrated Endocrinology/Reproductive Health</td>
</tr>
<tr>
<td>Integrated Respiratory System</td>
<td>Integrated Hematology System</td>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Integrated Musculoskeletal System</td>
</tr>
</tbody>
</table>
(3) **Year 3 Core Clerkships**
- Internal Medicine (8 credits)
- Primary Care (8 credits)
- Surgery (8 credits)
- Pediatrics (6 credits)
- Obstetrics-Gynecology (6 credits)
- Psychiatry (4 credits)
- Integrated Clinical Neurosciences (4 credits)

(4) **Required Clerkships**
Taken in either Year 3 or Year 4
- Anesthesiology (2 credits)
- Radiology (2 credits)

(5) **Year 4 Requirements**
- 32 total credits
  In addition to those enumerated in 14.01(3) and 14.01(4). Acting Inpatient Internship or Medicine Sub-Internship (4 credits)
  At 800-level or above
- 20 credits of patient care coursework in UW SMPH clinical campus
- Acting Inpatient Internship or Medicine Sub-Internship (4 credits)
- Required surgery electives (4 credits)
- Preceptorship (6 weeks)

14.02 **Other graduation requirements**
(1) Pass YEPSA
(2) Pass USMLE Step 1
(3) Attempt USMLE Step 2 CK
(4) Attempt USMLE Step 2 CS
(5) Successfully complete all Integrative Cases
(6) Successfully complete all Core Days

14.03 **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 SMPH electives, extramural electives (U.S. or international sites), individualized Year 4 clerkships, and research.

14.04 **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 in OASIS.

14.05 International Experiences
The UW SMPH 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.

(1) International Electives Approved for Degree Credit
(1-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 32 fourth-year credits required for the medical degree. Students may choose from a variety of sites, some requiring knowledge of another language.

(1-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.

(1-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.

(2) International Electives Not Approved for Degree Credit
(2-a) During Year 1 and Year 2, 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. Study tours are approved for non-degree credit only.

(2-b) Students may also pursue extracurricular non-credit summer opportunities in international health, such as language immersion, public health, research, and service learning programs.

14.06 Student Research in the Clinical Years

(1) General Policies
(1-a) Students are responsible for requesting research credits and shepherding their request through the approval process.

(1-b) Students should secure approval and registration for their research course prior to beginning the work. Attempting to secure credit retroactively will be met with greater scrutiny and may hold up resident application and match processes as well as graduation certification.

(1-c) Faculty and departments are the final arbiters of research credit approval, just as they are for all other courses. This means the faculty and departments must decide whether a research experience is credit-worthy and how many credits it is worth. Neither the Medical Education nor the Office of Student Services will supersede the judgment of departments in these matters.
(1-d) Consistent with university policies and other clinical courses, students are expected to contribute 40 hours of direct work towards the research for every 1 credit earned.

(2) **Procedures**

(2-a) Prior to beginning the research, students add the appropriate course to their OASIS schedule.
- Log into OASIS
- Click “Add Course”
- Search the desired department
- Across most departments, “910” is the typical course number for research.
- Select the closest match to the number of weeks and credits. This can be edited later but should nevertheless be the best estimate of credits that the research is worth.
- Click the “add course” button.
- Adding the course places you on the waiting list.

(2-b) On your OASIS schedule, click the “Research info” link associated with the research course you added, and fill out the web form that pops up.

(2-c) Your information will be reviewed at the department level and confirmed with the supervising faculty you indicated.

(2-d) After review, the department will accept you in to the course from the waiting list.

(2-e) At the end of the course, your supervising faculty is responsible for completing an OASIS evaluation and awarding a grade. Analogous to clinical evaluations, this will be assigned by the department coordinator.
Chapter 15: Student Promotions Committee (SPC)

15.01 Committee Charge & Responsibilities

The SPC is charged with monitoring all medical students and reviewing those who fail to meet academic and/or professional behavior requirements. The committee is empowered to establish individualized learning plans and levy sanctions or other disciplinary actions. The enumeration in this section of specific responsibilities shall not be construed to deny others retained by the committee and pertaining to student performance, progress and promotion in the MD Program.

1. Responsibilities of the SPC
   1-a) Review of the academic progress of any student not meeting the minimal academic requirements
   1-b) Review and rule on allegations of student violations of the Professional Behavior Code
   1-c) Determine remediation and/or sanctions in cases of unsatisfactory academic progress or unprofessional behavior
   1-d) Review, revise, and ratify academic policies (in conjunction with the Educational Policy Council)
   1-e) Approve Individualized Academic Programs for MD degree program students
      1-e1) Review Leave of Absence requests
      1-e2) Review Extended Program requests
   1-f) Approve promotion to the next academic year of all students who have satisfactorily completed a given year’s curricular requirements
   1-g) Approve graduation of all students who have completed the requirements for the Doctor of Medicine degree

15.02 Composition & Voting Members

1. Voting members must hold a faculty or academic staff appointment in the UW SMPH.
2. There are twelve (12) permanent, voting members appointed by the Dean, SMPH, or their designee.
   2-a) Voting members’ terms of office are determined at the time of appointment and may be renewed indefinitely.
   2-b) Temporary and replacement members may be appointed on an ad hoc basis.
3. Members are drawn from all departments, divisions, and courses in the Medical School with care taken to ensure a distribution of faculty and staff who teach and have knowledge of both the preclinical and clinical curricula.
4. The chairperson is a voting member and is appointed by the Dean, SMPH or their designee.
5. Several faculty and staff including the Office of Student Services, Student Academic Support Services, MD Admissions, and the Office of Multicultural Affairs serve as ex-officio members.
Students may request voting members to identify themselves (to differentiate them from ex-officio members).

15.03 Quorum

(1) Two-thirds of voting members (8) constitute a quorum.

(2) If a quorum is not established, the student will be informed and presented with two options:
   1. Agree to waive quorum rights thereby accepting the decision of voting members present as binding;
   2. Accept motions and decisions made via email voting of a quorum of committee members.

15.04 General Procedures for Review of and Action on Student Cases

(1) Appearance for Review
   (1-a) The SPC may mandate an in-person review of any student breaching school policies contained herein.
   (1-b) A student may elect to appear for review in person, even if the SPC does not explicitly require it.

(2) The Dean for Students or their designee shall present the case and the student’s academic record to the Student Promotion Committee.

(3) The student is invited or required to attend the meeting and may be accompanied by one advocate.

(4) 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 Dean for Students or their designee.

(5) 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.

(6) The SPC shall make a record of the meeting (i.e. meeting minutes). Once ratified by the Committee, any party to the meeting may obtain copies of the minutes at his or her expense and subject to state and federal statues (i.e. FERPA and Wisconsin open meetings laws).

(7) All Committee deliberations and actions shall be in closed session. Only voting and ex-officio members may be present during the closed session, including legal counsel to the Committee.

(8) The SPC shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting.

(9) Unless otherwise specified, decisions of the Committee take immediate effect.

(10) In addition to verbal and email communication with students immediately after the meeting, SPC decisions shall be delivered in writing to students either by personal delivery or by first class US mail. These represent official notification, starting the student’s window for reconsideration or appeal.
15.05 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 Dean for Students or their designee.

(2) The Dean for Students shall communicate the allegations in person or in writing 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 Dean for Students shall decide if the allegations potentially violate the Professional Behavior Code. If so, the Dean for Students shall explain to the student in person or in writing the findings and inform the student that the case will be presented to the SPC.

(4) If the SPC finds a student has violated the Professional Behavior code, one or more of the sanctions may be imposed in accordance with section 15.07.

(5) The SPC 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 reconsideration by the SPC.

15.06 Appeals

(1) Reconsideration of SPC Actions

(1-a) Following the receipt of a written decision by the Student Promotion Committee, the student may request a reconsideration meeting.

(1-a1) A request for reconsideration will only be considered in cases where the student wishes to present new and/or additional facts to the Student Promotion Committee.

(1-a2) A written request for reconsideration must be submitted to the Dean, SMPH or his/her designee within thirty (30) business 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.

(1-b) The Student Promotion Committee shall meet to reconsider its decision after the Dean or designee has forwarded the request for reconsideration to the committee.

(1-c) Per standard SPC procedures above, a spokesperson or advocate may accompany the student.

(1-d) This meeting represents the student’s final opportunity to present new or additional facts.

(1-e) Per standard SPC procedures above, all committee deliberations and voting for reconsideration 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.

(1-f) If a student has been dismissed, he/she has no active standing as a UW SMPH medical student during the reconsideration process.
(1-g) 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. The SPC decision shall be delivered in writing to the student either by personal delivery or by certified US mail. These represent official notification.

(2) Appeal to the Educational Policy Council

(2-a) If the student wishes to appeal an adverse decision, a written request for an appeal must be submitted to the Dean, SMPH or his/her designee.

(2-b) The request for appeal must be submitted within thirty (30) business days of the date of receipt the Student Promotion Committee’s written decision or, if the appeal follows reconsideration by the Student Promotion Committee, within thirty (30) business days of the Committee’s written decision on the reconsideration.

(2-c) 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 d below. For purposes of this section, “days” means calendar days excluding holidays.

(2-d) The appeal to the Educational Policy Council must be based on one or more of the following criteria:

(2-d1) School policies were incorrectly applied.

(2-d2) The decision is contrary to existing state or federal law.

(2-d3) Proper procedures were not followed.

(2-d4) Unfounded, arbitrary or irrelevant assumptions of fact regarding the student’s performance or behavior were made by the Student Promotion Committee.

(2-d5) 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.

(2-e) 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.

(2-f) The student may appear before the Educational Policy Council to provide information consistent with paragraphs 2 c-d. A spokesperson or advocate may accompany the student to the appeal meeting of the Educational Policy Council.

(2-g) If a student has been dismissed, he/she has no active standing as a UW SMPH medical student during the appeal process.

(2-h) 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.

(2-h1) The meeting will be chaired by the Dean of the School or their designee.
(2-h2) 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.

(2-h3) The Educational Policy Council may take any of the following actions on the appeal:

(...1) Reject the appeal.
(...2) Reverse the decision of the Student Promotion Committee based on one or more of the conditions for the appeal.
(...3) Remand the matter for reconsideration by the Student Promotion Committee for appropriate corrective action under instructions from the Educational Policy Council.

(2-h4) The student shall be notified in writing of the Educational Policy Council’s action on the appeal, stating the grounds for the action taken. EPC decisions shall be delivered in writing to students either by personal delivery or by certified US mail. These represent official notification.

15.07 Sanctions

(1) In determining a sanction, the Student Promotion Committee may take into account prior incidences of review by the Committee or other allegations of academic or non-academic misconduct brought to the attention of the Office of Student Services but not requiring review by the SPC.

(2) Monitoring

(2-a) General monitoring is prescribed for all students reviewed by the SPC. Regardless of any other outcome or sanctions, the SPC, Office of Student Services, and their designees will monitor all students reviewed by the committee. Monitoring may include mandated, ongoing meetings with faculty and staff to assess academic or behavioral remediation.

(2-b) Academic monitoring typically includes review of course and overall performance by the SPC, Office of Student Services, Student Academic Support Services, and/or Academic & Career Advising Program mentors. Additional performance thresholds may also be put in place for students on SPC-mandated academic monitoring, and these may trigger subsequent review by the committee.

(2-c) Student experiencing psychosocial difficulties in medical school may be prescribed monitoring and assessment by the Office of Student Services, Student Academic Support Services, Academic & Career Advising Program mentors, and/or mental health professionals at UHS or in the community. Unless otherwise specified by the SPC for unique cases, no records or other treatment information is passed from provider to a school representative (e.g. Office of Student Services); however, the SPC may insist on verification of attendance/participation in mandated treatment (e.g. documentation that a student attended the requisite counseling sessions but nothing on the substance of these).
(2-d) Alcohol and drug monitoring may be prescribed by the SPC and typically involves random screening for the duration of students’ medical education. 
(2-d1) If monitoring by an outside agent (e.g. drug screening lab) is required, the student will bear all associated costs. 
(2-d2) Any noncompliance, including missing/skipping a session for any reason, is considered a failed test and will be reviewed by the SPC for additional sanctions, up to and including dismissal.

(3) **Reprimand**
(3-a) A formal reprimand by the SPC includes notation placed in the student’s permanent record. This will be reviewed and taken into consideration by the Office of Student Services and SPC in any other cases of that student’s misconduct.
(3-b) Depending on the wording of the SPC’s motion, the reprimand may be written into the appropriate sections of the MSPE.

(4) **Suspension / Mandated Leave of Absence (LOA)**
(4-a) Suspension or a mandated leave of absence is similar to dismissal in that it constitutes an immediate termination of student status.
(4-b) All in-progress and scheduled courses (during the term of LOA) are dropped or graded “Incomplete” as appropriate.
(4-c) The dismissal decision cannot be stayed (i.e. suspended) pending reconsideration or appeal via processes detailed in 15.06.
(4-d) At the discretion of SPC, Dean for Students, or their designee; suspended/LOA students may be allowed to enroll in independent study to maintain continuous enrollment for insurance and/or financial aid purposes.
(4-e) At the time of the suspension/LOA Requires, the SPC will enumerate any conditions for reinstatement in student status and resumption of coursework (e.g. approval of SPC, Dean for Students, or their designee before return to student status).

(5) **Dismissal**
(5-a) Dismissal is the immediate termination of student status.
(5-b) All current and scheduled courses are dropped or graded “Incomplete” as appropriate or determined by the SPC or their designee.
(5-c) The dismissal decision cannot be stayed (i.e. suspended) pending reconsideration or appeal via processes detailed in 15.06.
(5-d) Students dismissed are not permitted to enroll in MD curriculum courses or any other UW-Madison course as University Special Students.
(5-e) If a student has been dismissed, he/she has no active standing as a UW SMPH medical student during the appeal process.
(5-f) Students dismissed may not sit for (i.e. take) any USMLE or NBME exams.

**15.08 Readmission through the SPC**

(1) **Policies**
(1-a) A student who has been dismissed 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.
(1-b) The Admissions Committee shall be notified of the students who are dismissed during these years to assist the committee in its evaluation of admissions criteria.

(1-c) A student who has been dismissed or who has withdrawn for academic or professional behavior requirements during Year 3 or Year 4 can be readmitted only by approval of the SPC. In general, applications for readmission following an absence of three (3) or more years will not be considered favorably.

(1-d) When readmission to the Medical School is sought after leave of absence for medical reasons, a written evaluation from a physician is required.

(1-d1) The SPC may require an independent opinion by a physician of its choice.

(1-d2) The SPC must approve a readmission to the Medical School following a medical leave of absence.
Chapter 16 : Academic Plan, Progress, and Promotion

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 SPC.

16.01 Standard Academic Plan & Universal Policies

(1) All MD program students begin with the same educational plan: the four-year curriculum described in 14.01.

(2) Unless modified in accordance with the policies in this chapter, all students are expected to complete that plan as enumerated.

(3) A student must have passed all courses of a curricular year before being promoted to the next year.

(4) The Dean for Students, their designee, or SPC must approve any exceptions to academic plans.

(5) The SPC must approve any exceptions to policies on academic standing.

16.02 Individualized Academic Plans

(1) Overview

In consultation with course directors, the Office of Student Services, and the SPC, students may adopt an Individualized Academic Plan (IAP) as a deviation from the standard curriculum. Terms of IAPs are individualized to the student approved; however common frameworks exist (e.g. extended programs). IAPs are automatically invoked when a student is approved for a leave of absence or extended program where there is deviation from the standard course of study (14.01). Individual academic plans may modify the following elements:

- Course sequence;
- Course of study and required coursework (rare);
- Timeline for completion of requirements;
- Standards for academic standing.

(2) Extended Program

An extended program is one type of IAP occasionally approved to allow students to spread one year of course work over two years. 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. Students who request an extended program will be apprised of the possible risks before any decision is made.

(2-a) Request forms are available in OASIS Notices and the Office of Student Services, 2130 HSLC.

(3) Review of Academic Progress and Standing for IAPs

(3-a) When approving an Extended IAP, the SPC may establish specific benchmarks for review of academic progress.
(3-b) Deviations from the IAP course of study (e.g. course drops) will trigger review and action by the SPC as the student is no longer in good academic standing defined in 16.03 and 16.05.

(3-c) For student following their approved IAP course of study, reviews and benchmarks for academic standing of an extended program student are deferred until that student has completed all courses of the standard semester or year, per 14.01.

(4) Time Limitations

(4-a) Unless specified in their IAP, students must successfully complete the preclinical curriculum within 36 months of matriculation. A student who fails to meet these requirements will be dismissed from the Medical School unless approved by the SPC to continue.

(4-b) Maximum time requirements may be waived only for the following reasons:

(4-b1) to permit the student to engage in research or other scholarly pursuits;

(4-b2) medical illness/injury (self or dependent);

(4-b3) If the waiver is sought for personal medical illness, a written evaluation from a physician is required.

(4-b4) for other compelling non-academic reasons.

(4-b5)

16.03 Categories of Academic Standing

(1) Good Academic Standing & Progress

Good academic standing and progress is the expectation for students in the MD program. To maintain this, students must successfully complete the required curriculum described in 14.01 on the standard academic plan or in accordance with the modifications described in their IAP. Benchmarks for performance in each curriculum phase are enumerated in 16.05(1), 16.06(1), and 16.08(1).

(1-a) Students in good academic standing and progress are eligible for school-sponsored scholarships and leadership positions.

(1-b) Students in good academic standing may request and receive letters of support for applications to extramural enrichment experiences (e.g. national research fellowships).

(2) Marginal Academic Standing & Progress

Marginal academic standing and progress is substandard global performance in the MD program. Students must successfully complete the required curriculum described in 14.01 on the standard academic plan or in accordance with the modifications described in their IAP. Benchmarks for performance in each curriculum phase are enumerated in 16.05(2), 16.06(2), and 16.08(2).

(2-a) Students in marginal academic standing will be reviewed by the SPC and may be required to appear.

(2-b) Students in marginal academic standing are not eligible for school-sponsored scholarships.

(2-c) Students holding school-sponsored leadership positions and who fall into marginal academic standing will have their participation reviewed by the Dean for Students and/or the SPC and may be required to relinquish their positions.
(3) **Unsatisfactory Academic Standing/Progress**
Unsatisfactory academic standing and progress is substantially deficient performance and progress in the MD degree program, enumerated in 16.05(3), 16.06(3), and 16.08(3).
(3-a) Students whose work falls into this category will be notified and required to meet with the Office of Student Services.
(3-b) Students meeting criteria for unsatisfactory progress are not eligible for school-sponsored scholarships or leadership positions.
(3-c) Students in unsatisfactory academic standing or with substantial deficiencies will be required to appear before the SPC and may face action, including dismissal from the Medical School.

**16.04 Academic Standing General Policies**
(1) Academic standing is reviewed at the end of every semester.
(2) When calculating academic standing, all academic performance indicators and criteria (GPA, number of marginal/unacceptable course grades) are evaluated cumulatively rather than per semester.
(3) Biannual academic standing reviews for students with approved IAPs and satisfactory progress are deferred until completion of that semester’s standard required courses enumerated in 14.01.
(4) For the purposes of assessing minimum academic progress standards or substantial deficiencies as defined in unsatisfactory academic progress, courses dropped or withdrawn in lieu of continuing and failing will be treated as failing grades when applying this chapter’s policies.

**16.05 Year 1 Benchmarks for Academic Standing**
(1) **Good Academic Standing**
All of the following criteria are required for good academic standing.
(1-a) All courses passed
(1-b) No courses dropped
(1-c) No IF, PI, or U grades
(1-d) No professionalism or other conduct/behavioral violations

(2) **Marginal Academic Standing**
All of the following criteria are required for marginal academic standing.
(2-a) No U grades
(2-b) No more than two IF, PI, or U grades or dropped courses
(2-c) No professionalism or other conduct/behavioral violations

(3) **Unsatisfactory Academic Progress**
If any of the following criteria are met, a student is considered to be in unsatisfactory academic standing.
(3-a) One or more U grade(s)
(3-b) Three (3) or more IF, PI, or U grades or dropped courses
(3-c) Professionalism or other conduct/behavioral violations

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5 See 16.05(3), 16.06(3), 16.08(3) for criteria
6 Described in 16.04(1)
16.06 Year 2 Benchmarks for Academic Standing

(1) Good Academic Standing
All of the following criteria are required for good academic standing.
(1-a) All courses passed
(1-b) No more than two IF grades
(1-c) No dropped courses except in accordance with an approved IAP
(1-d) Cumulative GPA in required courses ≥3.000
(1-e) No professionalism or other conduct/behavioral violations

(2) Marginal Academic Standing
All of the following criteria are required for marginal academic standing.
(2-a) All courses passed
(2-b) No more than two IF grades
(2-c) No dropped courses except in accordance with an approved IAP
(2-d) Cumulative GPA in required courses ≥2.800 and <3.000
(2-e) No professionalism or other conduct/behavioral violations

(3) Unsatisfactory Academic Progress
Students meeting any of the following criteria are considered to be in unsatisfactory academic standing. They will be reviewed by the SPC for dismissal from the Medical School.
(3-a) One or more failed courses
(3-b) Three or more IF grades
(3-c) Cumulative GPA in required courses <2.800
(3-d) Professionalism or other conduct/behavioral violations

16.07 Promotion to Clinical Medical Education
A student must have satisfactorily completed all preclinical course requirements and must have taken the USMLE Step 1 exam before being permitted to begin clinical clerkships. Official promotion to the clinical years 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 he/she has retaken the exam. A student may take a third year rotation while waiting for the exam results to be available. The SPC may waive this rule in exceptional circumstances. However, in no case, will promotion to Year 4 occur before the student has passed Step 1.

16.08 Clinical Years Benchmarks for Academic Standing

(1) Good Academic Standing
All of the following criteria are required for good academic standing.
(1-a) Completion of all required courses on the standard academic timeline or in accordance with an approved IAP
(1-b) Cumulative Dean’s GPA ≥3.000
(1-c) No failing grades (F, U, or NCR) in the clinical years coursework.
(1-d) No more than one IF, PI, I, or DR grade in the clinical years coursework.
(1-e) No professionalism or other conduct/behavioral violations

(2) Marginal Academic Standing
A student meeting any of the following criteria is in marginal standing.
(2-a) Failure of a Core Clerkship clinical evaluation or the YEPSA exam
(2-a1) If a student has such deficiencies in more than one Core Clerkship, the SPC may require the student to do an individualized clinical experience or complete a special evaluation before proceeding with regularly scheduled clerkships or electives.

(2-a2) If a student has an overall failure on the YEPSA exam, the student must repeat the YEPSA exam the next time it is offered.

(2-a3) A student who fails parts of the YEPSA exam but does not have an overall failure of the exam must pass the remediation requirements for the failed station(s).

(2-b) Earning an IF or F grade in any Core or Required clerkship

(2-c) Cumulative Dean’s GPA <3.000 upon completion of the Core Clerkships or at the end of 12 calendar months of Core Clerkship rotations, whichever occurs first

(3) Unsatisfactory Academic Progress & Substantial Deficiencies
A student with unsatisfactory academic progress and 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 SPC.

(3-a) Any of the following criteria are required for unsatisfactory academic progress and substantial deficiencies.

(3-a1) Cumulative Dean’s GPA <2.800 upon completion of the Core Clerkships or at the end of 12 calendar months of Core Clerkship rotations, whichever occurs first

(3-a2) Clinical grades of C or worse on 12 or more credits of performance evaluations

(3-a3) More than one F on a final clerkship clinical evaluation

(3-a4) Failure of 3 or more end-of-clerkship examinations (including repeat failures of the same exam), regardless of final clerkship grade after repeating the exam

(3-a5) Final grade of F in more than one clerkship

(3-a6) Final grade IF on twelve or more credits

(3-a7) Overall failure of the YEPSA exam combined with deficiencies as defined in unsatisfactory academic progress in the preclinical or clinical academic performance.

(3-b) All failed clerkships must be repeated; only one repeat is permitted. If a student fails a clerkship twice, the student will be dismissed from the Medical School.

(3-c) Unresolved IF grades 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.

(3-d) If the panel indicates unsatisfactory performance, the student will be dismissed from the Medical School. If the panel indicates satisfactory performance, the student will be scheduled to complete the unfinished Core Clerkships, including repeating any failed courses.

(3-e) The SPC must indicate the specific performance expectations on remaining clerkships for students permitted to continue after such review.
16.09 Failure Limitations

(1) Year 1
   (1-a) A student who fails or drops two or more courses in the first semester of Year 1 will not be permitted to continue into the second semester until reviewed by the SPC and granted such approval.
   (1-a1) At this review, the Committee may dismiss the student from school, place the student on a leave of absence, place the student on an extended program, or allow the student to continue in school under the Committee’s direction.
   (1-a2) Students placed on a leave of absence may seek to re-enter school the following fall and must repeat all courses specified by the Committee.
   (1-a3) 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.
   (1-b) A student who fails or drops one course in the first semester of Year 1 may be permitted to continue in marginal academic standing by the SPC.
   (1-c) A student who earns two or more IF grades or one or more U grades in Year 1 will be reviewed by the SPC.
   (1-d) A student who fails or drops two or more courses within Year 1 will be reviewed by the SPC.
   (1-e) Students reviewed by the SPC for Year 1 Failure Limitations may be dismissed or, if permitted to continue, required to repeat or remediate coursework at the Committee’s discretion.

(2) Year 2
   (2-a) 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 SPC.
   (2-b) A student may be permitted to continue on probation pending action by the Committee. A student on probation will be dismissed if he/she fails any remaining course of the Year 2 curriculum.
   (2-c) 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.
   (2-d) A student on an extended program may be dismissed at the end of an academic year if he/she does not have a minimum cumulative GPA of 2.800.
   (2-e) A student who fails the same course twice will be dismissed.

16.10 Dropping Courses

(1) A student may be allowed to drop a preclinical course(s) with permission of the Dean for Students in consultation with the Course Director and staff in Student Academic Support Services.
   (1-a) 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.
   (1-b) If the approved drop occurs when two-thirds or more of the course is complete, a grade of PI (Permanent Incomplete) will appear on the student’s medical school record and university transcript.
16.11 **Credit Limitations**

(1) 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.

(2) The SPC may review a student who completes less than eight credits in any one semester.

(3) **Promotion to Year 4**

   (3-a) A student must pass all Year 3 Core clerkships, take the YEPSA exam before, and be in good or marginal academic standing before being promoted to Year 4.

   (3-b) A student whose Year 3 Core clerkship final grade(s) is/are not received until after Year 4 has begun, and whose clerkship grade(s) is/are a U (prior to 2008/2009), IF (beginning in 2008/2009), or F, may be required to postpone further Year 4 work until all Year 3 coursework is satisfactorily completed.

(4) **Year 4 Credit Limitation**

A student must complete at least 32 credits of approved Year 4 work with a grade of B or better to satisfy graduation requirements. A minimum of 20 of the 32 credits must meet the Direct Patient Care standard and must also be spent in the UW SMPH statewide clinical campuses. Failed clerkships or electives must be made up either by repeating the same clerkship or by taking a similar clerkship with approval of the SPC. 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 32 B or better required graduation credits. In addition, a student must have successfully completed the 4 credits of required clerkships (Anesthesia and Radiology) which can be taken in either Year 3 or Year 4 to meet graduation requirements.

16.12 **Site Restriction**

The SPC reserves the right to require of any student that all 32 credits of required Year 4 work be completed within the UW clinical campuses.
16.13 Fourth Year Failure Limitations

(1) The SPC will review the performance of any student who receives a grade of C, U, IF, or F on any Year 4 required clerkship, preceptorship, or elective.

(2) The SPC 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 taken to satisfy the remainder of the 32-credit requirement.

(3) If the student receives C, U, IF, or F grades on 8 credits or more of Year 4 work, the SPC may dismiss the student from the Medical School or require the student to successfully complete a special evaluation before proceeding with regularly scheduled clerkships or electives.

(4) If the student fails the same course or clerkship twice in Year 4, the student will be dismissed.

16.14 Time Limitations and Graduation Deadlines.

(1-a) 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 the Medical School absent approval from the SPC.

(1-b) 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 the Medical School.

(1-c) Maximum time for completing the requirements may be waived only due to illness student engagement 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.

(1-d) 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.
Chapter 17: Leave of Absence

17.01 Request for Leave of Absence, Student-Initiated

(1) A request for a leave of absence must be submitted on a Leave of Absence Request Form and discussed with the 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 UW SMPH guidelines unless the Office of Student Services grants a specific exception to the policy. Students will not be granted a leave of absence once their final exam period has begun.

(2) Students granted leaves of absence are not permitted to enroll as University Special Students in courses offered in the medical student curriculum.

(3) All approved leaves of absence are presented to the SPC.

17.02 Mandated Leave of Absence

(1) The Dean for Students is empowered to place students on a mandated leave of absence in cases where there is risk to patient care and/or student safety.

(2) When the 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 SPC.

(3) The SPC must approve mandated leaves of absence impacting a student’s academic plan.

(4) Students placed on mandated leaves of absence must have SPC approval to return to coursework.

(5) While on a mandated leave of absence a student may not participate in patient care activities.

17.03 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 require approval of the SPC. Students on financial aid are encouraged to inquire about the possible impact of a leave on their loan status.

17.04 Leave of Absence for Medical Reasons

(1) When a leave of absence is requested for medical reasons, a written evaluation from a physician may be required. The Dean for Students may require an independent opinion by a physician chosen by and at the expense of the Medical School.

(2) When reentry to the Medical School is sought after a leave of absence for medical reasons, a written evaluation from a physician may be required. The Dean for Students or the SPC may require an independent opinion by a physician selected by the Medical School.

(3) 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 the Medical School can be considered.

17.05 Leave of Absence for Maternity and Paternity Reasons
Students who 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.

17.06 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 for the duration of a leave of absence for students who begin a leave in good academic standing and without any incomplete grades.

17.07 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.) needing to schedule Year 3 rotations exceeds the total number of available slots, priority for scheduling will be as stated below.

(1) 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 or emergencies causing unfinished Year 2 coursework
5. Students who missed or delayed their start of the Year 3 clerkship(s) due to a maternity or paternity leave
6. Students choosing to delay Step 1 who are otherwise eligible or students choosing to delay or interrupt an established Year 3 schedule
7. Transfer students.
Chapter 18: Professionalism & Professional Behavior

Medical students are expected to adhere to the highest standards of professional behavior and ethics. Students should conduct themselves according to the standards expected of members of the medical profession to which the student aspires. Allegations and violations of these requirements are investigated by the SPC according to the procedures and policies in 15.04 and 15.05.

18.01 University of Wisconsin System Administrative Code: UWS 14, 17, & 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.

18.02 Plagiarism
(1) Plagiarism is a serious breach of professional conduct. The Medical School will not accept plagiarism in reports, patient histories and physicals, progress notes or other assignments. Medical School policies are based on Chapter 14 of the University of Wisconsin System Administrative Code (UWS 14) where academic misconduct is defined. The Medical School’s policies on plagiarism include cheating on exams, representing the work of others as their own, collaborating with other students when prohibited, etc. Examples of plagiarism are as follows:
- Submitting a paper or assignment as one’s own work when a part or all of the paper or assignment is the work of another;
- Submitting a paper or assignment that contains ideas or research of others without appropriately identifying the source of those ideas;
- Copying other providers’ work and/or notes from the medical record and presenting it as one’s own.

(2) 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.
(3) **Plagiarism in Year 3 & 4**

(3-a) Students are expected to do original work that attributes and assimilates any works cited, re-frames wording, and adds something new to the topic of the assignment. In the instance that plagiarism is suspected the clerkship director will be responsible for communicating with the Dean for Students or his/her designee at the time of suspicion of academic misconduct and before a formal accusation is made. Clerkship directors, in consultation with the Medical School and the Office of Student Services will follow the process to investigate and conduct hearings as outlined in UWS 14. These recommendations do not preclude individual faculty in clerkships from following UWS 14, but the clerkship directors will ask faculty teaching in their courses to consult with them as a matter of process.

(3-b) If after investigation there is a confirmed case of plagiarism, the clerkship directors unanimously support the following recommendations for disciplinary sanction:

(3-b1) **For a first offense:** The assignment deemed to have contained plagiarized material must be redone and graded on its merits. The grade for the course will be lowered one full letter value. A written reprimand will be placed in the student’s file.

(3-b2) **For a second offense:** The student will receive a failing grade in the course. Another written reprimand will be placed in the student’s file. The student will be referred to the SPC.

(3-c) The policies and sanctions established above in 18.02(3-b) are executed at the clerkship level and do not preclude additional review and sanction by the SPC for professional misconduct or campus under UW-System Policy Chapter 14: Academic Misconduct.

**18.03 Professional Behavior Code**

(1) **Introduction**

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.

(2) **Preamble**

In conferring the MD 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 SPC. 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.

(3) **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:
- interfering with the learning process by causing a disturbance to other students and/or the instructor during a lecture;
- dating a patient or otherwise exploiting the doctor/patient relationship;
- making inappropriate or demeaning references to a patient’s ethnicity, gender, physical stature, background, intelligence or mental status;
- failing to respect the rights of patients, fellow students, faculty, and all others to be free from illegal harassment and discrimination;
- using disrespectful or obscene language in communication with patients, students, faculty, staff, and others in clinical or academic settings;
- violations of the school’s social media policies.

(4) **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:
- plagiarism;
- having possession of unauthorized copies of patient records;
- accessing medical records when not directly involved in the patient's care or as part of research / quality improvement;
- discussing or inappropriately addressing patients in public;
- making an assertion that intentionally deceives or misleads. This deceitful assertion may be oral, written, or clearly communicated by a gesture;
- failing to be truthful and forthright in all dealings with patients, the public, faculty, fellow students, staff, and others with whom the student interacts.

(5) **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:

- continuing to wear facial jewelry despite being notified by the clerkship director or attending that the jewelry is potentially offensive to the patients;
- wearing wrinkled or dirty clothing;
- having persistently poor hygiene;
- failure to conform to the appearance guidelines at the clinical site.

(6) Professional Responsibility and Judgment

(6-a) 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 SMFH Administration are notified in a timely fashion.

(6-b) 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 will not ask instructors to give them individual instruction.

(6-c) 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 and the student does not manifest impairment.

(6-d) Examples of professionalism violations are listed below:

- failure to contact your clinical supervisor or administrator for permission to address personal business that results in being late for morning rounds, leaving early, or otherwise interrupting a student’s clinical duties;
- missing an examination or being late for an examination without contacting the Student Services Office and the course or exam administrator;
- being under the influence of alcohol or drugs while participating in clinical or other educational activities;
- creating a public disturbance;
- treating course administrators and other staff with disrespect.

18.04 Failure to Meet Professional Behavior Requirements

(1) Students failing to meet these requirements or who demonstrate a pattern of unprofessional behaviors will be evaluated by the Student Services Office and may be referred to the SPC.

(2) Review by the SPC may result in disciplinary action including disciplinary reprimand, leave of absence, or dismissal from the Medical School.
**18.05 Student Code of Medical Ethics**

The following Code of Medical Ethics was written by medical students and adopted by the faculty. In addition, each entering class writes a class code of ethics. Each member of a matriculating class will be responsible for acknowledging that the Medical School faculty and all student members must strive 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.*
Chapter 19 : Student Travel

19.01 Overview
The Student Travel Policy applies to all medical students who 1) will miss required learning activities, or 2) plan to request UW SMPH or Medical Student Association (MSA)(i.e. medical student government) funding to attend a professional meeting or conference. Every effort will be made to approve travel to present research at a conference or for students serving in a leadership role at a conference. Students requesting to attend a conference who do not have a role as a presenter or a leader/delegate may not receive approval.

Students must request and receive permission from the Dean for Students (or their designee) and their course / clerkship / Integrative Case / Core Day directors to be absent from any part of required learning activities (small groups, labs, etc.). Make-up work may be required.

(1) International Travel
Please note that international group or individual travel taken for academic credit or supported by UW-Madison or UW SMPH 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.

19.02 Travel Approval Process
(1) Students requesting travel must be in good academic standing as defined in Chapter 16 : Academic Plan, Progress, and Promotion or have received specific exemption from the Office of Student Services.

(2) To request approval, Year 1 and Year 2 students should complete the Year 1 and 2 Request for Absence form and submit to the Office of Student Services (2130 HSLC) at least 4 weeks prior to the travel date. Students will be notified of approval/non-approval within 2 weeks of submission.

(3) If the requested travel occurs during a scheduled exam, Year 1 and Year 2 students must also obtain the Request to Reschedule an Exam form and submit it along with the Year 1 and 2 Request for Absence form to the Office of Student Services (2130 HSLC). If approved, students will take the make-up exam on the established rescheduled exam date.

(4) Year 3 and Year 4 students requesting to attend a conference must submit a Clerkship Absence Request form from OASIS Notices, and submit it as directed to request permission to be absent from clerkship activities prior to scheduling any travel. See the Clinical Years (3 and 4) Attendance Policy in OASIS Notices for more information.

19.03 Reimbursement
Travel must be APPROVED as per 17.02 prior to applying for Non-Research and Research funding reimbursement as outlined below.

(1) MSA-Supported, Non-Research Travel Reimbursement Request
(1-a) A student must fill out a separate travel funding application at least 2 weeks in advance of the departure to the conference.
(1-b) Within 1 week of the return, the student will fill out the travel reimbursement form and submit it with a copy of the APPROVED absence request form (see 1.01(4) or 1.02(4)), a conference schedule and any receipts to the MSA treasurer.

(1-c) Processing of reimbursement requests submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be denied completely.

(2) Research Presentation Travel Reimbursement Request

(2-a) Students who wish to request funds from the Dean of the Medical School for meetings or conferences where they are presenting research must submit the following to the Assistant Dean for Academic Affairs (or their designee) at least 4 weeks prior to the meeting/conference:

(2-a1) Year 1 and Year 2 Students: Attach a copy of the APPROVED Year 1 and 2 Request for Absence form along with items listed in 2-a3, 2-a4, and 2-a5 below

(2-a2) Year 3 and Year 4 Students: Attach a copy of the APPROVED Request for Absence from Clerkship form along with items listed in 2-a3, 2-a4, 2-a5 below.

(2-a3) Invitation or letter of acceptance from the sponsoring meeting or conference.

(2-a4) Abstract of the research to be presented.

(2-a5) Request for Research Presentation Travel Funds form (obtain this form from OASIS Notices).

(2-b) In order to be considered for funds, student research must have been conducted under the supervision of a UW SMPH and Public Health faculty member.

(2-c) The Office of Academic Affairs may reimburse approved applications 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.

(2-d) 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.

(2-e) Filing for travel reimbursement upon returning from trip:

(2-f) No later than four (4) weeks after traveling, students are responsible for submitting information and expense receipts to their sponsoring department travel coordinator or (if there is no department funding support) to the Assistant Dean of Academic Affairs at 4120A HSLL.

(2-g) Processing of reimbursement requests submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be denied completely.
(2-h) 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 zero dollar 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 possible.

(2-i) The information will be reviewed for compliance with UW-Madison travel expense policies and submitted for reimbursement. One reimbursement check reflecting combined sources of funding will be mailed directly to the student.
Chapter 20: Technical Standards and Accommodations for Students with Disabilities

The UW SMPH has established technical standards for admission to, continued enrollment in, and graduation from the MD Program.

20.01 Introduction
Conferral of a medical degree certifies that the recipient has demonstrated all the requisite abilities to become a practicing generalist physician either with or without reasonable accommodation. 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.

20.02 Disclosure of Disabilities and Reasonable Accommodations
Annually, enrolled students in the UW SMPH are required to attest that they meet the UW SMPH technical standards either with, or without, reasonable accommodations. A required attestation form is available on OASIS.

A need for reasonable accommodation may arise during a student's enrollment in the UW SMPH. Upon diagnosis and documentation of a disabling condition, the Technical Standards Committee will review the documentation and the Administrative Coordinator will engage in a collaborative process with the student to review technical standards and implement reasonable accommodations.

Upon completion of the review, the UW-Madison UW SMPH reserves the right to advise a student that reasonable accommodation cannot be provided, would result in a fundamental alteration to the technical standards, or compromise patient care or the safety of prospective and/or currently enrolled students. Continued enrollment in the UW SMPH will be determined by the academic process applying to all UW SMPH students.

20.03 Technical Standards for Admission and Graduation
(1) Overview
The practice of medicine requires a broad combination of cognitive, emotional, physical, interpersonal, technical, and personal characteristics in order to provide highly effective patient care. In order to perform satisfactorily in UW SMPH courses and as a practicing physician after graduation, UW SMPH has identified minimum standards required of all students who matriculate. These standards must be met throughout medical school in order to make satisfactory progress and graduate. Any intention of the student to practice only a narrow part of the curriculum upon graduation does not alter the requirement that all students perform satisfactorily in the full curriculum and meet all graduation requirements.

At the time a student accepts an offer to matriculate, she/he is required to attest that they meet the Technical Standards either with, or without, reasonable accommodations. Additionally, students must attest, annually,
that they continue to meet the Technical Standards either with, or without, reasonable accommodations.

(2) Technical Standards

(2-a) Observational skills: The functional ability to observe in the lecture hall, required demonstrations and experiments, anatomic dissection, microscopic studies, instructional and clinical laboratories, standardized patient demonstrations, the clinic, and the patient’s bedside is required. Observational skills in the healthcare field necessitate functional use of visual, auditory, and somatic sensory information.

(2-b) Communication skills: Candidates must show evidence of effective written and verbal communication skills. Students must be able to communicate effectively, sensitively, and efficiently, in oral and written English, with patients, their families and all members of the health care team.

(2-c) Motor function: Students must have sufficient motor function to carry out the basic laboratory techniques, to elicit information from patients by palpation, auscultation, percussion, and other diagnostic, and therapeutic maneuvers, perform a dissection of a human cadaver, and have sufficient motor ability to use a microscope. During clinical activities, students must be able to perform a complete physical examination, diagnostic and laboratory procedures, general care, and emergency treatment to patients. Actions requiring coordination of gross and fine motor skills as well as equilibrium consist of, but are not limited to, cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, suturing simple wounds, assisting in surgical operations, and performing general obstetrical and gynecological procedures.

(2-d) Intellectual, conceptual, integrative, quantitative abilities: Candidates must be able to measure, calculate, organize, retrieve, sequence, reason, analyze and synthesize. Students must have the ability to synthesize data obtained in a clinical setting, perform clinical reasoning, and solve problems efficiently and effectively. Problem solving, the 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.

(2-e) Behavioral and social attributes: Candidates and students must possess the emotional health required for full utilization of all intellectual abilities, exercising good judgment, prompt completion of responsibilities, and develop mature, sensitive, and effective relationships with patients and their family members, staff, and colleagues. Students must be able to function effectively under stress, adapt to changing environments, display flexibility, and adjust to the uncertainties inherent in patient care. All students must be able to work effectively as a member of a healthcare team. Additionally, compassion, integrity, interpersonal skills, and motivation are attributes required for medical practitioners.
20.04 Implementation
When a request for accommodation is received, the Technical Standards Committee is charged with reviewing the request and supporting documentation and providing reasonable accommodation. It is within the scope of the Technical Standards Committee to involve individuals who are knowledgeable and/or professional in reviewing, analyzing, and assessing the documentation supporting the requested accommodations.

Further implementation of these standards is the responsibility of the faculty and staff of the UW SMPH. It is the responsibility of the Office of Student Services to monitor the progress of every student during every semester. Failure to meet these standards, with or without reasonable accommodations, requires a student to appear before the (SPC) to determine a plan for the student to regain a successful path within the UW SMPH.

20.05 Interactive Education
Successful matriculation for all students is acquired through a cooperative process between the student and UW SMPH staff, faculty and the Office of Student Services. This interactive process provides the opportunity to achieve a medical degree either with or without reasonable accommodation.
Chapter 21: Universal Precautions

Sections 21.01 through 21.04 below are adapted from “Universal Precautions for Preparation of Transmission of Human Immunodeficiency Virus (HIV), hepatitis B Virus (HBV), 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.

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

(1) Universal precautions apply to blood and 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.

(2) 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.

(3) 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 or HBV infection to health care workers.

(4) 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.

21.02 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.

(1) Gloves should be worn when touching blood, body fluids, mucous membranes, or non-intact skin. Gloves should be changed after contact with such patients.

(2) 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:
- for performing phlebotomy when the health care worker has cuts, scratches, or other breaks in the skin;
• 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;
• for performing finger or heel sticks on infants and children;
• for persons receiving training in phlebotomy technique.

(3) 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.

(4) Gowns or aprons should be worn during procedures likely to generate splashes of blood or other body fluids.

(5) Hands and skin should be washed immediately if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

(6) Care should be taken in disposing of needles, scalpels, and other sharp instruments. They should be placed in a puncture-resistant container.

(7) Mouthpieces and resuscitation bags should be available to minimize the need for mouth-to-mouth resuscitation.

(8) 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.

21.03 Office Housekeeping

(1) Environmental surfaces should be cleaned when contaminated.

(2) Scrubbing is as important as the cleansing agent in the physical removal of microorganisms.

(3) 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.

21.04 Sterilization of Instruments

(1) Instruments should be thoroughly cleaned prior to sterilization or disinfection.

(2) Commonly used chemical germicides rapidly inactivate HIV.

(3) Sodium hypochlorite (household bleach) prepared at 1:10 concentrations inactivates HIV.

21.05 Management of Bloodborne Pathogen Exposure

The following information contains guidelines for UW SMPH 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.

(1) **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.

(2) **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.

### 21.06 Post-Exposure Procedures

(1) Detailed procedures for each clinical site are listed in **OASIS Notices**.

(2) Seek care for your injury immediately.
   
   (2-a) At UW Hospital and Clinics, go to Employee Health Services during daytime hours and to the Emergency Room after hours.
   
   (2-b) 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.

(3) Notify the facility’s coordinator for employee health and/or infection control issues immediately. The coordinator will:
   
   (3-a) Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.
   
   (3-b) Arrange for testing of the source patient, if necessary. This is the responsibility of the site.
   
   (3-c) At UW Hospital and Clinics, contact Employee Health Services (days) or the ER (nights).

(4) Notify your preceptor or clinical instructor as soon as practical.

(5) Contact the Office of Student Services ASAP at 608-263-4920.

(6) Contact UHS for advice, consultation, or follow-up as needed:
   
   • (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 staffs 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 UHS. UHS provides primary care for students enrolled at UW-Madison, but does not cover services provided elsewhere. If it is not practical to come to UHS 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 below.

21.07 Common Exposure Procedures

(1) Care of the Injury Or Exposed Area
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.

(2) Reporting the Incident
(2-a) Staff at the clinical site must make an assessment of the exposure incident: “Is it a significant exposure?” 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. Facilities use an incident report as a tool in evaluating such situations.
(2-b) 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.
(2-c) 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.

(3) Evaluation of the Source Patient
(3-a) This typically includes: HIV antibody, hepatitis B surface antigen or panel, and hepatitis C antibody.
(3-b) Source patient test results should be provided to you.
(3-c) 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.
(3-d) 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.
(3-e) Since exposures may take place in surgical or delivery room areas, the source patient’s ability to give consent for testing may be delayed.

(4) Evaluation of the Exposed Person
Routine baseline testing is not necessary for the exposed person.
(4-a) Hepatitis B surface antibody, if needed: If you have not had Hepatitis B vaccine and a post-vaccine determination of immune status, that should be done now.
(4-b) Post-exposure prophylaxis: Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.

(5) Follow-Up
(5-a) Hep B, Hep C or HIV serology; schedule varies
(5-b) The need for follow-up testing in exposed persons is determined by the source patient’s test results. No testing is needed if the source patient is negative.
(5-c) Testing may still be done if desired for personal reasons. Contact UHS to schedule an appointment.

21.08 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 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.
Chapter 22: Weather and Safety Emergencies

Medical students participating in patient care activities are considered non-essential workers in cases of public safety emergencies. Weather emergencies fall into this category. When there is a weather emergency (defined by the National Weather Service) declared in a Wisconsin county or municipality where students are participating in clerkship activities, students who need to drive to the clerkship site should be excused from the clerkship until the weather emergency is over. Local school closures alone do not necessarily mean students should be excused, particularly if they do not have to drive to the clinical site.

22.01 Decision-Making Authority
The decision to excuse students from clinical responsibilities outside of Madison (in the event the Madison campus is open, but a weather emergency is occurring elsewhere) should be made by the regional site director and should be communicated to the Dean for Students and the Dean of Medical Education (or their designees) in Madison. The Medical Education Office will inform the clerkships in Madison if a site has chosen to excuse students.

22.02 Statewide Campus
If the UW-Madison campus is declared closed due to a weather emergency, all UW students - including medical students on clerkships statewide - are excused from on-site clerkship activities. However, students are strongly encouraged to report to the site if:
- The site is located in a county or municipality included in the weather emergency but they do not need to drive to the site; or
- There is no weather emergency in the county or municipality where their clerkship is located.

22.03 Student Responsibilities
If a student has a concern regarding their safety in traveling to their clinical site and they will be late or are unable to report for their clinical duties, they must communicate with their site clerkship coordinator and their clinical team.

22.04 Notification
The Office of Student Services will notify all students, courses, and clerkships of the status of campus and closures via school listservs. Included will be:
1. Students (via ssmedall@lists.wisc.edu)
2. Course directors
   (2-a) Year 2 Course Directors: year2-coursedirectors@lists.wisc.edu
   (2-b) Year 1 Course Directors: year1-coursedirectors@lists.wisc.edu
3. Clerkship directors and Staff (including Statewide Campus and Clerkship Curriculum Committee)
   (3-a) clerkship-directors@lists.wisc.edu
   (3-b) clerkship_curriculum_committee@lists.wisc.edu
Wisconsin Statues §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 care institutions, shelters, etc.) that are licensed by the State of Wisconsin can deny a student’s training at their institution 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.

1. The school is obligated to provide background check information to clinical training sites upon request.
2. Each clinical site will decide if students may have access to their facility and patient population based on reports generated by the check.
3. Background checks are only valid for four (4) years from date of issuance. Students who extend their academic program for any reason will be required to obtain another background check.
4. Additional information about this law is available on the Department of Health and Family Services website, [http://dhs.wisconsin.gov/caregiver](http://dhs.wisconsin.gov/caregiver).
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 and 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.
Course scheduling and campus registration are handled automatically through the Medical School’s Online Access to Student Information and Scheduling (OASIS) system.

25.01 Year 1 & Year 2

(1) **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.

(2) **Electives**

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

25.02 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.

(1) **Priority for Scheduling**

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

(1-a) Year 2 students who completed all preclinical course requirements.

(1-b) Year 4 students who missed a Year 3 clerkship due to a personal crisis or emergency.

(1-c) Year 3 students who missed a clerkship due to a failed Step 1 examination.

(1-d) Students whose Year 3 start was delayed due to a personal crisis or emergency causing unfinished Year 2 coursework.

(1-e) Students who missed or delayed their start of Year 3 clerkship, due to a maternity or paternity leave.

(1-f) Transfer students.

(1-g) Students choosing to delay Step 1 who are otherwise eligible, or students choosing to delay or interrupt an established Year 3 schedule.

25.03 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.
Chapter 26 : Statewide Clinical Campuses

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.

(1) Madison
(1-a) Clinical Sciences Center (CSC)
Many clinical rotations are taken at the University of Wisconsin Hospital and Clinics (UWHC) located in the 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.
(1-b) 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.
(1-c) Meriter Hospital
Meriter Hospital, located at 202 South Park Street, provides Year 3 clerkships in Ob/Gyn and a variety of Year 4 electives.

(2) Milwaukee - Aurora Sinai Medical Center
A number of Year 3 clerkships 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.
(3) **Marshfield - Marshfield Clinic and St. Joseph’s Hospital**
A number of Year 3 clerkships 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.

(4) **La Crosse - Gundersen Lutheran Health System**
A number of Year 3 clerkships and Year 4 electives can be taken in La Crosse, a small city located 145 miles northwest of Madison. The Gundersen Clinic and 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.

(5) **Green Bay - Aurora BayCare Medical Center**
Several Year 3 clerkships can be taken in Green Bay. Students live in housing about 10 minutes from the medical center.

### 26.02 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](http://www.fammed.wisc.edu/pcc).

### 26.03 Health Sciences Learning Center (HSLC)
The 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.

1. **InfoCommons (computer lab)**
The InfoCommons computer lab 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 is a variety of equipment available for check-out at the Ebling Service Desk. 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. Digital camcorders, an HD-camcorder, digital still cameras, and portable audio recorders are available for a maximum checkout period of 3 days. Digital projectors are also available for a 1 day checkout. Check with the Service Desk for other accessories such as mice,
headphones, tripods, etc. Visit the InfoCommons web site for more detailed information: http://ebling.library.wisc.edu/infocommons/

Students receive a printing supplement of 500 sheets for the fall semester, 500 sheets allotment in the spring semester, and 250 sheets during the summer. Direct any questions regarding printing to the InfoCommons technology manager or the staff at the Ebling Service Desk. Students exceeding the supplement can use their Wiscard account or purchase a vending card and use public printing to meet their needs. 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.

(2) 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 Office of Student Services, 2140 HSLC, to request access.

26.04 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.hslic.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.
Chapter 27 : Transportation and Parking

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.

27.01 **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.

27.02 **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.

27.03 **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.

27.04 **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.

27.05 **Nighttime Transportation**
SAFE (Safe Arrival for Everyone) Nighttime Services is UW-Madison’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.

(1) 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 which serves 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.

(2) For additional details on SAFE Nighttime Services see the UW-Madison Transit Service website: http://transportation.wisc.edu/transportation/safeservices.aspx
Chapter 28: 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.

28.01 Services
- 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
- General counseling and referrals

28.02 Additional Learning Resources
- 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 led by Year 3 and Year 4 students and are open to all students.
Chapter 29: Career Advising

The Academic & Career Advising Program (ACAP) and associated house mentors, department faculty and staff, and the Office of Student Services staff provide comprehensive specialty, residency, and career information to students from matriculation to graduation. For all students, the career advising office and Academic & Career Advising Program (ACAP) offers support on four major career decision-making tasks.

29.01 Program Overview

(1) Self-Assessment
- Clarification of personal interests, abilities, and values relating to potential specialties
- Exploration of preferred work environment and practice characteristics

(2) 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

(3) 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

(4) 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

29.02 Resources

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.
Chapter 30: Financial Aid & Scholarships

30.01 Overview
The financial aid counselor for medical students is located in the UW-Madison Office of Student Financial Aid (OSFA). 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.

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

30.03 Financial Aid Application Process
(1) Submit a Free Application for Federal Student Aid (FAFSA).
(2) Submit a UW Student Tax Return form.
(3) Keep mailing address current since all correspondence goes to student’s local address.
(4) Re-apply every year.
(5) 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.

30.04 Determination of Financial Need
After the student’s FAFSA is analyzed by the U.S. Department of Education and the OSFA, 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.

30.05 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.

30.06 Tuition, Fees, & Expenses
Estimated expenses and customized budgets are available in consultation with the Medical School’s financial aid officer.

30.07 Types of Aid
(1) Major Loans Available to Medical Students
(1-a) 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.
(1-b) 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 nor 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.
(1-c) 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% and begins to accrue when repayment starts.
(1-d) 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.
(1-e) Manchester, Gilbert, Snow, Burns-Leslie, Kellogg, Dredge, and AMA-ERF Loans. Funds come from private institutional sources, not federal or state. Funds are limited and only awarded to students with very high financial need. Interest is 5%, which can be deferred for 5 years after leaving school.
(1-f) 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.
(1-g) Alternative Med Loan. These loans are available to students with extremely high financial need or to those who have exhausted federal loan programs.
(1-h) Grant Assistance. Limited grant aid is available through the Medical School.

(1-i) 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.

(2) 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.
(3) 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.

30.08 UW SMPH MD Program Scholarships & Awards

(1) Eligibility
To be eligible for a UW SMPH scholarship students must be in good academic standing based on the policies in Chapter 14: Curriculum and Chapter 16: Academic Plan, Progress, and Promotion or have received approval through an Individualized Academic Plan approved by SPC or meet the specific criteria set forth for the award.

(2) Process
(2-a) Students are selected for scholarships and awards by a committee of faculty and staff who meet yearly.
(2-b) Students will be notified of scholarship/award selection via email.
(2-c) The scholarship/award notification will include mechanism of award disbursement, either direct deposit to tuition account or cashier’s check.
(2-d) Students are expected to write a thank-you letter to their scholarship/award benefactor and are notified of the process upon receipt of their award.
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.

31.01 Release for Healthcare Appointments
See 1.08(1).

31.02 UHS

(1) Location – 333 East Campus Mall, 265-5600
(2) Hours
  (2-a) 8:30 am to 5:00 pm, M-T-TH-F; 9:00 am to 5:00 pm W
  (2-b) 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.
  (2-c) Evenings & Weekends Options (UHS is closed)
    • 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.

(3) 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.

(4) Treatment by Classmates
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 has been trained to implement this policy.

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.

(5) **Location:** 333 East Campus Mall

(6) **Regular weekday hours**
   (6-a) 8:30 am to 5:00 pm, M-T-TH-F; 9:00 am to 5:00 pm W
   (6-b) Call 265-5600 for an appointment
   (6-c) After Hours and Weekends mental health crises: call 265-5600, Counseling Services Crisis Response Services.

(7) **Areas covered by Counseling Services**
   - Interpersonal relationships
   - Anxiety and depression
   - Self-esteem
   - Women’s issues
   - Men’s issues
   - Eating disorders
   - Alcohol and drug concerns
   - Stress management
   - Couples and family issues

(8) **Additional Counseling Services**
In response to the needs of medical students, the UW SMPH 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 school curriculum.
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. Each House has an academic and career advising mentor and a staff member representative.

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 alcohol purchases, the use of the funds is unrestricted.

The Interhouse Council (IHC), an umbrella organization of representatives from each House, meets monthly and has responsibility for planning and oversight of House activities.
The mission of the Office of Multicultural 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:

- monitoring each student’s integration into the medical school environment;
- working with the Dean for Students to provide an optimal environment for maximizing a student’s learning potential;
- incorporating multicultural issues and humanistic values into the curriculum;
- identifying summer programs that increase minority student participation in medical career experiences;
- 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 underserved and culturally diverse areas;
- 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.
Chapter 34 : Ombudsperson Office

34.01 Overview
The ombudsperson serves as a neutral, independent and confidential resource for students, providing a safe forum to voice concerns, to evaluate a situation, and to express feelings. The ombudsperson is independent of existing administrative or academic structures and supplements existing resources and treats all matters confidentially within the bounds of the law.

34.02 Role & Functions
- Assure that student concerns will be registered and investigated without fear of retaliation;
- provide a comfortable, confidential environment to air concerns;
- work to develop options for resolving or managing concerns or complaints;
- open channels of communication;
- seek fair and equitable solutions to problems.

34.03 Powers & Authority
- Serve as an independent and impartial third party;
- with permission, bring issues to the attention of those with authority to address concerns;
- participate in decision-making;
- report systemic issues to the Dean.

34.04 Concerns Addressed
Whenever a student perceives that a concern cannot be fairly, safely, or equitably addressed through the Dean for Students, any member of the Office of Student Services, any member of Student Academic Support, ACAP mentors, course directors or clerkship directors, the student should contact the ombudsperson. The ombudsperson may address concerns in the following areas:
- differential treatment in the learning environment
- evaluative relationships and academic issues – including communication with faculty and staff, concerns about fairness in academic progress, mistreatment by staff, faculty, or fellow students, unprofessional demeanor, harassing or unkind behavior
- other concerns such as safety, ethical dilemmas or conflicts of interest

34.05 Reporting
For concerns regarding harassment and mistreatment contact the Ombudsperson directly via the link below. All submissions are confidential and are forwarded directly to the ombudsperson.

34.06 Contact Info
http://www.med.wisc.edu/786
Chapter 35 : Student Honors & Awards

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.

35.01 Alpha Omega Alpha (AOA) Honor Society

A prestigious honor available to medical students is election to the Alpha Omega Alpha Honor Medical Society. 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 rowdyism, boorishness, immorality, and low educational ideals.” Today, selection for AOA is a distinction that accompanies a physician throughout his or her career.

The UW SMPH has one of about 120 active Alpha Omega Alpha (AOA) Honor Medical Society chapters in the United States and Canada. The chapter is led by the school’s AOA Councilor, other AOA faculty, and newly inducted students. Beginning in the 2013-14 academic year, the selection criteria for student induction will be revised to bring the chapter into compliance with AOA guidelines. AOA asks that our school identify students in the top quartile of the class, then select candidates for induction from that group. Up to 1/6th of the class can be inducted into AOA. The process will be as follows:

1. **Selection Process**
   1a. Early in Year 4, the Office of Student Services will notify students in the top quartile of the class by Dean’s grade point average of eligibility for AOA induction. The students will acknowledge their interest by submitting a current CV and giving permission for the faculty committee to review their records.
   1b. The AOA councilor will then ask faculty members and Dean’s office representatives who know students and their performance, to review class nominations and meet in confidence to select students for membership. Criteria for selection include academic performance, professionalism, leadership, and service.
   1c. A student will be disqualified from eligibility for academic reasons if he or she has failed any class, clerkship, or USMLE Step 1. A student will be disqualified for professionalism reasons due to any other serious misconduct or application fraud.

35.02 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.”

(1) **Program Requirements**

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:

(1-a) Completion of a minimum of 16 weeks of mentored research under the active direction of a UW faculty researcher while enrolled in the UW SMPH. 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.

(1-b) Fulfillment of 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.

(1-c) 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.

(1-d) 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.

(1-e) Presentation of research findings at one UW SMPH Student Research Forum is required. Oral or poster presentation at a regional or national conference is optional, but strongly encouraged.

(1-f) Satisfactory annual evaluations by the research mentor and satisfactory progress reports submitted to the Research Honors Committee.

(1-g) Acceptance of a research thesis or scientific paper and final approval of the honors designation by the Research Honors Committee.

(1-h) Applicants for the Research Honors Program will submit application materials in the spring of Year 2 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.

(2) **Criteria for Acceptance**

(2-a) Good academic standing in the MD degree program as determined by SPC review and action.

(2-b) A minimum cumulative grade point average of 3.5.

(2-c) Students enrolled in the Medical Scientist Training Program are not eligible.
(2-d) 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.

(2-e) Submission of a written research proposal that conforms to format guidelines.

(2-f) Submission of student’s curriculum vitae and cover letter describing research interest and career motivation.

(2-g) Letter of support for the application from the research mentor.

(2-h) Review of application materials and approval for candidacy by the Research Honors Committee.

(2-i)
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.

36.01 Major Student Organizations

(1) **Medical Student Association**
The Medical Student Association (MSA) is the student governmental body representing the interests of all enrolled medical students at the UW SMPH. 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, 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.

(2) **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.

(3) **American Medical Association – Medical Student Section (AMA-MSS)**
The AMA is a powerful lobbying group with a long, rich history in shaping 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), the AMA Drug Evaluation reference text, and American Medical News.

(4) **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.

(5) **Organization of Student Representatives (OSR)**
OSR fulfills a unique role among medical student organizations. As part of the AAMC, it provides all allopathic medical students in the United States 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.

(6) 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.

36.02 Categories of Student Organizations / Groups

(1) Interest Groups
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 that assist them with their goals. A full list is available on the medical student website: www.uwmedstudents.com.

(2) Community Service Organizations
The following student-run and/or student-staffed organizations devote considerable time to “giving back to the community.” A full list is available on the medical student website: www.uwmedstudents.com.

(3) 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. A full list is available on the medical student website: www.uwmedstudents.com.

36.03 Student Organizations and Risk Management

(1) 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 UW SMPH 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 UW-Madison to promote service learning focused on societal issues, as well as goals stated in “Plan 2008” involving UW-Madison and community partnerships.

(2) 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.

(3) Responsibilities of recognized (registered) Medical Student Organizations
(3-a) Each student organization must apply and be accepted as a Registered Student Organization (RSO) through the UW-Madison 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.

(3-b) Each recognized (registered) student organization must register with the MSA Council.

(3-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 UW-Madison. The mission statement will be reviewed and updated annually by each organization’s incoming leaders.

(3-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.

(3-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.

(3-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.
(3-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.

(3-h) Each student organization will submit the names and contact information for the organization’s leadership and advisor(s) to the MSA Council.

(3-i) Organizations will file a summary of all completed activities, events, and/or service projects with the MSA annually.

(3-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 for 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.

(3-k) Organizations providing any medically-related services must complete and provide documentation to the Medical School Administration of the following:

(3-k1) 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.

(3-k2) 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-k3) 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.

(3-l) All organizational activities are expected to conform to university rules and regulations.

(3-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.
(3-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 UW SMPH and will not be subject to the protections associated with this affiliation. Such organizations are not eligible to receive funding from the MSA, the Medical School, or any of its agents.

(4) Roles and Responsibilities of Faculty/Staff Advisors to Student Organizations

(4-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.

(4-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.
(4-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.

(4-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.

(4-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.

(4-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.

(4-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.

(4-h) Faculty/staff advisors are expected to conform to university rules and regulations.

(5) Responsibilities of Medical School Administration for Student Organizations

(5-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.

(5-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.

(5-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 MSA and updated as necessary. MSA representatives will be responsible for disseminating this information to all student organizations via the medical student website.

(5-d) The Office of Student Services will provide the MSA, and any students or student organizations that so request, copies of the Medical School’s policies for travel, alcohol, and for the use of funds provided by the Medical School.
(5-e) The Office of Student Services 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 for Students Office will partner with MSA to ensure that necessary forms are available online through the medical student website.

(5-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 MSA, and any students or student organizations that so request.

(5-g) The Office of Academic Affairs will work actively with the MSA as a link between the Administration and all medical student organizations.

(5-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.

(5-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).

(5-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, 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 UW-Madison. 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.
Chapter 37: Appendices

37.01 Staff Listing
A listing of key staff is available on OASIS Notices >> General Information. This includes faculty and staff in Madison and throughout the statewide campus. Contact information for course directors and administrators is also included.

37.02 Academic Progress Standards for Matriculants Prior to 2008/2009
(1) U and IF grades
   (1-a) U = Deficient Performance in a Clinical Course
      (1-a1) 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.
      (1-a2) 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)
   (1-b) IF = Deficient Performance in a First or Second Year Course
      (1-b1) Used in first and second year courses when deficiencies can be remedied short of repeating the course.
      (1-b2) The IF grade remains on the transcript only until a final grade is reported.
      (1-b3) When the deficiency is corrected, the final grade cannot exceed a C (S in a pass/fail course).