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Section 1: Global Policies

1.1 Purpose
- To define universal terms and policies used throughout the rest of the MD Program Student Handbook

1.2 Definitions

1.2(1) **UWSMPH**
School of Medicine and Public Health, University of Wisconsin-Madison

1.2(2) **AAMC**
The Association of American Medical Colleges (AAMC) is a non-profit organization based in Washington, DC that serves and leads the academic medicine community to improve the health of all. The AAMC operates the American Medical College Application Service and the Electronic Residency Application Service which facilitate students applying to medical schools and residency programs, respectively.

1.2(3) **LCME**
The Liaison Committee on Medical Education (LCME) is an accrediting body for educational programs at schools of medicine in the United States and Canada. The LCME accredits only the schools that grant a Doctor of Medicine (M.D.) degree. It is sponsored by the Association of American Medical Colleges and the American Medical Association.

1.2(4) **OASIS**
OASIS is a web-based course scheduling and administration system designed for the unique needs of health science and professional schools that has been in use at UWSMPH for over 20 years. OASIS gives administrators, students, and faculty 24/7 access to student, course, and schedule information. Students become actively involved via the web in building and maintaining their lottery selections and schedules, completing course and faculty evaluations, and verifying their records and activities.

1.2(5) **SIS**
The Student Information System (SIS) is the campus-wide database for course registration and grades. This system holds students’ official records. It is administered by the Registrar’s Office on main campus.

1.2(6) **Student Promotion and Academic Review Committee (SPARC)**
See 10.2(1) for a complete description of this committee, its roles, responsibilities, and authority.

1.2(7) **Educational Policy & Curriculum Committee (EPCC)**
The EPCC is the UWSMPH faculty committee responsible for authoring and oversight of the MD curriculum and the program-specific academic policies that govern it and its students.

1.2(8) **ForWard Curriculum**
MD curriculum for students matriculating in fall 2016 and beyond; see 2.2(2).

1.2(9) **Legacy MD Curriculum**
MD curriculum for students matriculating prior to fall 2016; see 2.2(1).
1.2(10) **Preclinical Course**
A course in Phase 1 (for ForWard Curriculum) or Years 1 and 2 (Legacy Curriculum) required for the MD Degree

1.2(11) **Clinical Course**
A course in Phases 2 & 3 (for ForWard Curriculum) or Years 3 and 4 (Legacy Curriculum) required for the MD Degree

1.2(12) **Preclinical Elective**
Any course taken in Phase 1 (for ForWard Curriculum) or Years 1 and 2 (Legacy Curriculum) which is not required for the MD Degree

1.2(13) **Clinical Elective**
Any course (not just those in patient care settings) taken in Phases 2 & 3 (for ForWard Curriculum) or Years 3 and 4 (in the Legacy Curriculum)

1.2(14) **Academic Year**
The Academic Year runs from July 1 through June 30 the following year.

1.3 **Policies**

1.3(1) **Policy Hierarchy & Parent Institution**
(1a) Students are subject to all UW-Madison student policies.
(1b) MD Handbook policies are consistent with and subject to UWSMPH Academic Affairs policies.
(1c) Campus- or UW System-level policies may supersede these school or program policies.
(1d) Campus- or UW System-level policies may allow for or require alternative or parallel procedures.

1.3(2) **Student Responsibility**
(2a) Students are informed of policies and procedures applicable to their course of study.
(2b) Each year, students are required to attest to receiving MD program policies and procedures.
(2c) Ignorance of policies and procedures is not an acceptable excuse.

1.3(3) **Student Records**
(3a) Access to student academic records is governed by the Family Education Rights and Privacy Act (FERPA).
(3b) Consistent with FERPA, students have the following rights:
  - The right to inspect and review their records
  - The right to seek to have their records amended or corrected
  - The right to control disclosure of certain portions of their records
  - The right to file a complaint with the U.S. Department of Education
(3c) Students have real-time access to their academic records via the student information and learning management systems, i.e. OASIS, SIS, and Canvas.
(3d) Under FERPA, faculty and staff access to records is limited to only those with a legitimate educational need to know.
(3d.1) Faculty of record and instructional staff are granted access to student records systems and instructional technologies for their course records only.
Functionally, this restriction limits faculty access only to records in their course. Academic performance is not “forward fed” from one course to the next. Faculty and staff acting as advisors may review the totality of a student’s academic record but are encouraged to be transparent when doing so.

(3d.2) The Registrar or their designee grants faculty and staff access to records, which is commensurate with their educational role and need to know.

Ability to access to records within student information and educational technology systems is limited by both user roles and training. The Registrar or designee reviews and approves requests for access outside the normal scope of a faculty or staff member’s educational role.

1.3(4) Language
Except where explicitly specified to the contrary, references to individual administrative positions (e.g. “Dean, SMPH”) refers to this person or their designee. This need not be formally stated.

1.3(5) Modifications & Exemptions
(5a) Under extraordinary circumstances, all policies contained hereafter may be modified on a majority vote from the Student Promotion and Academic Review Committee.

(5b) Under extraordinary and exigent circumstances, all policies contained hereafter may be modified by the Dean or their designee.

(5c) In cases where exigent exemptions are made without Student Promotion and Academic Review Committee (SPARC) approval, the SPARC will be notified at its next meeting and will vote to retroactively approve the exemption.

1.4 Procedures

1.4(1) MD Program Policy & Procedure Review
(1a) All policies and procedures are reviewed and approved yearly by majority votes of the Student Promotion and Academic Review Committee and Education Policy and Curriculum Committee.

(1b) Unless specific changes are approved at the yearly review, policies and procedures remain in effect year over year.

1.4(2) Questions about Policy Interpretation
Unless otherwise specified, questions on policy interpretation should be directed to the Office of Student Services, 2130 Health Sciences Learning Center and reachable by phone (263-4920) or email (studentservices@med.wisc.edu).
## 2.1 Purpose

- The goal of the MD curriculum at the UWSMPH is to provide a firm grounding in critical knowledge and skills of medical practice, core elements of public health, and links between the two. All students are expected to attain the 20 SMPH graduation competencies [http://www.med.wisc.edu/md-program-graduation-competencies/50580](http://www.med.wisc.edu/md-program-graduation-competencies/50580).

- The preclinical medical curriculum is designed to advance student knowledge and understanding of the biology of the normal human individual and at the same time begins to place this knowledge within the larger social context of medicine. Medical students learn integrated pathophysiology, providing students with the necessary knowledge base for the transition into the clinical years and subsequent years of medical learning.

- The clinical medical curriculum involves required and elective courses in practice settings throughout Wisconsin and the range of medical specialties. Students gain broad exposure medicine and public health including outpatient, inpatient, community-based, rural and urban settings. As students advance through their clinical years, they have increased opportunities for electives aligned to personal interests and career goals.

## 2.2 Definitions

### 2.2(1) Legacy MD Curriculum

This includes students including those in special programs (described later in this section) or IAPs who began their medical education prior to fall 2016.

### Year 1

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

### Year 2

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

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

Year 4 Requirements
- 33 total credits
  - At 800-level or above, inclusive of the specific courses listed below
- 18 credits of patient care coursework in UWSMPH clinical campus
- Internship Preparation Course (3 credits)
- Acting Inpatient Internship (4 credits)
- Preceptorship (6 weeks) or Acting Inpatient Internship (4 credits) & a public health selective (2 credits)

2.2(2) ForWard MD Curriculum
The MD curriculum beginning with the matriculating class of 2016 and consisting of three phases of integrated courses. Courses are integrated across departments and specialties and between the “basic” medical sciences and clinical medicine.

Phase 1 (Year 1 – Year 2, fall)
- Patients, Professionalism, and Public Health
- Body in Balance
- Food, Fasting, and Fitness
- Human Family Tree
- Invaders and Defense
- Mind and Motion

Phase 2 (Year 2, spring – Year 3, spring)
- Care Across the Life Cycle
- Chronic and Preventive Care
- Acute Care
- Surgical and Procedural Care

Phase 3 (Year 3, spring – graduation)
- Acting Internships: Inpatient, Ambulatory
- Public Health Selectives
- Specialty-Recommended Basic Science Coursework
- Specialty/Career Exploration Electives
- Internship Preparation Course
2.2(3) **Medical Scientist Training Program (MSTP or MD/PhD)**
The Medical Scientist Training Program (MSTP) integrated graduate training in scientific research and clinical medicine, leading to a combined MD/PhD degree. The program’s primary goal is to produce physician-scientists who will make major contributions to the understanding and improvement of human health.

2.2(4) **Wisconsin Academy for Rural Medicine (WARM)**
The Wisconsin Academy for Rural Medicine is a rural education program within the MD Program curriculum at the University of Wisconsin School of Medicine and Public Health in Madison. Medical students who are enrolled in this four-year program will learn to develop the skills and have opportunities to participate in a rural setting.

2.2(5) **Training in Urban Medicine and Public Health (TRIUMPH) Program**
TRIUMPH is a special program within the MD Program curriculum at the University of Wisconsin School of Medicine and Public Health focusing on training medical students committed to providing health care for urban populations and to reducing health disparities. The Milwaukee-based program integrates clinical medicine and community and public health in a combined third- and fourth-year curriculum.

2.2(6) **Path of Distinction, Public Health (PoD, PH)**
This educational program is to help organize existing - and develop new - courses and service-learning experiences for medical students who are seeking ways to better integrate medicine and public health.

2.2(7) **Path of Distinction, Research**
This educational program focuses on additional experiences and requirements to develop research skills for physicians in training and seeks to provide students mentorship and opportunities to integrate medicine and medical research, including basic science, clinical, and translational.

2.2(8) **Research Honors**
This educational program focuses on additional experiences and requirements to develop research skills for physicians in training and seeks to provide students mentorship and opportunities to integrate medicine and medical research, including basic science, clinical, and translational.

2.3 **Policies**

2.3(1) **Curriculum Graduation Requirements**
   (1a) Complete the Standard, “Forward,” or Legacy MD curriculum as appropriate based on matriculation and graduation date or as mandated by the Student Promotion and Academic Review Committee.
   (1b) Additional Graduation Requirements
   (1b.1) Maintain appropriate professional conduct
   (1b.2) Pass YEPSA
   (1b.3) Pass USMLE Step 1
   (1b.4) Pass USMLE Step 2 CK
   (1b.5) Attempt USMLE Step 2 CS
   (1b.6) Successfully complete all Integrative Cases
   (1b.7) Successfully complete all Core Days

2.3(2) **Special Educational and Certificate Programs**
These include WARM, TRIUMPH, PoD, Research Honors, and the campus-wide global health certificate program.
(2a) Students must be in good academic standing or receive specific exception to remain enrolled in a special educational program.

(2b) Special educational programs set out additional course or experiential requirements for completion.

(2c) Special programs may establish additional, specific criteria for selection and maintenance of participation.

(2d) Program requirements may overlap with the requirements of the MD Program.

(2e) MD program electives may be used for completion of special program requirements.

2.3(3) Elective Courses

(3a) Elective courses taken during the preclinical curriculum do not count towards graduation requirements unless specifically approved by the Student Promotion and Academic Review Committee as part of an individualized academic plan.

(3b) Students take elective clerkships during the clinical years to complete the requirements for graduation.

(3c) Students may choose from a combination of UWSMPH electives, extramural electives (U.S. or international sites), individualized clerkships, and research.

2.3(4) Year End Professional Skills Exam (YEPSA)

The Year End Professional Skills Assessment is a comprehensive Objective Structured Clinical Exam (OSCE). Students must take the exam and pass it in order to fulfill degree requirements. The exam involves multiple clinical stations, and each station is drawn from a clinical core competency list that is developed by clinical course directors. Specific YEPSA examination policies, including exam dates, core competencies, eligibility, and penalties for an unexcused absence are published in OASIS.

2.3(5) Oversight of Extramural Electives

(5a) Students in good academic standing may apply for extramural courses during their final year of medical school.

Applications are accepted through the Visiting Student Application System (VSAS), or directly with a host institution for extramural elective clinical rotations.

(5b) The Visiting Student Coordinator or student services staff member reviews and approves all requests for extramural electives, including educational experiences outside of other LCME-accredited institutions.

2.4 Procedures

2.4(1) Registering from Extramural Electives

(1a) When registering, students are responsible for entering their extramural course and all relevant information into the appropriate area in the OASIS system.

a. Students provide their host institution with a current UW School of Medicine and Public Health Extramural Clinical Evaluation Form.

   Found in OASIS>Notices>General Information>Forms & Instructions>Y4 AWAY Rotation Clinical Evaluation.

(1b) Upon receipt of the SMPH clinical evaluation form, the host institution enters summative and formative comments as well as the assigned grade into OASIS.

(1b.1) For those institutions that do not use or follow the SMPH clinical evaluation form, their formative evaluation is entered verbatim and summative information converted to the SMPH grading schema.
(1b.2) A PDF of the host institution’s evaluation is uploaded to the student’s Academic History in OASIS.
3.1 Purpose
- To establish attendance policies for various learning activities
- To provide processes for requesting and receiving excused absence

3.2 Definitions
3.2(1) Excused absence
Absence where the student has previously submitted and received approval via the procedures described herein

3.2(2) Unexcused absence
Absence from any required learning activity without prior approval

3.3 Policy
3.3(1) Universal Attendance Policy
   (1a) Unexcused absences are considered unprofessional behavior and will be referred to the Dean for Students and Student Promotion and Academic Review Committee as appropriate.
   (1b) Consequences for unexcused absences may include failing or lowering grades in addition to referral to the Student Promotion and Academic Review Committee.
   (1c) The Student Services Office records and periodically reviews all absences.
   (1d) Absence requests in excess of five per year will automatically be reviewed.
   (1e) Significant absences (even if approved) may require a student to repeat the course.
   (1f) If a student has or anticipates circumstances necessitating unique, unusual, or excessive requests for time away, they should speak with the Dean for Students prior to course which would be affected or as soon as the requirements develop.

3.3(2) Justification for Excused Absence
   While not to be construed as exhaustive, absence requests are regularly approved for the following reasons:
   (2a) Emergencies: Clerkships may excuse absences due to emergencies. Examples of excused absences include a death in the family, serious personal illness, or illness of a spouse, domestic partner or dependent child.
   (2b) Religious holidays: Religious holidays are excused absences and students are required to submit a form to document their request.
   (2c) Professional activities: Requests for absence to attend professional meetings will be considered if a student is presenting research or serving as a delegate representing UWSPMH. Request should be made as soon as the student is aware of the need to attend the professional meeting and no later than one month prior to the meeting.

In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule mandatory course requirements on dates when a religious observance may cause substantial numbers of students to be absent.
(2d) Social/family events: Absences for social events are less likely to be granted. If absence is desired for an important social event an absence request form must be completed at least 1 month in advance of the beginning of the clerkship for clinical courses and at least one month in advance of the event date for preclinical courses.

3.3(3) Preclinical Course Attendance

(3a) Required learning activities for preclinical courses are designated as such in students' OASIS calendars or in communication from course directors. All clinic, small group, and integrative case sessions are required unless designated otherwise by course directors.

(3b) Unexcused absence from a required learning activity is considered unprofessional behavior and may result in a lower grade and/or failure of the assignment or course.

Examples of required learning activities include but are not limited to clinic visits, small group sessions, integrative cases, and any activity where patients (real or standardized) are present.

(3c) Students missing optional educational activities are responsible for their own remediation of missed material. Faculty are not required to provide compensatory educational experiences.

(3d) It is highly recommended that students attend all sessions. The curriculum has been developed with the expectation of full attendance.

3.3(4) Clinical Course Attendance

(4a) All clerkship activities including the Transitional Clerkship and the CORE Curriculum sessions are required.

(4b) In an effort to limit time away from clinical training, students should request absence for the minimum amount of time needed to attend the primary activity.

(4c) Absence requests should be submitted at least 30 days prior to the planned absence or prior to the start of the clerkships, whichever occurs first.

(4d) Students must obtain prior approval from the course director for all absences.

(4e) The total time off during a single clerkship (for all reasons) will be taken into account in granting requests for absence in order to assure that students have sufficient opportunity to meet clerkship objectives, especially those regarding patient contact.

3.3(5) Contact Hours for Phase 1 Courses

(5a) Phase 1 courses will contain no more than 21 hours/week of in-person (direct) learning activities including the following:

- Lecture
- Medium group case based learning
- PaCE Cases
- Clinical skills sessions
- Laboratory/dissection
- Simulation
- Preceptor clinic visits

(5b) Of the 21 in-person contact hours per week, there can be a maximum of:

(5b.1) 12 hours of in-person, synchronous large or medium group learning*

(5b.2) No more than 9 hours a week of lecture, with no more than 3 hours of lecture in a row

(5c) Ten (10) hours per week of online (flexible) learning activities is allowed. Of these 10 hours, there can be a maximum of:
(5c.1) 4 hours of online materials (modules, narrated PPT, audio/video, cases) that deliver new content/learning objectives.

(5c.2) 6 hours of preparatory or homework assignments that supplement any of the above activities that are of a “flipped” nature. This time should not be introducing new content, but cover the “absorb” LOs that will be “applied” in the in-person session.

(5d) If a course uses fewer than the allotted 9 hours of in-person lecture hours, it can trade this for an equal amount of online time to cover new content learning objectives, on a one-to-one ratio. This will then reduce the overall in-person learning activity time accordingly.

3.3(6) Work Hours for Clinical Courses

The medical student work hour policy regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical rotations, is based on the Accreditation Council for Graduate Medical Education (ACGME) general guidelines. All clerkships must be committed to and be responsible for promoting patient safety and medical student well-being and provide a supportive educational environment. Clerkships must ensure that faculty provide appropriate supervision of medical students in patient care activities.

(6a) Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.

(6b) Duty hours do not include reading and preparation time spent away from the duty site.

(6c) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

(6d) No duty shift shall exceed 24 hours, plus 4-hour sign-off.

(6e) Students are required to have at least one 24-hour period off per week on average.

(6f) All students are advised to report overages to the designated clerkship administrator, the Dean for Students, or the Ombudsperson.

3.3(7) Excused Absences for Health Care

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

(7a) Non-Emergency Care - Students in the Greater Madison Area: Faculty will excuse a medical student from classroom and clinical responsibilities to attend appointments for personal medical and dental care.

(7a.1) It is the student’s responsibility to exercise professional judgment when scheduling appointments to minimize time away from clinical duties and, whenever possible, to schedule appointments that do not conflict with examination schedules, surgical procedures, morning rounds, or other important group teaching sessions.
(7a.2) All medical students have the right to be excused from course work and clinical work to attend their own health care appointments. Faculty and staff will support this right without adverse effect on the student’s course performance evaluation and course grades.

Excused absences for such appointments should typically be in the range of one to two hours.

(7b) The student must notify the appropriate clerkship administrator, clerkship director, and, where appropriate, supervising faculty of scheduled appointment as soon as possible and arrangements should be made at that time regarding any required make-up work.

(7c) A student’s evaluation will not be influenced in any way by an excused absence for personal health care needs.

3.3(8) Non-Emergency Care - Outside the Greater Madison Area

(8a) Medical students doing short-term rotations outside Madison should make every effort to schedule their personal, non-emergency, medical appointments while in residence in Madison.

(8b) Students on longer assignments should work with local faculty and preceptors to ensure that time is allocated for personal health care needs.

(8c) A list of statewide facilities and providers accepting the UW Student Health Insurance Plan can be found on the SHIP website.

3.3(9) United States Medical Licensing Examinations & Residency Interviews

The faculty recognize that fourth-year students have added responsibilities include residency interviews and possibly USMLE Step 2 in addition to attendance expectations outlined above.

(9a) Students are expected to avoid scheduling interviews or USMLE exams on course orientation or exam dates.

(9b) During interview months of October through January, students applying to residency will be allowed to take time off for residency interviews with the total time allocated for absence will be prorated based on the length of the clerkship per this table:

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

(9c) Students are expected to be proactive in notifying clerkships of residency interviews. Therefore, students are required to present proof of interview invitation(s) and work with clerkship leadership on scheduling accommodations a) one month in advance, b) at the beginning of the clerkship, or c) as soon as they receive it, whichever comes first.

(9d) While students are expected to take some initiative in proposing alternative activities, experiences, schedules, and/or assignments for those missed, course directors reserve final authority to mandate that students complete specific additional learning or clinical activities to compensate for approved time away. A student may need to alter their schedule (including any planned time off) to meet clerkship requirements.

(9e) Students are allowed a maximum of 2 days off to travel to/from and take the Step 2 CS exam.

(9e.1) In advance and upon request, the student must provide proof that the student is registered for the examination.
(9e.2) If any required course elements or assessments/exams are missed, the make-up is at the discretion of the course director.

3.4 Procedures

Absence request forms are available on OASIS under Notices; they include instructions for submission and approval. There are separate forms for clinical versus preclinical courses. Submission instructions and processes vary along these lines as well.

3.4(1) Absence Request – Missing a Required Preclinical Course Event/Activity

(1a) Student fills out absence request form (from OASIS Notices).
(1b) Student returns Absence Request form to the Office of Student Services for approval and signature.
(1c) Upon approval, student brings form to course director for review and approval.
(1d) Course director(s) outlines any consequences and/or make-up work for missed activities.
(1e) Course director sign off and approve absence.
(1f) Student returns form to the Office of Student Services for final approval and filing.

3.4(2) Absence Request – Missing a Required Clinical Course Event/Activity

(2a) Student fills out absence request form (from OASIS Notices) more than 30 days prior to planned absence.
(2b) Student returns Absence Request form to the clerkship course director or administrator for approval and signature.
(2c) Course directors sign off and approve absence.
(2d) Upon approval, the course director may prescribe reasonable compensatory activities for the missed educational activity.

3.4(3) Appeal of Denied Request – Clinical Course

If a student is not approved for a request, the student may appeal in writing directly to the clerkship director within 72 hours. The clerkship director will consult with the Clerkship Curriculum Committee and the Office of Student Services to reconsider.
4.1 Purpose

- The practice of medicine requires a broad combination of cognitive, emotional, physical, interpersonal, and technical skills and attributes in order to provide highly effective patient care. To perform satisfactorily in UW School of Medicine and Public Health courses, and to serve as a practicing physician after graduation, UWSMPH has identified minimum standards required of all students who matriculate.

- These standards must be met throughout medical school in order for students to make satisfactory progress and graduate. Any intention of the student to practice only a narrow part of the curriculum upon graduation does not alter the requirement that all students perform satisfactorily in the full curriculum and meet all graduation requirements.

4.2 Definitions

4.2(1) Observational Skills
The functional ability to observe in the lecture hall, required demonstrations and experiments, anatomic dissection, microscopic studies, instructional and clinical laboratories, standardized patient demonstrations, the clinic, and the patient's bedside is required. Observational skills in the healthcare field necessitate the functional ability to detect, determine, convey, and exchange information.

4.2(2) Communication Skills
Candidates must show evidence of effective communication skills. Students must be able to communicate effectively, sensitively, and efficiently with patients, their families and all members of the health care team in a way that promotes and facilitates appropriate and timely patient care.

4.2(3) Motor Function
Students must have sufficient motor function to carry out the basic laboratory techniques, to elicit information from patients by palpation, auscultation, percussion, and other diagnostic and therapeutic maneuvers, perform a dissection of a human cadaver, and have sufficient motor ability to use a microscope. During clinical activities, students must be able to perform a complete physical examination, perform diagnostic and laboratory procedures, and provide general care and emergency treatment to patients.

Actions requiring coordination of gross and fine motor skills as well as equilibrium consist of, but are not limited to, performing all basic required physical examination skills, cardiopulmonary resuscitation, administering vaccinations, venipuncture, inserting IV catheter, inserting endotracheal tubes, administering intravenous medication, applying pressure to stop bleeding, suturing simple wounds, assisting in surgical operations, and performing general obstetrical and gynecological procedures.

4.2(4) Intellectual, Conceptual, Integrative, Quantitative Abilities
Candidates must be able to measure, calculate, organize, retrieve, sequence, reason, analyze and synthesize. Students must have the ability to synthesize data obtained in a clinical setting, perform clinical reasoning and solve problems efficiently and
effectively. Problem solving and clinical reasoning, the critical skills demanded of physicians, require all of these intellectual abilities. In order to complete the requirements for the MD degree, students must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in medical problem solving and patient care.

4.2(5) Behavioral and Social Attributes
Candidates and students must possess the emotional health required for full utilization of all intellectual abilities, exercising good judgment, prompt completion of responsibilities, and developing mature, sensitive and effective relationships with patients and their family members, staff, and colleagues. Students must be able to function effectively under stress, adapt to changing environments, display flexibility, and adjust to the uncertainties inherent in patient care. All students must be able to work effectively as a member of a healthcare team. Additionally, compassion, integrity, interpersonal skills, and motivation are attributes required for medical practitioners.

4.3 Policies

4.3(1) Technical Standards General Policies
(1a) Upon admission, new students must attest they meet the UWSMPH Technical Standards either with, or without, reasonable disability accommodations.
(1b) Enrolled students must attest, annually, that they continue to meet the UW School of Medicine and Public Health’s Technical Standards either with, or without, reasonable accommodations.
(1c) Any intention of the student to practice only a narrow part of the curriculum upon graduation does not alter the requirement that all students perform satisfactorily in the full curriculum and meet all graduation requirements.

4.3(2) Review of Student Request for Accommodations
(2a) The Medical School’s Technical Standards and Accommodations Committee (TSAAC) works with the McBurney Disability Resource Center to provide reasonable accommodations to students who have followed the accommodations request process.
(2b) TSAAC is governed by the committee’s bylaws.
(2c) Students applying for accommodations between the TSAAC meetings may be provided with temporary accommodations per the McBurney Disability Resource Center and the Medical School’s Technical Standards Director.
(2d) The school, in consultation with the McBurney Disability Resource Center, reserves the right to rule that requested accommodations cannot be provided because they would result in a fundamental alteration to the technical standards, compromise patient care, or compromise the safety of others in the healthcare setting.

4.3(3) Ongoing Monitoring
(3a) Disability accommodations for students is an interactive process; students receiving disability accommodations are required to meet with the Technical Standards Director two times per year to review their accommodations and make changes, as needed or indicated by the student.
(3b) Continued enrollment in UW School of Medicine and Public Health will be determined by the academic process applied to all students.
4.3(4) Implementation
   (4a) Implementation of technical standards is the responsibility of the faculty and staff of the UW School of Medicine and Public Health.
   (4b) Course syllabi contain information regarding disability accommodations.
   (4c) Failure to meet these standards, with or without reasonable disability accommodations, requires a student to appear before the Student Promotion and Academic Review Committee (SPARC) to determine an individualized learning plan.

4.4 Procedures
4.4(1) Requesting a Disability Accommodation
   (1a) Instructions for the accommodations process are in OASIS Notices.
   (1b) Upon completing the disability accommodations request process, the McBurney Disability Resource Center, will determine if disability accommodations will be provided and, in consultation with the TSAAC, how they will be implemented.
Section 5: Scheduling & Registration

5.1 Purpose
- Define procedures and policies for course scheduling through Online Access to Student Information and Scheduling (OASIS) system.
- Clarify student roles and responsibilities in the course scheduling and campus registration processes.

5.2 Definitions
See definitions in Section 1.2.

5.3 Policies
5.3(1) Priority for Scheduling Clinical Courses in the Legacy Curriculum
When the number of students needing to schedule Year 3 clerkships exceeds the number of clerkship slots available, the Student Services Office will establish scheduling priorities for each student based on the following guidelines from highest to lowest priority:
1. Year 2 students who completed all preclinical course requirements.
2. Year 4 students who missed a Year 3 clerkship due to a personal crisis or emergency.
3. Year 3 students who missed a clerkship due to a failed Step 1 examination.
4. Students whose Year 3 start was delayed due to a personal crisis or emergency causing unfinished Year 2 coursework.
5. Students who missed or delayed their start of Year 3 clerkship, due leaves of absence.
6. Students choosing to delay Step 1 who are otherwise eligible, or students choosing to delay or interrupt an established Year 3 schedule.

5.3(2) Schedule Override
The SPARC or Office of Student Services are empowered to override scheduling assignments made via the OASIS lottery system consistent with students’ IAPs (see 9.3(2)) or the student capacities across the statewide clinical campus.

5.4 Procedures
5.4(1) Preclinical Courses
   (1a) Required Courses
   (1a.1) Students automatically are scheduled for required Year 1 and Year 2 courses in OASIS.
   (1a.2) Schedules are completed one semester at a time and finalized about one month prior to the start of the semester.
   (1a.3) Registration of with campus occurs automatically using OASIS schedules.

5.4(2) Preclinical Electives
Students who wish to take electives in Year 1 and/or Year 2 enter them into OASIS, and registration with campus subsequently occurs.
5.4(3) **Required/Core Clinical Courses**

Details about the scheduling process for Year 3 and Phase 2 are distributed approximately 4 months prior to their start. Students are assigned a year-long grid via the OASIS lottery system and course sites by lottery after the grid assignment has been determined. Clinical course sites are located throughout the state offering students opportunities to experience a broad range of patient populations and medical settings. Registration with the campus occurs automatically using these schedules.

5.4(4) **Year 4 & Phase 3**

(4a) Students schedule Year 4 / Phase 3 during the spring semester prior to their final year of medical year.

(4b) Scheduling is handled through a series of OASIS lotteries.

(4c) When scheduling is complete, students are automatically registered on campus using their OASIS schedule.

5.4(5) **Requesting Exemptions to Clinical Course Location Assignments**

(5a) Students wishing alternate or modification of their clinical course location assignments may request so via the yearly OASIS survey or by meeting with the Office of Student Services.

Most often these exemption requests are requests to remain in Madison for Rationale for clinical course location exemptions includes but is not limited to the following:

- Caregiver for immediate family dependent
- Ongoing health care appointments

(5b) The Scheduling Exemptions Committee reviews and adjudicates all requests.

(5c) The Office of Student Services and MD program registrar will automatically modify the schedule of any student whose exemptions is granted.

(5d) Location changes for a course in progress will be considered only in exceptional circumstances.

(5e) Documentation may be solicited to support an exemption request.

5.5 **Reference**

None
6.1 Purpose
- Ensure integrity of grading and assessment by defining
- Policies governing computer-based exam administration
- Policies governing Objective, Structured Clinical Exam administration
- Process for requesting exam delay
- Process for requesting review of exams and regrading/rescoring

6.2 Definitions
6.2(1) Objective, Structured Clinical Exam (OSCE)
An Objective, Structured Clinical Exam is a performance-based assessment of clinical skills where students demonstrate competence in areas including but not limited to doctor/patient communication, physical examination, medical procedures, and interpretation of labs.

6.2(2) Year-End Professional Skills Assessment (YEP SA)
The Year-End Professional Skills Assessment is a multi-station OSCE taken after students have completed their first year of core clinical coursework.

6.2(3) MoMS-Dando a Luz
A program for preclinical students who are actively following a pregnant patient under the supervision of a UW faculty or community physician

6.3 Policies
6.3(1) General Policy for Exam Administration
All students are expected to take examinations on the date and time they are scheduled unless they receive a prior exemption via the procedures outlined below.

6.3(2) Exam Tardiness
(2a) To minimize disruptions, late-arriving students will be allowed to enter the room 10 minutes after the exam has started.
(2b) No additional time will be given beyond the scheduled end of the exam.

6.3(3) Exam Environment
(3a) To ensure optimal student performance and to ensure exam integrity, test proctors are empowered to maintain a quiet, calm exam environment consistent with UWSMPH policy 11.3 and UWS 17.
(3b) Proctor authority to maintain the optimal exam environment includes but is not limited to:
(3b.1) Removing any student who is disruptive to the exam environment
(3b.2) Delaying exam entry to a student whose behavior is disruptive to the exam environment before the exam begins
Referring a student directly to Student Services

In the event that a student is removed from or delayed entry to an exam, then the following is permitted:

The proctor will offer the student 10 minutes to resolve the disruption/disruptive behavior.

If the disruptive behavior is resolved at 10 minutes, the student will enter to begin the exam or reenter to resume the exam.

The exam clock will continue to run during the 10 minutes of resolution time.

If the disruptive behavior is not resolved at 10 minutes, the student's exam is over.

If the student has not yet started the exam, the student will be permitted to take the exam at the predetermined reschedule date and time.

If the student has already started the exam, Student Services in consultation with the Course Instructor, Testing, and the Office of Medical Education will determine the option for exam outcome on a case by case basis.

A student who disrupts more than a single exam will be referred to the SPARC for unprofessional behavior.

Unapproved Exam Absence

Any student with an unapproved absence from a scheduled examination will receive a zero score for that examination.

Urgent Requests to Reschedule an Exam

The school recognizes that emergencies, illnesses, and professional or personal situations may occur and necessitate a change in a student's examination schedule.

Approved rationale for an urgent request to reschedule an exam include (but are not limited to) the following: 1) a death in the family; 2) a serious personal illness or illness of a spouse, partner, or dependent child.

In the case of a student's illness or psychosocial reason for requesting an exam delay, the student may be required to be assessed by the appropriate staff in the Office of Student Services, UHS or other appropriate health care providers.

Frequent (>1 per semester) urgent requests to reschedule exams will be reviewed by the Office of Student Services and may result in requests for additional documentation.

Non-Urgent Requests to Reschedule an Exam

Only one non-urgent request to reschedule an exam may be approved in each semester.

The event and/or travel to/from the event must occur on the day of the exam in order for the request to be considered.

Non-urgent requests to reschedule an exam may include: 1) presenting research at a professional meeting; participating in a significant personal or family event.

MoMS-Dando a Luz

Students participating in MoMS will be approved to reschedule a quiz or an exam if the patient is in labor and delivery at the time of the exam, or if the delivery has occurred in the 24 hours preceding the scheduled exam.
(7b) Students will not be excused to attend a patient’s labor and delivery if the exam is already underway.

(7c) Exam or quiz absences will not be sanctioned for the patient’s clinic appointments or care, other than the labor or delivery.

| Students are reminded that they must follow the procedures outlined herein to request to reschedule their exam. |

6.3(8) YEPSA

(8a) Students failing YEPSA must repeat it the next time it is offered.

(8b) A student who fails parts of the YEPSA exam but does not have an overall failure of the exam must pass the remediation requirements for the failed station(s).

6.3(9) Religious Observances

A student must submit a request to the course/clerkship director to reschedule the examination according to the applicable procedures in this chapter.

| In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule examinations on dates when a religious observance may cause a substantial number of students to be absent. However, there may be conflicts between scheduled examinations and religious observances other than those listed on the medical school’s exam schedules. |

6.3(10) Examination Standards

| The Medical School follows National Board of Medical Examiners (NBME) standards for exam delivery. |

(10a) All computer-based examinations will be video recorded to ensure exam integrity.

(10b) The testing environment will be fair, consistent, respectful, and quiet for all students.

(10c) The testing administrator and proctors are responsible for the examination environment, the integrity of the exam, and implementing backup testing procedures in the event of a computer or environmental malfunction.

6.3(11) Exam Room Integrity & Permitted Items

(11a.1) Items permitted in the examination room
- Soft earplugs
- Beverages
- Cough drops/medicine (please show proctor & unwrap prior to the exam)

(11a.2) Items not permitted in the examination room
- Bags, purses, and backpacks
- Coats and jackets
- Hats and gloves
- Fleeces with side pockets, sweatshirts with front pockets
- Extraneous materials
- Food
- All electronics (Smart watches are prohibited under this policy, but analog and simple digital watches are allowed.)
- Cell phones
- Writing instruments

(11a.3) Provided in the exam room (if approved by the course director)
- Calculator
Examination Review

(12a) Students are encouraged to review their medical school examinations after they have been graded and the final results have been made available.
(12b) Students may still review exams after the two-week period, but adjustments to scores will not be considered after this time.
(12c) Preclinical course exams can only be reviewed under secure conditions in the location and times designated by Student Academic Success Services. Students may contact Student Academic Success Services to schedule an alternative review time if necessary.
(12d) Clinical courses exam reviews are managed by the individual clerkships.

Disputing Exam Scoring

(13a) Students have two weeks following the date their examination is available for review for purposes of disputing an exam grade.
(13b) Additional policies and procedures for exam review and rescore requests may be set by individual course directors.

6.4 Procedures

6.4(1) Rescheduling Preclinical Course Exams
Requests to reschedule an exam must be submitted on forms available in OASIS Notices and the Office of Student Services. The established date students are required to take a rescheduled exam is noted on the form for each course.

(1a) Urgent Request
(1a.1) Contact the Office of Student Services (263-4920) as soon as possible prior to the start of the examination.
(1a.2) If no one answers, leave a message with your name, the reason for your request, and the time of your call.
(1a.3) If the examination is scheduled on a Saturday, contact the person who administers the exam.
(1a.4) If a delay is verbally approved, the student must still submit a Request to Reschedule an Exam form as soon as possible to the Office of Student Services, 2130 HSCL.

(1b) Non-Urgent Request
Submit a request to reschedule an exam form to the Office of Student Services, 2130 HSCL at least two (2) weeks prior to the regularly scheduled exam date.

The reasons for the request must be indicated and may need to be supported with relevant documentation. Approval is not assured until the Dean for Students or a designee has signed the form.

6.4(2) Approved Request to Reschedule Preclinical Course Exam
(2a) The Office of Student Services will notify course directors and the Office of Assessment and Testing immediately upon approval.
(2b) The student is prohibited from viewing the answer key or discussing the exam or its contents with other students or faculty.
(2c) It is the student’s responsibility to be certain that the rescheduled exam time does not conflict with any of their educational responsibilities (e.g., small group sessions, other exams, etc.).
(2d) Rescheduled exam dates, times, and locations are established by the Medical School and will not be modified to suit individual student needs. Dates are noted on the “Request to Reschedule an Exam” form.

(2e) The student is expected to take the exam on the specified rescheduled exam date. Failure to do so will result in a zero score for that exam unless prior approval is obtained from The Office of Assessment and Testing and the Office of Student Services.

6.4(3) Rescheduling Clinical Course Exam

Students are expected to take clerkship examinations when scheduled; however, there are occasions when a student must reschedule or retake an exam.

(3a) Students who are unable to take an examination as scheduled must obtain prior approval from the course director with final approval from the Office of Student Services.

(3b) Students must submit an exam reschedule form located in OASIS Notices to the clerkship director as detailed below.

All requests will be reported to the Office of Student Services; requests in excess of one (1) per academic year will be reviewed.

(3c) Urgent Requests

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

(3d) Non-urgent Requests

(3d.1) Students must obtain prior approval from the clerkship director and final approval from the Office of Student Services to reschedule the exam.

(3d.2) For a non-urgent request, students must submit their request via the appropriate form on OASIS within 2 days of starting the clerkship.

(3d.3) The reasons for the request must be indicated and may need to be supported with relevant documentation.

(3d.4) Approval is not assured until the clerkship director and a designee of the Office of Student Services has signed the form.

(3e) Approval

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

- At the established school exam make-up date for the semester in which the clerkship was taken.
- At a regularly scheduled end-of-clerkship exam date in the semester in which the clerkship was taken provided the date occurs while the student is not taking another clerkship.

(3f) Retake of Failed Exam

(3f.1) Students must retake a failed exam no later than the scheduled exam make-up date for the semester in which the clerkship was taken.

(3f.2) Exceptions to this policy may be granted by the Dean for Students or SPARC, in consultation with the course faculty and the Medical Education Office.
6.4(4) **Clinical Course Test Release Policy**

(4a) This policy applies to all students taking clinical courses with an end-of-rotation OSCE or written examination. In the traditional MD curriculum these courses include the following:

- **Core** Medicine, OB/GYN, Pediatrics, Primary Care, Psychiatry, Surgery, Neuroscience
- **Required** Anesthesiology, Radiology

(4b) Students will be released from all clinical obligations as follows:

(4b.1) Students *within a 60-mile radius* of exam site: *no later than 5:30pm* the day before the exam

(4b.2) Students *outside of a 60-mile radius* of exam site: *no later than 2:00pm* the day before the exam

Any questions should be directed to the Madison-based clerkship director or the Medical Education Office.

*The mileage radius is calculated from the exam site. For example, if the exam is given in Marshfield and the rotation is in Marshfield, the release time is 5pm on the day before the exam; if the exam is given in Madison and the rotation location is La Crosse, then the release time is 2pm on the day before the exam.*

6.4(5) **Documented Disabilities and Exam Accommodations**

(5a) To receive an exam accommodation, students must have documentation of a disability, completed the disability accommodations request process, and received temporary or full approval from the Medical School’s Technical Standards Committee.

*Students with a documented disability may apply for exam accommodations through the Technical Standards Director in Student Services. Forms and instructions are available in OASIS in Notices>General Information>Forms and Instructions > Accommodations Request Form & Instructions.*

(5b) Students with approved exam accommodations will be contacted by the Medical School’s testing services regarding implementation of the disability accommodations.

(5c) The National Board of Medical Examiners has a separate NBME exam disability accommodations process, please visit the [United States Medical Licensing Examination](https://www.nbme.org/) website, select “Test Accommodations” and follow their instructions for requesting disability accommodations from the NBME. Students may visit the Medical School’s Technical Standards Director for assistance in this process.
7.1 Purpose
- Define transcript grades and policies for distribution to students within a course.

7.2 Definitions
7.2(1) “A-F” Course / Graded Course
A course where final letter grades are assigned. Letter grades are A through F with AB and BC as intermediate grades.

7.2(2) Pass/Fail Course
A course where the final grade is chosen from either one of two dichotomous options: Satisfactory/Unsatisfactory or Credit/No Credit. No A-F letter grades are issued. All required courses in the ForWard Curriculum are graded pass/fail.

7.2(3) Table of Grades
The following grades are approved by the university and appear on the transcript based on the student’s performance and the course’s allowable grades.

A Outstanding performance
AB Very good performance
B Good performance (performance expected of most students)
BC Satisfactory performance
C Minimum acceptable performance
F Failure – An unacceptable level of work. The course must be repeated and competency demonstrated as directed by the Student Promotion and Academic Review Committee. The original F grade remains on the transcript along with the grade achieved after repeating the course.

S Satisfactory performance in a pass/fail course
U Failure – An unacceptable level of work. The course must be repeated and competency demonstrated as directed by the Student Promotion and Academic Review Committee. The original U grades remains on the transcript along with the grade achieved after repeating the course.

CR Credit, used only courses offered on a Credit/No Credit basis
N No Credit, used only courses offered on a Credit/No Credit basis
IF Incomplete/Failure – See below
I Incomplete – Temporary grade used when coursework is incomplete
P Progress – Temporary grade indicating satisfactory progress in a multi-semester course. The P grade is replaced with a final grade when the course is completed.

PI Permanent Incomplete – Used only when a course has not been and will never be completed. The PI grade remains on the transcript.
DR Dropped – The course was dropped.
NR No Report – A grade was not submitted by the instructor. Has no net effect on GPA or standing
W Withdrew – The student withdrew from the University while enrolled in the course.
7.3 Policies

7.3(1) Authority of Instructor

(1a) For all medical school courses, the instructor of record is the final arbiter of grades.

(1b) Program administrators (e.g. Academic Affairs, Medical Education, and Student Services) cannot authorize or order grade changes but can discuss the student’s concerns with the course’s instructor of record.

7.3(2) Grading Schema

(2a) The ForWard Curriculum (i.e. students matriculating in fall 2016)

(2a.1) All required courses are graded on an S/U basis.

(2b) The Legacy Curriculum (i.e. students matriculating prior to 2016)

(2b.1) Required first-year courses are graded on an S/U basis.

(2b.2) Required second-, third-, and fourth-year courses are graded on the university’s A through F scale.

(2b.3) Elective courses may use either the S/U or A-F scales.

7.3(3) Grade Distribution Recommendations for A-F Graded Courses

For A-F graded courses, the Educational Policy and Curriculum Committee recommends the following distribution of letter grades.

(3a) No more than 30% of students earn “A” grades.

(3b) At least 50% of students earn grades of “B” or below.

(3c) Instructors of record adopt these guidelines at their discretion.

7.3(4) Grading of Phase 1 & Phase 2 Courses

(4a) Students passing all phase 1 courses may proceed to phase 2 in good academic standing.

(4b) Students passing all phase 2 courses may proceed to phase 3 in good academic standing.

(4c) Consistent with 7.3(5), instructors may issue “IF” grades in their courses to students with limited deficiencies in course material.

7.3(5) “IF” Grade

(5a) The IF grade is a temporary placeholder grade used when limited, course-level deficiencies can be remedied short of repeating the entire course.

(5b) The IF grade remains on the transcript only until a final grade is reported.

(5c) When issued, the instructor of record shall establish the benchmarks for remediation including a timeframe for completion.

(5d) Students who do not pursue or complete the offered remediation will retain their initial assessment scores and as such earn failing grades for the course.

(5e) The remediation is limited to satisfactory completion of the work at UWSMPH.

(5f) Maximum Grades upon Successful Remediation

(5f.1) In preclinical courses, the final grade cannot exceed an S in a pass/fail course or a C in an A-F graded course.

(5f.2) In clinical courses, the IF will be replaced with a grade no higher than an S in a pass/fail course or a BC in an A-F graded course.

(5g) Remediation must be completed within the academic year in which the student took the course.

(5h) If the IF grade is replaced by failing grade, policies in 7.3(7) apply.
(5i) Instructors of record are empowered to issue IF grades and offer appropriate remediation for circumstances beyond those enumerated in this section but must do so uniformly to all students in their course.

7.3(6) “PI” Grade
(6a) The PI grade had been issued in cases where students complete some but not all course materials and then retake or remediate the course in a subsequent semester.

The PI grades is being phased out in lieu of the DR grade for consistency with grading policies in the rest of the UW-Madison schools and colleges.

(6b) For calculation of academic standing, the PI and DR grades are equivalent.

7.3(7) Failing Grades (“U” & “F”)
(7a) Failed courses must be repeated, or equivalent competency demonstrated in accordance with an individualized academic plan (9.3(2)).

Such plans are developed and approved by both the failed course’s instructor(s) of record and the Student Promotion and Academic Review Committee.

(7b) The F or U grade remains on the transcript along with the new grade achieved.
(7c) Failed courses may be repeated only once. If a student fails the same course twice, the student will be dismissed from medical school.
(7d) A student who fails a course will be permitted to continue coursework in their current phase at the discretion of the Student Promotion and Academic Review Committee.
(7e) If a student has taken a preclinical course, earned an F or a U grade, and then satisfactorily completed the course at another institution as approved in the student’s individualized academic plan; the F or U will remain on the transcript. Upon recommendation of the instructor of record, the grade from the other institution will be noted in an academic action excusing the student from repeating the course. This academic action will appear in the body of the transcript.
(7f) In all cases where a course is repeated, a notation will be made in the appropriate section of the student’s MSPE.

7.3(8) Repeating Exams
Retaking failed examinations is a common mechanism for remediation of IF grades.

(8a) Students retaking an exam for remediation of an IF grade are allowed only one additional (second) attempt to pass the exam.
(8b) The instructor may establish a higher benchmark for minimally acceptable performance for the remediation attempt than was originally established for the exam at its first offering.
(8c) If upon re-examination the student’s performance is still not at a minimally acceptable level, a grade of F or U will be issued, and the student must repeat the entire course.

7.3(9) Repeating Courses
(9a) Only one repeat attempt is allowed.
(9b) No IF grades are issued to students who repeat courses.
(9b.1) A student whose performance places them in the IF range on a repeat attempt will earn an F or U grade for the course.
(9b.1) Students repeating required courses must earn a passing grade outright on their second attempt without remediation or re-examination of deficient work.

(9c) Students may only repeat required courses where they have earned a passing grade with approval of the SPARC.

(9d) Elective or selective coursework may be repeated provided the course content or experience differs substantively between iterations (e.g. research courses or M3 & M4 specialty electives) or upon department consent.

(9e) Regardless of mark earned on repeating the course, grades in all completed courses remain on the student’s official UW-Madison transcript.

7.4 Procedures

7.4(1) Grading Rubrics

(1a) Courses distribute and review grading policies with students at the course orientation. Course directors document the grading policies in the syllabus. The syllabus may be in electronic format and provided via the learning management software.

(1b) This grading policy includes all graded elements and their weighting in calculation of the final grade.

(1c) Attending physicians determine clinical grades based on observations of performance, often with input from other clinicians, residents, and staff.

(1d) In some clinical courses, residents may contribute an additional evaluation form.

7.4(2) Mid-Rotation Feedback

Feedback will occur midway through each rotation and will include a self-assessment as well as input from one of your team members. Clerkships use the Mid-Rotation Feedback Form. This feedback is for students’ benefit, and seeking out additional feedback from the faculty and residents throughout rotations is a best practice.

7.4(3) Posting of Evaluations and Final Grades

(3a) Grades are posted in OASIS in two dynamically generated reports: 1) Course Completion Record and 2) Course Requirements Report. Both are accessible from the “Degree Progress” menu.

(3b) Grades are viewable upon student’s completion of the course evaluations and completion of their faculty evaluations.

7.4(4) Grade Changes

(4a) Any change to a final grade, whether the change is due to clerical error or reevaluation of an exam answer, must be made by the course instructor.

(4b) Extra Credit Work

(4b.1) Faculty may not permit selected students to improve to a passing grade through completion of extra work. If extra credit work is permitted, it must be available to all students taking the course. This provision does not apply to arrangements made to remediate an IF grade.
Exam Grade Changes – See 6.3(13).4.7(2).

**7.4(5) Resolution of Grade Disputes**

(5a) Questions about grades must first be directed to the instructor of record, i.e. the course director. Students should refer to individual course grading policies regarding grade disputes.

(5b) Following the course grade review process, if the student believes the student was graded inappropriately, the student may request a review by the Dean for Students.

(5c) The student’s request for review must be made in writing, and must include the reasons the student believes the grade was unfair.

(5d) Following this review, the course director makes the final decision.

(5e) As a final recourse, students may follow the grievance procedures outlined in Section 19: Grievances.
8.1 Purpose
- A grade point average is calculated using the following permanent letter grades and their corresponding grade points. GPAs are for internal purposes only and are not reported on the official UW-Madison transcript.
- A more granular calculation of comparative performance is described for courses and years/phases where final course percentages are provided.

8.2 Definitions
8.2(1) Course Percent
The fraction of the total points in a course earned, e.g. 235/280 = 83.9%

8.2(2) Course Percentile/Percent Rank
The percentage of scores (i.e. course percentages) that fall below a given student’s score, which is given by this formula:

$$PR_x = \frac{B_x + 0.5E_x}{n} \cdot 100$$

PR = Percent rank
B = # of scores below x
E = # of scores equal to x
n = total population

8.2(3) Cumulative Comparative Performance (CCP) or Class Rank/Standing
An aggregation of course percent ranks and weighted by credits indicating a student’s performance relative to those students who took the same coursework. It is used in the ForWard Curriculum and partially for students in other years to quantify comparative class standing. CCP is a percentile value (i.e. 0-100) of relative academic performance rank (in year, phase, or overall). However, class rank is not reported explicitly but rather as a range. Calculation varies depending on the required curriculum and grading schema for courses therein but is based on this formula:

$$CCP_x = \frac{\sum PR_x Cr_x}{\sum Cr_x}$$

PR = Percent rank
Cr = Course credits
CCP = Cumulative Comparative Performance (for a given phase/year)

8.2(4) Dean’s GPA
This GPA is used to determine class rank/standing for students in the Traditional MD curriculum. It is an average of student performance in the preclinical and clinical years.
8.2(5) Grade Points Table

A  4.0 grade points per credit
AB 3.5 grade points per credit
B  3.0 grade points per credit
BC 2.5 grade points per credit
C  2.0 grade points per credit
F  0.0 grade points per credit
IF 0.0 grade points per credit
S  Not applicable
U  Not applicable

8.3 Policies

8.3(1) Universal Policies

(a) Only required courses are used in calculations of class standing.
(b) For purposes of determining academic progress, class rank (CCP) or GPA is tabulated only between semesters (after submission of all previous grades); it is never calculated within a semester.
(c) Class rank (regardless of its mechanism of determination) is never reported explicitly (i.e. 54/175). Quartiles (Legacy Curriculum) or graphical representations are used instead (ForWard Curriculum).

These reporting frameworks are chosen intentionally as they account for the inherent imprecision and ambiguity in calculation of class standing.

8.3(2) Class Rank Calculation

(a) Grades from required courses in the preclinical curriculum and core clinical courses are included in calculation of class rank (8.4).

(b) Grades earned in pass/fail courses are not included in the GPA calculation, but percent ranks are used for calculation of Cumulative Comparative Performance.

(c) F grades in required courses are calculated into the GPA until the course is repeated and a new grade issued at which point the GPA is recalculated with the new grade.

(d) For repeated courses, only the new grade or course percent rank, will be included in calculation of class rank.

(e) Elective courses are not included in calculation of class rank, either by Dean’s GPA or CCP.

(f) Grades earned in medical school courses taken prior to matriculation as a medical student at the UWSMPH are not included in calculation of class rank.

(g) Grades earned in courses taken at other medical schools, either before or after matriculation at the UWSMPH, are not included in calculation of class rank.

8.4 Procedures

8.4(1) Legacy Curriculum Class Rank & GPA Calculation

(a) For students without a year 2 CCP, the Dean’s GPA will be used.

(b) Dean’s GPA is the average of Year 2 and Year 3 CORE GPAs.
(1a.2) Year 2 and Year 3 CORE GPAs are calculated as a weighted average of grade points earned in required courses based on the credit values and grade points corresponding to the assigned letter grade.

(1a.3) Class rank is reported by quartile on the MSPE.

(1a.4) The Dean’s GPA formula: \( \text{Dean's GPA} = \frac{\text{Year 2 GPA} + \text{Year 3 Core GPA}}{2} \)

(1b) For students with a year 2 CCP, a hybrid, overall cumulative comparative performance is calculated.

(1b.1) Year 2 CCP and Year 3 Core GPA converted into percent rank terms.

(1b.2) Year 2 CCP calculation follows the definition and formula in 8.2(3).

(1b.3) Year 3 CORE GPA is the weighted average GPA for the 7 CORE Clerkships.

(1b.4) Year 3 CORE GPA is converted to a Year 3 CORE CCP using the formula in 8.2(3).

(1c) Final CCP/Class Rank is in quartile terms on the MSPE.

8.4(2) ForWard Curriculum Cumulative Comparative Performance

(2a) Overall CCP is calculated as an average of Phase 1 and Phase 2 CCP with each having equal weight.

(2b) Within each phase, CPP is the credit-weighted average of required course final percentiles.

(2c) Patients, Professionalism, and Public Health is not included in calculation of Phase 1 CPP.
9.1 Purpose
- Defines categories of academic standing for students in the MD program
- Outlines academic requirements and policies for progress

9.2 Definitions
9.2(1) Standard Academic Plan
The course of study leading to the MD that corresponds to the curriculum in place at a student’s matriculation and described in Section 2.2.

9.2(2) Individualized Academic Plan (IAP)
A modification to the standard course of study approved by the Student Promotion and Academic Review Committee. Modifications to the academic standing and progress criteria are specified in approved IAPs. Individual academic plans may modify the following elements:
- Course sequence
- Course of study and required coursework (rare)
- Timeline for completion of requirements
- Standards for academic standing
- Leave of absence

9.2(3) Extended Program
An extended program is one type of IAP that allows students to spread one year of course work over two years. Reasons for such requests may include pursuing research experiences, parenting and family issues, health issues, and academic difficulty. Students are cautioned that any extension of medical school training beyond the traditional four-year period may be perceived to be a negative factor in the residency application process. Students who request an extended program will be apprised of the possible risks before any decision is made.

9.2(4) Good Academic Standing & Progress
Good academic standing and progress is the expectation for students in the MD program. To maintain this, students must successfully complete the required curriculum on the standard academic plan or perform in accordance with their Individualized Academic Plan.

(4a) ...On Standard Academic Plan in Years/Phases with A-F Graded Courses
All of the following criteria are met.
- All courses passed
- Cumulative GPA $\geq 3.000$
- No courses dropped
- No more than one IF grade
- No professionalism or other conduct/behavioral violations

(4b) ...On Standard Academic Plan in Years/Phases with Pass/Fail Courses
All of the following criteria are met.
- All courses passed
- No courses dropped
• No IF, PI, or U grades
• No professionalism or other conduct/behavioral violations

9.2(5) Marginal Academic Standing & Progress
Marginal academic standing and progress is substandard global performance in the MD program. While not at risk for dismissal, students in this category are considered academically at-risk and will be more closely reviewed by the Student Promotion and Academic Review Committee and Student Services.

(5a) ...On Standard Academic Plan in Years with A-F Graded Courses
All of the following are required in one year or one phase.
• All courses passed
• No dropped courses excepted with an approved IAP
• No professionalism or other conduct/behavioral violations
• Either or both of the following:
  • Cumulative GPA where 2.800 ≤ GPA < 3.000
  • Two IF grades

(5b) ...On Standard Academic Plan in Years/Phases with Pass/Fail Courses
All of the following are required in a year or phase.
• One course where an IF, PI, NCR or DR (drop) is earned
• No failed (F or U) course grades
• No professionalism or other conduct/behavioral violations

(5c) Year-End Professional Skills Assessment (YEPSA)
Failure of the YEPSA places a student in marginal academic standing.

9.2(6) Unsatisfactory Academic Standing/Progress
Unsatisfactory academic standing and progress is substantially deficient performance and progress in the MD degree program.

(6a) ...On Standard Academic Plan in Years with Graded Courses
Meeting any of the following criteria
(6a.1) Cumulative Dean’s GPA < 2.800
(6a.2) Any failing grade or course dropped in lieu of failing
(6a.3) Three or more IF, I, or DR grades
(6a.4) Any professionalism or other conduct/behavioral violation
(6a.5) Failing one clinical course and six or more additional credits of C or IF in other, required, clinical courses
(6a.6) Final grade IF on twelve or more credits

(6b) ...On Standard Academic Plan in Years/Phases with Pass/Fail Courses
Meeting any of the following criteria in a given year/phase
(6b.1) Any failing grade or course dropped in lieu of failing
(6b.2) Two or more IF, I, or DR grades
(6b.3) Any professionalism or other conduct/behavioral violation

(6c) ...On Standard Academic Plan in Years with Graded Clinical Courses
(6c.1) Clinical grade of C on 12 or more weeks of performance evaluations
(6c.2) More than one F on a final clinical course evaluation
(6c.3) Failure of 3 or more end-of-course examinations (including repeat failures of the same exam), regardless of final clerkship grade after repeating the exam
Overall failure of the YEPSA exam combined with deficiencies as defined in unsatisfactory academic progress in the preclinical or Year 3 academic performance.

9.2(7) Substantial Deficiency/Deficiencies
A synonym for Unsatisfactory Academic Progress/Standing.

9.3 Policies
9.3(1) Standard Academic Plan
(1a) Unless modified in accordance with the policies in this chapter, all students are expected to complete that plan as enumerated.
(1b) Curriculum phases or years must be completed sequentially.
(1c) Courses within phases 1 and 2 are sequential.
(1d) A student must have passed all courses of a curricular year or phase before the student is promoted to the next.
(1e) The Dean for Students, their designee, or SPARC must approve any exceptions to academic plans.
(1f) The SPARC must approve any exceptions to policies on academic standing.
(1g) Failure to meet any of these requirements will lead to review by the SPARC.

9.3(2) Individualized Academic Plans
(2a) In consultation with course directors, the Office of Student Services, and the SPARC, students may adopt an Individualized Academic Plan (IAP) as a deviation from the standard curriculum.
(2b) For students in marginal or unsatisfactory academic standing, the SPARC may mandate an IAP.
(2c) Terms of IAPs are individualized to the student.
(2d) IAPs are automatically invoked when a student is approved for a leave of absence or any deviation from the standard course of study.
(2e) Deviations from the IAP course of study (e.g. course drops) will trigger review by the SPARC and may lead to sanction including dismissal (as the student is no longer in good academic standing).
(2f) When approving an IAP, the SPARC may establish specific benchmarks for academic progress.
(2g) A student on an IAP will be dismissed if the student fails any remaining required course.
(2h) The SPARC reserves the right to require any student to complete some or all clinical courses within the UW clinical campus or at specific sites therein.
(2i) Through an IAP, the Student Promotion and Academic Review Committee may set conditions and/or restrictions on continued participation in student organizations, especially the holding of leadership positions therein.

9.3(3) Good Academic Standing & Progress
(3a) Students in good academic standing and progress are eligible for school-sponsored scholarships and leadership positions.
(3b) Students in good academic standing may request and receive letters of support and institutional sponsorship to extracurricular educational experiences, both external (e.g. national research fellowships) and internal (e.g. Path of Distinction, TRIUMPH).

9.3(4) Marginal Academic Standing & Progress
(4a) Students in marginal academic standing will be reviewed by the SPARC and may be required to appear.
(4b) Upon review, the SPARC may mandate an individualized academic plan for students in marginal academic standing as a condition for continued enrollment.

(4c) Students holding school-sponsored leadership positions and who fall into marginal academic standing will have their participation reviewed by the Dean for Students and/or the SPARC and may be required to relinquish their positions.

(4d) Students in marginal academic standing are not automatically supported for extracurricular educational experiences but may request an exception at the Dean’s discretion and SPARC approval.

9.3(5) Unsatisfactory Academic Standing/Progress

(5a) Students whose work falls into this category will be notified and required to meet with the Office of Student Services.

(5b) Students in unsatisfactory academic standing are not eligible for school-sponsored scholarships or leadership positions and are not supported for extramural or extracurricular experiences.

(5c) Students in unsatisfactory academic standing will be required to appear before the SPARC and may face action, including dismissal from the Medical School.

(5d) Students with unsatisfactory academic performance in required clinical courses will be reviewed by the SPARC and issued an IAP with specifically enumerated elements for remediation.

(5d.1) Upon completion of their remediation IAP If the panel indicates unsatisfactory performance, the student will be dismissed from the Medical School. If the panel indicates satisfactory performance, the student will be scheduled to complete the unfinished Core Clerkships, including repeating any failed courses.

(5d.2) The SPARC must indicate the specific performance expectations on remaining clerkships for students permitted to continue after such review.

(5e) When reviewed, students in unsatisfactory academic standing will not be permitted to continue on the standard academic plan unless granted such approval or provided an IAP dictating their individualized course of study.

(5e.1) Additionally, the SPARC may dismiss the student from school, place the student on a leave of absence, or develop an IAP to allow the student to continue in school under the Committee’s direction.

(5e.2) Students placed on a leave of absence may seek to re-enter school as specified in the SPARC action and must repeat all courses as so specified.

(5f) Students substantially deficient in required clinical courses will be evaluated by a panel of clinical faculty through an individualized clerkship, written examination, Objective Structured Clinical Exam, and/or standardized patient-type examination in subjects to be specified by the SPARC.

(5g) The SPARC will review the performance of any student who receives a grade of C, U, IF, or F on any Year 4 required clerkship, preceptorship, or elective.

9.3(6) Year 4/Phase 3 Progress Review

(6a) The SPARC will review student schedules of those who earn C, or failing grades.

(6b) If the student receives C, U, IF, or F grades on 8 credits or more of Year 4 work, the SPARC may dismiss the student from the Medical School or require the student to successfully complete a special evaluation before proceeding with regularly scheduled clerkships or electives.
(6c) A student must complete their final year/phase coursework with grades of B or better to satisfy graduation requirements.

(6d) Failed clerkships or electives must be made up either by repeating the same clerkship or by taking a similar clerkship with approval of the SPARC.

(6e) A grade of C or BC on required Year 4 clerkships or the Preceptorship will be sufficient to satisfy the course requirement but the credits will not count toward total credits required for graduation.

9.3(7) Dropping Preclinical Courses

(7a) A student may be allowed to drop a preclinical course with permission of the Dean for Students in consultation with the Course Director and staff in Student Academic Support Services.

(7b) If the approved drop occurs prior to the date the course is two-thirds complete, the course will be removed from the student’s medical school record and University transcript.

(7c) If the approved drop occurs when two-thirds or more of the course is complete, the course will appear as dropped (i.e. grade of DR) on the student’s medical school record and university transcript.

9.3(8) Dropping Clinical Courses

(8a) Students may drop clinical courses outside of their restriction window without approval or penalty.

Each course establishes a restriction window, typically 2-4 weeks prior to each of the section’s start dates. Inside of this window, student-initiated adding/dropping of the course on OASIS is restricted by the system.

(8b) Students may be permitted to drop clinical courses inside of their restriction windows with the consent of the instructor or Student Services.

9.3(9) Time Limitations, Preclinical Courses

(9a) Unless specified in their IAP, students must successfully complete the preclinical curriculum within 36 months of matriculation or be dismissed.

(9b) Maximum time requirements may be waived for the following reasons:

- To permit the student to engage in research or other scholarly pursuits
- Medical illness/injury (self or dependent)
- If the waiver is sought for personal medical illness, a written evaluation from a physician is required
- For other compelling non-academic reasons

9.3(10) Time Limitations, Clinical Courses

A student who fails to complete clinical curriculum years/phases within 36 months of beginning them will be dismissed from Medical School absent an approved IAP from the SPARC.

(10a) Maximum time for completing the requirements may be waived only due to illness student engagement in research or other scholarly pursuits, or for other compelling non-academic reasons.

(10b) If the waiver is sought for medical reasons, a written evaluation from a physician is required.

9.4 Procedures

9.4(1) Request for Individualized Academic Plan, including Extended Program

(1a) Complete a request form, available in OASIS Notices or the Office of Student Services, 2130 HSLC.
Requests are reviewed and approved by the Office of Student Services and the Student Promotion and Academic Review Committee.

9.4(2) **Academic Standing Review**

(2a) The SPARC reviews academic standing at the end of every semester.

(2b) The total number of non-passing (e.g. I, IF, DR, PI) and failing (U or F) grades received (even those successfully remediated) is used to calculate academic standing.

(2c) When calculating academic standing, all academic performance indicators and criteria (GPA, number of marginal/unacceptable course grades) are evaluated cumulatively rather than per semester.

(2d) Unless specified by SPARC motion or IAP, end-of-semester academic standing reviews for students with IAPs are deferred until completion of that semester's standard required courses.

(2e) For the purposes of assessing minimum academic progress standards or substantial deficiencies as defined in unsatisfactory academic progress, courses dropped or withdrawn in lieu of continuing and failing will be treated as failing grades when applying this chapter's policies.

(2f) Any students in marginal or unsatisfactory academic standing will be individually reviewed by the SPARC and may be required to appear.

(2g) Students appearing may be mandated IAPs until their performances meet criteria for good academic standing.

(2h) A student may be dismissed at the end of the semester if that student does not have a minimum cumulative GPA of 2.800.

(2i) A student who fails the same course twice will be dismissed.
Section 10: Student Review Committees

10.1 Purpose

- To define the charges and responsibilities of the SPARC and CRC
- To define the rules of operation for the SPARC and CRC

10.2 Definitions

10.2(1) Student Promotion and Academic Review Committee (SPARC)
The group of faculty and staff charged with monitoring performance of all medical students and reviewing those medical students who fail to meet academic or professionalism standards or requirements.

10.2(2) Competency Review Committee (CRC)
The group of faculty and staff serving as a centralized committee charged with reviewing a students’ competency in all (6) domains of the ForWard Curriculum. The CRC applies only to students in the ForWard Curriculum and SMPH Graduation Competencies http://www.med.wisc.edu/50580.

10.2(3) Longitudinal Teacher Coach
The faculty member assigned to a student in the ForWard Curriculum to review their progress to competency across the six competency domains and jointly create competency and skill development plans. This may be a single faculty member or may be a pair of faculty members then referred to as the “coach dyad”.

10.2(4) Voting Member
Member of the committee permitted to vote on any action before the committee.

10.2(5) Ex Officio Member
Member serves an advisory capacity to the committee and does not have a vote unless specifically appointed to do so for a single meeting to obtain committee quorum.

10.3 Policies

10.3(1) Responsibility of the CRC
   (1a) The CRC is responsible for determining if a student is meeting competency expectation in all six Competency Domains or if a student is progressing toward competence with some concern.
   (1b) Students determined to be meeting competency expectation in all 6 Competency Domains by the joint assessment of the student and coach will receive a brief review by the CRC.
   (1c) The following students will undergo more thorough review by the CRC:
   (1c.1) Any student who receives a “progressing toward competence with some concern” rating in any of the 6 Competency Domains;
   (1c.2) Any student who receives an “unacceptable” rating in any Competency Domain or sub-competency scale;
   (1c.3) Any student for whom there is a difference between the student and the coach in any of the 6 Competency Domains.

10.3(2) Student Review by the CRC
Following review, the following actions may be taken.
(2a) Approve a learning plan submitted by the student and developed in conjunction with the coach to address deficits in the student’s performance, then review the student again to assess progress on the learning plan
(2b) Amend a learning plan submitted by the student and the LTC
(2c) Refer the student to Student Services for further evaluation and assistance
(2d) Refer the student to the SPARC

10.3(3) Composition of the CRC
(3a) Voting members of the CRC include:
   • Member(s) of the SPARC
   • Member(s) of the EPC
   • Director of the Longitudinal Teacher Coaches
   • Phase 1 Director
   • Phase 2 Director
   • Associate Dean for Medical Education and Student Services
(3b) Ex officio members include
   • Dean for Students
   • Other faculty and staff as needed

10.3(4) Access to Student Records by CRC
The CRC is empowered to review all data pertaining to a student’s competency in all domains of the ForWard Curriculum. This includes but is not limited to:
   (4a) Student reflections, self-assessments and learning plans
   (4b) Coach/dyad assessment and narrative feedback
   (4c) Report of the joint assessment between the student and coach/dyad

10.3(5) Responsibilities of the SPARC
(5a) Review of the academic progress and course of study for any student not in good academic standing
(5b) Review and rule on allegations of student violations of the Professional Behavior Code
(5c) The committee is empowered to establish individualized learning plans and levy sanctions or other disciplinary actions.
(5d) The SPARC has access to all academic records of those students referred to it for review.
(5e) Determine remediation and/or sanctions in cases of unsatisfactory academic progress or unprofessional behavior
(5f) Review, revise, and ratify academic policies (in conjunction with the EPCC)
(5g) Approve Individualized Academic Programs for MD degree program students
(5h) Review Leave of Absence requests
(5i) Review Extended Program requests
(5j) Review any other requested deviation from the standard academic plan
(5k) Approve promotion to the next academic year of all students who have satisfactorily completed a given year’s curricular requirements
(5l) Approve graduation of all students who have completed the requirements for the Doctor of Medicine degree
(5m) The enumeration of specific responsibilities in this section shall not be construed to deny others retained by the committee and pertaining to the monitoring and adjudicating of student academic performance, degree progress, and promotion in the MD Program.
10.3(6) **Composition and Voting Members of the SPARC**

The composition and selections of SPARC’s voting membership is governed by the committee’s bylaws.

10.3(7) **Recusal from SPARC Participation**

(7a) Faculty will make prompt and full disclosure, to the extent appropriate, to the committee chair when a conflict of interest exists or may exist.

(7b) Committees members will disclose past associations with a student.

(7c) Faculty will disclose conflicts of interest to the SPARC chair prior to discussion of and with respect to the student.

(7d) Faculty agree to hold confidential all aspects of SPARC meetings including student names and the motions made.

(7e) Any member of the Student Promotion and Academic Review Committee who has provided medical or mental health services to a student must recuse themselves from participating in any promotion decision about that student.

10.3(8) **Quorum for the SPARC**

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

(8b) Quorum may be established by appointing a temporary member from among the attending Ex Officio committee members to serve as a voting member for the duration of that meeting only.

(8b.1) Students will be informed when quorum is obtained in this manner.

(8b.2) This member may be appointed by the Committee Chair or the Dean for Students.

(8c) If a quorum is not established, the student will be informed and presented with two options:

1. Agree to waive quorum rights thereby accepting the decision of voting members present as binding;

2. Accept motions and decisions made via email voting of a quorum of committee members.

10.3(9) **Allegations of Unprofessional Behavior**

(9a) When an allegation of inappropriate behavior is made, whether by faculty, residents, staff, fellow students, patients, or members of the non-academic community, it must be presented in writing to the Dean for Students or their designee.

(9b) The Dean for Students shall communicate the allegations in person or in writing to the student and shall schedule a meeting to discuss the matter with the student.

(9c) Following an investigation and review of all available information, the Dean for Students shall decide if the allegations potentially violate the Professional Behavior Code. If so, the Dean for Students shall explain to the student in person or in writing the findings and inform the student that the case will be referred to the SPARC.

(9d) If the SPARC finds a student has violated the Professional Behavior code, sanctions may be imposed.

(9e) The SPARC shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting. If the decision by the Student Promotion and Academic Review Committee is adverse to the student, the decision must include notification that the student may request reconsideration by the SPARC.
10.3(10) Reconsideration of SPARC Action

(10a) Following the receipt of a written decision by the Student Promotion and Academic Review Committee, the student may request a reconsideration meeting.

(10a.1) A request for reconsideration will only be considered in cases where the student wishes to present new and/or additional facts to the Student Promotion and Academic Review Committee.

(10a.2) A written request for reconsideration must be submitted to the Dean for Students or their designee within thirty (30) business days of the date of the Student Promotion and Academic Review Committee’s written decision. The request must include the reasons for requesting a reconsideration of the Committee’s initial decision.

(10b) The Student Promotion and Academic Review Committee shall meet to reconsider its decision after the Dean for Students or designee has forwarded the request for reconsideration to the committee.

(10c) This meeting represents the student’s final opportunity to present new or additional facts.

(10d) A student appearing before the SPARC may be accompanied by one person whose primary role is to support the student.

It is not expected that this person will speak on behalf of the student.

(10e) Per standard SPARC procedures, all committee deliberations and voting for reconsideration shall be in closed session. Only voting and ex officio members of the Student Promotion and Academic Review Committee may be present during the closed session, including legal counsel to the committee.

(10f) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the reconsideration process.

(10g) The Student Promotion and Academic Review Committee’s decision on the reconsideration shall be communicated to the student in writing, stating the reasons for the decision. If the Committee’s reconsideration decision is adverse to the student, the notification must state that the student may appeal the reconsideration to the EPCC. The SPARC decision shall be delivered in writing to the student either by personal delivery or by certified US mail. This letter represents official notification.

10.3(11) Appeal to the Educational Policy and Curriculum Committee (EPCC)

(11a) If the student wishes to appeal an adverse decision following reconsideration by the SPARC, a written request for an appeal must be submitted to the Dean, SMPH or their designee.

(11b) The request for appeal must be submitted within thirty (30) business days of the Committee’s written decision on the reconsideration.

(11c) In the request for an appeal, the student should state the specific ground(s) of appeal which is/are limited to those listed in subsection d below. For purposes of this section, “days” means calendar days excluding holidays.

(11d) The appeal to the Educational Policy and Curriculum Committee must be based on one or more of the following criteria:

(11d.1) School policies were incorrectly applied.

(11d.2) The decision is contrary to existing state or federal law.

(11d.3) Proper procedures were not followed.
(11d.4) Unfounded, arbitrary or irrelevant assumptions of fact regarding the student’s performance or behavior were made by the Student Promotion and Academic Review Committee.

(11d.5) In addition, the student may be requested to identify those specific aspects of the Student Promotion and Academic Review Committee decision process that the student believes meet the criteria cited as a basis for the appeal. Only the facts presented to the Student Promotion and Academic Review Committee may be introduced at the appeal before the Educational Policy and Curriculum Committee.

(11e) The burden of proof shall be on the student to demonstrate that the Student Promotion and Academic Review Committee reconsideration decision was based to a significant degree on one or more of the above conditions.

(11f) The student may appear before the EPCC to provide information consistent with subsections (11d.1) through (11d.5).

(11g) A support person may accompany the student to the appeal meeting of the EPCC. The primary role of this is to support the student.  

\[ \text{It is not expected that this person will speak on behalf of the student.} \]

(11h) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the appeal process.

(11i) The EPCC shall meet after the Dean has forwarded the request for an appeal of the Student Promotion and Academic Review Committee reconsideration decision to the EPCC.

(11i.1) The meeting will be chaired by the Dean of the School or their designee.

(11i.2) All committee actions regarding student appeals shall be held in closed session. Following any presentation to the committee, only voting and ex officio members may be present, including legal counsel to the committee. Any member of the EPCC who also served on the Student Promotion and Academic Review Committee when that committee made an adverse decision regarding the student may not vote on the appeal to the EPCC.

(11j) The EPCC may take any of the following actions on the appeal:

(11j.1) Reject the appeal and affirm the initial decision of the SPARC.

(11j.2) Reverse the decision of the Student Promotion and Academic Review Committee based on one or more of the conditions for the appeal.

(11j.3) Remand the matter for reconsideration by the Student Promotion and Academic Review Committee for appropriate corrective action under instructions from the Educational Policy and Curriculum Committee.

(11k) The student shall be notified in writing of the EPCC’s action on the appeal, stating the grounds for the action taken. EPCC decisions shall be delivered in writing to the student’s official university email address. These represent official notification.

10.3(12) Sanctions
In determining a sanction, the Student Promotion and Academic Review Committee may take into account prior incidences of review by the Committee or other allegations of academic or non-academic misconduct brought to the attention of the Office of Student Services but not requiring review by the SPARC.

(12a) Monitoring
(12a.1) General monitoring is prescribed for all students reviewed by the SPARC. Regardless of any other outcome or sanctions, the SPARC, Office of Student Services, and their designees will monitor all students reviewed by the committee. Monitoring may include mandated, ongoing meetings with faculty and staff to assess academic or behavioral remediation.

(12a.2) Academic monitoring typically includes review of course and overall performance by the SPARC, Office of Student Services, Student Academic Success Services, and/or Academic & Career Advising Program mentors. Additional performance benchmarks may also be put in place for students on SPARC-mandated academic monitoring, and failure to meet these will trigger subsequent review and action by the committee.

(12a.3) Student experiencing psychosocial difficulties in medical school may be prescribed monitoring and assessment by the Office of Student Services, Student Academic Success Services, Academic & Career Advising Program mentors, and/or mental health professionals at UHS or in the community. Unless otherwise specified by the SPARC for unique cases, no records or other treatment information is passed from provider to a school representative (e.g. Office of Student Services); however, the SPARC may insist on verification of attendance/participation in mandated treatment (e.g. documentation that a student attended the requisite counseling sessions but nothing on the substance of these).

(12a.4) Alcohol and drug monitoring may be prescribed by the SPARC and typically involves random screening for the duration of students’ medical education.

(12a.5) If monitoring by an outside agent (e.g. drug screening lab) is required, the student will bear all associated costs.

(12a.6) Any noncompliance, including missing/skipping a session for any reason, is considered a failed test and will be reviewed by the SPARC for additional sanctions, up to and including dismissal.

(12b) Reprimand

(12b.1) A formal reprimand by the SPARC includes notation placed in the student’s permanent record. This will be reviewed and taken into consideration by the Office of Student Services and SPARC in any other cases of that student’s misconduct.

(12b.2) The SPARC may mandate that the reprimand be reported in the appropriate section of the student’s MSPE.

(12c) Suspension / Mandated Leave of Absence (LOA)

(12c.1) Suspension or a mandated leave of absence is similar to dismissal in that it constitutes an immediate termination of student status unless otherwise specified by the SPARC.

(12c.2) All in-progress and scheduled courses (during the term of LOA) are dropped or graded “Incomplete” as appropriate.

(12c.3) The decision to suspend a student cannot be stayed or deferred pending reconsideration or appeal.

(12c.4) At the discretion of SPARC, Dean for Students, or their designee; suspended/LOA students may be allowed to enroll in independent study to maintain continuous enrollment for insurance and/or financial aid purposes or may be permitted to enroll as a special student in UW courses outside the UWSMPH.
At the time of the suspension/LOA, the SPARC will enumerate any conditions for reinstatement of student status and resumption of coursework (e.g. approval of SPARC, Dean for Students, or their designee before return to student status, presentation of a fitness to return to duty letter, written approval of a treatment team).

**Dismissal**

(12d.1) Dismissal is the immediate termination of student status.

(12d.2) All current and scheduled courses are dropped or graded “Incomplete” as appropriate or determined by the SPARC or their designee.

(12d.3) The dismissal decision will not be stayed (i.e. suspended) pending reconsideration or appeal.

(12d.4) Dismissed students are not permitted to enroll in MD curriculum courses or any other UW-Madison course as University Special Students.

(12d.5) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the appeal process.

(12d.6) Students dismissed or appealing dismissal may not sit for (i.e. take) any USMLE or NBME exams.

### 10.4 Procedures

**10.4(1) General Procedures for Review and Action on Student Case**

**1a) Appearance for Review**

(1a.1) The SPARC may mandate an in-person review of any student breaching school policies contained herein.

(1a.2) A student may elect to appear for review in person, even if the SPARC does not explicitly require it.

**1b) Student Statement & Supporting Documentation**

(1b.1) Students are encouraged to submit a one-page statement to the committee in advance of their appearance.

(1b.2) Students may submit other supporting documentation such as letters of support. Letters of support are not required, but if submitted, students may provide a maximum of two.

**1c) The Dean for Students or their designee shall present the case and the student’s academic record to the Student Promotion and Academic Review Committee.**

**1d) A student appearing before the SPARC may be accompanied by one person whose primary role is to support the student.**

| It is not expected that this person will speak on behalf of the student. |

**1e) The student has the right to present relevant information, including presenting witnesses. The student also has the right to question any witness presented by the Dean for Students or their designee.**

**1f) The SPARC shall make a record of the meeting (i.e. meeting minutes). Once ratified by the Committee, any party to the meeting may obtain copies of the minutes at their expense and subject to state and federal statues (i.e. FERPA and Wisconsin open meetings laws).**

**1g) All Committee deliberations and actions shall be in closed session. Only voting and ex-officio members may be present during the closed session, including legal counsel to the Committee.**

**1h) The SPARC shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting.**
(1i) Unless otherwise specified, decisions of the Committee take immediate effect.
(1j) In addition to verbal and email communication with students immediately after the meeting, SPARC decisions shall be delivered in writing to the student’s official university email address. The delivered email letter represents official notification, starting the student’s window for reconsideration or appeal.

10.4(2) Evidentiary Standards & Burden of Proof
(2a) When deciding the veracity of disputed information or allegations, the committee shall require clear and convincing evidence.
(2b) The meeting shall not be bound by state or federal rules of evidence for trials.
(2c) Information that the committee deems useful to determining a disputed point will be admitted for consideration.
(2d) Information that is immaterial, irrelevant, or unduly repetitious will not be considered by the committee and is strongly discouraged.

10.4(3) Readmission through SPARC Action
(3a) A student who has been dismissed or who has withdrawn for not meeting academic or professional behavior requirements can be readmitted only by approval of the Student Promotion and Academic Review Committee.
(3b) The Admissions Committee shall be notified of the students who are dismissed during these years to assist the SPARC in its evaluation of admissions criteria.
(3c) In general, applications for readmission following an absence of two (2) or more years will not be considered favorably.
(3d) When readmission to the Medical School is sought after leave of absence for medical reasons, a written evaluation from a physician is required.
(3d.1) The SPARC may require an independent opinion by a physician of its choice.
(3d.2) The SPARC must approve a return to the Medical School following a medical leave of absence.
Section 11: Professionalism & Professional Behavior

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

11.2 Definitions
11.2(1) University of Wisconsin System Administrative Code: UWS 14, 17, & 18
All medical students are subject to the rules and regulations, procedural rights and protections, contained in chapters 14, 17, and 18 of the University of Wisconsin System Administrative Code that governs student academic and nonacademic disciplinary procedures and conduct on university land, and to all other applicable state and federal law. Violation of UWS 14, 17, or 18 may result in university disciplinary action including disciplinary probation, suspension, or expulsion.

11.2(2) Plagiarism
The Medical School’s policies on plagiarism include cheating on exams, representing the work of others as their own, collaborating with other students when prohibited, etc.

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

11.3 Policies
11.3(1) Professional Behavior Code
(1a) Introduction
In addition to the requirements in UWS 14, 17, and 18, students must adhere to the Medical School’s Professional Behavior Code (see below). Unprofessional behavior toward patients, faculty, peers and the public are significant issues in the evaluation and promotion of medical students. These factors will be considered in the grading and promotion process in all four years of medical school. Inappropriate behavior may be grounds for failure to promote, dismissal, and/or denial of the degree. Separate and apart from a violation of the School’s Professional Behavior Code, a student also may face
university disciplinary action, as noted in UWS 14, 17, and 18, with regard to the same action.

(1b) Preamble
In conferring the MD degree, the University of Wisconsin certifies that the graduate is competent to pursue a career as a Doctor of Medicine. In addition to certifying competency in medical knowledge and skills, the degree means that the graduate has demonstrated intellectual honesty; exemplary moral and ethical character; a responsible, civil attitude towards patients and fellow health care workers; and a strong sense of personal integrity. The purpose of this code is to create a basic framework to assist medical students in learning to make ethical decisions in the academic and clinical environments. The following are professional behavior guidelines and responsibilities that the Medical School expects of students and faculty. Each includes examples of violations of the Professional Behavior Code that could lead to a review by the SPARC. However, these examples are not all-inclusive. Furthermore, not all violations are considered to be equal such that, in determining the appropriate sanction(s), violations will be penalized in accord with severity. Every attempt will be made to fairly and consistently apply the Professional Behavior Code.

(1c) Interpersonal Relationships
Students shall communicate with and treat instructors, fellow students, patients, staff, allied professionals, and the public in a professional manner. This includes addressing them in a collegial, professional manner and respecting individual rights to hold opinions that differ from their own.

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

(1d) Honesty, Integrity, and Confidentiality
The patient-physician relationship is dependent on the patient’s assurance that the physician or student-physician will not divulge sensitive information to others. Thus, patient medical records and all conversations between student and patient are considered confidential and shall not be disclosed or made available to any person not directly involved in the patient’s care. In the pursuit and achievement of all academic and professional matters, students shall act fairly and honestly.

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

(1e) Professional Appearance

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

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

(1f) Professional Responsibility and Judgment

(1f.1) Students are expected to meet their clinical and educational responsibilities at all times. While personal issues can arise that conflict or interfere with such obligations, every effort should be made by the student to resolve the conflict in a professional manner by assuring that patient care is not compromised and that appropriate members of the health care team and SMPH Administration are notified in a timely fashion.

(1f.2) Although classroom attendance is not mandatory in all courses, students who are unable to attend class are responsible for finding out what occurred that day and will not ask instructors to give them individual instruction.

(1f.3) Students shall not participate in classroom and clinical activities while under the influence of alcohol or any psychoactive substances, unless the use of such a substance is under the orders of a physician and the student does not manifest impairment. The following are examples of violations of professional responsibility and judgment:

• failure to contact your clinical supervisor or administrator for permission to address personal business that results in being late for morning rounds, leaving early, or otherwise interrupting a student’s clinical duties;
• missing an examination or being late for an examination without contacting the Student Services Office and the course or exam administrator;
• being under the influence of alcohol or drugs while participating in clinical or other educational activities;
• creating a public disturbance;
• treating course administrators and other staff with disrespect.
11.3(2) **Student Code of Medical Ethics**

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

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

11.3(3) **Expectation for All Courses When a Patient Is Present**

(3a) If a patient is to be present at a large group course activity, attendance for all students is required.

(3a.1) Students should be on time and attentive during the presentation (laptops closed, cell phones on silent mode, no texting etc.).

(3a.2) Attendance may be taken.

(3a) If a student cannot attend, the student must contact the course director in advance.

(3a.1) There may be a make-up assignment for any student who misses these events for any reason (excused or unexcused).

(3a.2) These patient events will not be uploaded to the video library.

(3b) The course director will notify students at the beginning of the course regarding dates for these required patient events.

(3c) All students are expected to come to class in professional dress consistent with UW Hospital Dress Code Policy; white coats are not required.

11.3(1) **Plagiarism in Clinical Courses**

*Students are expected to do original work that attributes and assimilates any works cited, re-frames wording, and adds something new to the topic of the assignment.*

(1a) In the instance that plagiarism is suspected the clerkship director will be responsible for communicating with the Dean for Students or their designee at the time of suspicion of academic misconduct and before a formal accusation is made.

(1b) Clerkship directors, in consultation with the Medical School and the Office of Student Services will follow the process to investigate and conduct hearings as outlined in UWS 14.

(1c) These recommendations do not preclude individual faculty in clerkships from following UWS 14, but the clerkship directors will ask faculty teaching in their courses to consult with them as a matter of process.

(1d) If after investigation there is a confirmed case of plagiarism, the clerkship directors unanimously support the following recommendations for disciplinary sanction:
(1d.1) **For a first offense:** The assignment deemed to have contained plagiarized material must be redone and graded on its merits. The grade for the course will be lowered one full letter value. A written reprimand will be placed in the student’s file.

(1d.2) **For a second offense:** The student will receive a failing grade in the course. Another written reprimand will be placed in the student’s file. The student will be referred to the SPARC.

(1e) The policies and sanctions established above in 11.3(1d) are executed at the clerkship level and do not preclude additional review and sanction by the SPARC for professional misconduct or campus under UW-System Policy Chapter 14: Academic Misconduct. are executed at the clerkship level and do not preclude additional review and sanction by the SPARC for professional misconduct or campus under UW-System Policy Chapter 14: Academic Misconduct.

### 11.4 Procedures

11.4(1) **Failure to Meet Professional Behavior Requirements**

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

(b) Review by the SPARC may result in disciplinary action including disciplinary reprimand, leave of absence, or dismissal from the Medical School.
12.1 **Purpose**
- Define policies and procedures for both student-initiated and school mandated leaves of absence.

12.2 **Definitions**

12.2(1) **Leave of Absence (LOA)**
A suspension of coursework for a least one semester such that a student is not enrolled in any courses.

12.2(2) **Student-Initiated LOA**
An LOA where the student elects to suspend coursework. Most often this is done for academic enrichment (e.g. second degree, research) or personal/health reasons.

12.2(3) **Mandated LOA**
The Dean for Students (or designee) suspends a student's participation in some or all educational activities.

12.3 **Policies**

12.3(1) **General Policies Governing Leaves of Absence**
(1a) Students granted leaves of absence are not permitted to enroll as University Special Students in courses offered in the medical student curriculum.
(1b) All approved leaves of absence are presented to the SPARC.
(1c) If the leave begins after the semester has begun, disposition of the registered courses for that semester follow UWSMPH guidelines unless the Office of Student Services grants a specific exception to the policy.
(1d) Students will not be granted a leave of absence once their final exam period has begun.

12.3(2) **Student-Initiated Leave of Absence**
(2a) These leaves are only granted to students in good academic standing.
(2b) The maximum leave granted without specific approval from the SPARC is 1 year.

12.3(3) **Mandated Leave of Absence**
(3a) The Dean for Students is empowered to place students on a mandated leave of absence in cases where there is risk to patient care and/or student safety.
(3b) When the Dean for Students considers a leave of absence to be in the best interest of the student, and the student does not agree, the case will be presented to the SPARC.
(3c) The SPARC must approve mandated leaves of absence impacting a student’s academic plan.
(3d) Students placed on mandated leaves of absence must have SPARC approval to return to coursework.
(3e) While on a mandated leave of absence a student may not participate in patient care activities.
12.3(4) **Duration of Leave of Absence**

(4a) The duration of a leave of absence can be for any length between two and twelve months.

(4b) Leaves beyond one year require approval of the SPARC.

(4c) Students on financial aid are encouraged to inquire about the possible impact of a leave on their loan status.

12.3(5) **Leave of Absence for Medical Reasons**

(5a) When a leave of absence is requested for medical reasons, a written evaluation from a physician may be required. The Dean for Students may require an independent opinion by a physician chosen by and at the expense of the Medical School.

(5b) When reentry to the Medical School is sought after a leave of absence for medical reasons, a written evaluation from a physician may be required. The Dean for Students or the SPARC may require an independent opinion by a physician selected by the Medical School.

(5c) When the reason for a medical leave is associated with a newly acquired physical or learning disability, the student must be reviewed by the Technical Standards and Accommodation Advisory Committee before readmission to the Medical School can be considered.

12.3(6) **Maternity/Paternity Leave of Absence**

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

12.3(7) **Impact of Leave of Absence on Time Limits**

The academic policies of the Medical School stipulate specific time limits for students to progress through the curriculum. These time limits are suspended for the duration of a leave of absence for students who begin a leave in good academic standing and without any incomplete grades unless otherwise specified by the student’s individualized academic plan.

12.3(8) **Impact of Leave of Absence on Clinical Course Scheduling**

If the total number of students (new, continuing/delayed, transfers, MD/PhD students, etc.) needing to schedule clinical courses exceeds the total number of available slots, students returning from LOA do not have priority.

Regardless of when the leave is taken during the first three years of medical school, if the leave delays the start or interrupts a student’s core clinical course schedule, every effort will be made to reschedule the missing courses at the beginning of the next scheduling cycle.

### 12.4 Procedures

12.4(1) **Leave of Absence, Student-Initiated**

(1a) A request for a leave of absence must be submitted on a Leave of Absence Request Form and discussed with the Dean for Students.

(1b) Approval is dependent on the reasons and goals for the leave and may require review by the SPARC.
13.1 **Purpose**
To define the UWSMPH policy on the following two categories of special students:
- Transfer Students
- Visiting International Students

13.2 **Definitions**
13.2(1) **Transfer Students**
A transfer student is any student seeking to gain admission to UWSMPH when not admitted as an entering first year student and/or having completed one or more years of medical school at a different institution.

13.2(2) **Visiting International Student**
A visiting international student is any student enrolled in an international medical school seeking to enroll in any UWSMPH course. An international medical school is any medical school not accredited by the LCME or the American Osteopathic Association (AOA).

13.3 **Policies**
13.3(1) **Eligibility Criteria**
To be eligible to act as a visiting student at UWSMPH, a student must meet all of the following criteria without exception:
   (1a.1) The student is a United States citizen, a Canadian or Puerto Rican citizen, or a permanent resident of the United States
   (1a.2) Currently enrolled in an LCME or AOA accredited medical school
   (1a.3) In their final year of training at the time they will be rotating in the School of Medicine and Public Health
   (1a.4) Passing score on USMLE Step 1

13.3(2) **Affiliation Agreement**
Affiliation Agreements are required for all visiting medical students.
(2a) To obtain the AAMC Universal Agreement, UW Implementation Letter, and information/instructions at Affiliation Agreements.

13.3(3) **Disability Accommodations**
The visiting student’s institution will provide disability accommodations for their students who require them.

13.3(4) **Credit Limit**
Students enrolled in other medical schools may select up to eight credits as a visiting student to the UWSMPH.

13.3(5) **Placement Priorities**
The School of Medicine and Public Health gives first priority for placement in clinical education to its own students. After UWSMPH students are placed, we will begin the placement of approved visiting students.
13.3(6) **Global Assumption of UWSMPH Policies**
While visiting students are rotating at UWSMPH, they are held to all of the policies of UWSMPH and UW-Madison.

13.3(7) **Transfer Students**
(7a) Due to the highly integrated and longitudinal nature of the UWSMPH ForWard Curriculum that begins immediately upon commencing year 1, the UWSMPH does not accept transfer students.
(7b) Petition for exception to this policy must be made in writing and submitted jointly to the Office of Students Services for adjudication by the Student Promotion and Academic Review Committee.
(7c) Written petition for exception must clearly document that the transferring student’s education can only be completed at UWSMPH and must state why the student’s original institution cannot fulfill the training needs of the student.

13.3(8) **International Visiting Students**
(8a) The UWSMPH does not accept visiting students from international medical schools.
(8b) Special exceptions to this policy may be made when *all* of following conditions are met:
   (8b.1) The student is a resident of the state of Wisconsin.
   (8b.2) The student has taken and passes USMLE Step 1.
   (8b.3) The student has a UWSMPH faculty sponsor
   (8b.4) The faculty sponsor has secured permission of the Dean in order for the student to enroll in a UWSMPH course.
   (8b.5) The presence of the student in no way conflicts with or compromises the training of a UWSMPH student or graduate trainee.

13.4 **Procedures**
13.4(1) **Application**
All visiting students must complete all application steps and meet all requirements as detailed on the UWSMPH Visiting Students website.

13.5 **References**
Incoming Student Affiliation Agreement:
https://uwmadison.app.box.com/s/c4ztq8ds6ye5d7eqk55ubhgolm9pgaut
UWSMPH Visiting Student Website:
http://www.med.wisc.edu/education/visiting-students/main/377
14.1 **Purpose**
Define scholar-specific policies around taking and passing the first two steps of the United States Medical Licensing Examination.

14.2 **Definitions**

14.2(1) **NBME**
The National Board of Medical Examiners (NBME) is an independent, not-for-profit organization responsible for physician licensure examinations in the United States.

14.2(2) **USMLE(s)**
United States Medical Licensing Exam (USMLE) are a three-part, national, standardized assessment sponsored by both the Federation of State Medical Boards (FSMB) and the NBME, and must be passed before a Doctor of Medicine can obtain a license to practice medicine in the United States.

The USMLE assesses a physician’s ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care. USMLE are sometimes colloquially referred to as “(the) boards.”

14.2(3) **Step 1**
Step 1 is a one-day, multiple-choice, single-best-answer examination. It is divided into seven 60-minute blocks and administered in one 8-hour testing session. Step 1 assesses comprehension and application of important concepts of the sciences basic to the practice of medicine. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

14.2(4) **Step 2 CK (Clinical Knowledge)**
Step 2 CK is a one-day multiple-choice, single-best-answer examination. Step 2 assesses application of medical knowledge and skills and comprehension of clinical science essential for the provision of patient care under supervision. Step 2 CK is constructed according to an integrated content outline that organizes clinical science material along two dimensions: physician task and disease category.

14.2(5) **Step 2 CS (Clinical Skills)**
Step 2 CS is a one-day clinical examination that uses standardized patients to test medical students and graduates on their ability to gather information from patients, perform physical examinations, and communicate their findings to patients and colleagues. It assesses the ability of examinees to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, and includes emphasis on health promotion and disease prevention.

14.2(6) **Step 3**
Step 3 is a two-day, multiple-choice examination typically after graduation and toward the end of the first year of residency.
14.3 Policies

14.3(1) General Policies for all USMLEs

1a) The medical school must sponsor each student to register for the Step 1 and 2 exams. Sponsorship is contingent upon good/marginal academic standing or SPARC approval.

1b) Registration and scheduling is each student’s responsibility.

1c) Three steps of the United States Medical Licensing Examination (USMLE) are required for licensure in the United States.

1c.1) The USMLE licensing board requires completion of Steps 1, 2 and 3 within a seven-year window, beginning when the examinee first passes Step 1.

1c.2) Students who extend their academic programs for additional degrees (e.g. MD/PhD students) may petition the NBME to extend the seven-year window.

1d) When a student sits for Step 1 or Step 2 CK, the student may not have a pending score for the other exam.

14.3(2) Step 1

2a) To be eligible to take Step 1, a student must pass the prescribed series of coursework based on their curriculum.

2b) All students will receive a Step 1 deadline that is contingent on their curriculum (traditional or Forward) and course of study.

2c) A student’s Step 1 deadline can only be modified by the Dean for Students or their designee.

2d) Students who do not take Step 1 by their allotted deadline will be referred to the SPARC.

14.3(3) Step 2 CK

3a) Passing Step 2 CK is a graduation requirement.

3b) All students graduating in the month of May must attempt Step 2 Clinical Knowledge by December 31 of their final academic year. To permit return of a score report prior to graduation, all students graduating in August and December must attempt Step 2 Clinical Knowledge a minimum of 8 weeks prior to their planned date of graduation.

14.3(4) Step 2 CS

4a) All students must attempt Step 2 CS prior to their MD graduation day.

14.3(5) USMLE Step 3

5a) Students may not take Step 3 prior to graduation.

5b) Policies for registration and taking Step 3 are individualized by each state’s physician licensing board. Most require at least one year of graduate medical education before students can sit for the exam.

14.3(6) USMLE Step Failure

6a) Students who fail the examination on their initial attempt will be allowed two additional attempts to pass.

6b) Students who fail the examination on their initial attempt must pass the examination within one year of the date they first take the examination.
(6c) An individualized academic plan will be developed for students who fail the examination. If the student is in a clinical course at the time the results become available, the plan will be prepared by the Office of Student Services in conjunction with the clerkship director.

(6d) After retaking the examination (i.e. 2nd attempt), students are allowed to begin or coursework while awaiting exam results. Students who take the examination a third time must wait for their score before being allowed to continue in clinical coursework.

(6e) Students who fail any step of the USMLE three times will be dismissed.

### 14.3(7) Disability Accommodations

1. Students seeking a testing accommodation for a documented disability must contact the NBME directly.
2. UWSMPH is not involved in NBME’s determination of whether to provide testing accommodations.
3. Obtaining disability accommodations from UWSMPH does not guarantee that NBME will provide testing accommodations.

### 14.4 Procedures

#### 14.4(1) USMLE Delay Request

1. Students with extenuating circumstances who wish to delay a USMLE Step beyond its deadline must submit a request to the Office of Student Services at least 5 business days prior to their deadline.
   - If the request is approved, the examination must be taken on the new timeline agreed established with the delay request.
   - Requests to delay beyond 90 days must be approved by the Student Promotion and Academic Review Committee.

2. Students with coursework extending beyond the regular end date of Year 2 must discuss their plan to take the examination with the Dean for Students or their designee.

3. Students requesting an exception to the timeline outlined in this section (14.3(3)) must do so in writing to the Office of Student Services or Student Academic Support Services Office at least 4 weeks prior to their test date. The Dean for Students or their designee will decide most cases, but some may be reviewed by the SPARC.

Some residency programs have additional rules or guidelines requiring when their applicants must take/pass both parts of Step 2 in order to be considered for interview and ranking. Since these vary widely by program, students are responsible for seeking out and following these residency-program-specific policies. Failure to pass either part of the Step 2 exam could lead a residency program to deny the start or continuation of the student’s residency training.

### 14.5 Reference

#### 14.5(1) NBME Website

Applications and information about the examinations may be obtained online on the National Board of Medical Examiners (NBME) website.
Section 15: Medical Student Performance Evaluation

15.1 Purpose
- To describe the content of the Medical Student Performance Evaluation (MSPE)
- To define the process for preparation and review of the MSPE

15.2 Definitions
15.2(1) MSPE
The Medical Student Performance Evaluation (MSPE) is a report issued by the student’s school summarizing a student’s performance in the UWSMPH curriculum. It is not a letter of recommendation.

15.2(2) NRMP
The National Residency Match Program (NRMP) is a program is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors.

15.2(3) ERAS
Electronic Residency Application Service (ERAS®) is a service that transmits the student’s residency application and supporting documentation from applicants and their Designated Dean’s Office to residency program directors.

15.2(4) ERAS Universal Release Date
The Universal Release date is the date on which ERAS will release the MSPE for all medical students.

15.3 Policies
15.3(1) MSPE Content
(1a) The MSPE contains a description of a the UWSMPH curriculum and student’s performance in this curriculum, the student’s Transcript Analysis (summary of grades in comparison to their classmates), and a transcription of the verbatim clinical comments received from Year 3/Phase 2 core clinical courses, required clinical courses, and early Year 4/Phase 3 elective courses.

(1b) The MSPE presents an objective comparison of how the student performed relative to their classmates.

(1c) The final paragraph of the MSPE includes a reference to the student’s class rank. We do not report an explicit class rank (e.g. 7 of 157). For students entering the M3 year of the Legacy Curriculum in 2016 and 2017, students are assigned to one of four quartiles based on the student’s Dean’s GPA. For students entering in the ForWard Curriculum, the students are assigned to one of five quintiles based on the student's percent rank.

(1d) Narrative comments are reported verbatim in each student’s MSPE. During preparation of the MSPE, the Office of Student Services does not independently edit or redact student performance evaluation comments given in response to the question: “Please comment on this student’s overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation…”
15.3(2) **Preparation**

(2a) The UWSMPH adheres to the Association of American Medical College’s documents, *A Guide to the Preparation of the Medical Student Performance Evaluation and Recommendations for Revising the Medical Student Performance Evaluation (MSPE)* and *Recommendations for Revising the Medical Student Performance Evaluation (MSPE)* for guidance on the overall content, structure, and formatting of the MSPE.

(2b) The Dean for Students, not the Dean, SMPH, signs the MSPE.

15.3(3) **Updates**

(3a) After initial preparation and review, MSPEs are not continuously updated. A student may request one update of their MSPE prior to the universal release date.

(3b) A student’s MSPE is only updated after the universal release under the following conditions:

(3b.1) SPARC action/reprimand

(3b.2) Reapplication for PGY-1 positions in a subsequent year

15.3(4) **Student Review**

(4a) Students are required to review their MSPE prior to its release.

(4b) Students may review a paper copy in the Office of Student Services or may have a secure PDF emailed to them.

(4c) Requested edits/corrections from the student review are limited to issues of fact.

(4d) Students are embargoed from copying and sharing ANY content from the MSPE review prior to the universal release date.

15.3(5) **Release**

(5a) As an academic record, MSPE release to third parties is governed by FERPA and is subject to student consent.

(5b) The MSPE will be released only after review by the student is completed

(5c) The MSPE will be released on the defined ERAS universal release date

### 15.4 Procedures

15.4(1) **Review**

(1a) The student will review their MSPE prior to the universal release date.

15.4(2) **Release**

(2a) The school will release the MSPE on the universal release date.

### 15.5 Reference

15.5(1) **AAMC Guides for MSPE Preparation**

[https://www.aamc.org/linkableblob/64496-7/data/mspeguide-data.pdf](https://www.aamc.org/linkableblob/64496-7/data/mspeguide-data.pdf)

Section 16: Mistreatment & Harassment

16.1 Purpose
- To prevent mistreatment or harassment of medical students
- To establish conduct expectations and to identify available resources and the mechanisms for reporting mistreatment or harassment

The UWSMPH is committed to providing a learning environment that facilitates students’ acquisition of the knowledge, skills, and professional and collegial attitudes necessary for effective, caring and compassionate health care. Harassment or mistreatment of any kind is detrimental to such an environment and the Medical School will not tolerate any incidents of mistreatment or harassment of students. The UWSMPH encourages students to report any incidents of mistreatment or harassment.

16.2 Definitions
16.2(1) Mistreatment
Per the American Association of Medical Colleges, UWSMPH defines mistreatment in eight general domains:

(1a) Public belittlement or humiliation
(1b) Threats of physical harm or actual physical punishment
(1c) Requirements to perform personal services, such as shopping
(1d) Being subjected to unwanted sexual advances
(1e) Being asked for sexual favors in exchange for grades
(1f) Being denied opportunities for training because of gender, race, ethnicity or sexual orientation
(1g) Being subjected to offensive remarks/name based on gender, race, ethnicity or sexual orientation
(1h) Receiving lower grades or evaluation based on gender, race, ethnicity or sexual orientation.

16.2(2) Sexual Harassment
Per University of Wisconsin Board of Regent Policy Document 14-2, sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other physical conduct and expressive behavior of a sexual nature where:

- Submission to such conduct is either made explicitly or implicitly a term or condition of an individual’s employment or education;
- Submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions affecting that individual; or
- The conduct has the purpose or effect of substantially interfering with an individual’s academic or professional performance or creating an intimidating, hostile, or demeaning employment or educational environment.

Sexual violence is a form of sexual harassment and includes rape, sexual assault, sexual battery, and sexual coercion.

16.2(3) Consensual Relationship
A consensual relationship is any relationship that is romantic, intimate, or sexual in nature and to which both parties fully and willingly consent.
16.3 Policies

16.3(1) Mistreatment and Harassment

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

Mistreatment and harassment will not be tolerated. UWSMPH takes allegations of such behavior seriously and will investigate and respond to reports of mistreatment or harassment. Examples of such behaviors include but are not limited to:

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

16.3(2) Sexual Harassment

(2a) Any form of sexual harassment will not be tolerated.
(2b) UWSMPH take such incidents seriously and will investigate and respond to any reported sexual harassment.

16.3(3) Consensual Relationships

(3a) The UWSMPH presumes that the ability to make objective decisions is compromised if there is a romantic and/or sexual relationship between two individuals who have a reporting or evaluative relationship.

(3b) University policies and ethical principles preclude individuals from evaluating the work or academic performance of others with whom they have intimate familial relationships, or from making hiring, salary, or similar financial decisions concern such persons. Per UW-Madison Faculty Legislation II-307, these same principles apply to consensual romantic and/or sexual relationships and require, at a minimum, that appropriate arrangements be made for objective decision-making.

(3c) In the case of instructor and student who have a reporting or evaluative relationship, the respect and trust accorded the instructor by the student, as well as the power exercised by the instructor in giving grades, evaluations, recommendations for further study, and/or future employment, greatly diminishes the student’s actual freedom of choice concerning an amorous or sexual relationship and ability to willingly consent to such a relationship.

(3d) In the event such a relationship exists or develops, the individual with the power or status advantage shall immediately notify their immediate supervisor. The supervisor shall have the responsibility for making arrangements to eliminate or mitigate a conflict whose consequences might provide detrimental to the university or to either party in the relationship.
16.3(4) **Patient Harassment**

(4a) Despite every effort to prevent such an occurrence, students may be subjected to harassment from patients.

(4b) How a student might respond to harassment from a patient depends on the perceived severity of the harassment. The following three suggestions appear in order of escalating severity of the harassment from patients. As noted in the last suggestion, Patient Harassment Response Services are listed in the Resource List section of this document.

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

16.3(5) **Hate and Bias**

(5a) The University of Wisconsin-Madison and UWSMPH value a diverse community where all members are able to participate fully in the Wisconsin Experience. Incidents of Bias/Hate affecting a person or group create a hostile climate and negatively impact the quality of the Wisconsin Experience for community members.

(5b) UW-Madison and UWSPMH take such incidents seriously and will investigate and respond to reported or observed incidents of bias/hate.

16.3(6) **Student Reporting of Mistreatment or Harassment**

Student feedback is essential to the goal of achieving excellence in the learning environment. Students are urged to bring any concerns or complaints of mistreatment or harassment – including sexual harassment - to the Medical School's attention through the most comfortable of a variety of routes.

(6a) If a student feels they have been mistreated or harassed or they have witnessed mistreatment or harassment of another medical student, they are encouraged to report this concern. Regardless of where in the UWSMPH statewide clinical campus the incident occurred, students may report any concern of mistreatment or harassment to any of the following:

- UW SMPH
  - UW SMPH Student Mistreatment Triage Committee as detailed in 16.3(6b).
  - UW SMPH Confidential Report / Consultation on Mistreatment Concern in OASIS as detailed in 6.d
- Dean for Students
- Director of Student Services
  - Any member of Student Academic Support
  - Any member of the Office of Student Services
  - Any member of the Office of Multicultural Affairs
  - Any member of the Office of Medical Education
- Any of the House Mentors
- Any course director
- Any course instructor
- Any course administrator
- Medical Student Ombudsperson as detailed in 6c
- University
  - Office of Compliance
  - Title IX Coordinator
  - Associate Dean for Students Office

(6b) Students are encouraged to use the **UW SMPH Student Mistreatment Triage Committee online reporting form**.

(6b.1) The online reporting form is secure and confidential.

(6b.2) Online reports may be made anonymously.

(6c) Students may also use the **Medical Student Ombudsperson**.

(6c.1) The Medical Student Ombudsperson is independent of existing University of Wisconsin School of Medicine and Public Health administrative and academic structures and supplements existing resources.

(6c.2) The ombudsperson serves as a neutral, independent and confidential resource for students, providing a safe forum to voice concerns, to evaluate a situation, to express feelings, to discuss options and to promote resolution of issues or conflicts.

(6c.3) The ombudsperson treats all matters confidentially within the bounds of the law. The goal is to offer medical students another venue through which to discuss concerns should the student wish to do this confidentially outside the resources provided through the medical school.

(6d) Students may also use the **UWSMPH Confidential Report / Consultation on Mistreatment Concern** reporting format in OASIS.

(6d.1) Submissions through OASIS are forwarded directly to the Ombudsperson.

(6d.2) These reports are confidential but not anonymous.

(6e) All concerns will be registered and investigated without fear of retaliation.

(6f) When there is concern of mistreatment and the report is not made anonymously, a named faculty or graduate trainee will not complete any evaluation of nor assign any grade to the student bringing forth the complaint.

(6g) Every effort will be made to protect the identity of a student reporting a concern of mistreatment.

(6h) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

(6i) It does not follow that false claims will be tolerated; a person will be held accountable for making a frivolous or malicious complaint of harassment. Colleagues who on good faith assist others in raising a complaint of harassment by offering advice, moral support, or giving testimony or documentary evidence in support of a complaint of harassment are protected.

16.3(7) **Student Reporting of Sexual Assault**

(7a) Students are encouraged to report a sexual assault to local law enforcement (including UW-Madison Police), the UW Associate Dean for Students Office, and/or the UW Title IX coordinator.
(7b) Faculty, staff, teaching assistants, and others who work directly with students at UW-Madison are required by law to report first-hand knowledge or disclosures of sexual assault.

(7c) UW-Madison Police are required by law to report first-hand knowledge or disclosures of sexual assault. (UW Madison Police (608) 264-2677).

(7d) To the extent permissible by law, UW-Madison and UWSMPH will endeavor to keep victim information private. However, once a report is made to the University, or the University has notice of an incident of domestic violence, dating violence, sexual assault or stalking, confidentiality cannot be guaranteed unless that information is reported directly to one of the confidential resources listed below.

(7e) In addition to all of the above options for reporting mistreatment, sexual assault can also be confidentially reported through the following mechanisms:

(7e.1) Confidential consultation with a health care provider or counselor: call 608-265-5600 and select option 9.

(7e.2) University Health Services End Violence on Campus (EVOC) http://www.uhs.wisc.edu/evoc/victimadvocacy.shtml

(7e.3) Dane County Rape Crisis Center http://danecountyrrc.org/information/

(7e.4) Domestic Abuse Intervention Services http://abuseintervention.org/help/help-overview/

(7f) State and federal laws and University policy protect against retaliation for reporting sexual harassment, sexual violence, stalking or dating or domestic violence.

(7f.1) University policy prohibits retaliation against a person who has made a report, filed a complaint, participated in the investigation of a complaint, or assisted others who raised a complaint.

(7f.2) Retaliation is a serious offense which can result in disciplinary action for students or employees.

(7f.3) This protection from retaliation applies for any complaint made in good faith, even if it is eventually dismissed or found lacking in merit.

(7f.4) A complaint will be presumed to have been made in good faith unless it is found to be a knowing falsehood or made with no factual basis whatsoever.

(7f.5) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

16.3(8) Student Reporting of Hate and Bias

(8a) In addition to all of the above options for reporting, incidents of hate and bias can also be reported through the following mechanisms:

(8a.1) An online reporting form that is secure and confidential https://www.students.wisc.edu/doso/reporting-and-response-to-incidents-of-biashate/

(8a.2) UW Multicultural Student Center, 2nd floor Red Gym
(8a.3) UW LGBT Campus Center, 123 Red Gym
(8a.4) UW Dean of Student’s Office, 70 Bascom Hall
(8a.5) UW International Student Services, 217 Red Gym
(8a.6) McBurney Disability Resource Center, 702 W. Johnson Street
(8a.7) UW Office of Student Conduct and Community Standards, 70 Bascom Hall

(8b) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.
16.3(9) **Application of Policy**

(9a) The Harassment and Mistreatment policy will be followed at all educational and clinical training sites and should be read as consistent with and operating in conjunction with UW Health and UW-Madison policies relating to harassment and discrimination.

(9b) All students, faculty, staff, graduate trainees and health care providers that participate in the education of medical students are subject to this policy.

(9c) Each health system may have additional policies on harassment and mistreatment that complement the UWSMPH policy. Students at each health system will comply with the policies of that system in addition to the policies of UWSMPH.

16.4 **Procedures**

16.4(1) **Training**

(1a) Students will be notified of the mistreatment and harassment policy at entry to medical school and yearly from that point on.

(1b) Students will be educated on reporting options at entry to medical school and yearly from that point on.

16.4(2) **Reporting**

(2a) Students are encouraged to report any concern of mistreatment or harassment.

16.4(3) **Violations**

(3a) Student found to be in violation of the harassment and mistreatment policy will be referred to the SPARC for review and sanctions up to and including dismissal.

(3b) Graduate trainees found to be in violation of the harassment and mistreatment policy will be referred to their GME office for review and disciplinary action.

(3c) Faculty and staff found to be in violation of the harassment and mistreatment policy will be reported to the appropriate body at their sponsoring institution for review and disciplinary action pursuant to the rules and policies of their institution.

(3d) The Dean and/or the UW Health CEO or equivalent at other health care systems, as appropriate, may review complaints and concerns if the matter is not resolved via steps 3a-3c.

16.5 **References**

16.5(1) **Links to Campus Resources**

- [http://www.med.wisc.edu/mistreatment-of-students/50634](http://www.med.wisc.edu/mistreatment-of-students/50634)
- [https://www.wisconsin.edu/regents/policies/section/discrimination/](https://www.wisconsin.edu/regents/policies/section/discrimination/)
17.1 Purpose

- To affirm the commitment of UW SMPH to providing an environment free of discrimination on the basis of age, creed, gender identity, national origin, race, ability status, sex or sexual orientation.

17.2 Definitions

17.2(1) Discrimination

Conduct that adversely affects any aspect of an individual’s UW SMPH employment, education, or participation in UW SMPH activities or programs, or has the effect of denying equal privileges or treatment to an individual on the basis of one or more characteristics of that individual’s protected status or category as defined in University of Wisconsin System Regent Policy Document 14-6: Discrimination, Harassment, and Retaliation.

17.3 Policies

17.3(1) Admissions

No student may be denied admission to, or participation in or the benefits of, or be discriminated against in any service, program, course or facility of UW SMPH on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, or any other category protected by law, including physical condition or disability as defined in Wisconsin Statutes §51.01(5).

17.3(2) Student Performance

No UW SMPH medical student may be discriminated against on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, genetic information, arrest record, conviction record, military service, veteran status, declining to attend a meeting or participate in any communication about religious matters or political matters, or any other category protected by law.

17.3(3) Retaliation

No student taking part in UW SMPH programs or activities shall be retaliated against for opposing discrimination, making a complaint of discrimination, or taking part in an investigation relating to an allegation of discrimination.

17.3(4) Student Reporting of Discrimination

(4a) If a medical student feels they have been discriminated against, they are encouraged to report this concern to the Dean for Students.

(4b) Medical students may also report a complaint of discrimination by another student to the UW-Madison Associate Dean for Students at the Division of Student Life.

17.3(5) Investigation of Reports of Discrimination

Incidents of alleged discrimination will be reviewed and investigated by the UW SMPH Dean for Students. Due consideration will be given to the protection of
individual First Amendment rights to freedom of speech, expression and academic freedom.

17.3(6) **Application of Policy**

(6a) The Anti-discrimination policy will be followed at all educational and clinical training sites and should be read as consistent with and operating in conjunction with UW Health and UW-Madison policies relating to harassment and discrimination.

(6b) All students, faculty, staff, graduate trainees and health care providers that participate in the education of medical students are subject to this policy.

(6c) Each health system may have additional policies on discrimination that complement the UWSMPH policy. Students at each health system will comply with the policies of that system in addition to the policies of UWSMPH.

17.4 **Procedures**

17.4(1) **Training**

(1a) Students will be notified of the antidiscrimination policy at entry to medical school and yearly from that point on.

(1b) Students will be educated on the reporting policy at entry to medical school and yearly from that point on.

17.4(2) **Reporting**

(2a) Students are encouraged to report any concern of discrimination.

17.4(3) **Violations**

(3a) Student found to be in violation of the anti-discrimination policy will be referred to the SPARC for review and sanctions up to and including dismissal.

(3b) Graduate trainees found to be in violation of the anti-discrimination policy will be referred to their GME office for review and disciplinary action.

(3c) Faculty and staff found to be in violation of the anti-discrimination policy will be reported to the appropriate body at their sponsoring institution for review and disciplinary action pursuant to the rules and policies of their institution.

(3d) The Dean and/or the UW Health CEO or equivalent at other health care systems, as appropriate, may review complaints and concerns if the matter is not resolved via steps 3a-3c.

17.5 **References**

17.5(1) **Links to Campus Resources**

- [https://www.wisconsin.edu/regents/policies/section/discrimination/](https://www.wisconsin.edu/regents/policies/section/discrimination/)
- [https://compliance.wisc.edu/eo-complaint/](https://compliance.wisc.edu/eo-complaint/)
18.1 Purpose
- To provide a neutral, independent and confidential resource for students, providing a safe forum to voice concerns, to evaluate a situation, and to express feelings.

18.2 Definitions
18.2(1) Ombudsperson
An individual who assists with the fair assessment of complaints in an impartial, confidential and independent manner. The UWSMPH ombudsperson is independent of existing administrative or academic structures and supplements existing resources and treats all matters confidentially within the bounds of the law.

18.3 Policies
18.3(1) Role and function of the Medical Student Ombudsperson
Whenever a student perceives that a concern cannot be fairly, safely, or equitably addressed through the Dean for Students, any member of the Office of Student Services, any member of Student Academic Success, any member of the Office of Multicultural Affairs, any member of the Office of Medical Education, house mentors, course directors or clerkship directors, the student should contact the ombudsperson.

(1a) The ombudsperson acts to assure that student concerns will be registered and investigated without fear of retaliation.
(1b) The ombudsperson acts to provide a comfortable, confidential environment to air concerns.
(1c) The ombudsperson acts to suggest options for resolving or managing concerns or complaints.
(1d) The ombudsperson acts to open channels of communication.
(1e) The ombudsperson acts to suggest fair and equitable solutions to problems.

18.3(2) Power and Authority
(2a) The ombudsperson can serve as an independent and impartial third party;
(2b) With permission, the ombudsperson can bring issues to the attention of those with the authority to address concerns;
(2c) The ombudsperson can report systemic issue to the Dean

18.3(3) Concerns Addressed
(3a) Differential treatment in the learning environment
(3b) Evaluative relationships and academic issues – including communication with faculty and staff, concerns about fairness in academic progress, mistreatment by staff, faculty, or fellow students, unprofessional demeanor, harassing or unkind behavior
(3c) Other concerns such as safety, ethical dilemmas or conflicts of interest

18.3(4) Reporting Harassment
Student may confidentially report any concern regarding harassment or mistreatment to the Ombudsperson.
18.4 Procedures

18.4(1) Contacting the Medical Student Ombudsperson

(1a) Students may contact the ombudsperson directly via http://www.med.wisc.edu/786

(1b) All submissions are confidential and are forwarded directly to the ombudsperson.
19.1 Purpose
- Grants students the right to request a Grievance Hearing in the event that the student feels they were graded or evaluated unfairly
- Provides the formal procedures for objective, consistent review and adjudication of such grievances if they cannot be resolved through preliminary informal measures

19.2 Definitions
19.2(1) 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 their Program’s Professional Behavior Code.

19.2(2) Grievance Board
The committee of Program-specific faculty and students who provide formal review and adjudication of Grievances when informal resolution measures are unsuccessful.

19.3 Policy
19.3(1) General Policies
   (1a) SMPH students have the right to expect fair and equitable treatment with respect to grading and evaluation.
   (1b) Students are expected to make reasonable efforts to resolve grievances informally and directly, but if those efforts fail, any student may file a request for a Grievance Hearing.

19.4 Procedures
19.4(1) Informal Resolution
   (1a) Students should first attempt to resolve a grievance informally with the SMPH faculty or staff member directly involved in the matter.
   (1b) 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, they 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.
   (1c) If the course-level review process does not resolve the grievance, the student may request a review by the Dean for Students.
   (1d) 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.
   (1e) The 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.
   (1f) Following this review, the course director makes the final decision.
(1g) 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.

(1h) If the grievance has still not been resolved to the student’s satisfaction, they may request a formal Grievance Hearing as outlined below.

19.4(2) Formal Resolution

(2a) Any student wishing to request a Grievance Hearing must do so in an email or written letter to their Program Director or Associate Dean for Students. The request must be submitted within seven (7) 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.

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

(2c) The Dean for 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 Dean for Students will notify the student and Respondent(s) and provide the Respondent(s) with a copy of the student’s request for a hearing.

(2d) 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 2/3 voting Grievance Board members must be able to attend the hearing in person.

(2e) 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

(2f) The Senior Associate Dean for Academic Affairs shall serve as Chair of the Grievance Board.

(2f.1) The Chair does not vote unless the Grievance Board is tied

(2f.2) The Chair cannot overrule a majority decision of the Grievance Board.

(2g) 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 as well as the names of any witnesses and/or their support person.
(2h) 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:

- The names of the parties
- The nature of the issues to be heard and any relevant policies
- The date, time, and place of the hearing
- The names of each party’s support person, if any

(2i) 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.

(2j) 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.

(2k) 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.

(2l) The Grievance Hearing will proceed as follows:

1. Introduction of student, Respondent(s) and Grievance Board members
2. 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
3. The student makes their statement relevant to the Grievance and answers questions from the Grievance Board and Respondent(s)
4. The Respondent(s) makes their statement relevant to the Grievance and answers questions from the Grievance Board and student
5. Each party may refute any statement by the other party and make a closing statement
6. Chair excuses parties and support people
7. The Grievance Board deliberates in closed session

(2m) Determinations of the Grievance Board are based on a “preponderance of the evidence” standard where the student bears the burden of proof. 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.

(2n) If the Grievance Board finds that a student’s Grievance has merit and that redress is possible, it will direct the Program Director or Assistant Associate Dean for 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 course director will stand final.

(2o) The Dean for 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.

(2p) Details discussed during the Grievance Hearing are confidential. 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
(2q) 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.

19.5 References
UWSMPH Academic Affairs Policy 80.20
20.1 **Purpose**
- The UW School of Medicine and Public Health (UWSMPh) recognizes the right of students in special or unusual circumstances to decline to participate in certain aspects of their medical education which are in conflict with their ethical or religious beliefs.

20.2 **Definitions**
None

20.3 **Policies**
20.3(1) **Required Participation**
A student may not refuse to participate in the care or treatment of a patient based solely on the patient’s diagnosis (e.g. HIV/AIDS or other sexually transmitted diseases, tuberculosis or other contagious diseases), personal characteristics (e.g. gender, race, sexual orientation, etc.), religion, creed, or patient’s behaviors.

   (1a) Such a refusal may result in action by the Student Promotion and Academic Review Committee or the Student Services Office.
   (1b) An exception will be made if a student has been directed in writing by a personal physician to avoid patients with certain diagnoses because of danger to an existing health condition of a student.
   (1c) In this situation, the student must provide the written directive to their course or clerkship director, the Assistant Dean for Medical Education, and the Dean for Students.

20.3(2) **Reprisal Protections**
   (2a) Students will not be subject to any adverse action or evaluation for exercising their rights under this policy.
   (2b) Students should not be subjected to any mistreatment or harassment when they decline to participate in these specific situations or have this decision affect their clinical grades or evaluations.
   (2c) Students should report any concerns related to mistreatment to the clerkship director, the Office of Student Services, or the UWSMPH Ombudsperson.

20.4 **Procedures**
20.4(1) **Process for Moral/Religious Objections**
Since it is not always possible to identify these situations in advance, faculty should excuse the student from such procedures until the situation can be fully reviewed as below.

   (1a) The student notifies the course or clerkship director, the Assistant Dean for Medical Education, and the Dean for Students of the request not to participate in a part of a course or clerkship.
   (1b) The written notification includes the specific aspect of the curriculum the student is requesting not to participate in, the reason for the request, the student’s signature, and the date of the request.
(1c) Requests should be made at least 3 months prior to the course or clerkship, or as much in advance as is possible.

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

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

(1f) The student will be notified in writing of the decision of the SPARC. A copy of the decision will be placed in the student’s file. If upheld, the appropriate course director and the Office of Student Services and Medical Education Office will be notified on an as needed basis.
Policies and Procedures
MD Program Student Handbook
Effective Date July 1, 2017

Section 21 : Conflict of Interest – Student/Industry Interaction

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

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

21.2 Definition
21.2(1) Industry
Within the context of this policy, “industry” refers to those who make devices, pharmaceuticals, or any other product for use in healthcare.

21.3 Policy
21.3(1) Non-Interaction
While in clinical settings for required UWSMPH activities, students will not interact with members of industry in any context that is not in compliance with UWSMPH institutional policies regulating such interactions. Additionally, a faculty member should be present if students do interact with industry representatives in approved contexts.

21.3(2) Use of Promotional Items
While in clinical settings for required UWSMPH activities, students will not use or exhibit promotional items that display industry brand names. Student presentations and projects should not include industry-sponsored promotional materials.

21.3(3) Gifts
Students will not accept any personal gifts or promotional items from industry. Members of industry may donate grants and scholarships for students if approved by UWSMPH Administration. Administration will be solely responsible for selection of recipients and distribution of such grants. Faculty will not distribute industry-funded promotional items to students unless approved by UWSMPH Administration.

21.3(4) Events
(4a) Students are strongly discouraged from attending industry-sponsored promotional events.
(4b) Industry sponsorship for student organization events is strongly discouraged. Student organizations must request UWSMPH Administration approval for any event involving industry.

(4c) Students are discouraged from attending any industry-sponsored educational activities not scheduled as part of any specific course.

21.3(5) Disclosure
All course and clerkship materials should disclose the nature of any industry relationships of the faculty member relevant to course material. If a course faculty member has no relevant relationships to report, that should also be indicated. Course materials should not contain paid advertisements and should avoid brand names in favor of generic names.

21.3(6) Opt-Out
Students may opt out of these activities without adversely affecting their evaluation in any course or clerkship. This does not apply to professional conferences or other meetings supported by multiple industry sponsors.

21.3(7) Violations
Individuals who may be in violation of this policy should be referred to the Office of Student Services.

21.4 Procedures
21.4(1) Exceptions

In special circumstances, UWSMPH Administration may approve exceptions to this policy.

(1a) Requests for exceptions should be submitted in writing to Office of Student Services.
(1b) Requests should clearly state how the benefits of the proposed exception might outweigh the potential for conflict of interest.
(1c) If granted, petitioners will receive written notification of the exception.
Section 22 : Electronic Communication & Information Technology

22.1 Purpose

22.2 Definitions

22.2(1) Official School Listservs
These Listservs are reserved for official medical school communication.
- ssmed1@lists.wisc.edu
- ssmed2@lists.wisc.edu
- ssmed3@lists.wisc.edu
- ssmed4@lists.wisc.edu
- ssmedall@lists.wisc.edu

22.2(2) Student-use Listservs
Everyone on these can send to the list. They are intended for student-to-student communication within a class.
- med1@lists.wisc.edu
- med2@lists.wisc.edu
- med3@lists.wisc.edu
- med4@lists.wisc.edu
- medall@lists.wisc.edu

22.2(3) House Listservs
Each House has a listserv and anyone in that House can send to the list.
- bamforthhouse@lists.wisc.edu
- bardeenhouse@lists.wisc.edu
- gundersenhouse@lists.wisc.edu
- mcphersonhouse@lists.wisc.edu
- middletonhouse@lists.wisc.edu

22.3 Policy

22.3(1) Email
(a) Email is the official form of communication within the MD Program.
(b) Students are responsible for keeping their inbox open and for reading official school emails (“ssmed”) promptly.
(c) The university-provided email address (@wisc.edu) will be used for all official communication.
(d) The school’s Online Access to Student Information and Scheduling (OASIS) system only accepts WiscMail email accounts which are used in listservs.
(e) Students are expected to pay prompt attention to all ssmed emails and electronic communication from school administration.
(f) If a reply is required and a timeline not specified, students are expected respond within two business days (excluding weekends, holidays, and university vacation days).
(g) Failure to read and respond to official emails in a timely manner may be grounds for review and action for unprofessional behavior per
(1h) Students can unsubscribe to all listservs except the ssmed listservs.

22.3(2) University Policies

(2a) The UW-Madison has comprehensive policies governing appropriate use of IT resources. They are enumerated here. Students are responsible for reading and adhering to all of them.

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

22.3(3) Privacy, Confidentiality, & Social Media

Patient privacy and confidentiality must be protected at all times. This includes social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient.

(3a) Posting of any patient information on social media or social networking sites may be a violation of federal privacy laws, such as the Health Information Portability and Accountability Act (HIPAA).

(3b) Students will not interact with current or past patients on email, social networking sites, or any other internet medium.

(3c) Students should not post any patient information on social media or social networking sites.

22.3(4) Professionalism

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

(4a) Students should take caution not to post information that is unprofessional, ambiguous or that could be misconstrued.

(4b) Any student posting depictions of intoxication, drug use, sexually explicit behavior or discriminatory language will be reviewed by the SPARC and may receive a formal reprimand and/or other sanctions for unprofessional behavior.

22.3(5) Violations & Sanctions

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

22.4 Procedures

22.4(1) Social Media

To use social media and social networking sites professionally, students should adhere to the following guidelines:

(1a) Follow the same principles of professionalism online as they would offline.

(1b) Avoid posting any depictions of students intoxicated, misusing alcohol or drugs, or engaging in sexually explicit behavior.

(1c) Avoid any use of discriminatory language or depiction of discriminatory practices in the context of patient care or discharge of professional responsibilities.

(1d) Do not post any patient information.

(1e) Report any online unprofessional behavior to the Office of Student Services.
22.4(2) **Mobile Device Use in Clinical Settings**

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

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

22.5 **Reference**

22.5(1) **University Policies**

The UW-Madison has comprehensive policies governing appropriate use of IT resources. They are enumerated [here](#).
Section 23: Student Travel

23.1 Purpose

- The Student Travel Policy applies to all medical students who 1) will miss required learning activities, or 2) plan to request UWSMPH or Medical Student Association funding to attend a professional meeting or conference.

- Every effort will be made to approve travel to present research at a conference or for students serving in a leadership role at a conference.

- Students requesting to attend a conference who do not have a role as a presenter or a leader/delegate may not receive approval.

23.2 Definitions

23.2(1) Medical Student Association

Medical student government, responsible for allocating limited travel funds

23.3 Policies

23.3(1) General/All Travel

   (1a) Students must request and receive permission from the Dean for Students (or their designee) and their course / clerkship / Integrative Case / Core Day directors to be absent from any part of required learning activities (small groups, labs, etc.).

   (1b) Students requesting travel must be in good academic standing or have received specific exemption from the Office of Student Services.

   (1c) If travel is approved and the student misses a required activity, make-up or work or a compensatory experience may be required.

   (1d) Students seeking reimbursement for airfare or lodging are required to purchase these components of their trip through UW System-approved vendors (e.g. Fox World Travel).

   Travel websites such as Expedia and Travelocity are not approved vendors for airfare or lodging. Also, online travel lodging marketplaces (e.g. Airbnb, VRBO) are not approved vendors for lodging reimbursement.

23.3(2) International Travel

   (2a) Please note that international group or individual travel taken for academic credit or supported by UW-Madison or UWSMPH funds is subject to separate approval, additional insurance, and orientation requirements.

   (2b) Students should consult with the Office of Global Health at least two months prior to their anticipated international travel.

   (2c) Failure to follow these policies may be considered unprofessional behavior and trigger review by the Student Promotion and Academic Review Committee.

23.3(1) Research Travel

   (1a) In order to be considered for funds, student research must have been conducted under the supervision of a UWSMPH and Public Health faculty member.
(1b) The Office of Academic Affairs may reimburse approved applications for up to 50% of travel and conference expenses, not to exceed $500.00. Students are expected to request additional support from their research mentor’s department or grant funds, or self-fund the remainder of their expenses.

(1c) Funding will be approved for travel to one meeting per student per academic year, contingent on the availability of funds.

(1d) Applications will be considered on a first come, first served basis.

(1e) Funds will be disbursed after research is presented.

23.4 Procedures

23.4(1) Travel Approval Process

(1a) To request approval, students should complete appropriate request form from OASIS Notices and submit to the Office of Student Services (2130 HSLC) at least 4 weeks prior to the travel date.

(1b) Students will be notified of approval/non-approval within 2 weeks of submission.

(1c) If the requested travel occurs during a scheduled exam, student must complete the appropriate exam reschedule request process. If approved, students will take the make-up exam on the established rescheduled exam date.

23.4(2) MSA-Supported, Non-Research Travel Reimbursement Request

(2a) A student must fill out a separate travel funding application at least 2 weeks in advance of the departure to the conference.

(2b) Within 1 week of the return, the student will fill out the travel reimbursement form and submit it with a copy of the approved absence request form, a conference schedule and any receipts to the MSA treasurer.

(2c) Processing of reimbursement requests submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be denied completely.

23.4(3) Research Presentation Travel Reimbursement Request

(3a) Travel must be approved prior to applying for Non-Research and Research funding reimbursement as outlined below.

(3b) Students who wish to request funds from the Dean of the Medical School for meetings or conferences where they are presenting research must submit the following to the Assistant Dean for Academic Affairs (or their designee) at least 4 weeks prior to the meeting/conference.

- Attach a copy of the appropriate request for absence form
- Invitation or letter of acceptance from the sponsoring meeting or conference
- Abstract of the research to be presented
- Request for Research Presentation Travel Funds form (obtain this form from OASIS Notices).

23.4(4) Reimbursement Request upon Return

(4a) No later than four (4) weeks after traveling, students are responsible for submitting information and expense receipts to their sponsoring department travel coordinator or (if there is no department funding support) to the Assistant Dean of Academic Affairs.
(4b) Processing of reimbursement requests submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be denied completely.

(4c) Allowable travel expenses generally include transportation (airfare, car mileage, etc.), food, lodging, conference registration fees, parking, taxis, research presentation preparation expenses if approved for that activity, and other miscellaneous related expenses.

(4c.1) Students must originals of airline coupons/E-tickets, hotel statements showing a zero-dollar balance, registration fee receipt, parking and ground transportation (taxi, limo, etc.) receipts and a copy of the conference/meeting program.

(4c.2) It is expected that students will obtain travel and accommodations by the most efficient and economical means possible.

(4d) The information will be reviewed for compliance with UW-Madison travel expense policies and submitted for reimbursement. One reimbursement check reflecting combined sources of funding will be mailed directly to the student.
24.1 Purpose
- Students in clinical training programs at UW-Madison are required to learn about the health information privacy requirements of the Health Insurance Portability and Accountability Act

24.2 Definitions
24.2(1) HIPAA Privacy Rule
The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information,

24.2(2) Protected Health Information (PHI)
PHI includes written, spoken, and electronic information and images. PHI is health information or health care payment information that identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers, email addresses, vehicle identifiers, URLs, photographs, and voices or images on tape or electronic media.

24.2(3) Safety and Infection Control (SIC) Training
A series of online modules instructing students in sterile technique, especially in the perioperative environment. This is augmented with hands-on training in sterile gowning and gloving provided prior to and within core clinical courses.

24.3 Policies
24.3(1) Yearly Compliance Training
(1a) Yearly completion of online training modules in HIPAA and SIC is required.
(1b) Students will receive email notification of these modules.
(1c) Students out of compliance are not allowed to participate in patient care activities, including shadowing and extracurricular experiences.
(1d) Standardized patients are considered patients for purposes of compliance.
(1e) Failure to complete these modules is considered unprofessional behavior, and students will be referred to the Student Services Office and/or SPARC for review and possible sanction.

24.3(2) HIPAA
(2a) When in doubt, students should assume that any individual health information is protected under the Privacy Rule.
(2b) When students are at a health care facility for clinical training, they are covered by the Privacy Rule as a member of that facility's workforce.
(2c) A training site may require students to complete Privacy Rule training specific to that site.
(2d) Students are expected to follow that site's policies and procedures, including those concerning health information privacy.
(2e) All students who come into contact with patients at a training site will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights under the Privacy Rule.

24.4 Procedures

24.4(1) Yearly HIPAA Compliance
   (1a) Modules are completed online.
   (1b) Students receive notification and reminders via email to their UW accounts.
   (1c) Students should upload their certificates of completion into OASIS Academic History under the MyMedSchool tab.

24.4(2) Yearly SIC Training
   (2a) Modules are completed online.
   (2b) Students receive notification and reminders via email to their UW accounts.
   (2c) Students should upload their certificates of completion into OASIS Academic History under the MyMedSchool tab.

24.5 Reference

http://hipaa.wisc.edu/trainingstudents
Section 25: Universal Precautions

25.1 Purpose
- To protect students from acquiring infectious diseases through patient contact in their day to day role as medical students.

25.2 Definitions
25.2(1) Body fluids
Any natural bodily liquid or secretion, including but not limited to blood and semen.

25.2(2) Barrier
Anything that serves to block or prevent transmission of pathogens.

25.2(3) Source patient
The patient who is the source of the body fluid or the source of the exposure.

25.2(4) Prophylaxis
An action taken to preserve health and prevent the spread of disease.

25.2(5) Universal precautions
The approach to treat all human blood and certain body fluids as if they were known to be infectious for HIV, Hepatitis B and other blood borne pathogens.

25.2(6) Exposure
An exposure incident means a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

25.2(7) Infectious Material
Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, mixtures of fluids where you can’t differentiate between body fluids, unfixed human tissue or organs (other than intact skin), and certain cell, tissue or organ cultures and mediums.

25.3 Policies
25.3(1) Blood and Bodily Fluid Precautions
(1a) Blood and body fluid precautions should be used for all patients, regardless of known HIV status.
(1b) Universal precautions apply to blood and other body fluids containing visible blood, semen, and vaginal secretions.
(1c) Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.
(1d) Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.
(1e) Universal precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable.
(1f) Whereas universal precautions do not apply to human breast milk, gloves may be worn by health care workers in situations where exposures to breast milk might be frequent; for example, in breast milk banking.
25.3(2) **Barrier Techniques**

(2a) Appropriate barrier techniques should be used to prevent skin and mucous membrane exposure when contact with the blood or other body fluid of any patient is anticipated.

(2b) Gloves should be worn when touching blood, body fluids, mucous membranes, or non-intact skin. Gloves should be changed after contact with each patient.

(2c) Glove use is required:
- for performing phlebotomy
- for performing finger or heel sticks on infants and children
- for dressing changes
- for suturing
- for examination of denuded or disrupted skin
- for administration of immunizations or injections
- for any surgical procedure
- for pelvic gynecologic exam

(2d) Masks and protective eyewear or face shields should be worn during procedures likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.

(2e) Gowns or aprons should be worn during procedures likely to generate splashes of blood or other body fluids.

(2f) Hands and skin should be washed immediately if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

(2g) Care should be taken in disposing of needles, scalpels, and other sharp instruments. They should be placed in a puncture-resistant container.

(2h) Mouthpieces and resuscitation bags should be available to minimize the need for mouth-to-mouth resuscitation.

(2i) Students who have exudative lesions or weeping dermatitis should refrain from direct patient contact and from handling patient care equipment, until the condition is resolved.

25.3(3) **Management of Blood Borne Pathogen Post Exposure**

The following information contains guidelines for UWSMPH medical students regarding the management of blood borne pathogen exposures. Although needle stick and other sharps injuries are the most common means of exposure for health care workers, blood borne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their employees, and provide the same services to students on clinical rotation at their facility.

(3a) Detailed procedures for each clinical site are listed in OASIS Notices.

(3b) Seek care for your injury immediately.

(3c) At UW Hospital and Clinics, go to Employee Health Services during daytime hours and to the Emergency Room after hours.

(3d) At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.

(3e) Notify the facility’s coordinator for employee health and/or infection control issues immediately. The coordinator will:
(3e.1) Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.

(3e.2) Arrange for testing of the source patient, if necessary. This is the responsibility of the site.

(3e.3) At UW Hospital and Clinics, contact Employee Health Services (days) or the ER (nights).

(3f) Notify your preceptor or clinical instructor as soon as practical.

(3g) Contact the Office of Student Services ASAP at 608-263-4920.

(3h) Contact UHS for advice, consultation, or follow-up as needed:
- (608) 262-6720;
- pager 265-7000, # 4555;
- Appointments/info: (608) 265-5600, 8:30 am - 5 pm weekdays;
- A clinician is available on call after hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends.

Employee health staffs in most facilities are very experienced in the management of exposures and the issues that surround them. For follow up care, students should use UHS. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student and/or their insurance.

25.3(4) Needle Stick Injuries

(4a) Studies indicate that needle stick injuries are often associated with these activities that students must avoid:
- recapping needles
- transferring a body fluid between containers
- failing to properly dispose of used needles in sharps containers

(4b) Students will use only approved devices, will not recapping needles, and will dispose of needles promptly in sharps containers (not laying them on trays, bed sheets, etc.).

(4c) Students will immediately report all needle stick and sharps-related injuries promptly to ensure that they receive appropriate follow-up care.

25.3(5) Other Common Exposure Procedures

(5a) Care of the Injury or Exposed Area
Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.

(5b) Reporting the Incident

(5b.1) Staff at the clinical site will make an assessment of the exposure incident and will assist in collecting the information that is needed to manage the exposure and to care for the student.

(5b.2) There is a specific definition of significant exposure, it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury.

(5c) Evaluation of the Source Patient

(5c.1) This typically includes: HIV antibody, hepatitis B surface antigen or panel, and hepatitis C antibody.

(5c.2) Source patient test results should be provided to you.
(5c.3) Do not rely on medical or social history to assess the risk of blood borne pathogens. A practice of testing every source patient is the standard. This usually requires the patient’s consent for testing. Health care staff at the clinical site will obtain this consent, not the affected medical student.

(5c.4) Testing the source patient should be done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings.

(5c.5) Since exposures may take place in surgical or delivery room areas, the source patient’s ability to give consent for testing may be delayed.

(5d) Evaluation of the Exposed Person

(5d.1) Routine baseline testing is not necessary for the exposed person.

(5d.2) Post-exposure prophylaxis: Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.

(5e) Follow-Up

(5e.1) The need for follow-up testing in exposed persons is determined by the individual assessment of exposure risk as made by the Infection Control Officer and the source patient’s test results.

(5e.2) Testing may still be done if desired for personal reasons. Students should contact UHS to schedule an appointment to pursue testing.

25.3(6) Cleaning of Surfaces and Linens

(6a) Environmental surfaces should be cleaned when contaminated.

(6b) Scrubbing is as important as the cleansing agent in the physical removal of microorganisms.

(6c) Soiled linen should be properly bagged and washed in water of 160 ° F (71 ° C) with detergent for 30 minutes or with suitable chemicals at lower temperatures.

25.3(7) Sterilization of Instruments

(7a) When students are at a health care facility for clinical training, they are covered by the Privacy Rule as a member of that facility’s workforce.

25.4 Procedures

25.4(1) Reporting

(1a) Students will immediately report any needle stick or exposure to blood borne pathogen as detailed above.

(1b) Students having any difficulty with this reporting should immediately contact Student Services 608-263-4920.

25.4(2) Follow up

(2a) Students will fully comply with all recommended follow up.

25.5 References

25.5(1) CDC Documents

(1a) Universal Precautions for Preparation of Transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other Blood-borne Pathogens in Health Care Settings, MMWR 1988; vol 37, no 24. [http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm)

Section 26 : Immunizations & TB Testing Requirements

26.1 Purpose
- To inform students about the with UWSMPH Immunization and TB test requirements.
- To assure student adherence with these requirements.

Health care professionals, including students-in-training, are at higher risk than the general population for acquiring communicable diseases. In order to protect themselves, their colleagues and patients, students must provide evidence of immunization or immunity against these diseases.

26.2 Definitions
26.2(1) Communicable disease covered by policy
Varicella, measles, mumps, rubella, tetanus, pertussis, diphtheria, hepatitis B, hepatitis A, influenza and tetanus.

26.2(2) Evidence of Immunity
Evidence of immunization is defined as documentation of the complete vaccine series or titer/serologies confirming immunity against disease.

26.3 Policies
26.3(1) Requirements
(1a) All students are required to provided evidence of immunity against:
(1a.1) Varicella
(1a.2) Measles
(1a.3) Mumps
(1a.4) Rubella (German measles)
(1a.5) Hepatitis B
(1a.6) Tetanus, diphtheria and pertussis
   (...1) Students must have tetanus/diphtheria (Td) immunization within the last 8 years
   (...2) Tetanus/diphtheria/pertussis (Tdap) vaccine is required and can be given as early as two years since the last Td dose
(1a.7) Annual influenza vaccine is required of all students
(1a.8) Annual tuberculin skin test is required of all students.
   (...1) The test is given by UHS and the results are provided to the school.
   (...2) A positive skin test must be evaluated and treated as per University Health Services protocols.
   (...3) Students known to have positive tuberculin skin test must provide an annual update of their health and follow University Health Services protocols for this result.

26.3(2) Exemptions
(2a) Students are exempt from vaccines in the following cases:
(2a.1) 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)
(2a.2) 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.

(2b) 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.

26.4 Procedures

26.4(1) On Admission
(1a) Students will provide the required evidence of immunity upon admission to medical school.
(1b) Any student deficient in immunity will be required to initiate the vaccine series prior to the start date of the M1 year and must complete the vaccine series within 18 months of initiating the vaccine series.

26.4(2) While Enrolled
(2a) Students will meet the annual influenza and TB test requirements detailed above or provide documentation supporting exemption.

26.4(3) Monitoring
(3a) The Office of Student Services will monitor adherence to these requirements.

26.5 References
Immunizations of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP).
27.1 **Purpose**
- To assure that all students have appropriate and sufficient insurance coverage

27.2 **Definitions**
27.2(1) **Health Insurance**
Insurance that pays for medical and surgical expenses incurred against the insured.

27.2(2) **Disability Insurance**
Insurance that offers income or debt protection for an individual who becomes disabled for a long period of time.

27.2(3) **Deductible**
A specified amount of money that the insured must pay before an insurance company will pay a claim.

27.2(4) **Maximum Life Benefit**
The maximum amount a health plan will pay in benefits to an insured individual during the individual’s lifetime.

27.3 **Policies**
27.3(1) **Health Insurance Requirement**
All medical students are required to have active health insurance coverage that meets the insurance requirements listed below. It is important to note that the list details the minimum coverage requirements only. Students are required to ensure that the coverage is adequate throughout their time as a medical student.

27.3(2) **Minimum Coverage Requirements**

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

27.3(3) **Features to avoid**
Features of many low-cost plans that should be avoided include:
(3a) “Limited medical benefit plans” which have monetary caps or limits on services such as ambulances, inpatient care, intensive care or other services;
(3b) Plans with no coverage for mental health services;
(3c) Plans with no prescription drug benefit;
(3d) Geographically limited plans, often out-of-state HMOs, which offer only emergency coverage in the Madison area or other areas where you will be studying.

27.3(4) Disability Insurance
(4a) Disability insurance, while not required, is highly recommended given the health risks associated with the training and practice of medicine.
(4b) Low-cost student disability insurance is available through the American Medical Association. The AMA, through its AMA Insurance Agency, offers a student plan that provides a benefit of $1,000 a month up to a maximum annual benefit of $12,000 to help students through a disabling illness or injury. Students can apply only during the open enrollment period from July 1 - December 31.

27.4 Procedures
27.4(1) Proof of Insurance
(1a) Students will provide proof of insurance upon enrollment
(1b) The Office of Student Services will review and must approve any waiver of the health insurance requirements
(1c) Students will provide an annual update of their insurance status
(1d) Any student who cannot provide proof of insurance meeting school requirements will not be permitted to continue in course work until proof of insurance is established.

27.5 References
27.5(1) AMA Disability Insurance:
Section 28 : Weather & Public Safety Emergencies

28.1 Purpose
- To establish uniform policy across education sites and settings for weather safety emergencies.

28.2 Definitions
28.2(1) Non-Essential Personnel
Personnel, including medical students, who are not deemed critical and essential for safe delivery of patient care during emergencies.

28.2(2) Weather Emergency
Any weather event defined by the National Weather Service as constituting a risk to human safety. Note that local school closures do not necessarily constitute a weather emergency.

28.3 Policies
28.3(1) Release from Clinical Duty during Weather or Public Safety Emergency
(1a) When a public safety emergency is declared in a Wisconsin county or municipality where students are participating in clinical course activities, students should be excused from the clerkship until the emergency is over.
(1b) When there is a weather emergency (defined by the National Weather Service) declared in a Wisconsin county or municipality where students are participating in clerkship activities, students who need to drive to the clinical course site should be excused from the clinical course until the weather emergency is over.

28.3(2) Decision Making Authority
(2a) The decision to excuse students from clinical responsibilities outside of Madison (in the event the Madison campus is open, but a weather or public safety emergency is occurring elsewhere) should be made by the regional site director and should be communicated to the Dean for Students and the Dean of Medical Education (or their designees) in Madison.
(2b) The Medical Education Office will inform the clerkships in Madison if a site has chosen to excuse students.

28.3(3) Student Status during Weather Emergency and Public Safety Emergency
(3a) Medical students participating in patient care activities are considered non-essential workers in cases of weather and/or public safety emergencies

28.3(4) Statewide Campus Response to Closure of UW-Madison
(4a) If the UW-Madison campus is declared closed due to a weather emergency, all UW students - including medical students in clinical courses statewide - are excused from on-site clinical course activities. However, students are strongly encouraged to report to the site if:
(4a.1) The site is located in a county or municipality included in the weather emergency but the student does not need to drive to the site
(4a.2) There is no weather emergency in the county or municipality of their clinical course
28.3(5) **Student Responsibilities**

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

28.4 **Procedures**

28.4(1) **Notification of Closure**

The Office of Student Services will notify all students, courses, and clerkships of the status of campus and site closures via school listservs. Included will be:

(1a.1) Students (via ssmedall@lists.wisc.edu)
(1a.2) Year 1-4/Phase 1-3 Course directors via course director listservs
(1a.3) Clinical course directors, coordinators and staff (including Statewide Campus and Clinical Course Curriculum Committee)
Section 29: Medical Education Continuous Quality Improvement

29.1 Purpose
- Define students’ roles and responsibilities for providing feedback on their medical education, both at the course-level and globally

29.2 Definitions
29.2(1) CQI
Continuous Quality Improvement
29.2(2) Course Evaluation
Evaluation of course by a student; conducted through OASIS Evaluations
29.2(3) Faculty Evaluation
Student evaluation of individual faculty, used for both preclinical course instructors and clinical course faculty; conducted through OASIS Evaluations
29.2(4) AAMC Year 2 Questionnaire
A survey of all second-year allopathic (MD) medical students in the United States conducted by the AAMC. School summary and comparative data are provided to UWSMPH yearly and used for assessment of the MD curriculum.
29.2(5) AAMC Graduate Questionnaire
A survey of all final-year allopathic (MD) medical students in the United States conducted by the AAMC. School summary and comparative data are provided to UWSMPH yearly and used for assessment of the MD curriculum.

29.3 Policies
29.3(1) Global Education CQI Policies
(1a) Evaluations should be filled out candidly yet professionally
(1b) Evaluations are confidential.
(1c) Evaluations are not shared with the faculty (those assigning grades or writing clinical evaluations) until after the course has been completed and the final grades have been submitted.
(1d) Evaluations are de-identified before shared with faculty.
(1e) There adverse consequences on course grades or clinical skills evaluations for students who elect not to complete evaluations.

29.3(2) Completion of Course Evaluations
(2a) Students are asked to complete evaluations of each course
(2b) Students asked to participate in a course evaluation committee once per year.

29.3(3) Focus Groups
(3a) The Medical School invites students to participate in focus groups to have an open discussion about the strengths of the curriculum as well as areas in need of improvement.
(3b) Students are randomly invited to each focus group.
(3c) Focus groups are convened by the Director of Curriculum Evaluation.
(3d) Following each focus group, the student comments are summarized and presented to course and clerkship directors.

(3e) Recommendations for improving each course are proposed and discussed.

29.4 Procedures

29.4(1) OASIS Evaluations

(1a) Students receive emails from OASIS when new evaluations are available.

(1b) Viewing the course gradebook with individual course component scores may be blocked until completion of that course's evaluations.

(1c) The OASIS home page contains a link to all open evaluations.

29.4(2) AAMC Questionnaires

(2a) Students receive emails about these surveys directly from the AAMC.

(2b) The medical school offers incentives if class-wide, completion rate benchmarks are met by stated deadlines.

29.5 Reference

None
Section 30: Office of Multicultural Affairs

30.1 Purpose
- To describe the Office of Multicultural Affairs mission and services to support all students

30.2 Definitions
Office of Multicultural Affairs (OMA)
The office comprised of the Assistant Dean for Multicultural Affairs, the Director of the Office of Multicultural Affairs and the Native American Center for Health Professionals.

30.3 Policies
30.3(1) OMA Mission
(1a) The mission of OMA is to provide academic opportunities that will yield an increase in students historically under-represented in medicine and to work toward the development of learning environments that will foster academic success.

(1b) The office has partnerships with internal and external constituent groups to provide a climate that embraces diversity and supports the professional development of all students, especially students of color.

(1c) OMA works closely with all aspects of the Medical School including admissions, recruitment, academic support services, career advisement, and counseling.

(1d) The office identifies target areas to recruit prospective students, develops programs to encourage pre-college students to pursue careers in the health sciences, and identifies prospective students from national databases.

30.3(2) OMA Goals
(2a) To foster the development of an academic environment that is sensitive to and respectful of people from diverse backgrounds by the following:

(2a.1) monitoring each student’s integration into the medical school environment;

(2a.2) working with the Dean for Students to provide an optimal environment for maximizing a student’s learning potential;

(2a.3) incorporating multicultural issues and humanistic values into the curriculum;

(2a.4) identifying summer programs that increase minority student participation in medical career experiences;

(2a.5) working with units within the Medical School, University and community to identify and sponsor workshops, lecture series and programs devoted to health care delivery in underserved and culturally diverse areas;

(2a.6) working with Medical Students for Minority Concerns (MSMC), a student-run organization that enhances the environment for all medical students through collegial support, promotion of the values of diversity, and participation in community service.
30.3(3) Confidentiality
(3a) Racial/ethnic heritage information and data are confidential. Information and data pertaining to one’s racial and ethnic heritage are collected for compliance purposes with university policy and the U.S. Departments of Education and Labor – Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).
(3b) Student racial information is not available to individuals not employed by the University unless the student gives written permission. Release of individual racial information is made to faculty and staff only by approval of the UW-Madison Chancellor or the Chancellor’s designee.

30.4 Procedures
30.4(1) Use of OMA Services
   (1a) All students are welcome to use OMA services.
   (1b) Students may directly contact OMA via phone, email or drop in.
   (1c) All students are encouraged to participate in OMA events.

30.5 References
30.5(1) Diversity Matters, Campus Resource
   http://www.med.wisc.edu/diversity/main/38254
Section 31: The Neighborhood & Houses

31.1 Purpose
- The neighborhood and houses are a consistent mechanism to cultivate community, well-being, and professional identity among all medical students.

31.2 Definitions
31.2(1) The Neighborhood
The Neighborhood consists of the whole constituency of all five Houses.

31.2(2) Houses
Houses are named after prominent faculty and alumni—Bamforth, Bardeen, Gundersen, McPherson, and Middleton—and are comprised of approximately 35 students from each of the four years for a total of approximately 140 students per House. Each House has a physician ACAP House Mentor.

31.3 Policies
31.3(1) Mission
The Neighborhood, cultivates community, well-being, and professional identity through individual and shared experiences.

The Neighborhood mission is achieved by:
(1a) Developing skills to improve awareness, resiliency, and professionalism
(1b) Engaging fully in advocating for the health of ourselves and each other
(1c) Supporting a diverse and inclusive environment
(1d) Fostering career development

31.3(2) Meeting the Needs of the House Members
In concert with the Neighborhood Mission, each House will connect to the needs and interests of its House members through:
(2a) Leadership and guidance by practicing physicians serving as academic and career advising House Mentors
(2b) Peer leaders (elected House Officers) dedicated to creating a caring and connected community
(2c) Peer and professional mentoring, advising, and guidance
(2d) Personalized, proactive, and student-centered engagement

31.4 Procedures
31.4(1) House Placement
(1a) All students are placed in one of the five houses
(1b) Students are informed of their house placement and meet their house mentor the first week of medical school.
Section 32: Criminal Background Checks

32.1 Purpose
- Define policies and procedures for criminal background checks.

32.2 Definitions
32.2(1) Wisconsin Caregiver Law
Wisconsin Statues §48.685 and 50.065 – These require all health care providers disclose their personal history of acts and offenses that restrict training, licensure, or practice. Under this law, health care entities (hospitals, clinics, nursing homes, child care institutions, shelters, etc.) that are licensed by the State of Wisconsin can deny training or employment at their institution based on the criminal background information provided.

32.3 Policies
32.3(1) Background Checks
(1a) Background checks are conducted upon matriculation into the MD program.
(1b) Discrepancies, non-disclosures, or significant findings not previously disclosed during the application process are grounds for reconsideration of the offer of admissions.
(1c) Background checks are valid for four (4) years from date of issuance.
(1d) Students who extend their academic program for any reason will be required to obtain another background check.
(1e) Students may need to receive another background check at their expense should this be a requirement for any visiting student applications.

32.3(2) WI Caregiver Law Policies
(2a) The school is obligated to provide background check information to clinical training sites upon request.
(2b) Each clinical site will decide if students may have access to their facility and patient population based on reports generated by the check.

32.4 Procedures
32.4(1) Initial and Follow-Up Background Checks
(1a) The Office of Student Services contacts matriculating students with instructions for completing their initial background check prior to the first day of class.
(1b) Incoming students complete background check process from UWSMPH’s preferred vendor.
(1c) The school receives and reviews records from background checks.
(1d) The school maintains confidential files in the Office of Student Services of all background checks.
(1e) Background checks are valid for four (4) years from date of issuance. Students who extend their academic program for any reason will be required to obtain another background check.
32.4(2) Disclosure
   (2a) Prior to admission, each student will disclose any personal history of any acts, crimes, and offenses that may act as a bar or restriction to the student’s medical training and/or licensure.
   (2b) A background check will be completed for each student upon admission.
   (2c) If a student commits any acts, crimes, and offenses that may act as a bar or restriction to the student’s medical training and/or licensure during their medical school training, the student is required to report this to Student Services.

32.5 Reference
Additional information about the WI Caregiver Law is available on the Wisconsin Department of Health and Family Services website
http://dhs.wisconsin.gov/caregiver
Section 33: Student Organizations & Leadership

33.1 Purpose
- To provide students with opportunities for career exploration, service and social support through a wide range of student groups.
- Students may join current student organizations or start their own student organization. These policies govern student participation therein.

33.2 Definitions
33.2(1) Medical Students Association (MSA)
(1a) A student-elected group of officers and representatives from each class. MSA also serves as the student government body representing the interests of all enrolled medical students at the UW School of Medicine and Public Health. The MSA is provided with a staff or faculty advisor.

33.3 Policies
33.3(1) MSA
(1a) The Medical School Administration, via the Office of Academic Affairs, will provide the support necessary for student organizations to be optimally effective such as, but not limited to, providing annual updates, information, and forms for travel, school absences, legal issues, event planning, record-keeping. (1b) The MSA is responsible for disseminating updates and information on a timely basis to students.

33.3(2) MSA & Student Organizations
(2a) Oversight for all SMPH student organizations is provided by the Medical Student Association (MSA).
(2b) All student organizations, including MSA, must be registered with the main campus Associated Students of Madison (ASM).
(2c) All student organizations, including MSA, must complete annual training provided by the main campus Center for Leadership and Involvement, CfLI).
(2d) All student organizations, including MSA, must comply with student organization policies as outlined by the main campus.

33.3(3) Requirements to Hold Student Organization Leadership
(3a) Student leaders are required to be in good academic standing as defined by 9.2(4).
(3b) If a student leader is placed on an individualized Academic Program, the Office of Students Services is authorized to review the student’s academic standing with the relevant program administrative leader to determine the appropriateness of continuing on with leadership duties.
(3c) For students not in good academic standing, the SPARC is authorized to mandate a student resign from their leadership position as a condition for continuing in the MD Program.
33.4 Procedures

33.4(1) Yearly Training
   (1a) Student organizations will receive notification about their yearly required training from MSA.
   (1b) MSA will monitor and certify completion of any required training.

33.4(2) Joining a Student Organization
   (2a) Medical students are provided with opportunities to join current student organizations or start their own student organization. Information on active organizations is available on the Medical Student Association website.
   (2b) All medical students are eligible to join any student organization.
   (2c) Students are encouraged to prioritize academic success in the MD curriculum over excessive involvement with student organizations.

33.5 References

33.5(1) Campus Resources
   - Associated Students of Madison: http://www.asm.wisc.edu/
   - Center for Leadership and Improvement: https://cfli.wisc.edu

33.5(2) UW Medical Students Website
   - Medical Student Association: http://uwmedstudents.com/
Section 34: Statewide Clinical Campuses

34.1 Purpose
This section describes specific facilities at educational sites, especially clinical sites, including its Marshfield Academic Campus, Milwaukee Academic Campus, Western Academic Campus in La Crosse, and Green Bay Primary Teaching Affiliate.

34.2 Definitions
34.2(1) Madison
The Madison Campus includes the following facilities:

- (1a) The Health Sciences Learning Center (HSLC)
  The HSLC is the site of classroom instruction and clinical skills training for the Medical School. It also houses the Ebling Health Sciences Library, and Medical School academic and administrative offices. The HSLC features sophisticated instructional technologies, including advanced digital capabilities throughout its lecture halls, classrooms, clinical training and assessment areas, computing laboratories and distance education centers. The building was designed to enhance individual and small-group learning, and has wireless internet access. Three areas within the building, the Ebling Library, the Wichman Clinical Teaching and Assessment Center (CTAC), and the Special Use Lounge, are described below.
- (1b) University of Wisconsin Hospital and Clinics (UWHC)
- (1c) The Wisconsin Institute for Medical Research (WIMR)
- (1d) The Waisman Center
- (1e) UW Health at the American Center (TAC)
- (1f) The William S. Middleton Veterans Administration (VA) Hospital
- (1g) Meriter Hospital
- (1h) UW Health Clinics
- (1i) Group Health Clinics
- (1j) Dean Clinics
- (1k) Associated Physicians Clinic

34.2(2) Milwaukee Academic Campus
The Milwaukee Academic Campus includes the following Aurora Health facilities:

- (2a) The Aurora Sinai Medical Center
- (2b) The Aurora Saint Luke’s Medical Center

34.2(3) Marshfield - Marshfield Campus
The Marshfield Campus includes the following facilities:

- (3a) The Marshfield Clinics, more than 50 locations in central and northern Wisconsin
- (3b) St. Joseph's Hospital
- (3c) Lakeview Medical Center

34.2(4) The Western Academic Campus in La Crosse
The Western Academic Campus in La Crosse is comprised of the following:

- (4a) The Gundersen Health System Regional Clinics
- (4b) Gundersen Lutheran Medical Center
34.2(5) **Green Bay Primary Teaching Affiliate**
   The Green Bay Primary Teaching Affiliate includes the following facilities:
   (5a) The Aurora BayCare Medical Center
   (5b) The Aurora BayCare Health Center

34.2(6) **Primary Care Sites**
   In addition to the above sites, Primary Care Clerkship sites include Appleton, Eau Claire, and Minocqua.

34.2(7) **Library Facilities**
   (7a) The Ebling Library serves as the health science library for the UW-Madison campus. The InfoCommons computer lab is located within the Ebling Library to provide an integrated environment for library and information technology services and resources.
   (7b) There is a variety of equipment available for check-out at the Ebling Service Desk (see Technology Library loans below).

34.2(8) **Wichman Clinical Training and Assessment Center (CTAC)**
   (8a) CTAC is a 24-room clinical teaching and assessment facility where health sciences students practice and are tested on interviewing and physical examination skills.
   (8b) Each of the center's 24 rooms contains medical equipment, including otoscopes, blood pressure cuffs, radiograph viewing station, examination tables and sinks to replicate a clinical patient care setting for training.

34.2(9) **Special Use Lounge**
   (9a) The HSLC Special Use Lounge is located in 2120. The lounge is available to students, faculty, and staff who work in the HSLC and the Wisconsin Institutes for Medical Research (WIMR) building who need private space to manage their health needs. See Section 34.4(1) for procedures to access the lounge.
   (9b) The lounge has a small kitchen with a refrigerator and sink, and comfortable furniture.

34.3 **Policies**

34.3(1) **Housing**
   (1a) Housing is provided at sites away from Dane County/south central Wisconsin.

34.3(2) **Technology Library Loans through Ebling Library**
   (2a) Wireless laptop computers are available for 3-day check-outs to anyone with a valid UW ID at no charge. Each unit comes equipped with basic productivity software.
   (2b) Digital camcorders, an HD-camcorder, digital still cameras, and portable audio recorders are available for a maximum checkout period of 3 days.
   (2c) Digital projectors are also available for a 1-day checkout.
   (2d) Check with the Ebling Library Service Desk for other accessories such as computer mice, headphones, tripods, etc.

34.3(3) **Printing Allowance**
   (3a) Students receive a printing supplement of 500 sheets for the fall semester, 500 sheets allotment in the spring semester, and 250 sheets during the summer.
   (3b) Direct any questions regarding printing to the InfoCommons technology manager or the staff at the Ebling Service Desk.
(3c) Students exceeding the supplement can use their Wiscard account or purchase a vending card and use public printing to meet their needs.

34.4 Procedures

34.4(1) Requesting Access to the Special Use Lounge

(1a) To request access, see the Office of Student Services, 2140 HSLC
(1b) Examples of appropriate use of the space include mothers who are breast-feeding their infants, and individuals who need to administer medication such as insulin.

34.5 References

34.5(1) Primary Care Clerkship Info and Sites
www.fammed.wisc.edu/pcc.
34.5(2) InfoCommons Website
http://ebling.library.wisc.edu/infocommons/
34.5(3) Ebling Library Info and Hours
www.hslc.wisc.edu
34.5(4) Campus Library Info
www.library.wisc.edu
35.1 Purpose
- To describe options for student transportation to and from the most common Madison-based locations associated with the MD curriculum.
- To define expectations for professional conduct in relation to transportation.

35.2 Definitions
35.2(1) HSLC
Health Sciences Learning Center, 750 Highland Ave

35.2(2) UWHC
UW Hospital and Clinics, 700 Highland Ave (also called the Clinical Sciences Center)

35.2(3) MSC
Medical Sciences Center, 1300 University Ave

35.2(4) ASM
Associated Students of Madison, UW-Madison’s elected student government

35.3 Policies
35.3(1) Assigned Parking for UW-Madison Students
(1a) Any UW-Madison student may apply for parking through UW Transportation Services.
(1a.1) Limited parking is available for students who need to use a vehicle to commute to campus, and is assigned on a space available basis. The following criteria are used to make student assignments:
  - Commuting students from outside Madison (beyond one mile of the city transit system);
  - Working students using their vehicles at least 3 times a week for employment when there is a proven need;
  - Students with unusual or special needs with justification.

35.3(2) Non-Assigned Parking
(2a) Parking Near the HSLC
(2a.1) In general, students are not able to park near the HSLC during business hours Monday through Friday.
(2a.2) Some lots are available for non-assigned parking from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all day Saturday and Sunday.
(2a.3) Students are not allowed to park in the UWHC ramp unless they are receiving medical care at the UW Hospital

(2b) Parking Near the MSC
(2b.1) There are a few UW parking lots located close to the MSC that have some non-assigned parking spaces available during business hours, usually subject to an hourly rate.
(2b.2) Some lots are available for non-assigned parking from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all day Saturday and Sunday.
Refer to posted signage and UW Transportation Services for the policies governing a specific lot.

35.3(3) Bus and Shuttle Services

(3a) UWHC Shuttle Service

A free shuttle-van service operates between the HSLC/UWHC and the MSC, with a trip originating approximately every 20 minutes.

(3b) Madison Metro City Bus Service

The Route 80 Campus Bus is free and offers service to most areas of the campus, including the HSLC/UWHC, MSC, UW Student Health Services, and Eagle Heights Apartments.

A UW-Madison student may obtain an ASM-subsidized bus pass that provides the holder with free bus service in Madison and to a few surrounding communities. For information on how/when to obtain a free bus pass, refer to the Associated Students of Madison website.

35.3(4) Nighttime Transportation

(4a) SAFE (Safe Arrival for Everyone) Nighttime Services is UW-Madison’s comprehensive late-night transportation system, available to students, faculty, staff, and university guests.

SAFE Nighttime Services include:

(...1) SAFEwalk escort teams

SAFEwalk provides walking escorts throughout the entire campus except for the far west side (UW Hospital and Eagle Heights). Student-Escorts work in two-person escort teams, responding to requests for walks, and watching for suspicious situations. All SAFEwalkers undergo training with UW Police and are able to assist in a variety of situations. Each team carries a two-way radio which serves as a mobile emergency phone between UW Police and SAFEwalk dispatchers. To request this service, call 262-5000. See the SAFEwalk website for details on availability.

(...2) Evening Bus Routes

(...3) Cab service in and around campus

(...4) Nighttime transportation assistance for People with Disabilities

(4b) See the SAFE Nighttime Services page on the UW-Madison Transportation Service website for additional details.

http://transportation.wisc.edu/transportation/safeservices.aspx

35.3(5) Professionalism

(5a) Students shall obey all University, Madison Metro, and SMPH policies regarding parking, biking, commuting to/from campus, and transportation issues in general.

(5b) Students are expected to demonstrate the behavior, respect, and judgement expected from students in the UW-Madison MD program.

(5c) Unprofessional behavior in these contexts may result in a review by the Student Promotion and Academic Review Committee for unprofessional behavior.
36.1 Purpose

- To offer support to medical students in achieving their full academic potential

36.2 Definitions

None

36.3 Policies

36.3(1) Integrated Advising

(a) The School of Medicine and Public Health has a system of academic advising in place for medical students that integrates the efforts of faculty members, course directors, the Office of Student Services, the Office of Medical Education and the Office of Multicultural Affairs.

(b) Student Academic Success Services (SASS) staff lead the coordination of academic advising efforts among these individuals and units.

(c) SASS staff provide counseling and tutorial services to ensure that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

(d) All students are entitled to the services of the Student Academic Support team.

(e) The Office of Student Academic Success employs experts in the field of medical education, and provides various services to help medical students achieve their full academic potential.

36.3(2) Services

(a) Services offered through SASS include but are not limited to:

(1) Academic advising

(2) Tutoring assistance and identification of qualified individual peer tutors

(3) Study skills, including time management and test-taking

(4) Board Exam and Shelf Exam preparation

(5) Workshops on various topics around academic preparedness and success

(6) Referrals for health and well-being

(7) Provision of reference books for courses and board exams

(8) Career advising

(9) Wellness advising

36.3(3) USMLE Preparation

(a) The Office also coordinates the Medical School tutorial and USMLE Step 1 preparation programs.

(b) USMLE Step 1 “board prep” groups are organized through SASS, are open to all students and are led by year 3-4/Phase 3 students.

36.4 Procedures

36.4(1) Utilizing services

(a) Any medical student is eligible to receive services through the Office of Student Academic Success.
(1b) Students may make initial contact with SASS staff members through email, phone call or in-person meeting.
(1c) Students are not restricted to working with a single member of the SASS staff and may solicit assistance from any and all SASS staff members.
37.1 Purpose
- The Academic & Career Advising Program (ACAP) and associated house mentors, department faculty and staff, and the Office of Student Services staff provide comprehensive specialty, residency, and career information to students from matriculation to graduation.
- For all students, the career advising office and Academic & Career Advising Program (ACAP) offers support on four major career decision-making tasks.
- There is a comprehensive specialty and career education program throughout medical school, especially during the third and fourth years, beginning at the Transitional Clerkship.
- The Careers in Medicine web-based program contains resources, exercises, and informational databases designed to help students navigate their career choices. (www.services.aamc.org/cim)
- ACAP Mentors and Student Services staff are available to meet one-on-one with students.
- ACAP faculty mentors provide longitudinal advising and support for career and academic decisions. ACAP mentors are also affiliated with the houses and provide students with another, broader set of faculty resources to contact with questions.

37.2 Definitions
37.2(1) Self-Assessment
  - Clarification of personal interests, abilities, and values relating to potential specialties
  - Exploration of preferred work environment and practice characteristics

37.2(2) Exploring Options
  - Information-gathering regarding career options including specialties and subspecialties, academic medicine, public health, and other medical careers
  - Advising and counseling for career-related evaluation of clinical experiences
  - Information regarding summer experiences: clinical, research, volunteer, etc.
  - Referrals to clinical faculty in area(s) of interest

37.2(3) Choosing a Specialty
  - Selecting a specialty or non-residency continuing medical education (MPH, PhD, etc.)
  - Evaluating specific residency training programs
  - Advising and support for career decision-making

37.2(4) Getting into Residency
  - Descriptive & comparative residency match data, for both national and UW applicants
  - Preparing a curriculum vitae, personal statement, and application materials
  - Developing interviewing skills, including mock interviews
  - Utilizing residency application services & navigating the match process
37.3 Policies

37.3(1) Career Advising

(1a) Students are expected to meet with their ACAP Mentor or another faculty member to discuss their career development on a per semester basis.

(1b) Department mentors can provide useful career advising. However, students are encouraged to supplement this with someone from the ACAP program or Office of Student Services.

(1c) WARM and TRIUMPH students have access to program faculty as additional resources for career advising.

(1d) ACAP mentors and Student Services staff are always available for consultation, including via phone, video conference, Skype, FaceTime, etc. when students are not in Madison.

37.4 Procedures
None

37.5 Reference
None
Section 38: Tuition, Financial Aid, & Scholarships

38.1 Purpose
- To describe the tuition and fee refund policies
- To provide students with information, services and resources to promote financial well-being during a time of high debt accrual
- To provide clear policy on scholarship awards and eligibility

38.2 Definitions

38.2(1) Tuition
   (1a) Full-Time Tuition. This is the standard tuition rate for medical students and is assessed when on the standard academic program or enrolled in 15+ credits in a given semester.
   (1b) Per-Credit Tuition. This is pro-rated tuition and fees on a per credit basis for students enrolled in fewer than 15 credits per semester.

38.2(2) Financial Aid
   Any grant or loan offered to help a student meet their medical student debt. In the case of loans, this money will be paid back at a future date by the students. Usual sources of loans are federal and state agencies.

38.2(3) Scholarship
   Funding offered to a student based on merit, deservedness, or specific attributes defined by the scholarship donor or the scholarship committee. This money is a gift and will not be paid back by the student.

38.2(4) Major Loans Available to Medical Students
   (4a) Federal Perkins Loan. A federal loan program allowing up to $30,000 for an entire academic career, including undergraduate career. Simple 5% interest accrues only in repayment period that begins 9 months after graduation. Two-year deferments for advanced training are possible.
   (4b) Federal Stafford Loan. 1) Subsidized Loan. Commercial lending institutions provide these funds, but funds are federally insured. Maximum total is $65,500, including undergraduate loan total, at $8,500 per year. Interest is fixed at 6.80% with a cap of 8.25% for new borrowers. Neither interest nor payments begin until borrower leaves school or is enrolled less than half time (less than 4 credits/semesters in medical school). 2) Unsubsidized Loan. Same as above except interest accrues while student is in school. Eligibility is based on financial need. Up to approximately $30,000 per year.
   (4c) Health Professions Medical Loan (Primary Care Loan). Federal loan takes parent ability to provide financial assistance into account. Repayment can be deferred through residency. Interest is 5% and begins to accrue when repayment starts.
   (4d) Federal Graduate Plus Loan. Used for unmet costs for students who have maxed out borrowing ability in other federal loan programs. Interest is fixed at 8.50% and accrues as soon as the loan is disbursed.
(4e) Manchester, Gilbert, Snow, Burns-Leslie, Kellogg, Dredge, and AMA-ERF Loans. Funds come from private institutional sources, not federal or state. Funds are limited and only awarded to students with very high financial need. Interest is 5%, which can be deferred for 5 years after leaving school.

(4f) Wisconsin Medical Society Loan. The Charitable, Educational & Scientific Foundation of the Wisconsin Medical Society provides loans for state residents only. Students are chosen based on financial need and may borrow up to $5,000 per year.

(4g) Alternative Med Loan. These loans are available to students with extremely high financial need or to those who have exhausted federal loan programs.

(4h) Grant Assistance. Limited grant aid is available through the Medical School.

(4i) Child Care Tuition Assistance Program. Students with children may qualify for up to $1,000 per year. Payments are made directly to the day care provider.

38.2(5) Short Term Loans
Low interest, short-term loans are available on a limited basis. These loans are given to assist in unanticipated emergency situations and must be repaid within the semester they are borrowed. Applications are available in the student financial aid office.

38.2(6) Other Financial Aid Options
Students may be eligible to apply for some of the following other types of assistance:

(6a) National Medical Fellowship (NMF). Private non-profit organization that funds minority medical students in the first and second year. New entering students may obtain applications from the National Medical Fellowships, Inc., 254 W. 31st Street, New York, NY 10001.

(6b) National Health Service Corps. For information contact the U.S. Department of Health and Human Resources.

(6c) Armed Forces Scholarship Program. The Army, Navy and Air Force have programs that provide a year of funding for a year of service later on. Students enrolled in these programs may be limited to military hospitals for their postgraduate medical education (residency). Service deferments until after residency can be applied for, although there are no guarantees. Contact the nearest recruiting office for more details.

38.3 Policies
38.3(1) Tuition
(1a) The MD degree program follows all tuition and fee policies and requirements of the UW-Madison Bursar’s Office. This includes but is not limited to policies regarding payment due dates, fee schedules, and refund policies.

(1b) Total tuition for the MD program shall not be less than 8 semesters at the full-time rate regardless of enrolled credit loads in each semester or accelerated time to degree.

38.3(2) Tuition Refunds
(2a) Unless otherwise specified or specifically authorized by the SPARC, Student Services Office, or their designee; tuition refund policies for medical students follow those of UW-Madison.

(2b) For withdrawal, dismissal, or other UWSMPH-approved modifications to students’ course of study, per-credit tuition and fee refunds are issued only for courses that have not started by the date of the academic action.
The SPARC considers exceptions only after a written request detailing justification; this must be received within 30 business days of the academic action or by the end of the semester, whichever comes first.

38.3(3) Wisconsin Residency for Tuition
   (3a) The UW-Madison Registrar’s Office determines state of residence for assessment of tuition.
   (3b) Students returning from a leave of absence are required to recertify their state of residence for tuition prior to reinstatement of their student status.

38.3(4) Per-Credit Tuition
   (4a) Students may be eligible for per-credit tuition and fees if they meet the following criteria:
      (4a.1) On an extended program whereby extending their MD program beyond eight (8) semesters
      (4a.2) Enrolled in fewer than 15 credits in a given semester
   (4b) Students are only considered for per-credit tuition in semesters where they are taking fewer courses than the standard academic plan enumerates for that year/phase and semester.
   (4c) Students entering extended programs mid-semester are not eligible for retroactive per-credit tuition and fees.

38.3(5) UW Madison Office of Financial Aid (OFSA)
   (5a) The financial aid counselor for medical students is located in the UW-Madison Office of Student Financial Aid (OSFA).
   (5b) The counselor assists students whose personal and family resources are not adequate to cover the cost of attending medical school.
   (5c) The primary resources available through the office are low interest loans.

38.3(6) Calendar for Financial Aid
   (6a) Year 1 students receive aid based on a 10.5-month budget.
   (6b) Year 2-4 students receive aid based on a 12-month budget.

38.3(7) Financial Aid Eligibility Requirements
   (7a) Be a citizen or permanent resident of the United States.
   (7b) Be admitted as a medical student.
   (7c) Demonstrate financial need as determined by the OSFA.
   (7d) Maintain satisfactory academic progress as defined by the Medical School.
   (7e) Carry a minimum of 4 credits per semester.
   (7f) Meet the eligibility requirements of each of aid program applied for.
   (7g) Show willingness to repay any educational loan, not be in default on any educational loan, and not owe any refund to the University.
   (7h) Have a valid social security number.
   (7i) Be in compliance with Selective Service registration.

38.3(8) WI Residency Determination
   Residency status for tuition purposes is determined by the Residence Examiner in the Office of the Registrar, not the Medical School or the financial aid office.

38.3(9) Determination of Financial Need
   (9a) After the student’s FAFSA is analyzed by the U.S. Department of Education and the OSFA, the student’s “total resources available for education” is determined.
(9b) For financial aid purposes, “need” is defined as the difference between the cost of attendance (as defined by the University) and the “total resources available” to the student.

38.3(10) **Estimated Expenses**
Estimated expenses based on tuition, fees, and expenses and customized budgets are available through consultation with the Medical School’s financial aid officer.

38.3(11) **Financial Education and Wellness**
The UWSMPH promotes use of the AAMC FIRST (Financial Information, Resources, Services, and Tips) Program to educate medical students on financial issues and to promote fiscally responsible decision making.

38.3(12) **UWSMPH MD Scholarships Award Eligibility**
(12a) To maintain eligibility for school scholarships, students must maintain good or at least marginal academic standing.
(12b) Students in Unsatisfactory Academic Standing are not eligible for school scholarships.
(12c) Students who lose a scholarship due to earning unsatisfactory academic standing may regain eligibility for scholarship the following academic year if they return to marginal or good academic standing.
(12d) Students may appeal loss of scholarship to the Scholarship Committee in cases of significant extenuating circumstances directly affecting the student’s academic performance.

38.3(13) **MD Program Scholarships & Awards Eligibility**
(13a) Students must be in good academic standing based on the policies in or have received approval through an Individualized Academic Plan approved by SPARC or meet the specific criteria set forth for the award.
(13b) Student may appeal their scholarship eligibility through the SPARC.

38.4 **Procedures**

38.4(1) **Financial Aid Application Process**
(1a) Submit a Free Application for Federal Student Aid (FAFSA).
(1b) Submit a UW Student Tax Return form.
(1c) Keep mailing address current since all correspondence goes to student’s local address.
(1d) Reapply every year.

38.4(2) **Appeals**
(2a) If a student is denied aid, or is not offered as much as the student feels is needed, it is possible to appeal for reconsideration.
(2b) Appeals must be submitted in writing to the OSFA.

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

38.4(3) **MD Program Scholarships & Awards Process**
(3a) Students are selected for scholarships and awards by a committee of faculty and staff who meet yearly.
(3b) Students will be notified of scholarship/award selection via email.
(3c) The scholarship/award notification will include mechanism of award disbursement, either direct deposit to tuition account or cashier’s check.
(3d) Students are expected to write a thank-you letter to their scholarship/award benefactor and are notified of the process upon receipt of their award.

38.5 Reference
AAMC FIRST Program: https://students-residents.aamc.org/financial-aid/
Section 39 : Mental Health and Counseling Services

39.1 Purpose
- To provide for students physical and mental health throughout their medical school training.

39.2 Definitions
None

39.3 Policies

39.3(1) University Health Services (UHS)
   (1a) University Health Services (UHS) provides students with primary health care, health education, health promotion and disease prevention services.
   (1b) All currently enrolled students are eligible for care at UHS.
   (1c) With rare exception, the services are prepaid as part of student fees.
   (1d) Appointments
       (1d.1) Most services at UHS are provided on an appointment basis, however, care for urgent or an acute problem is always available during the hours the clinics are open.

39.3(2) Health Care options when UHS is closed
   (2a) Option for care during the hours that UHS is closed include:
       - UW Health Immediate Care: 4122 East Towne Blvd. and 7102 Mineral Point Rd
       - Dean Urgent Care: 1821 Stoughton Rd. and 725 N. High Point Rd
       - UW Hospital and Clinics Emergency Room: 600 Highland Ave.
       - Meriter Hospital: 202 South Park Street
       - St. Mary’s Hospital: 707 South Mills Street
   (2b) UHS does not cover the cost of services provided outside the UHS facility.
   (2c) All medical students are required to have health insurance which provides coverage for any care not provided by UHS.

39.3(3) Health Provider Involvement in Student Assessment
   A student may not be formally evaluated by a health professional who has provided medical or mental health services to that student.

39.3(4) Treatment by Classmates
   Medical students are not permitted to participate in the care of a medical student peer without express consent of the student receiving care.

39.3(5) Health Care at Statewide Campus Sites
   (5a) All medical students are required to have health insurance which provides coverage for any care not provided by UHS, including care at any statewide campus site.
   (5b) Students have access to a broad array of health providers and services through the health system partnerships at our statewide campus sites. This includes urgent care services and mental health services.
39.3(6) University Counseling Services

(6a) Counseling and Consultation Services, a unit of UHS, offers a variety of individual, group and couple counseling services.

(6b) Experienced counselors, psychologists and psychiatrists are available to assist students in overcoming depression, and managing anxiety, and in developing self-awareness and understanding, independence and self-direction.

(6c) In response to the unique needs of medical students, the UWSMPH in partnership with Counseling and Consultation Services provides a model of treatment including a one-hour assessment, and flexible appointments to accommodate students as determined by the judgment of the professional counselors. The goal is to provide resources to facilitate a student’s mental well-being as they progress through the medical school curriculum.

(6d) Medical records of students seen by a counselor are private and secure. These records are not shared with Dean for Students or any member of the UWSMPH administration without express written consent of the student.

(6e) Any person seeking mental health assistance has a legal and ethical right to privacy. The law allows a helping professional to breach this right to privacy, if and only if, the individual is in clear and imminent danger to harm themselves or another or of harm from another and there are no other viable ways to intervene. Counseling and Consultation Services is committed to meeting this standard.

39.4 Procedures

39.4(1) Seeking Care

(1a) Any student needing medical care should seek this care through UHS or their own provider.

(1b) Any student needing mental health care should seek this care through UHS or their own provider.

(1c) Students at the statewide campus sites with any questions about health care or access to care should speak with the site coordinator.

39.5 References

UHS Website: www.uhs.wisc.edu