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Dear Genetic Counseling Intern

Welcome to the University of Wisconsin-Madison School of Medicine and Public Health (SMPH) Master of Genetic Counselor Studies (MGCS)! We are excited that you are here and look forward to helping you achieve your academic and professional goals. This handbook is meant as a reference about important Program details from the mundane, e.g., using kitchen supplies, to the serious, e.g., academic and conduct guidelines. While this should be a resource for many initial questions, do not hesitate to ask for any clarification that you may need or answers to other questions that you may have. We want your experience here to be both positive and rewarding.

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The School of Medicine and Public Health shares a diversity mission and vision with our UW Health partners. We will foster a culture of inclusion and respect among our patients, employees, learners and the communities we serve. Through teaching, discovery and advocacy, we will promote equity in access to quality health care.
PROGRAM MISSION STATEMENT
The mission of the Master of Genetic Counselor Studies at the University of Wisconsin-Madison is to educate competent and compassionate genetic counselors who will successfully enter the Genetic Counselor workforce and be lifelong learners and leaders in the field.

To fulfill this mission, the program will provide students with a rigorous, comprehensive curriculum that includes:

1. A diverse clinical experience that fosters Interprofessional relationships
2. Relevant research opportunities that encourage critical thinking and contribute to the knowledge base of the profession
3. An environment that promotes socially responsible practice

INFORMATION FOR NEW STUDENTS (a to-do-list)

- **Activate your NetID**
  You will need your NetID and password to access the My UW-Madison portal at [my.wisc.edu](http://my.wisc.edu). To activate your NetID click on the ACTIVATE NETID button from the MyUW Madison login screen. Enter your 10 digit student campus ID number (let your PD know if you haven’t received your ID) and birthdate. The NetID you create and password you enter are keys to your access to the MyUW portal so make a record of it and keep it private. If you are unsure about your NetID and password, contact the [DoIT Help Desk](tel:608-264-4357) at 608-264-4357.

- **Get your UW Photo ID Card (Wiscard)**
  Get your UW ID card - Wiscard - photo taken at the Wiscard Office ([http://www.wiscard.wisc.edu/contact.html](http://www.wiscard.wisc.edu/contact.html)) in Union South, room 149, M-F 8:30 am - 5:00 pm. You must be enrolled and have valid identification, such as a valid driver's license, passport, or state ID to get your photo ID.

- **Pick up your free Madison Metro bus pass**
  As a UW student, you are eligible for a Madison Metro bus pass that allows you unlimited ridership on city busses. Visit the ASM Web site for more information on how to obtain your pass: [https://www.asm.wisc.edu/resources/buspass/](https://www.asm.wisc.edu/resources/buspass/). Be sure to bring your UW Photo ID card.

- **Complete required tutorials and trainings**
  There are many required tutorials and trainings to complete before your arrival on campus. Details are on pages 17-20 of this handbook.
PROGRAM OVERVIEW

General information

The Master of Genetic Counselor Studies (MGCS) is a health professions program in the Department of Pediatrics in the School of Medicine and Public Health (SMPH). While SMPH Academic Policies and Procedures provide the essential information regarding University requirements the MGCS program leadership has the authority to set the degree requirements beyond the minimum required. Remember, that although degrees and course requirements may change, students must meet the degree and course requirements in effect when they entered the program. In addition, although, administrative procedures and processes can also change, students are required to follow the procedures and processes listed in the current handbook.

The MGCS is accredited by the Accreditation Council for Genetic Counseling (ACGC). As an accredited program graduates must attain the entry level capabilities described in the ACGC practice-based competencies (PBC’s; Appendix 1) which, by definition, are the overarching learning outcomes for the entire 21 month curriculum. Upon successful completion of the clinical, research and didactic components of the Program graduates are awarded a Master of Genetic Counselor Studies and are eligible to sit for the American Board of Genetic Counseling (ABGC) national certification exam.

Graduation requirements

MGCS students must meet all degree expectations to graduate with a degree in Genetic Counselor Studies. Degree requirements include demonstration of clinical competence and completion of an internal logbook, satisfactory performance in all course work and on the comprehensive examination and, completion of the research project.

Academic requirements

Students must meet the academic standards set by the SMPH and the Program. The MGCS leadership is committed to helping students achieve their full academic potential and, if difficulties occur, discover and deal positively with the causes of the unsatisfactory academic performance. The minimum academic requirements include:

- **Overall Graduate GPA**: 3.00
- **Other Grade Requirements**: We require an average grade of B or better in all course work (not including research credits) taken as a graduate student unless conditions for probationary status require higher grades. Grades of Incomplete are considered to be unsatisfactory if they are not removed during the next enrolled semester.
- **Probation Policy**: We regularly reviews the record of any student who earned grades of BC or less, Incomplete or Fail in a required course or grade of U in research credits. This review could result in academic probation with a hold on future enrollment or in being suspended from the Program.

Specific MGCS, SMPH and UW policies about academic guidelines and appeals are available in
Clinical requirements

The MGCS adheres to the Accreditation Council of Genetic Counseling (ACGC) clinical training standards regarding who can supervise GC students and the required elements of the core logbook. You will be apprised of the relevant standards and expectations during MGCS orientation, prior to clinical rotations, posting of relevant documents on CANVAS and during individual meetings with program leadership. You may also choose to access the actual standards on the ACGC website https://www.geeducation.org/standards-of-accreditation/

Research requirement

During the second year of training each GC II will plan, conduct and implement a scholarly project that contributes to the body of knowledge of the discipline. The scholarly activity should result in materials of publishable quality. This will be done with the guidance of an identified mentor, subject to approval by the Research Coordinator. The mentor will assist in choosing the appropriate study team members. It is recommended that a university genetic counselor with relevant expertise, if available, be a member of each study team. While the majority of project work and the actual research credits will be during the second year of training, GC I students are introduced to research methods utilized in GC research, identifying appropriate research questions, the process for selecting a research mentor etc. Research handbooks are on the GC I and II Supplemental CANVAS sites.
CURRICULUM OVERVIEW AND ACADEMIC POLICIES

Program course schedule

**Semester I** (Fall Semester): 13 (12) credits
- Pediatrics 713, 3 credits - Practicum in Genetic Counseling
- Pediatrics 721, 2 credits - Introduction to Clinical Genetics
- Pediatrics 737, 1 credit - Contemporary Professional Issues in Genetic Counseling
- Pediatrics 741, 1 credit - Theory and Practice in Interviewing for GC I
- Counseling Psych 620, 2 credit - Clinical Communication Skills for the Genetic Counselor
- Pediatrics 739, 2(1) credits - Literature (Research) Strategies and Analysis in Clinical Genetics
- Pediatrics 744, 2 credits - Applications of Biochemical Genetics for Genetic Counselors
- MCHLEND Curriculum, NC - Leadership in Neurodevelopmental Disabilities (Semester 1)

**Semester II** (Spring Semester): 10 credits
- Pediatrics 714, 3 credits - Practicum in Genetic Counseling
- Pediatrics 737, 1 credit - Contemporary Professional Issues in Genetic Counseling
- Pediatrics 745, 1 credit - Medical Genetic Counseling Research Seminar
- Pediatrics 740, 2 credits - Laboratory Genetics and Genomics for the Genetic Counselor
- Pediatrics 742, 1 credit - Clinical Embryology and Prenatal Genetics
- Pediatrics 724, 2 credits - Cancer Genetics Risk Assessment and Counseling
- MCHLEND Curriculum, NC - Leadership in Neurodevelopmental Disabilities (Semester 2)

**Summer session:**
- Mayo Clinic rotation (1 week)
- Second year rotations begin (10 weeks)

**Semester III** (Fall Semester): 9 credits
- Pediatrics 813, 4 credits - Advanced Practicum in Genetic Counseling
- Pediatrics 990, 1 credit - Research
- Pediatrics 731, 3 credits - Advanced Clinical Genetics Concepts
- Pediatrics 737, 1 credit - Contemporary Professional Issues in Genetic Counseling

**Semester IV** (Spring Semester): 8+ credits
- Pediatrics 814, 4-5 credits - Advanced Practicum in Genetic Counseling
- Pediatrics 990, 2 credits - Research
- Pediatrics 737, 1 credit - Contemporary Professional Issues in Genetic Counseling
- Elective 1 to 8 credits*

* Students must register for at least 8 credits to maintain full time status; there is a maximum allowance of 15 credits per semester.
Academic calendar
(As adopted by the Faculty Senate at its meeting on 5 March 2012)
Date legend: M=Monday, T=Tuesday, W=Wednesday, R=Thursday, S=Saturday, N=Sunday

Academic Calendar for fall 2019

- Labor Day: Sep 2 (M)
- Thanksgiving recess: Nov 28-Dec 1 (R-Sunday)
- Last class day: Dec 11 (W)
- Exams begin: Dec 13 (F)
- Exams end: Dec 19 (R)

Academic Calendar for spring 2020

- Martin Luther King Jr. Day: Jan 20 (M)
- Spring recess: Mar 14-22 (S-Sunday)
- Classes resume: Mar 23 (M)
- Last class day: May 1 (F)
- Exams begin: May 3 (Sunday)
- Exams end: May 8 (F)

Academic Calendar for fall 2020

- Instruction begins: Sep 2 (W)
- Labor Day: Sep 7 (M)
- Thanksgiving recess: Nov 26-Nov 29 (R-Sunday)
- Last class day: Dec 10 (R)
- Exams begin: Dec 12 (S)
- Exams end: Dec 18 (F)

Academic Calendar for spring 2021

- Martin Luther King Jr. Day: Jan 18 (M)
- Spring recess: Mar 27-April 4(S-Sunday)
- Classes resume: April 5 (M)
- Last class day: April 30 (F)
- Exams begin: May 2 (S)
- Exams end: May 7 (F)
- Commencement: May 7 (F)
Clinical rotation schedule

Students in the UW-SMPH Genetic Counselor Program participate in clinical training during all four semesters of academic residence and the intervening summer through enrollment in the Practicum 713/714 sequence as first year students and the Advanced Practicum 813/814 sequence as second year students. Second year rotations begin in the summer between academic years one and two.

Template first year rotation schedule

<table>
<thead>
<tr>
<th>DATE ⇒ (~7 weeks each*, dates subject to shift to correlate with calendar week)</th>
<th>10/1/20XX to 11/16/20XX</th>
<th>11/19/20XX to 1/25/20XX</th>
<th>1/28/20XX to 3/15/20XX</th>
<th>3/18/20XX to 5/10/20XX</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROTATION</td>
<td>Student A Student B</td>
<td>Student G Student H</td>
<td>Student E Student F</td>
<td>Student C Student D</td>
</tr>
</tbody>
</table>

**Specialty clinics (Madison WI)**
- Bone Dysplasia Clinic
- Cystic Fibrosis Clinic

<table>
<thead>
<tr>
<th>Interdisciplinary Clinics (Madison WI)</th>
<th>Student C Student D</th>
<th>Student A Student B</th>
<th>Student G Student H</th>
<th>Student E Student F</th>
</tr>
</thead>
</table>
- Biochemical
- Observation (Bl/CFAC/Arrhy/NC/Eye)

**General Genetics (Madison, WI)**

| Student E Student F | Student C Student D | Student A Student B | Student G Student H |

**Alternative service delivery**
- Aurora (West Allis, WI)
- Madison Women’s Health (Madison, WI)

| Student G Student H | Student E Student F | Student C Student D | Student A Student B |

**Lab/Public Health Activities**

| October through May (including Mayo Clinic which is either the week after spring finals, or first week in August), All GCI participate but in two groups of four. |
## Template of second year rotation schedule:

<table>
<thead>
<tr>
<th>SITE (1&lt;sup&gt;st&lt;/sup&gt; GC contact)</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Clinic/Specialty/SC</td>
<td>XX-XX (5 weeks)</td>
<td>XX-XX (5 weeks)</td>
<td>XX-XX (5 weeks)</td>
</tr>
<tr>
<td>Lead/primary (Ashley Kuhl)</td>
<td>Student A</td>
<td>Student C</td>
<td>Student E</td>
</tr>
<tr>
<td>Student B</td>
<td>Student D</td>
<td>Student F</td>
<td>Student H</td>
</tr>
<tr>
<td>Prenatal</td>
<td>Student G</td>
<td>Student A</td>
<td>Student C</td>
</tr>
<tr>
<td>Meriter (Laura Birkeland)</td>
<td></td>
<td>Student H</td>
<td>Student B</td>
</tr>
<tr>
<td>SSMH (Natalie Berger)</td>
<td>Student E</td>
<td>Student G</td>
<td>Student A</td>
</tr>
<tr>
<td>Oncology</td>
<td>Student H</td>
<td>Student C</td>
<td></td>
</tr>
</tbody>
</table>

### Inclement weather

The MGCS programs follows the UW campus inclement weather guide: [https://kb.wisc.edu/vip/page.php?id=9452](https://kb.wisc.edu/vip/page.php?id=9452). It is rare the university will close for weather. Updates and information about closures can be found on the UW homepage (wisc.edu). You are also able to contact your instructor and/or clinical supervisor for updates about individual classes or appointments.

Please use discretion and caution regarding your health and safety and notify your instructor/supervisor as soon as possible if you are not able to attend a class/appointment. (See Absence policy for additional details.) In the extreme event you are at a rotation off-site and the weather prevents safe travel back to Madison, overnight lodging will be reimbursed. UW-Policy requires you provide the hotel with...
the UW tax exempt number (ES40706). You should be eligible for any rates/terms afforded to
the UW System by government status or contract/discount agreement aka ‘state rates’.

Absences

Attendance at course lectures, discussion sessions, case conferences and other supplemental
activities is required. Do not schedule personal appointments during these times. If you are sick,
please let your instructor or supervisor know you will not be attending an activity. There are
times when a particularly instructive clinical case conflicts with a regularly scheduled class. With
consent of your instructor, you may miss an occasional class period; remember that you are still
responsible for any material or assigned homework.

Grading

Grades are assigned only by instructors. Each instructor develops their own scale for assigning
letter grades. It is important to note that in rotations often the minimum expectations are
described; meeting only minimum expectations is generally considered “good” work and would
be considered a “B” grade. The University uses the following grading system:

- A  Excellent
- AB  Intermediate
- B  Good
- BC  Intermediate  (considered unacceptable by our Program; requires remediation)
- C  Fair  (considered unacceptable by our Program; requires remediation)
- D  Poor  (considered unacceptable by our Program; of serious consequence)
- F  Fail  (enough said!)

A course may also be graded as either Satisfactory (S) or Unsatisfactory (U).

Disability accommodations

If you have a documented disability and wish to discuss academic accommodations, please talk
with the Program Director as soon as possible. The campus resource for students with a disability
is the McBurney Disability Resource Center (https://mcburney.wisc.edu/) at:

702 W. Johnson Street
608-263-2741, 608-263-6393 (TDD)
mcburney@studentlife.wisc.edu

Performance review committee

The MGCS Performance Review Committee (PRC), comprised of the Program Director, and
other staff clinical genetic counselor(s), will review records pertaining to a student’s academic
and clinical performance at the conclusion of every semester—or more often if necessary. The purpose of this review is to monitor student progress and proactively identify students who may be encountering academic or clinical difficulties (not meeting academic expectations or the identified clinical checkpoints), or exhibiting unprofessional behaviors. If deficiencies are identified, a plan for remediation will be formulated by the committee and discussed with the student by the Program Director or their designee. A remediation plan might include (but not necessarily be limited to) repeating a course or conducting additional patient counseling sessions. In some cases, these consequences might delay graduation. If remediation efforts are not successful, the PRC may recommend dismissal of the student from the MGCS program. The dismissal process and avenues for appeal are included in the appendices 3 and 4. The PRC also makes the final recommendation regarding successful completion of all degree requirements necessary for graduation.

(Note: The PRC meetings ensure that the program complies with ACGC accreditation standard C3.2.6 which states that the “program should conduct and document a written evaluation of each student prior to the final 3 months of the program to verify that the student is on track with his/her preparation to enter into the genetic counseling profession.”)

**Comprehensive examinations**

The MGCS comprehensive examination is a 2-part process. Part one is intended to evaluate an intern's approach to the genetic counseling session through a written paper based on an assigned case scenario. Each paper will be read by a 3-member committee including the Program Director, and two Clinical Supervisors. Each reviewer will assign either a P (pass) or an F (fail). If a student does not achieve at least two passing marks, a written response to reviewer comments will be necessary. If the reviewers are not satisfied by the response paper, the matter will be taken up by the PRC for further action. Part two is a traditional multiple choice-single best answer exam, patterned after the ABGC certification exam. The 100 question exam is given over a 150 minute period. After grades are released (usually the same day) students are expected to write an explanation for all incorrect answers, i.e., determine the correct answer and furnish an explanation. Students achieving a score of 80% or better are exempt from this consequence. Students achieving less than 65% will undergo review by the PRC for possible further action.

**Student Evaluation**

Student evaluation is necessarily constant, consisting of course grades, frequent written and oral feedback from clinical supervisors, mentor approval of successful completion of the second year research project, and passing the two-part comprehensive exam. If at any time you disagree with the assessment of your academic and clinical work you should talk with your instructor. Formal grievance policies exist, if necessary (appendix 2).

You will also have multiple opportunities to provide feedback about your training, through course evaluations, rotation evaluations, exit surveys, meetings with Program staff etc. There are/will be links to the evaluations on your GC Supplemental CANVAS site.
Degree verification certificate

A degree verification certificate is issued by the Program when all degree requirements have been met to the satisfaction of the MGCS Program (as recommended by the Performance Review Committee). The verification certificate, signed by the program director, the medical director and the assistant director, signifies a student has successfully completed all Program requirements. Degree requirements include demonstration of clinical competence and completion of an internal logbook, satisfactory performance in all course work and on the comprehensive examination and, completion of the research project. More detail about this process will be provided during your training.

Grievances/Mistreatment/Harassment

During your time in the MGCS, occasions may arise in which you feel that you are being treated unfairly by members of the university's faculty or staff, or by other students. If this happens, a variety of resources are available to help you address your concerns. Options vary from the informal, involving consultation and discussion, to the formal, involving submission of a written complaint or grievance. The appropriateness of any particular option to your situation will depend upon many factors, including the employment or student status of the people involved, the nature of the decision (or conduct) that you find objectionable, and whether you feel comfortable with the option itself.

If the grievance concerns a grade or an evaluation, the SMPH Health Professions Grievance Procedure will be followed (appendix 2).

The information below is a guide to help you locate resources that can help you plan the right action for your grievances other than those related to a grade or evaluation. Prior to pursuing a formal procedure, the SMPH can try to facilitate informal resolution to your issue through use of campus resources. Please remember that perceptions of unfair treatment often result from circumstances that can be corrected readily, such as misunderstandings, lapses in communication, or lack of information.

First steps: With few exceptions, student concerns about fair treatment are handled most effectively at the source. If possible, you should first express your concerns to the person directly responsible for the action or situation that you find objectionable. If you do not believe that such a direct approach will work, or if you feel uncomfortable making the attempt, you should address your concern to the Program Director, or other person holding supervisory responsibility. They will work with you to formulate a plan to resolve the situation and, if necessary, can guide you to appropriate university resources.

If informal discussion does not resolve the problem, the next step is a more formal one. Procedures for addressing concerns exist in the SMPH or, depending on the nature of your concern, in various administrative offices of the university. The number and restricted application of these many procedures makes it especially important that you
follow the actions noted in the first steps section above, so that you receive appropriate advice and counseling.

*Formal procedures:* The following administrative offices of the university have procedures available for addressing certain concerns, as long as you are prepared, in good faith, to allege that an individual's conduct is clearly inappropriate, does not involve a difference of opinion or judgment, and is incompatible with that individual's performance of his or her duties to the university:

*Unfair treatment by another student:*  
Offices of the Dean of Students  
75 Bascom Hall  
263-5700

*Discrimination or harassment by a member of the staff or faculty:*  
Equity and Diversity Resource Center  
179A Bascom Hall  
263-2378

*Un-professional conduct (including discrimination or harassment) by a member of the faculty:*  
Office of the Chancellor  
161 Bascom Hall  
262-9946

*Procedural review*  
SMPH Academic Affairs  
HSLC

*Mental health and wellness*

It is important to maintain your personal health and well-being so you can do your best academically. University Health Services - Counseling and Consultation Services is available to support you while you are a student by providing counseling, psychiatry services and wellness and self-care programs. These services are free to you while in graduate school.

Many students have struggled in the past with concerns such as anxiety or depression, and have sought treatment through therapy or medication. It's important to establish care here at the beginning of your first year rather than waiting until increased stress adds to your existing concerns. The Wellness and Self-Care services offer help with strategies to reduce anxiety, to develop personal self-care plans, and to find ways to maintain balance in life throughout your graduate education.

To schedule an appointment, use *MyUHS* through wisc.edu or call the Main UHS site located at 333 E. Campus Mall; (608) 265-5600. The list below identifies the appropriate extension/option:
• Medical/behavioral health (option 1)
• Mental health/counseling (option 2)
• Confidential victim advocacy services (option 3)
• Mental health crisis immediate services (option 9)

Confidentiality: Any information shared with a counselor is kept confidential, even the fact that you have attended an appointment at UHS is not shared with anyone, even the MGCS leadership. We adhere to HIPAA and FERPA guidelines.

Other resources

The UW-Madison, SMPH and MGCS want all students to succeed in their academic, professional and personal goals. There is a wide array of campus resources available to help students accomplish this, e.g., The Writing Center, Student Health etc. The Guide provides an excellent overview of these resources, http://guide.wisc.edu/graduate/

There is a separate site for newly admitted students https://grad.wisc.edu/new-students/

The UW-Madison Police Department (https://uwpd.wisc.edu/services/) offers various services and is committed to the safety of students and staff. A useful example includes WiscAlerts, which is UW–Madison’s emergency notification system. Students can sign-up to get text, email and phone notifications in case of an emergency on campus.

PATIENT PRIVACY AND PROTECTION

Overview of compliance requirements and tracking through Castlebranch

MGCS staff and students must comply with all state and federal regulations regarding patient privacy and protection. This includes attending in person/online trainings and completing necessary documentation.

We have recently contracted with Castlebranch, an outside vendor, to assist with verification and storage of certificates and documents confirming that the patient privacy and protection requirements have been met. There is a student cost (~$104 total) but the storage portal includes lifetime access for the student. Verification must be completed by August 1st to allow time to request and be granted HealthLink access; Healthlink is the UW Health electronic medical record. The link to the MGCS Castlebranch portal is https://portal.castlebranch.com/UY99. Select place order, then click on GC training program; you will need to complete the background check, the compliance package and the urine drug screen. You will then be walked through the process with instructions and relevant links. The program will access to your records for our specific requirements. IF you are asked to provide an email address to grant us access, use reiser@pediatrics.wisc.edu. This information is also on the GC I CANVAS site.

Required tutorials, trainings and documentation (accessed/certified through Castlebranch)

• HIPAA
• **Criminal History Checks (to comply with the Caregiver Background Check law as above and requirements of specific rotations):** Effective October 1, 1998, Wisconsin law requires criminal history checks and expanded background checks of persons responsible for the care, safety, and security of children and vulnerable adults. Known as the Wisconsin Caregiver Law, it requires criminal background checks for licensed individuals, employees, prospective employees, and other specified persons affiliated with caregiving entities or providers. MGCS specific information is below.

• **Child Abuse Reporting Training:** Executive Order 54 (EO 54) requires UW-Madison employees to immediately report child abuse or neglect to Child Protective Services (CPS) or law enforcement if, in the course of employment, the employee observes an incident or threat of child abuse or neglect, or learns of an incident or threat of child abuse or neglect, and the employee has reasonable cause to believe that child abuse or neglect has occurred or will occur.

• **Safety and Infection Control tutorial**

• **HealthLink Basics tutorial**

**Other trainings**

• **CITI Human Subjects Training (Combined);** verified through Castlebranch

1. **UW Fleet Vehicle Driver Authorization:** is required for all students who need to use UW fleet vehicles to travel off-campus (out of town clinicals, meetings etc). This is not verified through Castlebranch; our administrative assistant, Lisa Fisher, will help with this AFTER you arrive on campus.

• You will receive notice of other trainings required by the UW and SMPH. Please be sure to complete them in a timely manner. While these are not verified through Castlebranch, failure to comply may place a hold on enrollment. These trainings include, among others, Annual Compliance Training, Student Mistreatment, Intimate Partner Violence, Behavioral Response, Active Shooter etc. Training requirements are continually updated and revised; pay attention to emails and announcements in your myUW.

• **Waisman center guidelines for learners and observers in clinic** (Will be updated summer 2019)

**Wisconsin caregiver law**

As this law currently applies to students providing care in a number of MGCS clinical settings, the Program must ensure that GC students comply with this law. Admission to the MGCS does not guarantee that a student will be eligible to earn a graduate degree if certain types of criminal offenses identified in the background check prevent them from participating in clinical placements. In addition, the Program cannot guarantee eligibility for licensure by any licensing entity/authority if certain types of criminal offenses are identified in the background check.

**Health insurance portability and accountability act (HIPAA) privacy rule**

As a student in a clinical training program at UW-SMPH, you must learn and abide by the health information privacy requirements of a federal law called HIPAA. These requirements, known as the HIPAA Privacy Rule, went into effect April 14, 2003. Even though UW SMPH and the
MGCS require HIPAA training, a clinical rotation site may require you to complete Privacy Rule training specific to that site. When you are at a training site, you must follow that site’s policies and procedures, including those concerning health information privacy.

**HIPAA and e-mail**

Sending Protected Health Information (PHI) by email exposes the PHI to two risks:
1. The email could be sent to the wrong person, usually because of a typing mistake or selecting the wrong name in an auto-fill list.
2. The email could be captured electronically en-route.

HIPAA requires that we take reasonable steps to protect against these risks but acknowledges that a balance must be struck between the need to secure PHI and the need to ensure that clinicians can efficiently exchange important patient care information.


**When communicating with supervisors and other clinicians regarding patients:**
1. Students must use e-mail addresses provided by UW Health or UW-Madison. These e-mail addresses always end in “wisc.edu.” Use of personal or home e-mail addresses to transmit PHI is strictly prohibited.
2. E-Mail Client Servers. Students are required to use only UW health or UW-Madison provided e-mail client servers to read and send e-mail. Use of web e-mail clients, such as Yahoo, Hotmail, and Google Mail is prohibited because these e-mail clients use POP to physically copy the e-mail to equipment owned and operated outside of UW Health and/or UW-Madison.
3. Limit the information you include in an email to the minimum necessary for your clinical purpose.
4. Never use automatic forwarding with your wisc.edu email account.
5. Always include a privacy statement notifying the recipient of the insecurity of email and providing a contact to which a recipient can report a misdirected message.
6. A template privacy statement follows:

   The information in this message (and the documents attached to it, if any) is confidential and may be legally privileged. It is intended solely for the addressee. Access to this message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken, or omitted to be taken in reliance on it is prohibited and may be unlawful. If you have received this message in error, please delete all electronic copies of this message (and the documents attached to it, if any), destroy any hard copies you may have created and notify me immediately by replying to this email. Thank you.

Students should NOT communicate with patients by email. If a patient emails you concerning medical issues talk with your supervisor about how/if to respond. Generally patients should use a
MyChart account for electronic communication.

**HIPAA and telephone contact**

All telephone contact with patients must be done through a UW-based telephone and should be logged in the EMR according to your supervisor’s directions. It is not permissible, for both patient privacy and student safety, to ever use your personal phone (landline or cell) to call patients. This stands for all students, in all clinics (UW and non-UW).

**Patient documentation**

There are specific privacy and safety precautions when drafting patient documentation. HIPAA regulations stipulate that any storage device (flash drive, USB hard drive, etc.) containing "Patient Health Information" (PHI) or "Personally Identifiable Information" (PII) be encrypted to protect that data in the event the storage device is lost or stolen. Suggestions from the Pediatric IT personnel include:

- If the workflow permits, don't use actual PHI as a starting point. Create fake PHI and use that if all that's required is data to fit some fields. No PHI should reside on student flash drives or students' personal computers.
- Use a protected means of access, such as our Citrix Remote Access site. The address is [https://remote.pediatrics.wisc.edu](https://remote.pediatrics.wisc.edu), and once logged in with Pediatrics credentials the students will have access to all the documents they've stored on our departmental file server, perhaps referred to as the "Q" drive. They can access our site from their personal computers (after installing a client available at the given address) and since this connection is secure and data isn't transferred to their machines it is compliant with regulations. Additional benefits of this method include nightly backup and central storage, preventing loss of data due to damaged or faulty flash drives.

**REQUIRED STUDENT HEALTH DOCUMENTATION**

**Required vaccinations and evidence of immunity**

Students in clinical settings are at higher risk than the general population for acquiring communicable diseases such as measles, mumps, rubella, chicken pox, and tuberculosis. A student who has one of these diseases may, in turn, infect other personnel and patients. In addition to being a good public health policy, many rotation sites require evidence of immunization or natural immunity against diseases that can be prevented. Students must provide proof of vaccination or immunity to:

- Measles, Mumps and Rubella (MMR)
- Chicken pox (varicella)
- Negative TB test within 6 months of clinic experience
- Hepatitis B (Hep B)
- Flu vaccine (annually at the beginning of the flu season)
- Tetanus/dap (recommended)
Documentation of immunity to or freedom from infection must be uploaded to Castlebranch no later than August 1, 2019. There is an additional requirement related to the seasonal flu vaccine. Charges incurred to meet these requirements are the responsibility of the student. Also, any Genetic Counseling student who is exposed to a communicable disease is required to report the exposure to the Program Director.

NOTE: Students are exempt from vaccines in the following cases if they object on the grounds that administration of immunizing agents conflicts with their religious practices (unless the Board of Health has declared an emergency or an epidemic of disease) OR 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. If an exemption is approved, the UWSMPH cannot guarantee that our affiliated hospitals and clinics will allow the student to participate in patient care at these affiliate sites.

Some clinical sites also require completion of a urine drug screen which must be done by October 1st through Castlebranch approved laboratory.

Health insurance and University Health Services

Students are required to have health insurance while enrolled in the Master of Genetic Counselor Studies program at the University of Wisconsin-Madison, either through a private insurance company or through the University-sponsored Student Health Insurance Plan (SHIP). Coverage under SHIP is mandatory for all international students and their dependents living in this country, and is available on a voluntary basis for other students. For information on premiums, coverage, and enrollment contact the SHIP office at 608-265-5600. A copy of the front and back of your insurance card should be uploaded to OASIS.

University Health Services (UHS) is available to all enrolled students. Many services are provided at no extra cost, including outpatient medical care during regular business hours, Monday through Friday. UHS is located in the Student Services Tower at 333 East Campus Mall, 608-265-5000. Prescription medications, emergency room visits and hospitalizations are not included in UHS services. For more information, visit the UHS website at www.uhs.wisc.edu.

PROFESSIONALISM

Appearance for clinical sites and other professional areas

Clothing and appearance should be appropriate for the patient care work environment and professional duties. Various clinical sites have their own dress code requirements (Please see the UW Health Policy on the GC CANVAS site). Talk with your clinical supervisors about what is considered appropriate in their institutions. The policy that pertains to students while at the Waisman Center is as follows:
1. The Waisman Center is a public building; therefore clothing typically associated with leisure activities (e.g., short shorts and skirts, leggings, halters, bare back and midriff tops) is never appropriate, even if you are not seeing patients. Shorts of any kind, blue jeans, low necklines and any amount of a bare midriff are never appropriate when you are seeing patients during a clinical rotation.

2. Clothing should be clean, neat, in good condition and fit properly.

3. Head coverings during patient contact may only be worn when associated with religious affiliation or as they relate to state/or federal legislation.

4. Shoes should also be appropriate for the patient care work environment (remember, some clinics prohibit open-toed shoes). Shoes should be clean and in good repair.

5. Hair should be clean and combed. In some situations (e.g., Lab), long hair must be controlled to prevent contact with the equipment or supplies.

6. Cologne, perfume, and aftershave should be avoided since some patients and staff has allergic reactions to fragrances.

7. Neat and clean dress demonstrates pride in the job and is a courtesy to those around you. Attention to the principles of hygiene while working is necessary.

There may be occasions when an unscheduled opportunity arises but you are not dressed appropriately to participate. You may wish to keep a change of appropriate clothing in your office “just in case”.

Professional conduct

Students are expected to conduct themselves in a professional and responsible manner which reflects favorably upon them, the profession, and the MGCS. Improper conduct, both academic and non-academic, is incompatible with a career in the health disciplines. The MGCS will enforce UW-SMPH policies and standards for academic honesty and integrity. Those describe the actions which the MGCS and the SMPH may take in response to student misconduct, define the academic and non-academic conduct which is prohibited, and outlines the procedures which are to be used in resolving allegations of misconduct. It is the student's responsibility to become familiar with these rules and standards, available in appendices of this handbook.

Of special note, remember that social media is a public forum. You now represent the UW-SMPH and the MGCS. Think carefully how you portray yourself in various social media forums.

E-mail etiquette

You will frequently communicate with clinical supervisors and other faculty by email. Remember, especially if you are asking for assistance or with a question, do not assume that everyone will have the context for your email i.e. not everyone is aware of the specifics of the
While emails should be concise, make sure necessary context and information is provided. Use the following guide:

- What you are hoping for in regards to help
- Time-line that you are working under
- If you are asking for a review of a document send only what you consider the most complete draft available.
- Allow for enough turn-around time on a business calendar. It isn’t reasonable to expect a staff member to respond to emails sent after business hours or to respond immediately as all staff has multiple responsibilities beyond student instruction, staff may be part-time etc.

Helpful email tips from a past graduate about professional emails:

One of the most overlooked areas of healthcare communication is professional email. A poorly written professional email has the ability to backfire on the sender. A well written professional email has the capability of impressing the reader. When writing a professional email consider the following:

- How will the reader interpret?
- Any chance for misinterpretation?
- What is the tone of the email?
- Is the email polite?
- Proofread and spell-check

Social media policy

SMPH is developing a social media use/policy to guide students, staff and faculty on appropriate use of social media. Until then remember, social media platforms have no guarantee of privacy. Also, postings reflect on your program and your school.
ADMINISTRATIVE/OFFICE INFORMATION AND POLICIES

Departmental photo id’s

All students are to wear official photo ID’S at all times while in the Waisman Center, the HSLC, UW Clinics and AFCH, including while in the observation rooms. Students will be given a name badge for use throughout their graduate training. Clinical rotation sites may have different policies regarding ID badges to which the student must adhere. The policy description is in Appendix 5.

Keys

The Waisman Center key policy states:

The Waisman Center strives to maintain a safe and secure environment for its staff and visitors. As a staff member with access to Waisman Center space, or as a PI with trainees and staff who have authorized key access to Waisman Center space, it is your responsibility to ensure Waisman Center keys are returned to the Business Office when no longer needed.

The terms of the key agreement found on the yellow key cards includes the following:
- WE agree to return all issued key(s) to the Business Office Rm. 202
- WE agree to return/exchange key(s) when reassigned to a new space or no longer at Waisman
- WE understand that these keys are not to be duplicated or transferred to another individual
- WE understand that there will be a charge for any lost, stolen or unreturned keys

This bulletin provides notice and serves as a reminder to Waisman Center staff, regardless of when you signed a key card, of your responsibilities as holder of Waisman Center keys.

There will be a charge for any lost or stolen keys, regardless of when they were issued. The current fee is $10 per key. Replacement keys will not be issued until the fee is paid.

It is the responsibility of PI's, program directors and their designated supervisors to ensure Waisman Center keys are returned to the Business Office and building access is updated immediately upon termination of an employee within their research or program area. Failure to do so will result in a financial penalty ($10 per key) paid by the responsible PI or program director to cover the cost of key replacement and delay issuing replacement keys. Note: the Program will bill the graduate for any costs related to failure to return keys to the Waisman Center office.

Photocopying/faxing

Student use of the FAX machine and copy machine in Rm’s 322 and 362 is allowed for Program activities. Personal use is not permitted.
Kitchen/breakroom

The kitchen area in Rm 362 is for use by all students and staff. Paper products are generally available for use as needed. Be respectful of others and clean up after you have used this space. Please only use the staff refrigerator and microwave if needed as one is available for students in your office.

Telephones

The telephones in the student office may be used for all local and long distance calls for Program activities. Local personal calls are allowed but be considerate of your office-mate’s. Personal long distance calls are not permissible. Students are responsible for ensuring that the voicemail message is appropriate and current. Please follow the directions posted in your office:

- 1 + the seven-digit phone number for calls within your area code
- 1 + 1 + area code + seven-digit phone number for calls outside your area code

Remember, *it is never permissible to use your personal phone (landline or cell) to call patients.* This stands for all students, in all clinics (UW and non-UW).

Computers

A computer is available for your use in the student office. The computer is networked to a departmental printer. *Print for classroom and clinic activities only:* please print only what is necessary as we are trying to be as environmentally responsible as possible. There are also computer work stations at the Ebling Library and other campus facilities for student use.

Wireless access is available throughout the Waisman Center, including your student office. There are official Wireless Wiscworld access points found in other areas of the campus.

The Department of Pediatric computing services requires a separate login when using a networked computer i.e. the pc in your offices and any other pediatrics based computer. You will be given that access information during orientation week.

Hospital workstations

There are two hospital workstations specifically for GC student use in your office. These workstations allow access to HealthLink and the internet; students needing access to the EMR have priority. Although Rm 322 is dedicated GC student space, on occasion, CASC students may need HealthLink access; be collegial. Students do not have remote access to HealthLink i.e. you will not be able to access the electronic medical record from your personal devices.

Sharing files with staff/supervisors/peers

The following information is from the pediatric IT staff regarding sharing files:

To share files with other people in the pediatrics department, the preferred method is to use the
Peds Central File Server ("PedsDFS" icon on a Mac Desktop; "Q: drive" in My Computer on a PC).

Each division or group has their own folder, and each person's account allows them to open only those group folders that they need access to.

You have been granted access to these folders on the PedsDFS (Q: drive):
- Genetics and Metabolism
- Public
- Graphics

To access these file from offsite, you’ll use our remote site: https://remote.pediatrics.wisc.edu
- Login with your Pediatrics Username and Password
- Launch the Citrix Doc Finder
- Navigate to “My Computer” - Drive”

Ask your clinical supervisors to describe their site’s HIPAA compliant document sharing policy.

**Pediatric user data storage/backups**

Data kept in user folders on client Macs and PCs (your "Desktop", "Documents", etc.) is stored locally but synchronized to file servers periodically, and those servers are backed up nightly. Peds Central File Server (PedsDFS, aka "Q: drive") files are backed up nightly.

**Quiet study places**

Your office must accommodate you and your classmates. This means that while you should be respectful of your classmates, it is likely not a place for quiet study. There are several options in the Waisman Center or nearby if you require a private or quiet atmosphere.
- The lobby outside the conference center on the second floor, while open, is relatively quiet and has a great view.
- The conference area outside the large auditorium on the first floor.
- There are multiple study areas in the HSCL.
- And, there is always Ebling Library.

**Email**

The University requires that all students be responsible for activating their university network ID and their email account through the ‘My UW-Madison’ portal login page and for checking email on a frequent and consistent basis. The university-assigned student email account is the university's preferred means of communication with all students attending the UW-Madison. You are responsible for all information sent to you via your university-assigned email account, and should recognize that certain communications are time-critical. Do not forward your university email account as you are responsible for all information, including attachments, sent to any other email account. *Automatically forwarding clinic related emails to a private email*
account violates HIPAA regulations.

Ask your clinic supervisors at each site their policy regarding email and clinically relevant questions/discussions e.g. whether a case outline or draft patient letter should be de-identified before sending for supervisor review by email.

The MGCS staff will often contact students through email. It is important that the Program has the most current email address for communication on file. Students should check their email frequently for Program, course and rotation updates and messages.

Travel

Student travel may include outreach clinic visits and regional and national meeting attendance. The Program is committed to keeping costs reasonable to the student and the Program while providing the best educational experience possible. The Program adheres to the following guidelines:

First year interns - Fleet cars can be reserved for out of town rotation experiences, any Greater Wisconsin Clinical Genetic Exchange (GWCGE) meetings held at another institution and for travel to the Mayo rotation experience.

Second year interns - GC II’s will receive a specific travel budget for the national AEC meeting. Fleet cars can be reserved for trips to Milwaukee or other outreach clinics. A helpful “how to reserve” a fleet car tip sheet is on the GC CANVAS website courtesy of a classmate. We cannot reimburse gas/mileage costs for your personal vehicle for the Milwaukee trips.

Student funding for travel is subject to the vagaries of the state budgeting process i.e. the budget allotment can change...and not necessarily in our favor!
This document defines and describes the practice-based competencies that an entry-level provider must demonstrate to successfully practice as a genetic counselor. It provides guidance for the training of genetic counselors and an assessment for maintenance of competency of practicing genetic counselors. The didactic and experiential components of a genetic counseling training curriculum and maintenance of competency for providers must support the development of competencies categorized in the following domains: (I) Genetics Expertise and Analysis; (II) Interpersonal, Psychosocial and Counseling Skills; (III) Education; and (IV) Professional Development & Practice. These domains describe the minimal skill set of a genetic counselor, which should be applied across practice settings. Some competencies may be relevant to more than one domain. *Italicized words are defined in the glossary.*

**Domain I:** Genetics Expertise and Analysis

1. Demonstrate and utilize a depth and breadth of understanding and knowledge of genetics and genomics core concepts and principles.

2. Integrate knowledge of psychosocial aspects of conditions with a genetic component to promote client well-being.

3. Construct relevant, targeted and comprehensive personal and family histories and pedigrees.

4. Identify, assess, facilitate, and integrate genetic testing options in genetic counseling practice.

5. Assess individuals’ and their relatives’ probability of conditions with a genetic component or carrier status based on their pedigree, test result(s), and other pertinent information.

6. Demonstrate the skills necessary to successfully manage a genetic counseling case.

7. Critically assess genetic/genomic, medical and social science literature and information.

**Domain II:** Interpersonal, Psychosocial and Counseling Skills

8. Establish a mutually agreed upon genetic counseling agenda with the client.

9. Employ active listening and interviewing skills to identify, assess, and empathically respond to stated and emerging concerns.

10. Use a range of genetic counseling skills and models to facilitate informed decision-
making and adaptation to genetic risks or conditions.

11. Promote client-centered, informed, non-coercive and value-based decision-making.

12. Understand how to adapt genetic counseling skills for varied service delivery models.

13. Apply genetic counseling skills in a culturally responsive and respectful manner to all clients.

Domain III: Education

14. Effectively educate clients about a wide range of genetics and genomics information based on their needs, their characteristics and the circumstances of the encounter.

15. Write concise and understandable clinical and scientific information for audiences of varying educational backgrounds.

16. Effectively give a presentation on genetics, genomics and genetic counseling issues.

Domain IV: Professional Development & Practice

17. Act in accordance with the ethical, legal and philosophical principles and values of the genetic counseling profession and the policies of one’s institution or organization.

18. Demonstrate understanding of the research process.

19. Advocate for individuals, families, communities and the genetic counseling profession.


21. Understand the methods, roles and responsibilities of the process of clinical supervision of trainees.

22. Establish and maintain professional interdisciplinary relationships in both team and one-on-one settings, and recognize one’s role in the larger healthcare system.

Practice-Based Competencies Glossary

Case management: The planning and coordination of health care services appropriate to achieve a desired medical and/or psychological outcome. In the context of genetic counseling, case management requires the evaluation of a medical condition and/or risk of a medical condition in the client or family, evaluating psychological needs, developing and implementing a plan of care, coordinating medical resources and advocating for the client, communicating healthcare needs to the individual, monitoring an individual’s progress and promoting client-centered decision making and cost-effective care.
**Client centered:** A non-directive form of talk therapy that was developed by Carl Rogers during the 1940’s and 1950’s. The goal of client-centered counseling is to provide clients with an opportunity to realize how their attitudes, feelings and behavior are being negatively affected and to make an effort to find their true positive potential. The counselor is expected to employ genuineness, empathy, and unconditional positive regard, with the aim of clients finding their own. (This is also known as person-centered or Rogerian therapy.)

**Clients:** Anyone seeking the expertise of a genetic counselor. Clients include anyone seeking the expertise of a genetic counselor such as individuals seeking personal health information, risk assessment, genetic counseling, testing and case management; health care professionals; research subjects; and the public.

**Contracting:** The two-way communication process between the genetic counselor and the patient/client which aims to clarify both parties’ expectations and goals for the session.

**Distance Encounters:** At present, and even more so in the future, clinical genetic services will be provided to patients/clients by providers who are not physically in the same location as the patient/client. These encounters can be called Distance Encounters, even if the provider and patient are not physically located at great distances from each other. Ways in which this care can be provided include interactive two-way video sessions in real time; asynchronous virtual consultations by store-and-forward digital transmission of patient images, data, and clinical questions from the patient/client’s healthcare provider to the genetic services provider; telephone consultation between genetic provider and patient/client; and perhaps additional forms of interaction between providers and patients/clients unimagined at present.

**Family history:** The systematic research and narrative of past and current events relating to a specific family that often include medical and social information.

**Genetics:** The branch of biologic science which investigates and describes the molecular structure and function of genes, how gene function produces effects in the organism (phenotype), how genes are transmitted from parent to offspring, and the distribution of gene variations in populations.

**Genetic counseling:** The process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. Genetic counselors work in various settings and provide services to diverse clients.

Genomics: The branch of biology which studies the aggregate of genes in an organism. The main difference between genomics and genetics is that genetics generally studies the structure, variation, function, and expression of single genes, whereas genomics studies the large number of genes in an organism and their interrelationship.

**Health care systems:** The organization of people, institutions, and resources to deliver health care services to meet the health needs of target populations. The laws, regulations and policies governing healthcare systems differ depending on the country, state/province, and institution.

**Interdisciplinary relationships:** Connections and interactions among members of a team of health care staff from different areas of practice.
Pedigree: A diagram of family relationships that uses symbols to represent people and lines to represent relationships. These diagrams make it easier to visualize relationships within families, particularly large extended families.

Population screening: Testing of individuals in an identified, asymptomatic, target population who may be at risk for a particular disease or may be at risk to have a child with a particular disease. Population screening may allow for the provision of information important for decision-making, early diagnosis, and improved treatment or disease prevention.

Probability of conditions with a genetic component: The chance, typically expressed as a fraction or a percentage, for an individual or a specific population to experience a condition that has a genetic component. This terminology is used intentionally rather than “genetic risk” because the concept of “risk” is not synonymous with “probability.” The origin of a probability can come from principles of Mendelian inheritance or from epidemiology. The probability of genetic disease is differentiated from risk of genetic disease in that probability conveys the numerical estimate for an individual patient or a specific population while risk includes additional elements including the burden of disease.

Population Genetics: The study of allele frequency distribution and change under evolutionary processes, and includes concepts such as the Hardy-Weinberg principle and the study of quantitative genetic traits.

Research methodologies: The process to define the activity (how, when, where, etc.) of gathering data.

Scope of practice: Genetic Counselors work as members of a health care team in a medical genetics program or other specialty/subspecialty; including oncology, neurology, cardiology, obstetrics and gynecology, among others. They are uniquely trained to provide information, counseling and support to individuals and families whose members have genetic disorders or who may be at risk for these conditions. The genetic counseling scope of practice is carried out through collaborative relationships with clinical geneticists and other physicians, as well as other allied healthcare professionals such as nurses, physicians and social workers.

Study designs: The formulation of trials and experiments in medical and epidemiological research. Study designs can be qualitative, quantitative, descriptive (e.g., case report, case series, survey), analytic-observational (e.g., cross sectional, case-control, cohort), and/or analytic experimental (randomized controlled trials).
APPENDIX 2

UW School of Medicine and Public Health
SMPH Health Profession Program Grievance* Procedure

Note: Terms used in this procedure document are defined in UW SMPH Policy: Resolution of Health Profession Program Student Grievances. https://uwmadison.app.box.com/s/jyc5xz4gopy34vbjbu51j6qz577879qn

*Grievance: a complaint made by a student alleging that the student received a grade or academic evaluation that was arbitrary, capricious, or discriminatory – i.e., unfairly based on race, gender, religion, personal animus, or any other factor(s) other than objective assessment of the student’s academic performance and/or the student’s compliance with his or her Program’s Professional Behavior Code.

Informal Resolution

1. Students should first attempt to resolve a Grievance informally with the SMPH faculty or staff member directly involved in the matter within thirty (30) days of receiving the disputed grade.

2. If the student feels the Grievance was insufficiently addressed, or, due to the nature of the grievance, is uncomfortable interacting directly with the SMPH faculty or staff member involved, the student should contact the person responsible for the course, e.g., the course director or clerkship/clinical director/administrator, for resolution according to individual course grading policies on grade disputes.

3. If the course-level review process does not resolve the Grievance, the student may request a review by the appropriate Program Director or Assistant Dean for Students.

4. The student’s request for review must be in an email or written letter and include the reasons the student believes the grade or evaluation was unfair.

5. The Program Director or Assistant Dean for Students will attempt to resolve the Grievance through informal mediation with the parties involved within ten (10) business days of receiving the student’s written request for review.

6. Following this review, the person responsible for the course makes the final decision.

7. The course director will inform the student of the final decision by telephone and/or email within 24 hours of the decision, to be followed within five (5) business days by a written letter.

8. If the Grievance has still not been resolved to the student’s satisfaction, he or she may request a formal Grievance hearing as outlined below.
Formal Resolution

1. Any student wishing to request a Grievance hearing must do so in an email or written letter to their Program Director or Assistant Dean of Students. The request must be submitted within seven (7) calendar days of receiving written notification of the final decision by the course director as outlined above. Petitions received after this time will not be considered. For clarity, a student receiving written grade/evaluation notification on a Tuesday has until midnight on the following Tuesday to submit their petition.

2. Requests for Grievance hearings must outline the student’s basis of the Grievance, the person(s) against whom the Grievance is filed (“Respondent(s)”), the informal resolution efforts made thus far, and the remedy or correction requested.

3. The Program Director or Assistant Dean of Students will review the student’s written statement for timeliness and completeness and to determine whether grounds for reconsideration have been reasonably established. If grounds for reconsideration have not been established, the final decision of the course director will be upheld. If grounds for reconsideration have been established, the Program Director or Assistant Dean of Students will notify the student and Respondent(s) and provide the Respondent(s) with a copy of the student’s request for a hearing.

4. The Grievance Board shall be convened for a hearing within four (4) weeks of the student’s request, at a time that is mutually agreeable to the Grievance Board members and both parties. A quorum of at least two-thirds (2/3) voting Grievance Board members must be able to attend the hearing in person.

5. The Grievance Board shall be comprised of the following members:
   - Senior Associate Dean for Academic Affairs
   - Associate Dean for Medical Student Education and Services
   - Associate Dean for Public Health
   - Associate Dean for Graduate Medical Education
   - Director Continuing Professional Development
   - Doctor of Physical Therapy Program Director
   - Genetic Counseling Program Director
   - Master of Public Health Associate Program Director
   - Physician Assistant Program Director
   - Administrative Director of Academic Affairs

6. The Senior Associate Dean for Academic Affairs shall serve as Chair of the Grievance Board and does not vote unless the Grievance Board is tied. The Chair cannot overrule a majority decision of the Grievance Board.

7. At least ten (10) business days prior to the hearing, both parties will provide the Chair of the Grievance Board with any additional documentation to be presented at the hearing. Each party may have one support person at the hearing whose name and relationship to the party must be identified in writing to the Chair at this time.
8. At least five (5) business days prior to the Grievance hearing, the chair will provide the parties and the Grievance Board members with the following:
   a. The names of the parties
   b. The nature of the issues to be heard and any relevant policies
   c. The date, time, and place of the hearing
   d. The names of each party’s support person, if any

9. To protect the confidentiality of the parties, the Grievance hearing shall be closed to the public unless otherwise agreed in writing by both parties. The student, Respondent(s) and any support people may attend the entire Grievance hearing other than the Grievance Board’s deliberations.

10. The parties may confer with their respective support person, but the support person may not address the Grievance Board, question witnesses, or otherwise participate in the hearing.

11. The chair must recognize individuals before they speak. Once recognized, a party may speak without interruption, though the chair may announce and enforce time limits on each party to present its case.

12. The Grievance hearing will proceed as follows:
   a. Introduction of student, Respondent(s) and Grievance Board members;
   b. Chair assigns one person to take minutes, describes the nature of the issues at hand, including relevant policy, and reviews the hearing procedures, including time restraints, if any;
   c. The student makes their statement relevant to the Grievance and answers questions from the Grievance Board and Respondent(s);
   d. The Respondent(s) makes their statement relevant to the Grievance and answers questions from the Grievance Board and student;
   e. Each party may refute any statement by the other party and make a closing statement;
   f. Chair excuses parties and support people; and
   g. The Grievance Board deliberates in closed session.

13. Determinations of the Grievance Board are based on a “preponderance of the evidence” standard where the student bears the burden of proof. Specifically, the student must demonstrate that it is more likely than not that the grade or evaluation was based upon factor(s) other than objective assessment of the student’s academic performance and/or the student’s compliance with their Program’s Professional Behavior Code. The Grievance Board should strive to reach consensus on a workable solution with a final determination made by simple majority as a last course of action.

14. If the Grievance Board finds that the student’s Grievance has merit and that redress is possible, it will direct the Program Director or Assistant Dean of Students to implement an appropriate remedy. If the Grievance Board finds that the Grievance is without merit, it will so inform the Senior Associate Dean for Academic Affairs and the decision of the
15. The Program Director or Assistant Dean of Students will notify the student of the Grievance Board’s decision by telephone and/or email within 24 hours of the Grievance hearing, to be followed within five (5) business days by a written letter.

16. Details discussed during the Grievance hearing and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. s. 1232g. Written documentation of the final decision will be summarized in minutes for the meeting and will include:

   • Brief Summary of Events (student’s position and Respondent(s) position
   • Brief description of Process
   • Findings of the Grievance Board
   • Recommendations of the Grievance Board

Minutes will be reviewed for accuracy by the chair within one week of the hearing and maintained confidentially by the Health Professional Program, with a copy in the student’s secure record.
APPENDIX 3

Withdrawal
We follow use the Graduate school definition for withdrawal which means that a student intends to stop attending classes for the current semester. If a student intends to withdraw from the GC Program they must follow the approved protocol which begins with a discussion with the Program Director followed by a submission request in the MyUW Student center.

From the University website (2013):

Failure to withdraw properly and promptly can be expensive. Before withdrawing, students should consult the Schedule of Classes, http://registrar.wisc.edu/schedule_of_classes_students.htm, for specific deadlines and procedures. If a student received financial aid from the university, they should consult the Office of Student Financial Aid to determine repayment responsibilities. If students withdraw and are receiving remission of tuition, they are responsible for their entire tuition assessment.

Dismissal
Continuation in the Master of Genetic Counselor Studies is at the discretion of the Program and the School of Medicine and Public Health. Failure to meet the Program’s academic, clinical, research or conduct expectations can result in disciplinary action including immediate dismissal from the program. If a student is not making satisfactory progress in regards to these expectations, the Performance Review Committee will determine if disciplinary action or dismissal is recommended.

Academic Performance:
Health Profession Programs (non-MD) Academic Standards Policy: https://uwmadison.app.box.com/s/zg5b5kct087lwi3jl37tsm64ec4se01w

The Program requires that students maintain a minimum graduate GPA of 3.00 in all required course work (excluding research, audit, credit/no credit, and pass/fail courses) taken as a graduate student unless probationary admission conditions require higher grades. Incomplete (I) grades are considered to be unsatisfactory if they are not removed during the subsequent semester of enrollment; however, the instructor may impose an earlier deadline. These requirements include both clinical and non-clinical graduate coursework.

A student may be placed on probation or suspended from the Program and the SMPH for low grades or for failing to resolve incompletes in a timely fashion.

Program Academic Expectations:

Grade requirements: A grade of B or better is required in all classroom and clinical coursework. Any semester grade less than this requires review by the Performance Review Committee
(PRC), which may include the development of a remediation plan. A remediation plan, which could delay graduation, may include repeat of a specific course, extra coursework or clinical work, etc. Upon completion of the remediation plan, the PRC will again review student performance; if the plan was not completed successfully, the PRC could recommend the student be placed on academic probation with a hold on future enrollment or be dismissed from the program.
APPENDIX 4

Professionalism and Misconduct Overview

The Master of Genetic Counselor Studies upholds the UW-SMPH policies and procedures in place for professionalism and misconduct. In turn, we hold expectations for the highest level of academic integrity and expect professional, ethical, and respectful conduct in all interactions. Students may be disciplined or dismissed from the MGCS for misconduct or disregard for professional conduct expectations regardless of their academic standing in the program. Separate and apart from a violation of Professional Conduct, a student may face University disciplinary action with regard to the same action. Students are responsible for reading the information here as well as the information published on all the relevant web sites. Lack of knowledge of this information does not excuse any infraction. The formal SMPH policy is below.

SMPH Health Profession Programs (non-MD) Professionalism and Misconduct Policy

I. Purpose

Health Profession Program students are expected to make good judgments and ethical decisions in academic and professional environments. This policy and related guidelines provide uniform guidance to Health Profession Program students, along with potential repercussions in the event of an infraction.

II. Definitions

Health Profession Program: Any of the SMPH Doctor of Physical Therapy, Master of Genetic Counselor Studies, Master of Physician Assistant Studies, and Master of Public Health Programs (each, a “Program”).

III. Policy

1. The Programs expect the highest level of academic integrity and professional, ethical, and respectful conduct in all interactions. Students should conduct themselves according to the standards expected of members of the health profession to which they aspire.

2. All Program students are subject to the rules and regulations contained in the University of Wisconsin System Administrative Code (UWS) chapters 14, 17, and 18, governing student academic and nonacademic conduct and disciplinary procedures, and to all other applicable state and federal laws as well as any Program-specific policies.

3. Students should avoid even an appearance of improper behavior or lack of ethical standards in their role as health professional students, in all professional settings, and in their personal lives. Students may be disciplined or dismissed from their Program for
misconduct or disregard for professional conduct expectations regardless of their academic standing.

4. In addition to Program level penalties for misconduct or lack of professionalism, a student may face UW disciplinary action for the same offense as noted in UWS 14, 17 and 18 including probation, suspension, or expulsion.

5. Students are responsible for reading the information here as well as the information published on all the relevant web sites. Lack of knowledge of this information does not excuse any infraction.

Appeals

Students have the right to appeal decisions made about remediation or dismissal when their academic performance or professional behaviors do not meet MGCS or SMPH expectations. The Health Profession Programs (non-MD) Student Appeals Policy is available at: https://uwmadison.app.box.com/s/hkbb8fde9vsvae0jq0r1dxtxda97gy8

Specifics are available in Appendix 5

References


University of Wisconsin System: Chapter UWS 18: Conduct on University Lands: http://students.wisc.edu/doso/docs/NewUWS%2018.pdf

Dean of Students Office: Non-academic Misconduct Process https://www.students.wisc.edu/doso/nonacadmisconductprocess/

Dean of Students Office: Academic Misconduct Process https://www.students.wisc.edu/doso/misconductflowchart/

Dean of Students Office: Academic Misconduct Information for Students https://www.students.wisc.edu/doso/students/
SMPH Health Profession Programs (non-MD) Academic and Non-Academic Misconduct Guidelines

Note: Terms used in this procedure document are defined in UW SMPH Policy (number): Health Profession Programs (non-MD) Professionalism and Misconduct Policy.

This document includes examples of Academic and Non-academic Misconduct; however, it is important to understand that these examples are not all-inclusive, and in fact represent a few brief illustrations. Not all violations are considered equal and the severity of the penalty will determine the sanction. Serious offenses may lead to prompt dismissal from the program. Every attempt will be made to fairly and consistently apply the misconduct guidelines in all situations.

Academic misconduct:
Academic misconduct (UWS 14.03(1)) is an act in which a student:
1. seeks to claim credit for the work or efforts of another without authorization or citation;
2. uses unauthorized materials or fabricated data in any academic exercise;
3. forges or falsifies academic documents or records;
4. cheats on an exam;
5. intentionally impedes or damages the academic work of others;
6. engages in conduct aimed at making false representation of a student's academic performance; or
7. assists other students in any of these acts.

Examples of violations:
1. cutting and pasting text from the Web without quotation marks or proper citation;
2. paraphrasing from the Web without crediting the source;
3. using notes or a programmable calculator in an exam when such use is not allowed;
4. using another person's ideas, words, or research and presenting it as one's own by not properly crediting the originator;
5. stealing examinations or course materials;
6. changing or creating data in a lab experiment;
7. altering a transcript;
8. signing another person's name to an attendance sheet;
9. hiding a book knowing that another student needs it to prepare for an assignment;
10. collaboration that is contrary to the stated rules of the course; or
11. tampering with a lab experiment or computer program of another student.

Non-Academic Misconduct
SMPH may discipline a student in non-academic matters in the following situations:
1. conduct which constitutes a serious danger to the personal safety of a member of the university community or guest;
2. stalking or harassment;
3. conduct that seriously damages or destroys university property or attempts to damage or destroy university property, or the property of a member of the university community or guest;
4. conduct that obstructs or seriously impairs university-run or university-authorized activities, or that interferes with or impedes the ability of a member of the university community, or guest, to participate in university-run or university-authorized activities;
5. unauthorized possession of university property or property of another member of the university community or guest;
6. acts which violate the provisions of UWS 18, Conduct on University Lands;
7. knowingly making a false statement to any university employee or agent on a university-related matter, or for refusing to identify oneself to such employee or agent;
8. violating a standard of conduct, or other requirement or restriction imposed in connection with disciplinary action.

Examples of violations:

a. engaging in conduct that is a crime involving danger to property or persons, as defined in UWS 18.06(22)(d);
b. attacking or otherwise physically abusing, threatening to physically injure, or physically intimidating a member of the university community or a guest;
c. attacking or throwing rocks or other dangerous objects at law enforcement personnel, or inciting others to do so;
d. selling or delivering a controlled substance, as defined in 161 Wis. Stats., or possessing a controlled substance with intent to sell or deliver;
e. removing, tampering with, or otherwise rendering useless university equipment or property intended for use in preserving or protecting the safety of members of the university community, such as fire alarms, fire extinguisher, fire exit signs, first aid equipment, or emergency telephones; or obstructing fire escape routes;
f. preventing or blocking physical entry to or exit from a university building, corridor, or room;
g. engaging in shouted interruptions, whistling, or similar means of interfering with a classroom presentation or a university-sponsored speech or program;
h. obstructing a university officer or employee engaged in the lawful performance of duties;
i. obstructing or interfering with a student engaged in attending classes or participating in university-run or university-authorized activities;
j. knowingly disrupting access to university computing resources or misusing university computing resources.

**SMPH Health Profession Programs (non-MD) Professional Behavior Code**

Note: Terms used in this procedure document are defined in UW SMPH Policy (number): Health Profession Programs (non-MD) Professionalism and Misconduct Policy.

The Professional Behavior Code includes examples of violations; however, it is important to understand that these examples are not all-inclusive, and in fact represent a few brief illustrations. Not all violations are considered equal and the severity of the penalty will determine the sanction. A serious breach of ethics, including dishonest acts, unethical behavior, discrimination, or confidentiality, may lead to prompt dismissal from the program. Every attempt will be made to fairly and consistently apply the Professional Behavior Code in all situations.
1. **Honesty and Integrity**: Students shall demonstrate honesty and integrity as shown by challenging themselves in academic pursuits; honesty and ethics in research and Institutional Review Board applications—including honesty in interpretation of data and documenting research activities, protecting subject/client confidentiality, and complying with regulations concerning protected health information. Students shall follow-through and pull their weight in group activities and understand where collaboration among students is or is not allowed; not plagiarize others or past work (self-plagiarism), cheat, or purposefully undermine the work of others; and avoid conflicts of interest for the duration of their time in the program. As a professional, honesty and integrity also extends to personal behavior in life outside of the academic setting by realizing that students are representatives of the program, UW-Madison, and the profession as a whole.

   **Examples of violations:**
   
   a. Plagiarism
   b. Falsifying application materials to the university or the professional program
   c. Making an assertion that intentionally deceives or misleads
   d. Obtaining assistance with coursework submitted as one’s own, copying the answers of another student on an examination or using unauthorized print or technology-assisted resources during an exam
   e. Providing another student with unauthorized materials or answers on an examination to aid that student with his/her coursework
   f. Denying other students authorized preparatory material
   g. Feigning illness or crisis to postpone an examination
   h. Accessing or having possession of unauthorized medical records when not directly involved in patient care
   i. Falsifying patient records
   j. Discussing patients in public, including public areas of hospitals and clinics
   k. Failing to be truthful and forthright in all dealings with patients, faculty, fellow students, staff, and the public

2. **Interpersonal and Workplace Relationships**: Students shall interact with peers, faculty, staff and those they encounter in their professional capacity (e.g., patients) in a manner that is respectful, considerate, and professional. This includes and is not limited to: attending all scheduled meetings, honoring agreed upon work schedules, being on-time and prepared for work/meetings, contributing collaboratively to the team, keeping lines of communication open, offering prompt response to inquiries, and employing respectful use of available equipment/technology/ resources. Chronic or unexplained absences are unprofessional in the workplace and could be grounds for dismissal or removal of funding. To facilitate the free and open exchange of ideas, any criticism shall be offered in a constructive manner, and students shall show respect for a diversity of opinions, perspectives and cultures.

   **Examples of Violations**
   
   a. Interfering with the learning process by belittling a presenter or classmate, carrying on an audible conversation during a lecture or making or receiving cell phone calls
   b. Discriminating against, stalking or harassing patients, fellow students, faculty,
c. Making comments, or using humor, with fellow students, instructors, staff, patients and the public in a manner that could be considered offensive or intimidating
d. Engaging in violent, abusive, indecent, profane, unreasonably loud, or other behavior that causes a disturbance on university property, in a clinical setting, or in public
e. Arguing for a higher grade after an instructor or clinical preceptor has made a final decision.
f. Interacting with the program or dean’s office staff in a rude or demanding way
g. Dating a patient or otherwise exploiting the trainee/patient relationship
h. Making inappropriate or demeaning references about patients or others, such as appearance, ethnicity, physical appearance, background, intelligence, mental status, etc.

3. **Commitment to Learning**: Students are expected to meet their educational responsibilities at all times. Be actively prepared for class and be ready for questions and answers. Be on time for every class and always show courtesy during class or if you have to leave class early. If possible, students should notify the instructor at least one day in advance of a planned absence. Students who are unable to attend class are responsible for finding out what occurred that day and should not expect instructors to give them individual instruction. Recognizing that the pursuit of knowledge is a continuous process, students shall show commitment to learning by persevering despite adversity and seeking guidance in order to adapt to change. Students shall strive for academic excellence and pursue and incorporate all critique, both positive and negative, in the acquisition of knowledge in order to understand and respect the community in which they work. Students must meet all obligations for participation in program-based orientations and activities during the clinical rotations or fieldwork experiences. During preceptorships, clinical rotations, or fieldwork, students are expected to participate at the level required by the preceptors to whom they are assigned. They can anticipate required attendance beyond the usual classroom/clinical schedule in order to fully participate in all patient-care activities.

**Examples of Violations**

a. Missing or being late for an examination; failure to contact the instructor
b. Attendance or punctuality behaviors for classes, orientations, or End of Rotation activities that violate standards set by instructors or preceptors
c. Being under the influence of alcohol or non-prescription drugs while participating in any educational activities
d. Creating a disturbance in the classroom or clinical setting
e. Failing to contact your clinical preceptor and program faculty/staff for permission to take care of personal business that interrupts your clinical duties

4. **Professional Appearance in the Classroom and Professional Setting**: Students represent their Program and profession in the classroom and the professional/clinical setting. They shall maintain a physical appearance and personal hygiene that is conducive to
developing effective relationships with instructors, physicians, staff, fellow students, and patients. In the classroom, dress may be casual, but should promote a positive image of the Program. In fieldwork/clinical settings, clothing and appearance should be appropriate for the work environment and professional duties (including safety protocols and protective clothing in environments that require them).

Examples of violations:

a. Wearing wrinkled, dirty, or inappropriate clothing
b. Having offensive body odor
c. Having an odor of cigarette smoke or other tobacco products
d. Continuing to wear jewelry or perfume/cologne despite being notified that it is potentially offensive to patients or clients.
APPENDIX 5

**SMPH Health Profession Student (non-MD) Program Level Appeals Procedure**

Note: Terms used in this procedure document are defined in UW SMPH Policy (number): Health Profession Program (non-MD) Student Appeals Policy.

1. Any student wishing to appeal a dismissal decision must submit a petition for appeal within seven (7) calendar days of receiving written notification of dismissal from the Program Director. Written notification of dismissal may be provided by the Program Director either by hand or by certified letter. Petitions for appeal must be submitted via email, by hand, or by certified letter. Petitions submitted after 7 days will not be considered. For clarity, a student receiving written dismissal notification on a Tuesday has until midnight on the following Tuesday to submit their petition.

2. Petitions for appeal must outline the student’s basis for appeal, including a statement of the specific reason(s) for disagreement with the dismissal or explanation of the extenuating circumstances that interfered with the student’s academic performance and/or professionalism.

3. The student’s status shall remain that of dismissed throughout the appeals process, and they shall have no active standing in SMPH during the appeal process.

4. The Review Committee shall be comprised of members selected by the Program.

5. The student’s in-person attendance at the appeal hearing is mandatory. The Program Director will endeavor to schedule the hearing within four (4) weeks of the student’s request for an appeal and at a time that is mutually agreeable to the student and all Review Committee members.

6. A quorum of at least two-thirds (2/3) voting Review Committee members must be able to attend the appeal hearing in person.

7. At least three (3) full business days before the appeal hearing, the student must submit a written statement, maximum three (3) pages (excluding relevant appendices) to the Program Director, describing the basis of the appeal, steps taken to alleviate the circumstances that led to dismissal, and a proposed plan for improvement along with any supporting documentation or evidence.

8. The student may be accompanied by one support person during the appeal hearing. This person and his or her relationship to the student must be identified in the written statement.

9. The Program Director will provide the Review Committee members with copies of the student’s notification of dismissal, a summary of the basis of the dismissal, the student’s petition for appeal, and any materials provided by the student at least one full business
day before the hearing. The Review Committee members shall have access to the student’s relevant SMPH records before the hearing.

10. The student’s support person may speak to the student during the appeal hearing to provide support and consultation, but not address the Review Committee.

11. Only voting and *ex officio* members of the Review Committee and the student and his or her support person may be present during the appeal hearing.

12. The Program Director shall act as Chairperson of the Review Committee. The appeal hearing will proceed as follows:
   a. Introduction of the student and committee members
   b. Chairperson assigns one person to take minutes and describes the basis of the dismissal, including applicable policy
   c. The student has a reasonable amount of time (15 minutes) to make a statement to the Review Committee and present supporting evidence
   d. The Review Committee has the opportunity to ask the student relevant questions
   e. The student may make a final statement and is then dismissed
   f. The Review Committee deliberates in closed session

13. Appeals determinations are made by simple majority vote of the Review Committee. The Program Director does not vote except in instances when the Review Committee is otherwise tied on whether to grant the appeal. The Program Director cannot overrule a majority decision of the Review Committee.

14. If the appeal is granted, the Review Committee will establish the student’s obligations for reinstatement in the Program.

15. The Program Director will notify the student of the Review Committee’s decision by telephone and/or email within 24 hours of the appeal hearing, to be followed within five (5) business days by a written letter. The Program Director shall also notify the student’s faculty advisor and the Senior Associate Dean for Academic Affairs, or their designee.

16. Details discussed during the appeal hearing and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act (“FERPA”) 20 U.S.C. s. 1232g. Written documentation of the Review Committee’s decision will be summarized in minutes for the meeting and will include:
   - Brief Summary ofEvents
   - Brief description of the Process
   - Findings of the Review Committee
   - Decision of the Review Committee
Minutes will be reviewed for accuracy by the chair within one week of the hearing and maintained confidentially by the Health Professional Program, with a copy in the student’s secure record.

17. If the Review Committee denies the appeal for reinstatement, the student may file an
appeal in accordance with the process set forth in the “University of Wisconsin School of Medicine and Public Health (SMPH) Health Professional (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation.”

SMPH Health Profession (non-MD) Student Appeals Hearing Committee: Structure, Function and Operation

Note: Terms used in this procedure document are defined in UW SMPH Policy (number): Health Profession Program (non-MD) Student Appeals Policy.

1. A student who appeals a dismissal from their Program per the Health Profession Student (non-MD) Program Level Appeals Procedure and is denied reinstatement may request a hearing to appeal the Review Committee’s decision by contacting in writing the SMPH Senior Associate Dean for Academic Affairs, or their designee, within fifteen (15) business days of the date of the decision. The written appeal request must specifically identify the basis for appeal, such as specific reason(s) for disagreement with the dismissal or explanation of the extenuating circumstances that interfered with the student’s academic performance and/or professionalism.

2. A Case-Specific Appeals Hearing Meeting will be convened within fifteen (15) business days of the student’s request for an Appeal Hearing to minimize disruption to their desired course of study in the event of a successful appeal. However, a student may request up to fifteen (15) additional business days to prepare their appeal at the time of their request. Exceptions may be considered by the committee chair due to emergency circumstances upon consultation with university legal counsel.

3. Voting members for a Case-Specific Appeals Hearing Meeting will be drawn from an appointed SMPH At-Large Appeals Hearing Committee that consists of two academic leaders representing each of the Programs (academic leaders include SMPH Associate Deans, Assistant Deans, Program Directors, Associate Program Directors, and Student Service Directors). Members from the At-Large Appeals Hearing Committee will be contacted to identify a working cohort that can be convened in a timely fashion for a Case-Specific Appeals Hearing Committee meeting when appeals from students are requested.

4. Three (3) voting members from the At Large Appeals Hearing Committee will be convened for a Case-Specific Appeals Hearing Committee meeting. The voting members will represent three (3) different Programs (including Doctor of Medicine) for each case. There will be NO representation on the convened Case-Specific Appeals Hearing Committee from the Program that the student is or has been recently enrolled in. For example, if a student from Physical Therapy is recommended for dismissal by that Program due to academic standing and/or professionalism issues based on existing policies and procedures as outlined in its student handbook, Physical Therapy faculty/staff will NOT be members of the convened Case-Specific Hearing Appeals Committee for that particular student’s appeal.

5. The Senior Associate Dean for Academic Affairs or their designee will serve as the non-
voting chair for the At-Large Appeals Hearing Committee. The office of the Senior Associate Dean for Academic Affairs will serve as the coordinating office to convene the Case-Specific Appeals Hearing Committee and as the neutral contact for the convened committee members, the Program leadership, and the student.

6. At least three (3) full business days (excluding weekends and holidays) prior to the Case-Specific Appeals Hearing Committee Meeting, the Program recommending dismissal must submit to the office of the Senior Associate Dean for Academic Affairs a document describing the basis of the decision to dismiss the student. The Program’s document will be distributed to members of the convened Case-Specific Appeals Hearing Committee and to the student for review. The document may not exceed three (3) pages but relevant appendices may be attached. Related policies from the student handbook must be attached if they are being used as a basis for dismissal.

7. At least three (3) full business days (excluding weekends and holidays) prior to the Case-Specific Appeals Hearing Committee Meeting, the student should submit to the office of the Senior Associate Dean for Academic Affairs a document outlining the basis for their appeal. The document will be distributed to members of the convened Case-Specific Appeals Hearing Committee and to the Program leadership for review. The document may not exceed three (3) pages but relevant appendices may be attached. Related policies from the student handbook must be attached if the student’s appeal alleges that policies were not followed.

The Case-Specific Appeals Hearing Committee will still convene and render a decision even if no materials are received from the student regarding the appeal or in the event the student does not attend the hearing. The student may appear in person to present information at the Case-Specific Appeals Hearing Committee Meeting even if materials are not submitted in writing prior to the meeting.

8. The Student may bring one advisor or representative of the student’s choice to the Case-Specific Appeals Hearing Committee Meeting. The advisor may be a lawyer. The advisor may counsel the student but may not address the committee except as authorized by the non-voting chair. The student is expected to present their own case and respond directly to any questions asked during the meeting.

9. The student, and their advisor or representative will be invited to attend a portion of the Case-Specific Appeals Hearing Committee Meeting. The student may present their appeal orally and will be expected to answer questions from committee members. The student will have the opportunity to provide any additional information they have to support the appeal. The student, and the student’s advisor, may be present when the Program leadership presents its position to the committee.

10. The involved Program leadership will provide its case for dismissal to the convened committee and will be available to answer questions. They may discuss appendix information used to support its decision. They may be present for the student presentation to the committee.
11. After the student and the Program leadership have presented their information to the committee, they (and the student’s advisor) will be excused from the meeting. The committee and the chair will discuss the case. The committee will vote to make a recommendation to the chair in closed session. The non-voting chair will accept the committee’s recommendation based on majority committee vote unless the non-voting chair finds that 1) the information in the record does not support the findings and recommendation of the committee; 2) appropriate procedures were not followed by the committee; or 3) the decision was based on factors proscribed by state or federal law. The non-voting chair may return the matter for reconsideration by the same committee or a different committee, or may modify the decision on their own. The decision by the non-voting chair is final with no further right of appeal.

12. The non-voting chair will inform the student, the Dean of the SMPH, and the relevant Program Director of the final decision. Initial notification may be by email or phone and will be confirmed within seven (7) calendar days of the decision in a follow-up letter summarizing the outcome of the meeting and the basis for the decision.

13. Written documentation of the final decision will be summarized in minutes for the meeting and will include: a brief Summary of Events (student's position and Program's position); brief description of Process; and the Final Decision. Minutes will be reviewed for accuracy by the Chair and maintained confidentially in the office of the Senior Associate Dean for Academic Affairs. Details of the Case-Specific Hearing Committee Meeting and the outcome are private and will only be disclosed as permitted by the Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. s. 1232g.
Workforce Identification Badge Policy

Effective, January 18, 2016, the SMPH instituted a Workforce Identification Badge policy that requires all faculty, staff and students (SMPH Workforce members) to wear their Wiscard or UW Health identification badge while working in SMPH or UW Health locations. The badge must be visible and displayed at chest-high level.

This policy serves two primary purposes. The Wiscard or UW Health identification badge will serve as an electronic access card for access to areas in SMPH-controlled facilities that have electronic badge access control. A visible badge also makes it easier for members of our workforce to quickly identify someone they do not know as a member of the SMPH, or conversely, recognize people who do not belong in certain parts of SMPH-controlled facilities.

View the complete policy.
http://intranet.med.wisc.edu/badge-policy
APPENDIX 7

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution at any age.) These rights include:

1. The right to inspect and review the student's education records within 45 days after the day the request for access is received. A student should submit to the registrar, dean, head of the academic department, [or other appropriate official,] a written request that identifies the record(s) the student wishes to inspect. The school official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the school official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student’s education records that the student believes is inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.

A student who wishes to ask the school to amend a record should write the school official responsible for the record, clearly identify the part of the record the student wants changed, and specify why it should be changed.

If request to amend the record is denied the student will be notified in writing of the decision and the student’s right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before [School] discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

Education records are disclosed without a student’s prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official typically includes a person employed by the [School] in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a volunteer or contractor outside of the [School] who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, or collection agent or a student volunteering to assist another school official in performing his or her tasks. A school official typically has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for
Upon request, the school also discloses education records without consent to officials of another school in which a student seeks or intends to enroll. FERPA requires a school to make a reasonable attempt to notify each student of these disclosures unless the institution states in its annual notification that it intends to forward records on request or the disclosure is initiated by the student.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:
   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, DC  20202

Disclosures that postsecondary institutions may make without consent.

FERPA permits the disclosure of PII from students’ education records, without consent of the student, if the disclosure meets certain conditions found in § 99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the student, § 99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. A postsecondary institution may disclose PII from the education records without obtaining prior written consent of the student —

- To other school officials, including teachers, within [School] whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in § 99.31(a)(1)(i)(B)(1) - (a)(1)(i)(B)(3) are met. (§ 99.31(a)(1))
- To officials of another school where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student’s enrollment or transfer, subject to the requirements of § 99.34. (§ 99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university’s State-supported education programs. Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§ 99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and
conditions of the aid. (§ 99.31(a)(4))

- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§ 99.31(a)(6))

- To accrediting organizations to carry out their accrediting functions. (§ 99.31(a)(7))

- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§ 99.31(a)(8))

- To comply with a judicial order or lawfully issued subpoena. (§ 99.31(a)(9))

- To appropriate officials in connection with a health or safety emergency, subject to § 99.36. (§ 99.31(a)(10))

- Information the school has designated as "directory information" under § 99.37. (§ 99.31(a)(11))

- To a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of § 99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§ 99.31(a)(13))

- To the general public, the final results of a disciplinary proceeding, subject to the requirements of § 99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school’s rules or policies with respect to the allegation made against him or her. (§ 99.31(a)(14))

- To parents of a student regarding the student’s violation of any Federal, State, or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines the student committed a disciplinary violation and the student is under the age of 21. (§99.31(a)(15))