

SCHOOL OF MEDICINE POLICIES

Policies of the School of Medicine

COVID POLICY

Educational Program Committee Approved: September 28, 2021, Revised: August 16, 2023

- All students, faculty and staff must comply with state and federal safety guidelines. See Kentucky state website at <https://govstatus.egov.com/> (<https://govstatus.egov.com/kycovid19/>) (<https://govstatus.egov.com/kycovid19/>) and CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/> for any timely updates as conditions change.
- All members of the campus community must comply with UofL regulations and policies regarding COVID testing, wearing masks, or practicing physical distancing. These are posted and updated at this site as conditions change: <https://louisville.edu/coronavirus/> (<https://louisville.edu/coronavirus/>) (<https://louisville.edu/coronavirus/>) (<https://louisville.edu/coronavirus/>)
- Flu shots are required for all students, clinical faculty, and clinical staff. The university will provide free flu shots when the seasonal flu vaccine becomes available.

1. Vaccination Guidelines

- a. Vaccine Requirement - Completion of the COVID-19 vaccine series is REQUIRED FOR ALL PERSONNEL - INCLUDING MEDICAL STUDENTS - working and learning in UofL Health clinical facilities. This includes all students participating in preceptorships at UofL Health facilities.
- b. Proof of vaccination - Campus Health collects and tracks compliance with this requirement for all medical students. Student vaccine status is confirmed centrally through public health system tracking for students who received the vaccine in Kentucky. Students vaccinated outside Kentucky are required to provide official documentation of completion of their vaccine series to the Campus Health Office.
- c. Falsification / Misrepresentation of Vaccine Status – Any misrepresentation of vaccination status is a serious breach of professional conduct and will result in severe, immediate disciplinary action.
- d. Vaccination Exemption Request - Students who cannot comply with this clinical requirement for medical or religious reasons should seek an exemption through Campus Health, (502)-852-6446. Any unvaccinated students will be required to follow public health regulations.

2. Exposure / Infection Guidance

If students show signs of infection or exposure, please contact Campus Health at 502-852-6446 for Antigen testing. Any student testing positive (whether at Campus Health or another facility) needs to consult Campus Health for isolation guidance and a time to return to clinical duties. Students should follow any instructions given to you by Campus Health. For Madisonville students, Baptist Urgent Care will provide the local clinical evaluation and testing necessary, and you will get a return to work/school note from them as you would with any illness.

- a. All students will be required to complete the mandatory Covid-19 infection training from Campus Health to ensure they know the symptoms of infection and the precautions they are expected to take to minimize the risk of infection. Procedures for students who must be absent due to COVID quarantine or isolation: a. The full ULSOM absence policy is linked here under (<https://catalog.louisville.edu/professional/medical-bulletin/som-policies/#text>) item 6.1. (<http://catalog.louisville.edu/professional/medical-bulletin/som-policies/file:///Users/heathermoore/Desktop/item%206.1.html>) (<https://catalog.louisville.edu/professional/medical-bulletin/som-policies/#text>) (<https://catalog.louisville.edu/professional/medical-bulletin/som-policies/#text>)
- b. COVID Patients: Students are currently allowed to care for patients who are known COVID positive or are under investigation/evaluation for COVID. Students must comply with and use each facility's provided PPE for care of any patient, including COVID patients. If students are uncomfortable caring for a certain patient due to COVID status, they are free to contact their clinical care team/supervisor or clerkship director to discuss their concerns.
- c. Immunocompromised Status: Students who are pregnant, postpartum/ breastfeeding, immunosuppressed, or with other health conditions that place them at increased risk and questions about their work in the clinical environment should contact Student Health for a specific answer to their question(s) regarding safety and precautions in the clinical environment.

4. Professionalism and Illnesses / COVID

- a. COVID Related Professionalism
 - i. Failure to comply with COVID policies, including self-isolation, testing, and symptom development will result in disciplinary action. These actions will be under the direction of the Office of Student Affairs. **If you are found to be symptomatic on campus and have not followed UofL policies, you will be immediately removed until you have complied with these policies.**
 - ii. Knowingly coming to campus or reporting to the clinical environment with symptoms of COVID and no medical clearance or known COVID positive status, will result in swift, severe adverse action that may affect your enrollment with UofL School of Medicine, referral to the Residency Match, or other actions.

5. Guidelines for Supervising Faculty and Institutions

- a. Students must have standard personal protective equipment (PPE) provided to them for patient care that would be provided to any staff or physicians seeing patients and are expected to follow the facility's isolation precautions. Masks should be limited to those provided in the clinical environment – homemade, cloth, or other mask types are not permitted. Students may also choose to wear eye protection, caps/hair coverings, shoe coverings, at their discretion.
- b. Students must follow any protocols or guidelines that attendings and residents follow at specific facilities regarding donning, doffing, and preservation of PPE and supplies. If a PPE shortage develops and you cannot be protected effectively as instructed by the training resources below, halt your clinical activities regarding that patient immediately and notify your Clerkship Liaison / Coordinators / Elective Director / Dr. Suzanne Kingery.
- c. Donning and doffing PPE– Please see the following attached resources provided by the CDC for the use of PPE:
 - i. YouTube Video (<https://www.youtube.com/watch?v=qk6ai3JUL9U&feature=youtu.be>) (<https://www.youtube.com/>)

watch/? (https://www.youtube.com/watch/?v=qk6ai3JUL9U&feature=youtu.be) (https://www.youtube.com/watch/?v=qk6ai3JUL9U&feature=youtu.be))

- ii. PDF (https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf) (https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html (https://www.cdc.gov/coronavirus/2019-ncov/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html))
- d. Students have a responsibility to protect themselves and their patients. Students should immediately remove themselves from any environment where practitioners are clearly violating practices regarding the management and treatment of COVID – i.e., denying vaccines to
- e. Suzanne Kingery immediately. This WILL NOT affect your grades, your graduation date, or your residency match.

1. General Standards

1.2. Course & Clerkship Changes Requiring Educational Program Committee Approval

EPC Last Reviewed: February 19, 2020

The following types of changes to courses or clerkships require EPC action or approval prior to implementation:

- a. Changes in the number of total course or clerkship hours;
- b. Any increase in lecture hours, even if total course hours remain the same;
- c. Changes in the course or clerkship exam schedule;
- d. Significant changes in the course or clerkship schedule after it has been set for the year (with the exception of emergencies);
- e. Addition of new courses or electives;
- f. Elimination of required EPC questions from the course/clerkship student evaluation survey;
- g. Changes in course or clerkship objectives (changes in session objectives do not require EPC approval);
- h. Changes in course or clerkship policies that would result in non-compliance with any EPC policy or guideline;
- i. Changes in grading schema for courses or clerkships.
- j. Any major change in a course or clerkship, not described above.

1.3. Curriculum Review Policy

EPC Last Reviewed: February 19, 2020

Individual Courses and Clerkships

Individual courses and clerkships shall be reviewed on an annual basis.

The Curriculum Evaluation Subcommittee shall perform reviews of all courses and clerkships, with final recommendations determined by the Educational Program Committee (EPC).

Individual Years of the Curriculum

During each academic year, one curricular year (e.g., first year) and the significant outcomes for the program as a whole shall be reviewed at the Medical Education Program Annual Retreat (MEPAR) according to the schedule set forth by EPC. The MEPAR participants will include the EPC, its subcommittees, and the staff and academic deans of the School of Medicine with responsibility for maintaining the accreditation and quality of the MD program.

Four-Year Curriculum

The four-year curriculum, its mission, vision, and metrics related to its identified target outcomes shall be reviewed in its entirety every five years. The EPC will oversee this review through the annual MEPAR process every fifth year, including the ability to form ad hoc committees following the significant goals identified at MEPAR. The results of the review will be reported back to the EPC for final decisions regarding the curriculum.

Specific Curricular Topics

The EPC delegates the review of specific topics to its Integration Subcommittee, which reviews the content in detail and makes recommendations to the EPC to reduce gaps and redundancies and ensure the curriculum meets its objectives. Topics for review by the Integration Subcommittee can be chosen from a variety of sources, including the AAMC Graduation Questionnaire, Step 1 or Step 2 CK Score Plots, student feedback sources, and/or faculty feedback sources. The curriculum database will be used as part of the review to help identify gaps and redundancies. Topics to be reviewed may be changed at the EPC's discretion.

- All objectives, content, and instructional and assessment methods shall be considered during reviews to ensure that programmatic learning objectives are achieved.
- Any subcommittee or individual conducting reviews shall report findings to EPC within a designated time period. In all cases, the EPC will make final decisions regarding curricular modifications.
- A calendar of planned evaluations shall be maintained for the EPC by the Undergraduate Office of Medical Education.

1.4. EPC Structure Policy

Educational Program Committee Approved: June 1, 2011

Educational Program Committee Last Revised: July 5, 2023

EPC Advisory Subcommittees

Five subcommittees will serve as advisory to the EPC: M1-2 Subcommittee, M3-4 Subcommittee, Evaluation and Assessment Subcommittee, Clinical Skills Subcommittee, and the Academic Technology Subcommittee.

1. M1-2 Curriculum Committee

Membership: Assistant Dean for Medical Education/Basic Sciences, who shall chair the committee, Senior Associate Dean for Undergraduate Medical Education, First and Second Year Course Directors and selected Thread Directors, Director of Undergraduate Medical Education; Student Affairs Academic Support Specialist, First and Second Year Class Presidents and Vice Presidents, Second Year Student EPC Representative, and Chair of the M3-4 Subcommittee.

Responsibilities: The M1-2 Subcommittee advises the EPC on policy and curricular changes. These changes must support EPC goals and maximize students' learning experiences and teaching effectiveness. The subcommittee is also responsible for collaborating with M3-4 subcommittee members to vertically integrate content and topics across all four years. Additional responsibilities include confirming the course and examination schedule for each semester and reporting M1-2 phase outcomes to the EPC.

2. M3-4 Subcommittee

Membership: Assistant Dean for Medical Education/Clinical Skills, who shall chair the committee, Directors of all required Clerkships; Trover Campus representative; Senior Associate Dean for Undergraduate Medical Education; Director of Undergraduate Medical Education Operations; Student Affairs Director, Course Director for Introduction to Clinical Medicine course, Third and Fourth Year Class Presidents and Vice Presidents, Third and Fourth Year Student Representatives to the EPC, and the Chair of the M1-2 Subcommittee.

Responsibilities: The M3-4 Subcommittee proposes policy and curricular changes to the EPC. These changes must support EPC goals and maximize students' learning experiences and teaching effectiveness. The subcommittee is also responsible for collaborating with M1-2 subcommittee members to vertically integrate content and topics across all four years. Additional responsibilities include reporting M3-4 phase outcomes to the EPC and providing oversight for the in-house Clinical Skills Exams.

3. Evaluation and Assessment Subcommittee

Membership: The Business Intelligence Analyst and the Director of Undergraduate Medical Education and the Director of Undergraduate Medical School Operations, who shall co-chair the subcommittee, Assistant Dean for Undergraduate Medical Education/Basic Sciences, Assistant Dean for Undergraduate Medical Education/Clinical Skills, Director of Curriculum Management Information Systems, Evaluation and Assessment Coordinator, a minimum of four clinical faculty members and four basic science faculty members, and one student representative from each of the four classes.

Responsibilities: Through the evaluation of courses and quality of assessments, the Evaluation and Assessment Subcommittee (EAS) proposes curricular changes to the EPC that are designed to improve course quality. The EPC discusses EAS proposals and accepts, rejects, or revises them before making final recommendations to clerkship and course directors. The EAS is also responsible for reviewing curriculum outcomes at the program objective level.

4. Clinical Skills Subcommittee

Membership: Assistant Dean for Undergraduate Medical Education/Clinical Skills, who shall chair the committee, Vice Dean for Community Engagement and Diversity, Director of Standardized Patient Program, Director of the Simulation Center, Director of Technology, Introduction to Clinical Skills Course Directors, third year clerkship directors, and one student representative from each medical school class.

Responsibilities: The Clinical Skills Subcommittee evaluates and recommends to the EPC potential changes revolving around clinical skills training in the Introduction to clinical skills course for M1 and M2 students, simulation center training sessions, and standardized patient cases. The subcommittee also provides feedback regarding student performance to the EPC for recommendations of clinical remediation.

5. Academic Technology Subcommittee

Membership: Director of Technology, who shall chair the committee, Senior Associate Dean for Undergraduate Medical Education; first, second, third- and fourth-year Student Technology and Mobility Officers; one Basic Scientist; one Clinician; one library representative; and one representative from the Delphi Center.

Responsibilities: The Academic Technology Subcommittee coordinates and evaluates School of Medicine academic technology initiatives and

recommends new initiatives to the EPC that utilize technology to support student learning. The Subcommittee oversees the Academic Technology Office to ensure effectiveness in serving the needs of students, faculty, and the school and for the technological infrastructure to support curriculum integration, delivery, and assessment.

Each EPC subcommittee will meet, on average, monthly or bimonthly. A subcommittee chair may appoint a limited number of ex-officio members to facilitate the work of the committee. Minutes of EPC advisory subcommittee meetings will be distributed to the EPC members.

1.5. First Year Class Size Coordination Policy

EPC Last Reviewed: February 19, 2020

The complexities of accreditation require a formal process that will ensure that all of the buildings used to educate our students (i.e., instructional facilities, clinical facilities) are adequate and appropriate for the proposed size of the first-year class. *

Policy:

The Dean of the University of Louisville School of Medicine is responsible for determining the number of students in the first-year class (newly admitted plus returning) based on the accepted policies of the LCME. This determination shall be made based upon the adequacy of the school's educational facilities and patient population as they relate to the school's ability to achieve its educational objectives and the adequacy of the applicant pool. The Dean shall make this determination annually by June 15 for the following year's class after receiving input from the Chair of the Educational Program Committee and the Associate Dean for Admissions. When appropriate, the Dean will also confirm with the Associate Dean for Admissions that a sufficient number of qualified applicants are available to achieve the Dean's proposed class size number. The Dean will notify the Associate Dean for Admissions and the Vice Dean for Medical Education of the total number of students to be in the first year by July 1 of each admissions cycle.

Annually, beginning on April 30, the Associate Dean for Student Affairs shall provide weekly written details on the number of students potentially returning to or repeating the first year to the Associate Dean for Admissions, the Vice Dean for Medical Education, and the Director for Admissions. At no time after April 30 and prior to the first day of classes shall an offer be extended to an applicant that would result in the total number of new first year students exceeding the total class size set by the Dean less the total number of potential returning and repeating students; the weekly reports from the Associate Dean for Student Affairs shall continue to be sent until such time as the Associate Dean for Student Affairs has provided written notice to the Associate Dean for Admissions, the Vice Dean for Medical Education, and the Director for Admissions that all potential returning and repeating student have either fulfilled the requirements for returning to the first year or successfully remediated any first year deficiencies. Note that all communication/reports must be documented in a traceable form (i.e., written or emailed).

1.6. Schedule Guidelines/Workload Policy for Preclinical Years

EPC Last Reviewed: February 19, 2020

EPC Schedule Building Guidelines

- **Allowable Percentage of Lecture**
 - The curriculum for years one and two must not exceed 50% lecture:

- Any planned increase in lecture hours must be approved in advance by the EPC.
- **Average Contact Time Per Week**
 - Guideline is an average of 20 hours of contact time per week in the first and second years. This includes both in-class activities and other required activities (e.g., independent learning assignments), assigned to be completed outside of scheduled class time. Exams are not counted in this average.
- **Self-Directed Learning Requirements**
 - Each unit of the curriculum for years one and two will include self-directed learning (SDL) sessions.
- **Engaged Learning Requirements**
 - All courses will include engaged learning. Engaged learning includes some, but not all, aspects of self-directed learning. Some examples of engaged learning are labs, patient contact, case-based learning, team-based learning, small group activities, independent learning, online learning, iClicker interaction, simulation sessions, standardized patient sessions, flipped classrooms, etc.
 - The EPC will monitor preclinical student workload proactively and retroactively. This will be carried out annually by the Evaluation and Assessment Subcommittee team who will review the student course and unit surveys. This will also occur twice a year via the course director review of the proposed semester calendar, course hour totals by event type, and average contact hours by week. The EPC will also review all course director's submissions prior to the start of each semester. These counts will exclude vacation weeks from the weekly average.

Concerns about student workload may also be reported by student representatives, course directors, or EPC subcommittees at any time and addressed as needed. When concerns about student workload are noted, the EPC will require corrective action from the course director and lead faculty on an ongoing basis.

RedMed Calendar

- UME staff and faculty will create and manage the calendar for years one and two on RedMed.
- The final proposed schedule will be submitted to EPC for review and approval.
- No required class sessions may be held during the noon hour.
- Events that contain multiple identical sessions for groups of students, i.e., SIM sessions and SP clinic sessions, will be designated as "multi-session event" type on RedMed calendar. A single event will be created on the calendar for the true event type that corresponds to the time spent by a single student. When the entire class is not required to be present at the same time for a required learning experience, additional individually-completed assignments such as online assignments or precepting may be scheduled.
- After the EPC approves the final schedule, any minor changes, (i.e., shifting times of sessions) must go through UME. Larger changes (i.e., content) must first be approved by the EPC.

1.7. EPC Responsibilities and Expectations

EPC Last Reviewed: July 1, 2010

APPENDIX 2 of the SOM BYLAWS under "General Composition and Organization of Committees" covers attendance for all committees.

It states Attendance at committee meetings is mandatory. A record of attendance should be part of the committee's normal meeting.

Absences (total of excused and unexcused) from more than one-third of a committee's meetings within an academic year can, with the recommendation of the committee chair, cause an automatic vacancy."

1.8. Site Comparability Policy

EPC Last Reviewed: February 19, 2020

In order to assure that students receive comparable educational experiences and equivalent methods of assessment, the following data will be examined for each clinical site used in the required clerkships in February and August of each year.

- a. NBME Subject Exam Scores;
- b. Clinical Evaluation Scores;
- c. Overall Numeric Clerkship Grades;
- d. Student Ratings of Overall Clerkship Quality;
- e. Student Ratings of Overall Quality of Teaching in the Clerkship;
- f. Patient Encounter Logs; and
- g. Work Hours

Statistical analyses are conducted by the Undergraduate Medical Education (UME) Office on each of these measures and results will be reported to the M3-4 Subcommittee and the Educational Program Committee (EPC). The M3-4 Subcommittee will examine statistical differences and make a determination regarding their educational significance. If the statistical differences are determined to be educationally significant, the M3-4 Subcommittee will make recommendations for correction to the involved clerkship to the EPC. The EPC will make the final determination regarding required changes to the involved clerkship. Clerkship directors will make a plan to enact those recommendations with a timeline for correction and report it to the EPC within 30 days.

To further ensure comparability, the Evaluation and Assessment Subcommittee will review all pertinent data during clerkship reviews and examine responses on the Clerkship Director Portfolio Questionnaire which contains comparability questions. The Evaluation and Assessment Subcommittee will advise the EPC of any site differences found in its review and the EPC will make recommendations to the clerkship director to resolve site differences and report back on progress within 30 days.

In order to assure equivalent assessment, the syllabi of each clerkship will be examined by the Evaluation and Assessment Subcommittee prior to the start of each academic year. Any differences found will be reported to the EPC. The EPC will address the differences with the clerkship director to ensure that they are corrected prior to the beginning of the clerkship.

- a. Syllabus and other materials that are used continuously or apply to an entire course posted on the course home page on RedMed. Syllabi must also be posted on Blackboard for SACSCOC compliance with U of L.
- b. Selecting and posting Program Objectives/Course goals and Session objectives: This is the step that allows RedMed to demonstrate that the curriculum supports the educational standards for the school, a key LCME standard.
 - i. Course director selects SOM Program Objectives from list (that apply to the course as a whole) as Course Goals
 - ii. Individual faculty (or their designate) selects Program Objectives that apply to their individual teaching event from the Program Objectives list for the course. Individual faculty or their designate

also enters specific learning objectives for each individual event and links them to the event's Program Objectives.

- c. All course materials assigned for student learning (lecture notes, handouts, PowerPoints, practice questions) must be posted within their associated learning event. These assigned materials should be posted no later than 1 week prior to the learning event, to allow time for students printing materials and studying ahead.
 - i. Groups of lectures covering a single topic, i.e. Renal Pathology 1-5, may post all of the necessary course materials once within the first lecture in a set and indicate they have done so in the description of the first learning event in the series.
 - ii. Do not repost the same teaching materials more than once as it will lead to unnecessary duplicate printing by students. Modified or updated documents that are uploaded will be flagged as new documents for student review, and outdated materials should be removed when updated materials are posted.
 - iii. School guidelines for handouts/PowerPoints: post plain white-background notes/slides with black text to decrease printing costs and increase usability for note-taking. Color slides and figures are fine, but dark, patterned, or colored backgrounds are more costly and less usable than plain black and white backgrounds. PDF's of PowerPoints should be posted with four slides per page.
 - iv. UME staff will post links to Tegrity sessions within that event the business day after the lecture is given.

Clerkships

Clerkships must include information about patient logging on RedMed in their syllabus and remind students about using the patient log during orientation. All patient logs in the clinical years will be kept on RedMed only.

1.9. Continuous Quality Improvement Policy

EPC Approved: October 2, 2019

Purpose

The University of Louisville School of Medicine reviews Liaison Committee for Medical Education (LCME) elements in accordance with Element 1.1. The school is dedicated to continuously improving the quality of its medical education program and ensuring effective monitoring of the program's compliance with accreditation standards on an ongoing basis.

Process

The Dean has assigned responsibility for each element to the appropriate administrator(s) who is responsible to review the element internally at least annually and present findings to the School of Medicine's LCME Continuous Quality Improvement (CQI) Committee on a pre-determined schedule. The CQI Committee monitors all LCME elements on a scheduled basis to ensure compliance with elements and their updates between LCME reviews. If any deficiencies are identified, recommendations and timelines for correction will be made.

Monitored Elements and Timing

Monitoring of elements is particularly focused on elements that are most commonly cited, elements for which we were previously cited, elements that require an explicit requirement for monitoring or involve a regularly-occurring process, new or recently revised elements or changes in LCME expectations related to performance in elements,

elements that need reviewing to ensure that policies are congruent with current operations, and elements that directly or indirectly affect the core operations of the school. All other elements that do not fall into one of the above categories are reviewed on a regularly scheduled basis to ensure compliance.

Calendar

The calendar will include the elements that are monitored, timing of monitoring of the element, data source used to monitor element, individuals/groups receiving the results, and individuals/groups responsible for taking action.

1.10. Family Member as Preceptor Policy

EPC Last Reviewed: October 2, 2019

The School of Medicine does not permit students to be supervised or evaluated by any of the following primary or non-primary family members: mothers, fathers, sisters, brothers, sons, daughters, spouses, significant others, aunts, uncles, in-laws, step-parents, step-brothers, step-sisters, cousins, grandparents etc.

Students are allowed to be supervised by individuals in the same practice with primary or non-primary family members.

1.11. Faculty and Resident Preparedness to Teach

EPC Approved: May 20, 2020

Faculty Orientation to Teach:

At the beginning of the academic year, the course, clerkship, or thread director reviews with all faculty who teach MD program students the following aspects of program and course design and assessment. This training may be provided asynchronously or in-person, but certification of completion of this training including all of the topics below by all faculty who teach medical students must be received by the UME office by September 1st of each academic year.

- The MD Program Policy Handbook, with emphasis on policies affecting faculty and student interaction, mistreatment, and the learning environment.
- The Program Objectives for the ULSOM MD Program
- Overall four-year curriculum structure
- The specific program and course objectives assigned to that department's course(s) or clerkship(s), or that faculty within the department collaborate to deliver
- Syllabus for relevant course(s) or clerkship, including an overview of course teaching and assessment structure, syllabus criteria for the different grades available in the course as well as an overview of grade weighting within the course
- An overview of the required educational activities in the course or clerkship that must be completed to pass the course
- Any assessments of students that faculty are required to complete within the course, including:
 - Best practices for completing those evaluations,
 - An overview of all clinical evaluations, Mini-CEX instruments, mid-clerkship feedback forms, narrative evaluations, etc.
 - Expectations for minimum attainment/passing student performance during the course/clerkship vs. more independent performance
 - Required steps to take with underperforming students,

- Review of the performance of that department's assessments in the prior year (may be obtained by the course or clerkship director from the Assessment Subcommittee)
- Role of residents or graduate students teaching medical students under their supervision

Resident Orientation to Teach:

At the beginning of the academic year, all incoming residents and fellows must complete the assigned AMA "Residents as Teachers" modules available through the GME office. Certification of completion of these modules by all incoming residents and fellows must be provided by the departments to the UME office by September 1st of the academic year. In addition to the above, in intern year, all Louisville campus residents must complete the "Residents as Teachers" retreat sponsored by the ULSOM GME office.*

Additional required training specifically for residents and fellows in core clinical departments: clerkship directors must annually review with all residents and fellows who teach MD program students the following aspects of MD program and clerkship design. This training may be provided asynchronously or in-person, but certification of completion of this training including all of the topics below by all residents and fellows who teach medical students must be received by the UME office by September 1st of each academic year.

- The MD Program Policy Handbook, with emphasis on policies affecting resident and student interaction, mistreatment, and the learning environment.
- The Program Objectives for the ULSOM MD Program
- Overall four-year curriculum structure
- Program and course objectives assigned to the course(s) or clerkship(s)
- Syllabus for relevant course(s) or clerkship, including an overview of course teaching and assessment structure, syllabus criteria for the different grades available in the course as well as an overview of grade weighting within the course
- An overview of the required educational activities in the course or clerkship that must be completed to pass the course
- Any assessments of students that residents or fellows may complete within the course, including:
 - Best practices for completing those evaluations,
 - An overview of all clinical evaluations, Mini-CEX instruments, mid-clerkship feedback forms, narrative evaluations, etc.
 - Expectations for minimum attainment/passing student performance during the course/clerkship vs. more independent performance
 - Required steps to take with underperforming students,
 - Review of the performance of that department's assessments in the prior year (may be obtained from Assessment Subcommittee)

*Trover campus Family Medicine residents do not have an assigned formal teaching or evaluative relationship with medical students and do not complete the Residents as Teachers retreat

2. MD Requirements and Procedures

2.1. University of Louisville School of Medicine Policy Relating to Substance Use and Drug Screening

EPC Approved: July 18, 2018

I. PURPOSE.

The University of Louisville School of Medicine is committed to protecting the safety, health and well-being of all students, faculty, staff and patients. It is the policy of the School of Medicine to establish, ensure and maintain a drug-free working and educational environment for medical students and a safe clinical environment for patients, and to provide for compliance with federal law[1] (p.) regarding prevention of illicit use of drugs and the abuse of alcohol.

The University of Louisville School of Medicine also outlines technical standards required for matriculation and continuation in undergraduate medical education directed toward being graduated with the M.D. degree, and with the expectation that a student will be able to progress in training to become a licensed physician.[2] (p.)

II. SCOPE.

It shall be a violation of this policy for any enrolled medical student to engage in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance. This includes, but is not limited to, being under the influence or impaired in activities anywhere in the educational environment of the School of Medicine, or affiliated institutions and clinics.

It shall be a violation of the technical standards and this policy for any enrolled medical student to engage in disordered use of legally obtained substances, whether scheduled or non-scheduled, regardless of the venue in which disordered use occurs. This includes, but is not limited to, manifestations of signs and symptoms of an active Substance Use Disorder. For purposes of this policy, an active Substance Use Disorder is defined as any condition, whether mild, moderate or severe, within the categories listed in the Diagnostic and Statistical Manual of Mental Disorders (*DSM-5*) or subsequent editions of that manual as published by the American Psychiatric Association.

An enrolled medical student's arrest, charge, or conviction for any drug-related or alcohol related offense shall also constitute a violation of this policy.

III. DRUG SCREENING

The School shall have the right to require enrolled medical students to participate in a urine drug screen (UDS) administered by University of Louisville Campus Health Services at the following times:

- Upon enrollment;
- Progression into certain clinical settings, including but not limited to within six (6) months of a student's required AHEC rotation; and
- Upon reasonable suspicion. For purposes of this policy, reasonable suspicion shall mean:

1. Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug or alcohol;

2. A pattern of abnormal conduct or erratic behavior;

3. Information provided by reliable and credible sources regarding the student's alleged violation of this policy;
4. Newly discovered evidence that the student tampered with a previous drug test;
5. Unexplained controlled substances missing or diverted from the clinical or laboratory environment, if the medical student had reasonable access to the controlled substances or alcohol during the time of the event; or
6. Evidence of circumstances or information which may cause a reasonable person to conclude that an enrolled medical student has more likely than not engaged in conduct that violates this policy.

Enrolled medical students shall sign a consent form allowing the results of the UDS and any additional screening to be released to the School's Associate Dean for Student Affairs and Student Promotions Committee.

The results disclosed to the School shall be limited to "pass" or "fail", where "pass" indicates no reasonable concern for an active problem and "fail" indicates the reasonable conclusion that an active problem is present. Any enrolled medical student who does not participate in the drug screen process, or who refuses to submit the required consent, will not be permitted to participate in clinical activity.

All enrolled medical students shall be relieved from patient care and clinical service pending the results of the UDS or other screening. The results of the UDS or other screening will be reviewed by the Medical Review Officer (MRO) of Campus Health Services' contracted vendor for determination of passage/failure.

A UDS, or other screening, is positive and the enrolled medical student has therefore failed the UDS or other screening:

- If the sample contains drugs and/or metabolites for which the Campus Health Services' contracted vendor concludes there is no legitimate explanation other than the use of a prohibited drug or alcohol;
- In situations where the Campus Health Services' contracted vendor determines that urine samples are dilute or fail to meet threshold as measured by the vendor's standards for adequate temperature, creatinine and specific gravity; or
- If an enrolled medical student refuses to submit to testing, fails to report to the designated area for testing, fails to provide a sample suitable for testing and/or attempts to alter or tamper with the specimen.

All information relating to a UDS, or other screening, shall be and remain confidential, to the extent permitted by law. An enrolled medical student's academic file shall include only the pass/fail result from the UDS or other screening.

The Associate Dean for Student Affairs shall dispense of all positive UDS or other screenings in accordance with Section IV of this policy.

IV. VIOLATIONS OF POLICY.

Any enrolled medical student who violates this policy shall be reported to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs shall direct the student to an independent third-party provider selected by the School for evaluation and/or treatment. The student shall fully participate in the recommended evaluation or treatment plan determined and administered by the third-party provider, or its designee, as a condition of continued enrollment in the School.

A student's cooperation and compliance with the third-party provider and evaluation or treatment plan shall be monitored by the Associate Dean for Student Affairs. A student's failure to cooperate or fully participate in the evaluation or treatment plan may be reported by the Associate Dean for Student Affairs to the Student Promotions Committee for disciplinary action.

Any matter reported to the Student Promotions Committee shall be processed in accordance with the Committee's guidelines for disciplinary matters. Such guidelines may include the right of the School to dismiss an enrolled medical student who has violated this policy.

Students are encouraged to self-identify to the Associate Dean of Student Affairs when they have problems with drug or alcohol abuse. Students who self-identify may be granted a leave of absence to secure treatment without prejudice to their academic standing. In such cases, confidentiality will be maintained, to the extent permitted by law, by the School of Medicine administration.

A controlled substance is defined as any substance in schedules I through V of section 202 of the Controlled Substance Act (21 U.S.C. 812). This categorization by federal legislation is understood by the University of Louisville School of Medicine to supersede any state, county or municipal statutes which might be perceived to allow latitude for legal use.

School of Medicine Bulletin 2017-2019, https://louisville.edu/medicine/studentaffairs/student-services/copy2_of_ULSOM20172019Bulletin.pdf (http://louisville.edu/medicine/studentaffairs/student-services/copy2_of_ULSOM20172019Bulletin.pdf), pp. 12-14.

The School reserves the right to require administration of a UDS with an inquiry panel sufficiently broad as determined by situational need. A UDS panel may be supplemented with, or replaced by, other testing modalities including but not limited to those requiring blood, hair, nail and/or breath samples.

2.2. Continuity of Instruction Policy

EPC Approved: July 20, 2016

All medical students are urged to sign up for the UofL mobile phone emergency information system, RAVE (<https://www.getrave.com/login/louisville> (<https://www.getrave.com/login/louisville/>)), which provides real time text communications about any emergencies or long-term catastrophes.

In the event that the course/clerkship is no longer able to meet face-to-face, students should immediately logon to the RedMed course website, where the course director or his or her designee will provide instructions for adjustments to the meeting schedule, delivery of instruction, assignments, or examinations and deadlines. Students are asked to check the RedMed site regularly throughout the interruption of instruction for updates. The course director will also use email to communicate regularly with students.

In the event that students as a whole do not have access to the internet, alternative approaches to communicating with students will be arranged.

However, should this occur, students should, depending upon their individual circumstances, make every effort to stay current with course/clerkship assignments/readings.

In the event that a student is unable to attend class for an extended period of time, he or she should contact the course/clerkship director to discuss alternative means of fulfilling requirements.

2.3. UL SOM Medical Student Work Hour/Workload Policy

EPC Last Revised: May 29, 2019

The aim in restricting work hours and course hours is to provide an optimum environment to facilitate medical student learning.

First and Second Year Courses

First and second year course evaluations will include questions about workload in courses, including student estimate of time spent completing independent learning assignments. The EPC will review this information annually in order to assure a balanced workload and adequate time for independent learning for students.

Required Clinical Clerkships

Student duty during the clinical clerkships will be designed with these requirements in mind and clinical course directors will monitor student duty hours. All clinical rotations and elective rotations must adhere to the medical student work hour policy as defined below:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 4 additional hours to participate in didactic activities, transfer care of patients, and maintain continuity of medical and surgical care.
3. Clinical rotations that are scheduled as shift work, such as the emergency medicine elective and night float, will be limited to approximately 12 consecutive hours of patient care, but should not exceed 14 hours. Shifts should be separated by 10 hours between work periods, but must be separated by at least 8.
4. Students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (see EPC Days Off policy).
5. Adequate time for rest and personal activities must be provided. This should optimally be a 10-hour time period provided between all daily duty periods and after in-house call.

Limiting required duty hours does not imply that medical students must cease providing essential patient care services at arbitrary cut-off times. Priority must always be given to patient safety and well-being and to avoid the transfer of patient care responsibilities to others at inappropriate times in the continuum of care (e.g., during an operative procedure, in the midst of a rapidly evolving clinical event).

Compliance

This policy will be monitored for compliance by the course directors, clerkship directors, elective course directors, the Vice Dean for Medical Education and the Associate Dean for Student Affairs. EPC minutes will document discussion of preclinical and clinical work hour patterns using data from New Innovations, course evaluations, the clinical liaison process and individual student reporting. If any of these sources reveal

that students have worked beyond the acceptable time frame described above, the Vice Associate Dean for Medical Education will meet with the specific course or clerkship director to assure compliance with the policy.

Dissemination

This policy will be discussed with medical students at third year orientation and will be made available to them by referencing it in each clerkship syllabus and by posting it on RedMed. Additionally, the policy will be shared with all faculty, residents, and fellows who work with medical students at the beginning of each academic year via email from clerkship directors or clerkship coordinators.

2.4. Medical Student Supervision/Clinical Care Policy

EPC Approved: February 6, 2019

Purpose

To ensure safety of patients and learners, and a supportive environment for student learning and growth in the clinical setting.

Overview

In keeping with our combined duties to patient care/safety and education of students in the practice of medicine, and in keeping with accreditation requirements, this policy describes the requirements to meet the standard of appropriate supervision in the clinical environment.

Policy

Students of the University of Louisville School of Medicine and visiting students must be appropriately supervised when participating in required or elective clinical activities.

1. Medical students may not provide care in an unsupervised fashion. Students are not credentialed independently. Students function under the direction of the credentialed staff member to whom they are assigned.
 2. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who has a faculty appointment and may include physicians, residents, fellows, and other licensed health professionals supervising an activity within their scope of expertise or practice.
 3. Students may be supervised at one of two broad levels as determined by the supervisor:
 - Direct Observation: the supervisor is present with the student and the patient
 - Immediately Available Indirect Supervision: the supervisor, while not in the presence of the student and/or patient, is immediately available to the learner and/or at the site of care to provide direct supervision
- a. Determination of appropriate level of supervision is made by the supervisor, based on many factors, including:
- Level of training of the student
 - Previous experience and skill of the student with the clinical activity and setting
 - Familiarity of the supervisor with the abilities of the student
 - Acuity of activity and level of risk to patient

5. Students may not perform procedures without direct supervision by a licensed healthcare professional practicing within their scope of practice.

6. Students participating in an intimate exam (breast, pelvic, genitourinary, or rectal) must have a chaperone with them, irrespective of the gender of the patient or the student.

Procedures

1. The supervisor reviews and independently verifies all student findings, assessments, and care plans, and documents this review.

2. The director of the clerkship or course is responsible for communicating policies and procedures related to supervision to faculty and students participating in their curriculum, and for monitoring compliance with the policies and procedures with a report to the relevant governance committee.

3. The director of the clerkship or course is responsible for developing and communicating standard procedures through which students can report concerns regarding adequate and appropriate supervision of what they may deem a violation of this policy. Procedures may include, but are not limited to reporting through the Student Affairs website (to report mistreatment or negative learning environment), direct reporting to a clerkship or course director or coordinator, and documenting concerns in course or clerkship evaluations at the end of the course or clerkship.

Expectation of Faculty and Clerkship Directors

1. Model professional behavior in interactions with patients, learners, staff and all other individuals in the health care team.

2. Inform patients and/or family members about the role of the medical student or trainee involved in patient care.

3. Provide opportunities for students to demonstrate responsibility and ownership for patient care responsibilities. These opportunities include, but are not limited to taking patient histories; performing complete and/or focused physical examinations; and reporting and entering findings in the patient's medical record with the explicit approval of the patient's supervising attending physician. The supervising physician will be responsible for reviewing student documentation and countersigning progress notes.

4. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care.

Expectations of Students

1. Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians, other health professionals, members of the staff, patients and any other individuals encountered in the clinical setting.

2. Maintain self-awareness of own competence and seek assistance/advice when clarification is needed.

3. Inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.

4. Proactively inform the supervising physician or clerkship director concerns about levels of supervision (excessive or sub-standard).

2.5. Expectation for Using RedMed

Educational Program Committee Approved: July 18, 2012

Year One and Year Two Courses

- a. All face-to-face teaching sessions placed on calendar as events with the correct designation (lecture, small group, IL, lab) and at least one teaching faculty member identified, and independent learning activities placed on calendar as Milestones.
- b. Syllabus and other materials that are used continuously or apply to an entire course posted on the course home page on RedMed. Syllabi must also be posted on Blackboard for SACS compliance with U of L.
- c. Selecting and posting Program Objectives/Course goals and Session objectives: This is the step that allows RedMed to demonstrate that the curriculum supports the educational standards for the school, a key LCME standard.
 - i. Course director selects SOM Program Objectives from list (that apply to the course as a whole) as Course Goals
 - ii. Individual faculty (or their designate) selects Program Objectives that apply to their individual teaching event from the Program Objectives list for the course. Individual faculty or their designate also enters specific learning objectives for each individual event and links them to the event's Program Objectives.
- d. All course materials assigned for student learning (lecture notes, handouts, PowerPoints, practice questions) must be posted. These assigned materials should be posted no later than 1 week prior to the learning event, to allow time for studying ahead.
 - i. Groups of lectures covering a single topic, i.e., Renal Pathology 1-5, may post all of the necessary course materials once within the first lecture in a set and indicate they have done so in the description of the first learning event in the series.
 - ii. Do not repost the same teaching materials more than once as it will lead to unnecessary duplicate printing by students. Modified or updated documents that are uploaded will be flagged as new documents for student review, and outdated materials should be removed when updated materials are posted.
 - iii. UME staff will post links to via Panopto the next business day after the lecture is given.

Clerkships

Clerkships must include information about patient logging on RedMed in their syllabus and remind students about using the patient log during orientation. All patient logs in the clinical years will be kept on New Innovations only.

2.6. Extra Credit Policy

EPC Reviewed: February 6, 2013

Extra credit assignments/points are not allowed. All activities deemed worthy of inclusion in a course or clerkship must be included in the "total points possible" for that course, thus eliminating the potential to exceed 100%.

2.7. Formative Assessment & Feedback Policy

EPC Last Reviewed: May 29, 2019

Didactic Courses in Preclinical Years

All courses must provide formative feedback to students early enough to allow students sufficient time for remediation.

Each course must provide **graded formative feedback**.^{*} Graded formative feedback includes feedback on any graded assignment, including quizzes.

Each course must also provide at least one of the following types of **ungraded formative feedback**:

- Practice problems with solutions
- Practice tests with solutions
- Teacher consultation

Students must receive **ungraded and graded formative feedback** to assess their progress in meeting a course's goals while there is still sufficient time in the course to allow for changes in studying and approach to material. In practice, this means that both forms of feedback must be delivered to students while there are at least 2/3 of the overall course points remaining. Feedback must occur by at least the midpoint of the course.

Course/thread directors must be available to meet with students who have concerns about their performance in a course. They may refer certain students to the Learning Specialist. The Learning Specialist will assess student needs and refer the student, if indicated, to the appropriate resources, e.g., tutoring and/or meeting with their Advisory Dean. Students are responsible for following up with the referred resources.

Formative feedback practices must be described in each course syllabus; these will be reviewed by the

Undergraduate Office of Medical Education (UME) and reported to the Educational Program Committee (EPC) as part of the syllabi review process each year.

**If a course is less than four weeks, formative assessment, both graded and ungraded, will be given by at least the midpoint of the course*

Percent of Final Grade

Formative assessment assignments (including quizzes, if any) will account for 20-30% of the final course grade in courses that are four weeks or longer.

Required Clinical Clerkships

All clerkships must provide mid-clerkship feedback to students. Residents should be encouraged to contribute to mid-clerkship feedback, however attending physicians are ultimately responsible for providing feedback and signing the mid-clerkship feedback form.

Mid-clerkship feedback must be delivered by the midpoint of a clerkship rotation or during a phase of the clerkship that will allow time for the student to make any adjustments or improvements prior to the end of the clerkship, if necessary.

Clerkship directors are required to review all clinical evaluations and meet with any student found to be at risk for failure based upon written feedback; this meeting should be used to develop an action plan to help the student improve his/her performance.

Mid-clerkship feedback practices must be described in each clerkship syllabus; these will be reviewed by the UME and reported to the EPC each year as part of the syllabi review process.

2.8. Narrative Assessment Policy for Required Courses and Clerkships

EPC Last Reviewed: January 6, 2016

- a. Students in required courses with longitudinal small group experiences and/or laboratory experiences with same facilitator for five or more sessions must receive narrative assessment, either formative or summative, on areas other than content or skills mastery. These include the Interdisciplinary Clinical Cases and Longitudinal Standardized Patient Program of the Introduction to Clinical Medicine course; and Problem Based Learning sessions. Required clinical clerkships also must include narrative assessment.
- b. Narrative assessment must include feedback and observations related to behavior, attitudes, interpersonal skills, interactions with peers and faculty, and/or professionalism.
- c. Narrative feedback must address both the student's strengths and specific areas for improvement.
- d. Courses that provide narrative feedback must describe the narrative feedback process in their syllabus.
- e. The Introduction to Clinical Medicine course, Problem Based Learning sessions, and required clinical clerkships must include both formative and summative narrative assessment. Summative assessment must be factored into student's final grade. Other courses may include summative or narrative assessment based on the course design and EPC review and direction.
- f. Narrative assessment must be completed on New Innovations and must be reviewed by both the student and the course director.
- g. Summative comments must accompany the final grades to Student Affairs.
- h. Course evaluations must include questions about student satisfaction with narrative feedback. Undergraduate Office of Medical Education will monitor survey answers for student satisfaction with narrative feedback. The Educational Program Committee will review as part of annual course evaluation.
- i. If a student concern surfaces in the narrative feedback, the course director must discuss the concern with the student and the Associate Dean for Student Affairs.)

2.9. Self-Directed Learning Policy

EPC Last Reviewed: March 4, 2020

Self-directed learning sessions that incorporate all of the following elements must be included as a required part of the ULSOM curriculum:

- a. Medical students' self-assessment of their learning needs
- b. Independent identification, analysis, and synthesis of relevant information
- c. Independent and facilitator appraisal of the credibility of information sources
- d. Students are assessed on and received feedback on their information-seeking skills

In order to assure a learning environment that incorporates these elements in a cyclic manner as a curricular requirement, problem-based learning sessions (PBL) with graded assessments are incorporated into the first and second year of the curriculum. These PBL sessions meet all components of the LCME definition of self-directed learning (SDL).

- The EPC will discuss PBL topics in the context of the proposed schedule for each course in the first two years of the curriculum.

2.10. Service-Learning Policy

EPC Last Reviewed: May 6, 2015

Effective Date and Service-Learning Definition

Effective with the class of 2016, all students shall be required to complete an EPC-approved service-learning activity prior to graduation. EPC-approved activities include:

- AHEC Project in the Family Medicine clerkship
- Mission Trips/Service Trips
- Student-Run Clinics

A service-learning activity is defined as a structured learning experience that combines community service with preparation and reflection. *

Required Learning Objective

All service-learning activities should include the following learning objective: Students will develop an appreciation for community service and the contributions that physicians can make to their communities through such service.

Requirement for Reflection by Students

In order to qualify as a service-learning experience, a reflection must be included. Students may complete the reflection component individually or as part of a group. This component must be described in the syllabus of required courses, or in the course form in the case of electives.

Documentation of Service-Learning Activities by Students

Students must document their service-learning activities using the service-learning database. They must include the name of the service-learning activity and the number of hours involved; they must also upload their completed reflection assignment.

Procedures for Providing Feedback to Student's Reflection

A faculty member will provide feedback to students on their service-learning reflection assignments as follows:

- a. If there is a specified director of the service-learning activity (i.e., sponsor of international trip, student clinic directors, etc.), he/she will provide feedback to the student.
- b. If there is no specified director, the Associate Dean for Student Affairs, in conjunction with the Service-Learning Coordinator (SL Coordinator), will identify an appropriate faculty member to provide feedback.

Criteria for Approving Service-Learning Activities

New service-learning opportunities may be proposed by students or faculty members by submitting a proposal to the SL Coordinator. Any proposed service-learning activity that meets the service-learning definition as verified by the Associate Dean for Student Affairs and the SL Coordinator will be considered an approved service-learning activity.

Notification to Students Regarding Service-Learning Experiences

The SL Coordinator in Student Affairs will distribute a list of EPC-approved service-learning experiences to students by August 1 annually. In addition, the SL Coordinator will post a copy of this service-learning policy and maintain a current list of activities to a Service-Learning

webpage at the Medical Student Affairs website. The SL Coordinator will be responsible for updating this list quarterly.

Tracking of Service-Learning Experiences – Procedures and Schedule

The SL Coordinator will produce and examine service-learning database reports on student completion of service-learning activities, reflection, and feedback. The SL Coordinator will provide composite reports to the Educational Program Committee in January (to include activities completed from July – December) and July (to include activities completed from January – June) of each year.

Educational Program Committee Responsibilities

- Review UME survey results regarding student satisfaction with service-learning experiences and reflection feedback annually in July.
- Discuss student completion of service learning and reflection requirements. Address any deficiencies.

2.11. Student Assignment to Learning Experiences (Clerkships)

EPC Approved: July 17, 2019

The School of Medicine assumes responsibility for managing students' selection of and assignment to learning experiences and responding to requests for change.

Regional Campus

Enrollment in the Trover regional campus for the clinical phase of the curriculum occurs prior to matriculation to medical school. Enrolled students who would like to withdraw from Trover Campus need to contact the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will confer with Undergraduate Medical Education deans before making the final decision.

Clerkship Rotation Assignment

Assignment to clerkship rotations will be done in a fair and consistent manner. Student are informed by the Undergraduate Medical Education Office of the process to request the order of clerkships. Any request for changes in assignment should be sent to the Director of Curriculum Management Systems in the Undergraduate Medical Education Office.

Clerkship Site Assignments

Students will be allowed to rank specific sites and/or services within each clerkship. Clerkship site/service change requests will be processed by the individual clerkship. A student may email a clerkship director and coordinator to formally request an alternative site/service assignment at any time before or during his or her attendance at the site. The clerkship director and coordinator will determine if a change is warranted. Each change request will be evaluated on the nature of the request, impact on other students, and available options. Requests based on health issues, conflicts of interest, accommodations, compliance issues and mistreatment will be given priority.

If there is an issue that affects multiple clerkships, the student can contact the Associate Dean for Student Affairs who will work with the clerkship directors to determine site/service assignments.

2.12. Student Use of Electronic Medical Records

EPC Last Reviewed: May 29, 2019

The following rules apply to student use of electronic medical records. Students should be able to access electronic medical records using their own personal login information.

1. Students should be able to enter a full note including history of presenting illness, past medical history, family history, review of systems, physical exam, laboratory/imaging data, and assessment and plan.
2. Student notes should become a permanent part of the patient record.
3. Students should be able to view all patient notes, labs, radiology reports, pathology reports and images.
4. Students should have the ability to create orders. All student orders must be signed by a resident or attending physician.
5. A faculty member must review student notes to ensure accuracy and appropriateness and provide feedback to students.
6. A faculty member must sign student note.
7. All required clerkship syllabi must include this policy.

2.13. Students as Scribes Policy

EPC Last reviewed: May 29, 2019

Scribes are defined by the AAMC as "individuals whose role is to document as the physician performs the service." *

Medical students shall not participate as a scribe in any capacity for any physician or clinical rotation that participates in students' educational experiences. Students are allowed to write notes under their own user IDs, but these shall be attributable only to the student and are not to be used as physician notes. Furthermore, students may not receive compensation for writing their own notes, nor shall they be compensated for completing charts or electronic medical records during any clinical rotation during the time they are enrolled in the rotation.

This policy is meant to ensure that scribe duties do not overlap with educational responsibilities at any time. Students are permitted to work as scribes; however, they can do so for pay only when the work is done outside of any rotation or elective in which they are currently enrolled. They are not allowed compensation nor can they be required to scribe if it is related to education/school in any way.

If a student is asked to write a note or scribe under anyone's name other than their own, the student should report the request to any of the following: Clerkship Director, Student Affairs, Associate Dean for Medical Education, Assistant Dean for Medical Education.

2.14. Required Patient Diagnosis and Procedure Logging Process:

Educational Program Committee Approved: June 5, 2019

Educational Program Committee Last Revised: May 18, 2022

The Educational Program Committee (EPC) sets the list of diagnoses and procedures students are required to see in each required clerkship.

The purpose of this log in managing the required clinical curriculum is twofold:

- a. to ensure every educational site provides sufficient patient numbers and diversity to represent the range of diagnoses required for the clerkship; and
- b. to monitor across sites within a clerkship and make sure the patient load is comparable so that students at different sites have enough time to study.

The EPC will review student logs every 6 months to evaluate the required diagnosis list for each clerkship as well as the site assignments for students to maintain the highest quality clerkship educational experience. Accurate student data is key to ensuring these decisions are delivering the kind of patient experiences students need and want in their clerkships.

Each clerkship has required diagnoses and procedures. Recommendation for these required diagnoses and procedures are made to the EPC by the M3-4 Subcommittee. The EPC then selects the final diagnoses and procedures and assigns them to each clerkship, including the required level of participation. All required diagnoses and procedures must be seen and logged at least once during that clerkship to complete the clerkship educational requirements. Students should log patient diagnoses/procedures in all of the following circumstances:

1. Assigned patients, defined as: the patients students interview, examine, write notes or histories on; see on their own or with a preceptor in clinic; directly participate in procedures or surgeries on; or are personally assigned to follow from admission or night float. Some examples:

- If a student sees the same patient in the hospital for five days, log them completely, once.
- If a student personally cares for 5 patients in clinic on the same day with the same diagnosis such as asthma, log all 5 patients separately on that day even though they have the same diagnosis.
- If a student has already seen a patient with that required diagnosis and logged it, but cares for a new patient with the same diagnosis in the hospital, log the patient.

2. Patients seen and discussed by the student's team or in clinic or after rounds while the student is present and learning from their care should also be logged the first time they are encountered by the student.

3. Patients that develop new diagnoses on subsequent days, ex. acute kidney injury or nosocomial infection, may have that diagnosis added to their log.

4. Patients seen in small groups or conferences *when the patient/survivor is present*, should be logged (ex. OB/GYN Ovarian Cancer Survivors session).

5. Virtual or online patient cases that the student is directed to use to fulfill a required diagnosis should be logged, with "virtual patient" chosen in the "location" field.

6. Procedures have a minimum required level of participation that is assigned by the EPC. This will be indicated to the student within the logger as well as during orientation to the clerkship and in the clerkship syllabus. Although all levels of participation may be logged, i.e., observation, the minimum expectation for participation identified by EPC must be met to pass the clerkship and will be monitored. Levels of participation include:

Levels of Participation for Required Diagnosis are:**Level 0 – Virtual Patient Case**

Level 1: Active Exposure: Student actively observes clinical care of patient during key patient care tasks and subsequently discusses the interaction with the provider; participated in discussion for care of teammate's patients.

Level 2: Active Clinical Participation: Student actively participates in the clinical care of patients by performing key patient care tasks. This can include obtaining a patient history; conducting a physical examination; presenting the case including a discussion of differential diagnosis, assessment, and plan; and/or accepting a patient handoff with active listening and then performing required next steps in care.

Levels of Participation for Required Procedures are:

Level 0: Simulated procedure.

Level 1: Active Exposure: Student actively observes the specific demonstrated procedure and subsequently discusses the interaction with the provider.

Level 2: Active Participation (Assist): Student assists in the performance of a specific procedure under direct supervision.

Level 3: Active Participation (Full): Student fully performs a specific procedure under direct supervision

The following should NOT be logged:

- Patient cases discussed in small groups when the patient is not there to take part
- Morning report
- Morbidity & Mortality conference
- Autopsy conference
- Any other didactic sessions where the facts of the patient's case are shared but that the patient does not attend and/or that does not affect the actual care of the patient.

Monitoring of timing of log completion and points for completion:

Students are required to update their patient diagnosis and procedure logs at least weekly to help improve accuracy of logging as well as identify required diagnoses that are not being seen. Clerkship coordinators will check student logs and points will be docked if no entries are being made on at least a weekly basis. Students are also prompted to review their diagnosis and procedure logs with their supervising physician when they ask for formative feedback using the mid-clerkship feedback form, so that gaps in their clinical experience can be addressed.

Students who are missing required diagnoses in the last week of a clerkship should email their clerkship director and coordinator notifying them and asking them for guidance. They may either direct the student to a patient/team/site that will let them meet the requirement, or if that is not possible, they will direct the student to complete an online or virtual patient case or simulated procedure, and log that completion in the logging system. No student who has contacted the clerkship director appropriately a week prior to the end of the rotation and followed their directions will be docked points for missing a required diagnosis.

2.15. Privacy of Student Records

EPC Last Reviewed: September 9th, 2020

The University of Louisville hereby notifies students concerning the Family Educational Rights and Privacy Act (FERPA) of 1974. This Act, with which the institution intends to comply fully, was designed to protect the privacy of educational records, to establish the right of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate or misleading information. Students also have the right to file complaints with the Family Educational Rights and

Privacy Act Office, Department of Education, concerning alleged failures by the institution to comply with the Act.

The University has adopted a policy which explains in detail the procedures to be used by the University for compliance with the provisions of the Act and the regulations adopted pursuant thereto. FERPA information can be found online here (<https://louisville.edu/counsel/ferpa-1/>).

Questions concerning the Family Educational Rights and Privacy Act may be referred to the FERPA Officer, University Archives and Records Center.

2.16. HSC Immunization Requirements

The following immunizations are required for Health Sciences Students

All students in the Schools of Dentistry, Medicine and Upper Division of the Nursing School including Graduate Nursing programs, Audiology and Speech-Language Pathology are required to have the immunizations listed below, in addition to an annual TB skin test. Please print and complete the appropriate U of L Immunization Compliance Form (student (<http://louisville.edu/campushealth/files/student-immunization-tracking-form/>) or resident/fellow (<http://louisville.edu/campushealth/files/resident-immunization-tracking-form/>)) and submit it, along with all official documentation of your immunizations.

Questions concerning the Health Science Campus requirement can be directed to Immunize@louisville.edu.

Campus Health Services, located on the Health Science Campus, can take care of any immunizations you may need to be compliant.

Why We Require Vaccinations

Requirements:

Tetanus-Diphtheria Acellular Pertussis (Tdap)

- 1 Adult Tdap vaccine (Tetanus, Diphtheria, Pertussis).

Measles-Mumps-Rubella (MMR)

- Documentation of serologic immunity OR
- MMR vaccines (2 doses Measles, 2 doses Mumps and one dose Rubella if administered separately).

Hepatitis B Vaccine (HepB)

- doses of vaccine followed by HepBSAb titer, reported with a QUANTITATIVE value.

Varicella (Chickenpox) Vaccine

- doses of vaccine OR
- Positive antibody titer. Indeterminate titers require one dose vaccine.

Baseline and Annual TB (Tuberculosis) testing required

- No previous TST or your testing has elapsed >14 months:
- Complete two TSTs, at least one week apart.
- No prior history of positive TST:
- Proof of two annually consecutive TSTs: *one within 90 days of your start date*, OR
- Interferon Gamma Release Assay (IGRA) (Quantiferon TB Gold or T-spot) within 90 days of your start date.
- Prior history of (+) TST or IGRA, or active TB:
- Provide documentation of positive test results, medication treatment, and latest Chest x-ray report.
- If you received the BCG vaccine and your first or second TST were "positive" you will need to obtain an IGRA blood test.
- Complete TB Questionnaire (TBQ) upon starting and on an annual basis.
- Hepatitis A (recommended):
- doses vaccine

Seasonal Influenza:

- Vaccine is required annually but not available until Fall. You will be notified regarding its availability. Free to all students.

Pending Vaccine Documentation:

You will be contacted by e-mail once documents are reviewed and additional documentation may be requested by Campus Health Services.

2.17. Mistreatment Policy

EPC Last reviewed: May 15, 2019

The University of Louisville School of Medicine is committed to ensuring an environment that is respectful of diversity of opinion, race, gender, religion, sexual orientation, age, disability and socioeconomic status. Mutual respect and collegiality among faculty, residents, students and staff is essential to maintaining an environment conducive to learning. All members of the University community are expected to adhere to the Code of Conduct (<http://louisville.edu/compliance/ico/code/>).

Student Mistreatment is defined as a behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. It includes harassment, discrimination, or physical threats.

Specific examples of mistreatment can include, but are not limited to, being:

- Subjected to offensive remarks or names
- Pressured into performing personal services
- Intentionally neglected or left out of conversations
- Belittled or humiliated

Any abuse or misconduct of a sexual nature will be reported through the Title IX process (<https://louisville.edu/titleix/>) as outlined by the University of Louisville.

Students may report mistreatment using any of the following avenues:

- Directly report concerns about mistreatment confidentially to the Associate Dean for Student Affairs, the Assistant Dean for Student Affairs, the Vice Dean for Undergraduate Medical Education, the

Assistant Dean for Clinical Skills or the Health Science Counseling Coordinator.

- Complete this online form (<https://louisville.edu/medicine/studentaffairs/mistreatment-form/>) with the option of anonymously reporting a mistreatment.
- Document the mistreatment on course evaluations.

All reports submitted through these mechanisms will be received by the Associate Dean for Student Affairs and will be reviewed with the Vice Dean for Undergraduate Medical Education on a monthly basis. Trends will be monitored. The individual mistreatment incidents as well as trends will be brought to the attention of the Vice Dean for Faculty Affairs (if faculty involved) or Associate Dean for GME (if resident involved), as well as the appropriate Chair or Program Director, or appropriate administrator at the clinical site. The responsible supervisor will have ten business days to initiate a response and communicate this to the Associate Dean for Student Affairs.

Incidents submitted through this form may be made anonymously, however, UofL is limited in its ability to investigate and respond to anonymous reports. The preference is for all reports to include contact information such that follow up can occur.

Retaliation against students reporting mistreatment is regarded as a form of mistreatment and will not be tolerated. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatments.

If you require an immediate emergency response to protect your safety or the safety of others, notify law enforcement authorities immediately.

2.18. Criminal Background Check Policy

A Criminal Background Check will be administered through AAMC on all applicants at the time of acceptance, and on alternate applicants at the request of the Admissions Office. Applicants must consent, submit to, and satisfactorily complete a criminal background check investigation as a condition of matriculation into ULSOM. For more information go to the following web address: <https://louisville.edu/medicine/admissions/policies/criminal-background-check-policy> (<https://louisville.edu/medicine/admissions/policies/criminal-background-check-policy/>).

2.19. Exposure to Infectious and Environmental Hazards Policy

EPC Last Revised: September 16, 2020

Policy:

All medical students will be educated and trained in the prevention of exposure to infectious diseases and environmental hazards including process for evaluation, diagnostic testing and treatment as appropriate.

A copy of this policy is posted in the on-line Medical Student Bulletin as well as on the School of Medicine Redmed student site at <https://redmed.louisville.edu/lcms> (<https://redmed.louisville.edu/lcms/>).

Procedure:**a. Bloodborne Pathogens and Environmental Hazard Training**

- Students are introduced to the concept of infection control, work-related exposure and environmental hazards upon matriculation through Bloodborne Pathogen and Environmental Hazard Training module at the beginning their first year of medical school and through annual refresher training thereafter.

- ii. Training meets all state and federal requirements in the OSHA Bloodborne Pathogen Training standard.
 - iii. Student upon completing the training and quiz attest that they have read and understand the BBP and Environmental Hazards Policy.
 - iv. Students will receive additional training regarding occupational exposures during Junior Clerkship orientation just prior to starting their junior year.
- b. Information Cards**
- i. Students receive a plastic information card that is carried with their ID card that has instructions on the initial management of an exposure or injury and how to contact Campus Health for further guidance.
- c. Exposure or Environmental Hazard Injury Evaluation and Management Procedure:**
- i. Immediate First Aid Procedure:
 1. Wash or irrigate blood or other body fluid with soap and/or water.
 2. Mucous membrane exposure – flush with copious amounts of water.
 3. Report the exposure to immediately to supervisor (resident or attending)
 - ii. Urgent Follow Up Procedure
 1. Contact Campus Health Services Exposure Hotline at 502-852-6446 as soon as clinically safe to do so but preferably within 1 hour.
 2. The hotline is answered by the Campus Health Service and is available 24/7 for consultation.
 3. The hotline is staffed by providers from the Campus Health Service who will assist the student with the assessment of BBP exposures or environmental hazards injuries.
 4. Students may also simply walk-in to the HSC Health Center for an urgent evaluation and/or treatment for BBP exposures or environmental hazard injuries during regular office hours.
- d. Visiting Medical Students:**
- i. All visiting medical students must provide proof of current bloodborne pathogen and Environmental Hazard training with their VSAS application.
 - ii. The visiting student coordinator will include information regarding Bloodborne Pathogen Exposure and Occupational Environmental Injury Policy in the student's acceptance email at least one week prior to their arrival on campus.
 - iii. The coordinator will also provide instructions on how to attest that they have read and understand the policy.
 - iv. Upon arrival visiting students will receive an exposure card with the hotline number to carry with their ID badges once the coordinator has verified that the student has attested that they have read and understand the School of Medicine Bloodborne Pathogen and Occupational Environmental injury Policy.
 - v. Visiting students follow the same procedures outline in Sections 2 and 3 above and are treated like any other UofL School of Medicine medical student including BBP initial and follow-up testing as well as prophylactic medications for up to 28 days at no cost.
- e. Cost of evaluations and/or prophylaxis**
- a. All costs of BBP evaluations, laboratory tests, and post-exposure prophylaxis for up to 28 days including serial surveillance testing for up to 6 months for properly reported bloodborne pathogen exposures

- are covered by Health Professionals Fee at the Campus Health Center.
- b. Any treatment needed for a clinical condition that develops as a result of the exposure or injury are covered by the student's health insurance policy.
 - c. Students who are determined to have been exposed to a patient with a communicable illness (e.g. meningitis, hepatitis A) are offered prophylactic medications when determined to be necessary by the Campus Health Service at no cost to the student.

2.20. Students Infected with Blood Borne Pathogen Policy

EPC Approved: June 3rd, 2020

The intent of this policy to limit the possibility of transmitting a BBP infection to or from a student or patient. This policy applies to all medical students enrolled in the University of Louisville ("UofL") School of Medicine ("School of Medicine"), as well as all visiting medical students.

Further, this policy defines the procedures for the assistance of students infected with bloodborne pathogens ("BBP"), which is defined by the Occupational Health and Safety Administration (OSHA) as infectious microorganisms in human blood that cause disease in humans. These pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Procedure:

- a. **Admissions**
 - i. An applicant's BBP status will not be used as a determinant of admission or matriculation to the School of Medicine.
- b. **Bloodborne Pathogen Training**
 - i. BBP training is required of all medical students upon matriculation and annually thereafter. Upon completion of the initial BBP training or annual refresher training, students will attest within the training module that they have read and understand the Infected Student Policy.
- c. **Students Responsibilities and Rights**
 - i. Responsibilities
 1. Any student engaged in patient-care activities who knows, or reasonably believes that they may be infected with a BBP is expected to seek expert medical advice.
 2. Any student engaged in patient-care activities who knows, or reasonably believes that they may be infected with a BBP must conduct themselves responsibly for the protection of patients and other members of the UofL community.
 3. To disclose that they have an active BBP infection (disclosure of the specific virus is not necessarily required) to the Executive Director of Campus Health Services, who will arrange for a review by the Expert Review Panel in accordance with Section 5.
 - a. If a student sustains an injury that may have exposed himself or herself or, if the student is infected and may have exposed a patient to the infected student's blood or bodily fluid, the student shall immediately notify the attending physician or the responsible faculty member about the incident, who should then communicate with Campus Health Office to initiate an evaluation.
- b. Rights

- i. Any student with a chronic BBP infection has the right to request:
 1. Reasonable accommodations for an ADA recognized disability through the University's Disability Resource Center.
 2. Right to appeal the report provided by the Expert Review Panel in Section 5 to the Dean of the SOM.
 - ii. The student has right to have reasonable accommodations including parallel or alternative opportunities for patient-care activities.
- a. Visiting Medical Students:**
- i. Must comply with the HSC Immunization Policy.
 - ii. Must provide proof of BBP and hazards training or complete UofL's BBP and Hazard Course.
 - iii. The visiting student coordinator will include information regarding this policy in the student's acceptance email at least one week prior to their arrival on campus.
 - iv. The coordinator will also provide instructions on how to attest that they have read and understand the policy.
 - v. Visiting students with an active BBP illness are required to notify the Visiting Student Coordinator before their arrival date.
- b. Expert Review Panel**
- i. Composition
 1. The panel shall be comprised of, but not limited to, the following individuals: Executive Director Campus Health Services, infectious disease specialist, specialist in infection control; a medical ethicist, and a representative from the Disability Resource Center. Additional representatives such as hospital infection control staff are included on an as needed basis to advise in non-voting capacity.
 2. The HSC Counsel will serve in an advisory capacity but is not a member of the committee.
 - ii. Purpose of Expert Panel
 1. Determine if reasonable accommodations recommended by the Disability Resource Center can be reasonably accommodated by the SOM
 2. Make individualized recommendations regarding the nature, duration and severity of the risk, the probability an injury will occur, and whether and to what extent reasonable adjustments or modifications can be made to mitigate risk.
- a. Provide recommendations for adjustments or modifications for a student infected with an active BBP infection to the Associate Dean of Student Affairs
 - b. Provide guidance to the student, clerkships, school or affiliated facilities as needed.
 - c. Provide resources regarding career counseling
 - d. Process
 - i. The Expert Panel reviews the recommends from the DRC and medical history provided by the student.
 - ii. To protect the student's identity all information is deidentified during the review process.
 - iii. The Expert Review Panel will monitor the status of a student with an active BBP infection, which may include the student undergoing periodic follow-up evaluations in order to furnish a report to the Expert Panel including laboratory studies indicating viral loads, etc. In cases where a BBP infection has become chronic or progressed additional adjustments or modifications may be made by the committee.
- iv. Although the School of Medicine may be able to operationalize reasonable accommodations and make adjustments or modifications for a student with a chronic BBP infection through graduation, this is not a guarantee that the student, once graduated, can be licensed, secure a residency or other training position, obtain malpractice coverage or disability insurance in any given state due to individual state licensing boards and state laws.
 - v. Once finalized by the Expert Panel, a report of the recommended adjustments or modifications, if any, shall be provided to the student and the Associate Dean of Student Affairs for implementation. The Expert Panel may supplement the initial report as needed in the course of monitoring a student.
- a. Appeal Process**
- i. A student has the right to appeal recommendations made by the Expert Review Panel by submitting, in writing, a proposed amendment to the recommendations along with the supporting rationale for such amendment to the Dean of the SOM. A student may submit additional documentation from a healthcare provider in support of the amendment.
 - ii. The student shall forward the appeal to Dean of the School of Medicine, along with a copy of the Expert Panel report within ten (10) business days from the receipt of the Expert Panel's report.
 - iii. The Dean will review the appeal and provide a written decision within ten (10) business days from the date of receipt of the appeal.
- b. Confidentiality, Limitation of Disclosure, and Notification**
- i. The School of Medicine recognizes the importance of protecting the confidentiality and privacy of any student who has an active BBP infection to the greatest extent possible and within the bounds provided by law under HIPAA and/or FERPA.
 - ii. The SOM also has the responsibility to protect against a direct threat to the health or safety of others.
 - iii. The SOM has the responsibility to protect a student with an active BBP infection from being placed in educational situations where the student clinical experience could threaten the health of the student.
 - iv. The School of Medicine Expert Review Panel may recommend notification to patients when a student may have exposed a patient to a BBP on a case by case basis after considering the nature and severity of the risk, confidentiality issues and legal responsibilities.
 1. If the Expert Review Panel recommends patient notification, the panel will submit a written report outlining the facts of the case and the need for patient notification to the Dean of the SOM who will in turn notify the appropriate clinical administrators.

3. Curriculum

3.1. Step 1, Step 2 Policy

Educational Program Committee Approved: February 18, 2004

Educational Program Committee Last Revised: September 6, 2023

All students are required to pass Step 1 of the United States Medical Licensing Examination (USMLE) at the national passing level prior to progressing in the third-year curriculum. There are some situations, however, that may prevent students from taking and passing the exam

according to the usual timeline. The primary purposes of this policy are to ensure all students are engaged in advising that need it, to keep students on time for the optimal progression through the curriculum, and to limit however possible the need for students to take leaves of absences (LOA) related to Step 1 or delay a required clerkship, due to the adverse effect this can have on their fourth-year match schedule.

This policy applies to students in the ULSOM four-year MD program curriculum and students in the Oral & Maxillofacial Surgery (OMFS) program curriculum prior to beginning M3 rotations. Students in the combined MD/PhD program are expected to take the exam prior to beginning the PhD portion of their education (see associated MD/PhD policies).

Step 1 examination is optimally scheduled during May and June following successful completion of the second-year curriculum and an independent 8–10-week study period. Step 1 may not be scheduled or taken for students who have not completed or remediated all of the M1-2 curricular requirements.

Below are the specific requirements in place to ensure all students are adequately prepared to take this exam on an optimal timeline:

- a. All students in the independent study period must submit two NBME practice exam scores during the 8-week study period for Step 1. Each practice exam must be taken timed (not on tutor-mode) to be usable to track student progress. Non-timed exam scores will not be accepted. This score and screenshot of the score report should be emailed to the designated individual in Student Affairs. Two NBME self-assessment exams are requested to test for student's score validity.
- b. Students must submit their first NBME score by May 15th, so their progress can be monitored for approximately 4 weeks following the CBSE exam. The second NBME score must be submitted one week before their scheduled exam. Students are welcome to submit their first score sooner than May 15th but are required to submit their final score one week before their exam.
- c. All students who have not reached that year's required minimum cutoff score* by May 15th or two weeks prior to their scheduled Step 1 exam are required to engage in the advising process with Undergraduate Medical Education/Student Affairs.
- d. All students scoring at or above that year's required minimum cutoff score* on an NBME self-assessment are required to take Step 1 prior to the start of M3 orientation.
- e. Students not meeting the required score by mid-June will be reviewed for permission to delay their FIRST M3 clerkship and enter the Directed Studies elective.

Directed Studies:

1. In July, students enter the 1-credit hour Directed Studies course and delay the first scheduled clerkship in their track until the beginning of M4 year.
2. Students in this pathway are required to continue to engage with the advising process, including reporting scores or emailing/calling with updates and attending meetings with advisors as required by the Student Progress Committee.
3. Students must take Step 1 before the end of their first scheduled clerkship so that they can start the next clerkship in their previously determined schedule.

4. Failure to meet communicated deadlines for score and progress reporting set by the committee will result in the student being withdrawn from Directed Studies and placed on a leave of absence (LOA).
5. Students who have not demonstrated readiness to take Step 1 according to self-assessment scores or other measures will be required to either decide to take Step 1 and start their second clerkship with the score pending, or to take an academic LOA.
6. Students taking a LOA may be required to return any loan disbursements that they received at the start of third year. Due to this and other significant financial aid implications, all students taking a LOA who receive financial aid must meet with and discuss their situation with the Financial Aid office prior to making a decision.
7. Students who take a LOA to prepare for Step 1 must have a passing score on Step 1 to be re-enrolled in school and return to 3rd year clerkships.
8. Students enrolled in the Directed Studies course will not be included in class rank.

**(The required score on the NBME self-assessment may change over time due to possible changes in the passing score and is decided yearly by the Student Progress Committee and announced to students prior to the study period).*

STEP 2

Students are not permitted to take Step 2 until they have successfully completed all required rotations and courses in years 1-3 of the curriculum. All students are required to pass Step 2 of the United States Medical Licensing Examination (USMLE) at the national passing level during their fourth year and before receiving the Doctor of Medicine Degree. The primary purpose of this policy is to ensure that students finishing their medical education have adequate basic and clinical science preparation to be successful in a residency program and eventually to be licensed.

Students must attempt the Step 2 exam before December 31 of their fourth year. Any exceptions must be approved by the Associate Dean of Student Affairs.

Failures of Step 1 or 2

When the scores are received, students who did not pass Step 1 or Step 2 exam will meet individually with members of the Student Affairs Office to assess their individual needs and to develop a plan to retake the exam.

Students failing Step 1 on their first attempt will be given the option of completing their current clerkship or withdrawing immediately from their clerkship. Students who have not previously taken Directed Studies (above) will be permitted to delay the following clerkship and enroll in the Directed Studies course for up to the length of that clerkship. If students require additional time (beyond the length of the next clerkship) to study for and retake the exam, they must take a formal leave of absence (LOA).

Students who have a failing score on Step 1 will not be permitted to begin a new clerkship without remediating the exam.

Students who are on a leave of absence may be re-enrolled and resume their third-year curriculum only after receiving a passing score for Step 1.

Students will be permitted up to three (3) attempts within a twelve (12) month period. The 12-month period will begin with the date of their first attempt. Failure to secure a passing score by the end of the 12-month

period will result in referral to the Student Promotions Committee with the recommendation for dismissal.

3.2. M1-4 Curriculum and Electives Policy

Educational Program Committee Approved: February 20, 2013

Educational Program Committee Last Revised: August 3, 2022

The curriculum of the School of Medicine should foster the development of graduates who are knowledgeable, skillful, and ethical while providing an opportunity to individualize the student's experiences based on his/her own unique needs and interests. Required courses ensure that the program's objectives are being met and assessed at the minimum expected level for every graduate as required by the EPC for MD program candidates. Electives are provided to broaden and balance the overall educational development of each student, while allowing for career exploration and assuring that students are prepared for their desired area of graduate medical education and residency training.

A candidate for the degree of Doctor of Medicine from the University of Louisville School of Medicine must meet the following requirements:

- a. Satisfactory completion of the medical school curriculum and USMLE Step 1 and Step 2 examinations.
- b. Satisfactory demonstration of ability, ethical character, responsibility, integrity and personal characteristics suitable for a career in the practice of medicine.
- c. Satisfactory discharge of all financial obligations to the University.
- d. Students with federal loans and grants must attend a group or individual exit interview with the Medical Student Financial Aid Office and complete the exit interview information sheet as required by federal regulations before Commencement of the year in which graduating.

To satisfy the second requirement above, students must comply with the rules and regulation of the University, the School of Medicine, and the laws of the city, state and federal governments. In addition, students are expected to possess and display physical stamina, effective interpersonal skills and personal qualities consistent with the expectations of society and the medical profession. Consequently, the Dean, in accordance with the procedures set forth in the REDBOOK, may consider any questions of a student's unwillingness, failure, or inability to fulfill these expectations to be an academic matter. The School of Medicine may terminate the attendance of any student at any time or strike from the list of candidates for the degree any student whom the Dean determines is or will be unable to satisfy the standards of professional fitness required of all candidates for the Doctor of Medicine degree. Conduct that may result in such a determination by the Dean includes but is not necessarily limited to academic dishonesty, neglect of study, and illegal or inappropriate behavior.

Three-year Rural Medicine Accelerated Track (RMAT) Requirements

The RMAT track may enroll up to two students annually and must require students to complete all of the core objectives and assessments of the four-year MD program as well as a minimum of 130 weeks of instruction prior to graduation. RMAT candidates must also complete additional program objectives and assessments related to their ability to evaluate and address community health needs in a rural setting. Several RMAT-only courses within this track fulfill the required objectives for courses that are not completed by RMAT students and contain the required assessments or equivalent assessments for those courses. Specifically, the courses that are added to the curriculum for RMAT students are:

RMAT-1, RMAT-2, RMAT-3, RMAT-4, and RMAT-5 as well as the longitudinal primary care clinic placement during the third year. These courses and requirements are placed in RMAT to fulfill the programmatic objective and assessment requirements found within the M3 Family Medicine Clerkship, the M4 Acting Internship, and M4 Palliative Care Rotation, and the M4 Intensive Care Unit Rotation.

First and Second Year

The first- and second-year curriculum shall consist of 37 required weeks in M1 and 33 required weeks in M2, with at least 10 weeks between the end of the M1 year and the beginning of the M2 year to allow for students to explore non-required learning experiences. Students are required to pass or successfully remediate any course in this phase as described in the Student Promotions Committee Guidelines. Students may choose to take EPC-approved electives (if offered); however, electives are not required during the first and second year.

While students are welcome to take electives for elective credit, any electives taken in the first or second year will not count towards elective requirements for the third or fourth year. This includes the required courses for the Rural Medicine Accelerated Track program, RMAT-1 and RMAT-2, should the student elect to leave this accelerated track and return to the 4-year curriculum track. All required course and elective credit hours are calculated according to the EPC's policy governing awarding credit to courses and clerkships.

Third Year

The third-year curriculum shall consist of 44 required weeks plus 6 weeks that are available for electives. The 44-week curriculum will include seven core clerkships, identified below. The first- and second-year curriculum must be passed or successfully remediated. Step 1 and all seven clerkships must be passed or remediated in order to proceed to the fourth-year curriculum. As described in the Student Promotions Committee Guidelines, students who fail a clerkship will be allowed to continue in the clerkship curriculum, unless the reason for their failure is a professionalism breach or other behavioral concern that may place patients or others in the clinical environment at risk.

- Family Medicine – 6 weeks
- Internal Medicine – 8 weeks
- Neurology – 4 weeks
- Obstetrics and Gynecology – 6 weeks
- Pediatrics – 6 weeks
- Psychiatry – 6 weeks
- Surgery – 8 weeks

Electives:

- o There are no required electives in the third year, however, there are 6 weeks in the third-year schedule that can be used for electives or for vacation. Up to 4 of the 6 weeks can be used for career exploration electives; other types of electives can be taken during the remaining 2 weeks that are available.
- o The Directed Studies elective can be taken during the third year for 1 week of credit. This would count for 1 elective week of the 6-week elective total.
- o No more than 6 elective credit hours during third year can apply toward the fourth-year 26-28 weeks of required electives described in the next section.

Fourth Year

The fourth-year curriculum shall consist of 34 required weeks as described below. The third-year clerkships must be passed or successfully remediated prior to entering this phase of the curriculum. Students must complete all of the requirements below as well as the minimum required weeks of elective time in order to graduate from the MD program. Students have the responsibility of thoroughly investigating electives and then discussing them with an advisory dean, clerkship or residency program director, faculty mentor, or the Assistant or Associate Dean of Student Affairs who then must approve the student's schedule. The signed approval form must be returned to the registrar in Student Affairs.

- Acting Internship (Anesthesia, Emergency Medicine, Family Medicine, Internal Medicine, Neurosurgery, Obstetrics & Gynecology, Orthopedics, Otolaryngology, Pediatrics, or Surgery) – 4 weeks
- Intensive Care rotation (Medical, Surgical, or Pediatrics) – 2 weeks
- Palliative Medicine rotation – 1 week
- Advanced Cardiac Life Support (ACLS)
- Topics in Clinical Medicine (TCM) Course
- Electives – 26-28 weeks
 - i. a) Up to 6 weeks of electives available in third year may be used to fulfill part of the fourth-year requirement. The Directed Studies elective can be used during third year to fulfill 1 week of this requirement; students can take the Directed Studies a second time during fourth year for an additional 1 week of elective credit.
 - ii. b) Students may take up to a maximum of 16 weeks of electives at other institutions.

Approximately 12 weeks of electives should be planned to include Residency Preparation Track Recommendations. The other weeks should be used to explore other areas of interest.

3.3. Comprehensive Basic Science Exam for Second-Year Students and Comprehensive Clinical Science Exam for Rising Fourth-Year Students

Educational Program Committee Approved: November 19, 2014

Educational Program Committee Last Revised: April 17, 2023

All second-year students are required to take the Comprehensive Basic Science Self-Assessment (CBSE) offered by the National Board of Medical Examiners. The cost of the required CBSE will be covered by the School of Medicine. This is a proctored standardized examination provided by the NBME

All rising fourth-year students are required to take the Comprehensive Clinical Science Examination (CCSE) as they finish their required M3 clerkships. Several dates will be offered by the UME office due to the different dates that students finish their requirements, and students are expected to schedule with the UME office for the available date that is closest to the end of these required clerkships to plan their study for Step 2 CK.

The purpose of requiring students to take both examinations at these points in their curriculum the CBSE is to help students identify areas of strength and need as they enter dedicated Step 1 and Step 2 study and to evaluate students' long-term retention of curricular material over time. Support and advising is available to all students following these examinations.

4. Student Assessment and Academic Performance

4.1. Non-Involvement of Providers of Student Health Services in Student Assessment/Location of Student Health Records

EPC Revised: September 16, 2020

Non-Involvement of Providers of Student Health Services in Student Assessment

Students have the right to strict confidentiality of their health and medical conditions, inclusive of both physical and mental health or learning disability.

Any clinical preceptor and/or faculty member who provides psychiatric care, psychological counseling or physical health services to a student must have no role in the academic assessment of, or in decisions about, the promotion or graduation of that student.

Likewise, advisory deans must have no role in the academic assessment or promotion of their assigned mentees.

This policy does not prevent clinical preceptors and/or faculty from treating students in an emergency situation. In these instances where students are treated by clinical preceptors, care should be handed over to qualified clinicians after the student is stabilized. In all such cases, decisions should be made with the best interest of the student's health taking precedence. Once a preceptor has provided clinical care, he/she cannot be that student's primary assigned clinical instructor or evaluator.

Clinical preceptors and/or faculty members who have provided clinical care services to a student may function as a large-group classroom teacher and may provide general support for classroom-based learning experiences. However, they may not participate in assessment or grading activities for that student.

A formal statement will be included on both student and faculty evaluation forms for all third-year clerkships, acting internships, intensive care rotations, palliative care rotations, Humanism and Compassion in Medicine sessions, and Problem-Based Learning (PBL) sessions. On the student evaluation form, the statement reads, "To my knowledge, I (Students will mark have or have not) received psychiatric, psychological counseling, or other health care services from this faculty/fellow/resident. On the faculty/fellow/resident evaluation form, the statement reads, "To my knowledge, (Faculty/resident/fellow will mark have or have not) provided psychiatric, psychological counseling, or other health care services to this student."

Any member of the Student Promotions Committee is required to recuse him or herself if they have been involved in providing psychiatry, psychological counseling, or other health care services to the student being discussed.

This policy will be included in all required course and clerkship syllabi. This policy will also be discussed at all student orientations and at the annual new faculty orientation and the new resident orientation.

Location of Student Health Records

All student health records are subject to HIPAA and FERPA requirements for confidentiality and are stored in an electronic medical record (EMR) in a special security group within Campus Health. Mental health records for psychiatry and counseling notes are secured and accessible only to

the mental health care providers and executive director of campus health services. The security lock on mental health records cannot be accessed utilizing "break glass". No medical school personnel have access to the records.

4.2. Standardized Grading, Honors, & Remediation Policy

Educational Program Committee Approved: April 18, 2012

Educational Program Committee Last Revised: June 21, 2023

Required M1-2 Courses

To increase the consistency of student assessment between courses within the educational program, 1st and 2nd year courses will follow the requirements below. Introduction to Clinical Medicine (ICM) courses 1 and 2 are exempt from any regulations marked with an asterisk*:

1. All M1-2 courses will be graded Pass/Fail starting with the matriculating M1 class in fall 2019.
 2. Course grade composition will consist of 70-80% high stakes assessments (e.g., summative exams, NBME custom exams, clinical skills exams) with 20%-30% formative, low-stakes assessments (e.g., PBL, TBL, SoftChalks, quizzes).*
 3. Course or thread directors must monitor student aggregate performance on summative exams and make corrective adjustments if assessments perform outside the expected acceptable performance range. Course leadership will perform this review with support from UME, including providing past performance data, statistical and qualitative analysis of item and exam performance as well as course overall performance, and identification and analysis of factors influencing the educational experience and student performance on assessments. Review will be performed after every major examination and again at the end of the course. Decisions made by the course director following these reviews are final.
 4. Actions taken by course directors after analysis and discussion with UME may include, but are not required to include:
 - a. Adjustment of exam or quiz scores either immediately following an assessment, or at the end of the course when performing retrospective review of overall performance.
 - b. Accepting additional answers or all answers for items that perform poorly.
 - c. Removal of a flawed item from an examination (will decrease the number of items of the examination overall).
 - d. Addition of points to any assessment grades as appropriate, limited by the top scoring student in the class for that assessment, whose score cannot exceed 100%.
 - e. Any of the actions above will apply to all students in the course.
5. Universal minimum criteria for "Pass" vs "Fail" grades:
- a. $\geq 70.0\%$ minimum overall course grade required by all courses (rounding is not permissible).
 - b. A $\geq 70.0\%$ average on the summative exams within the course is required to pass, regardless of overall grade average.

i. Summative exams include section, unit or module exams; NBME custom exams; and other high-stakes exams that assess knowledge prior to going on to new material within a course or to other courses.

ii. Courses may have additional Pass/Fail requirements that are outlined in the syllabus.

6. Final course grades in all courses, including ICM 1 and ICM 2, must accurately reflect the results of all of the evaluation methods used in a course in a student's grade. Comments made on any assignment or evaluation that recommend failing a student must be investigated by the course director and if substantiated by the course director is sufficient grounds for course failure despite overall grade average.

7. Courses that require cumulative NBME custom examinations will award 12.5% percent of the overall course high stakes assessment grade from this source in M1 and M2. There are no "must-pass" final examinations in M1 and M2.

Remediation of Classroom Courses:

1. Classroom courses >4 credit hours may be remediated if specific criteria are met. (See Remediation Policy). If criteria are not met, students who fail a major classroom course >4 credit hours must go before the Student Promotions Committee prior to being enrolled in any future courses. Students repeating a major M1-2 course will repeat all courses in that semester, including smaller courses that were previously passed.
2. Classroom courses <4 credit hours may be remediated over breaks from school on an individual basis. Students who fail a classroom course <4 credit hours must work with the course director and create a plan for success in meeting course goals. Any student who does not adhere to the remediation plan or fails to fulfill remediation requirements during the agreed upon time period will receive a second failure for the course and be required to go before the Student Promotions Committee prior to being enrolled in any future courses.

Required Clinical Clerkships

GRADING POLICY

To increase the consistency of student assessment between courses within the educational program, all M3-4 courses will use the following grading criteria:

1. All M3-4 courses will be graded Honors, High Pass, Pass, or Fail.
2. Honors: All passing range evaluations, fulfills all administrative policies and meets the minimum honors score on the NBME shelf exam set for each clerkship (see clerkship syllabus for details).
3. High Pass: Does not meet Honors criteria, however, has all passing range evaluations and meets the minimum high pass score on the NBME shelf exam set for each clerkship (see clerkship syllabus for details).
4. In order for students to be eligible for Honors they must complete the Administrative Responsibilities criteria.
5. Pass: 4th percentile on the NBME shelf set for each clerkship (see clerkship syllabus for details) of the student's year AND all passing range clinical evaluations AND $\geq 70\%$ average in the course overall. Students who do not meet all 3 of these requirements have failed the course. Off cycle students will be evaluated for pass/fail based on the number of clerkships they have completed to date.

6. A failing clinical evaluation or written recommendation to fail a student from any evaluator, regardless of numeric evaluation grade, if investigated and substantiated by the clerkship director, is sufficient grounds for clerkship failure despite overall grade average or shelf score.

7. Students who fail the NBME shelf examination for a single clerkship will be given a "Incomplete" grade for that clerkship and allowed to retake a different NBME shelf exam for that clerkship at the end of the M3 year. The pass/fail decision for this shelf retake will be based on the academic year that they failed the clerkship shelf regardless of when the retake occurs. Students who pass the retake shelf using the criteria above will have their incomplete grade corrected to "Pass", a notation made in the RedMed gradebook, and their new transcript grade resubmitted. The student will receive the minimum passing NBME shelf score and course grade will be recalculated. Students who fail the retake shelf using the criteria above will have their "Incomplete" grade changed to "Failure" and be required to meet with the Student Promotions Committee.

8. Students who fail the clerkship or fail the shelf retake and who are required to repeat the entire clerkship will have their original clerkship failing grade recorded on their transcript, in RedMed, and for class rank purposes. Their retake of the entire clerkship will give them a new, additional grade that is calculated and weighted according to the rules of the academic year that they repeat the clerkship.

9. *Withholding Honors*: All clerkships will include a statement in their syllabus explaining that the clerkship director or department reserves the right not to award honors or high pass if the student demonstrates a deficiency in any core competency (patient care, medical knowledge, interpersonal and communication skills, systems-based practice, practice-based learning and improvement, professionalism) regardless of numerical score.

10. Student Evaluations: All Clerkship Directors will have authority over instructors that provide graded Student Evaluations as well as written feedback. Specifically, Clerkship Directors have the ability to delineate who evaluates students during clerkships. Students may participate in the selection of their evaluators only at the discretion and direction of CD's. Completed clinical evaluations as assigned by Clerkship Directors and Coordinators will stand as submitted, pending CD review for extenuating circumstances. If it is perceived that students have attempted to solicit or produce evaluations from biased or non-representative sources, that student may and be given a grade of "Fail" for either/or their evaluation grade and Clerkship grade as decided by the Clerkship Director. Additionally, students who attempt to falsify or manipulate evaluations will be subject to the ULSOM Code of Conduct (5.2).

MID-CLERKSHIP (FORMATIVE) FEEDBACK

All clerkships shall provide mid-clerkship feedback to students. Residents should be encouraged to contribute to mid-clerkship feedback, however attendings are ultimately responsible for providing feedback and signing the mid-clerkship feedback form.

Mid-clerkship feedback must be delivered by the midpoint of the clerkship.

Clerkship directors are required to review all clinical evaluations and meet with any student found to be at risk for failure based upon written feedback. This meeting should be used to develop an action plan to help the student improve performance.

Mid-clerkship feedback practices must be described in each course syllabus; these will be reviewed by the UME and reported to the EPC each year.

OSCE PERFORMANCE FOR CLERKSHIPS

Student performance on OSCEs/SP Encounters will be monitored through all clerkships and followed by the Clinical Skills Sub-Committee of the EPC. Those students whose performance falls outside two standard deviations below the mean/median score on three separate OSCEs shall be required to remediate these OSCEs until a passing score can be achieved. This remediation will occur following additional instruction as outlined by the Clinical Skills Committee, under the direction of the Assistant Dean for Clinical Skills and the SP Program Director.

SHELF EXAM

Percentage of Clerkship Grade: The shelf exam will count for between 25% and 40% of the clerkship grade.

Standard for Passing: Across clerkships, the standard for passing the shelf exam is the 4th percentile. If there is no score that corresponds to the 4th percentile, the percentile ranking just below will be used.

Norms available before the first track of the academic year begins shall be used to determine student scores for the NBME subject exam; this same set of norms will be used for all rotations during the academic year.

Clerkship Remediation

General Remediation Issues

- a. Under no circumstances may a student remediate a clerkship without going through Student Affairs.
 - b. Passing grades must be attained on all remediated work.
3. Remediation of a clerkship is not permitted until the end of the academic year.

Failure of Clinical Component of a Clerkship

4. Failure of any of the core competencies on the clinical evaluation = failure for clerkship

- a) Remediation: Repeat entire clerkship

Failure of NBME Shelf Exam

5. M3 students who fail one shelf exam in a clerkship but meet all other requirements of the clerkship will be allowed to retake that shelf exam after successfully completing the M3 year. The student's grade for the initial clerkship shelf failure will be marked as "Incomplete" until the new score is received. Students who pass the initial retake shelf using the criteria above will have their Incomplete grade corrected to Pass. If the student fails the retake of the initial shelf exam, the student will receive a Failure in the clerkship and will be required to meet with Student Promotions Committee.

6. If a student fails a second shelf exam in a different clerkship, the student will receive a "Failure" grade on their transcript for that clerkship. The student will have the opportunity to take the second shelf exam after completing the M3 year and passing the initial shelf exam. When the second shelf is passed, the Failure on the transcript will remain and another grade of Pass will be added to the transcript. The student will

receive the minimum passing NBME shelf score and course grade will be recalculated.

7. If the student fails the retake of either shelf exam, the student will be referred to the Student Promotions Committee.
8. After completing all required M3 clerkships, students who are eligible to re-take a shelf exam(s) will work with Student Affairs staff to schedule the retake of the shelf exam(s).
9. On the passing of any retake of a shelf exam, the student's original numeric NBME score and original course numeric grade will not be changed.

NOTE: Student Affairs will address all special situations.

4.3. Grade Reporting and Testing Policy

EPC Revised: January 20, 2021

1. All course/clerkship requirements, including examinations, should be completed by the last day of a course/clerkship, unless extenuating circumstances are documented. These special cases should be handled by course or clerkship directors on an individual student, case-by-case basis.
2. Decisions about honors/high pass/pass/fail criteria developed by clerkship faculty and pass/fail criteria by course faculty must be in compliance with any applicable Educational Program Committee (EPC) or School of Medicine (SOM) guidelines.
3. All course and clerkship grades must be released to students and to Student Affairs within four to six weeks of the last day of a course or clerkship rotation. In the event of a grading error that is discovered after the release of final clerkship grades to students, correction can only be made if it is in a direction that is of benefit to the student. Corrections that would decrease the students' grade after submission of final grades will not be made.
4. The senior registrar in Student Affairs will report any course or clerkship with grades not received within four weeks after a course or clerkship rotation ends to the Vice Dean of Medical Education. The Vice Dean will contact the course or clerkship director and advise the date by which grades absolutely must be received by students (i.e., the date that falls six weeks after the end of the course/rotation).
5. The senior registrar will report course and clerkship grade receipt dates, including whether or not they were in compliance with the 6-week requirement, at the second EPC meeting of each month.
6. The senior registrar will provide an official annual report to the EPC in September of each year regarding grade report dates. The report will include ending dates of courses and clerkship rotations, the date grades were received for each, and whether or not grades were received within the six-week time frame. The September report should be a cumulative report for the full academic year.
7. In addition to senior registrar reports, course and clerkship directors will report compliance with grades being issued to students within 6 weeks of the end of the course or clerkship on their annual course or clerkship director portfolio questionnaire.
8. Students must complete all required assignments and exams in order to pass a course or clerkship; attainment of a specific score on an assignment or exam to pass the class, however, cannot be required unless the assignment or exam is a validated, reliable assessment tool

(for example, an NBME shelf exam). In cases where a decision regarding whether a particular assignment or examination is a "validated, reliable assessment tool," the Educational Program Committee will be responsible for making this determination. Any exceptions to this requirement will require EPC approval and may require the course director to submit an annual report detailing the efforts to ensure reliability and validity.

9. Students in preclinical courses are not permitted to retake a final examination. Students in clinical clerkships will be permitted to remediate a single NBME shelf examination following the guidelines outlined in the *Standardized Grading, Honors & Remediation Policy*. The student's grade will be marked as Incomplete until the new score is received; if the student passes the shelf exam on the second attempt, he/she will receive the minimum passing score as his/her shelf exam grade for the clerkship and a PASS score will be entered on the student's transcript. If the student fails the remediation shelf exam, the student will receive a Failure in the clerkship and will be referred to Student Promotions Committee.

10. If a student fails two or more shelf exams in different clerkships, he/she will receive a failure grade for those clerkships and be required to meet with the Student Promotions Committee at the end of the academic year to determine remediation of those clerkships. If a student fails a third clerkship, the student will be removed from clerkships and referred to the Student Promotions Committee.

11. Deferred grades may be awarded only to students who are unable to complete a preclinical course due to illness or other unforeseen circumstances; a deferred grade may not be awarded to a student in academic difficulty.

12. All required courses will be included in class rank computations.

13. This policy must be included in all required course and clerkship syllabi.

Electronic Exams

Technology Failure:

The following rules apply when a student experiences problems during an electronic exam:

1. Any regional campus issues, i.e., a power failure at one campus or fire drill at one campus that does not affect another campus, will be handled regionally according to the guidelines.
2. Students should immediately report to the exam monitor when experiencing issues with their computer during an exam.
3. If the issues cannot be resolved with the exam monitor, a representative from IT will assess the issue and work to resolve any technical difficulties. The IT representative will report findings to the Senior Associate Dean for Undergraduate Medical education and clerkship/course director, who will determine whether the reported technical issues could affect a student(s) exam outcome.
4. If any reported technical issues were deemed to directly affect a student(s) exam outcome, the following steps will be followed:
 - If a technology failure occurs during the block of time when an exam is scheduled, students are required to stay in the exam room until formally dismissed by SOM faculty or staff.

- The Senior Associate Dean and clerkship/course director will determine whether the technical issue was on the part of the user, ULSOM or the software team providing the exam.
- If the ULSOM or the software team providing the exam is responsible for the reported technical issues, the course/clerkship director will work with the Senior Associate Dean of the UME to determine a retake exam date based on availability of a new exam and open days for testing.
- An option to retake the exam on the agreed date, as determined by the clerkship/course director, will be offered to affected students.
- If a student(s) opts to retake the exam, he or she must accept the retake exam outcome as the final grade. He or she will not be able to choose the higher of the two grades.
- If technology failure or other event/disaster prevents all students from starting the exam, or interrupts the testing experience for all students, the clerkship director and UME office will be notified, and the following procedure followed:
 - If the exam never started and service is not reestablished in 15 minutes:
 - Students will be given permission to leave the testing room and instructed to check their email for updates. It will be the goal to re-launch the exam as soon as service is restored.
 - Students will be instructed to stay on campus and given updates by 15 minutes before the hour letting them know if they should return to the testing room to start the exam.
 - Updates will be given to the students via email by the clerkship director or coordinator at 8:45, 9:45, 10:45, 11:45, and 12:45.
 - If service is not restored by 12:45, the exam will be rescheduled for the first day possible the next week, and students updated via email when the rescheduled date and time and location is known.
 - Students who have vacation in the week following an exam interruption or failure that cannot be corrected will have their exam rescheduled the day that they return from vacation.
 - Students who are starting another course the next working day will be scheduled for their exam at the soonest date possible in cooperation with the course director for that next course.
 - Clerkship directors and UME office staff and faculty will work together with the next clerkship on the track schedule to ensure that the rescheduled time and date is chosen collaboratively with minimal impact on the next clerkship.
 - If the exam is started but service is interrupted, affected students will be required to stay in the exam room as staff and faculty contact the NBME/ExamSoft and work to restore service.
 - Students will not be able to access their belongings or phones or talk to each other during this time as they have had access to the exam questions.
 - If a prolonged outage occurs > 1 hour, due to the undue burden of students being required to be sequestered while awaiting service, the exam will be canceled and a new exam date rescheduled using the process above.
 - UME/Student Affairs staff will work with the NBME/ExamSoft to ensure the new exam is not the same exam form as the exam that initially launched.

4.4. Administrative Responsibilities Grade Policy

Educational Program Committee Revised: May 3, 2022

The Administrative Responsibilities grade is intended to credit students for timely and attentive participation in their learning process. The grade should comprise 2.5% of the final grade and will be based on the student's participation in formative feedback, completion of case logs, duty hour reports, and documentation of self-directed learning when applicable. The clerkship may include additional components in their syllabus that contribute to this grade. Student will receive 0% for any instance of non-compliance or 2.5% for full compliance. Students must complete the Administrative Responsibilities criteria to be eligible for Honors.

Students will receive a one-time reminder in each clerkship to log administrative information. points will not be awarded to a student that fails to complete all administrative responsibilities.

4.5. Approved Formats for Graded Assessments

EPC Reviewed: February 19, 2020

Approved written assessment formats for all years based on best practice guidelines include:

- a. Essay questions, provided they have a clearly written rubric prior to the exam that reflects scoring, including points given for partial credit;
- b. Short-answer questions, provided they have a clearly written best answer rubric prior to the exam that reflects scoring, including points given for partial credit and allowance for synonyms or spelling/grammatical errors that do not change the meaning of the answer given;
- c. Fill-in-the-blank questions, with a written best answer and synonyms for the best answer accepted for the same credit;
- d. One-best-answer multiple choice questions, including extended-choice type questions (choices A-H);
- e. Matching questions;
- f. Vignettes that give rise to multiple linked questions within the same assessment;
- g. *Negative stem, "none of the above," or K-type questions will not be accepted in graded assessments.*

General best practice rules for writing one-best-answer items:

- a. Each item should focus on an important concept that links back to a specific learning objective assigned by faculty;
- b. Each item should assess application of knowledge, not recall of an isolated fact;
- c. The stem of the item must pose a clear question about the specific problem or situation described in the stem, and it should be possible to arrive at an answer with the options covered (i.e., do NOT use, "Which of the following statements is correct about this diagnosis?" but rather, "Which of the following risk factors in this patient's history increased the likelihood of contracting this disease?");
- d. All distractors must be homogeneous, i.e., should fall into the same category as the correct answer (e.g., all diagnoses, tests, treatments, epidemiologic data, etc.);
- e. Avoid technical item flaws that give the answer away or add irrelevant difficulty (e.g., one or more distractors do not flow grammatically from the stem, uses absolutes like "always" or "never" in answer choices, uses imprecise statements about frequency like "often" or "usually" that test takers will interpret variably).

4.6. Appeal Policy for Course and Clerkship Grades

Educational Program Committee Approved: June 5, 2019

Educational Program Committee Last Revised: July 15, 2020

Any student concerns about discrimination, student mistreatment, criminal behavior towards a student, sexual harassment or sexual assault are of a very serious nature by definition and handled separately from student academic complaints. Additionally, all students should be aware that complaints of sexual harassment, sexual assault, or criminal behavior towards the student or by the student have to be reported according to the Title IX Act and the Clery Act. Please use these sources of information linked below to learn more about how to address concerns of this nature:

Title IX and Clery Act Mandatory Reporting Guidelines (<https://louisville.edu/hr/employeerelations/title-ix-and-clery-mandatory-reporting-guidelines-training-1/>)

UofL Sexual Harassment Policy (<http://louisville.edu/dos/students/studentpoliciesandprocedures/student-handbook/student-handbook/#sexualharassmentpolicy>)

UofL Student Sexual Misconduct Policy (<http://louisville.edu/dos/students/studentpoliciesandprocedures/student-sexual-misconduct-policy/>)

Overview:

Students who do not feel that their grade accurately reflects their performance in a course or clerkship has the right to ask for clarification or appeal the grade from the course or clerkship director. Generally, course and clerkship directors are the first contact for student concerns about grades and are empowered to make decisions about those concerns. If the course or clerkship director is involved in the issue that is causing the concern, the complaint may be received instead by the Associate Dean of Medical Student Affairs or the Senior Associate Dean for Undergraduate Medical Education. UofL has an overall student grievance policy and process that outlines the actions for concerns that are not resolved through the initial processes described below. This may be viewed at: <https://louisville.edu/dos/help/studentgrievance> (<https://louisville.edu/dos/help/studentgrievance/>)

M1-2 course grades:

In-class quizzes, Team-Based Learning (TBL) and Question Attack Sessions (QAS) quizzes:

Concerns about a question's validity may be discussed during class. If a question contains an error and needs to be corrected that was used in TBL and QAS, the question scores will be corrected for the individual quizzes, but not the group quizzes.

M1-2 NBME shelf examinations:

Students have one week after posting of NBME shelf grades to request a regrading of the examination from NBME by emailing the Student Records Coordinator in Medical Student Affairs. The student will have to pay the associated fee that is charged by the NBME for regrading. NBME shelf examinations are otherwise not allowed to be reviewed or appealed per the NBME's rules.

Peer, Interdisciplinary (ICC), Problem-Based Learning (PBL) tutor, and non-OSCE Standardized Patient narrative evaluations:

Any student with concerns about a written evaluation in an M1-2 course should first contact the course director and outline their concern and specify whether they are asking that the evaluation be discussed with the peer, faculty member or standardized patient (SP). If discussion occurs, peer evaluators will always remain confidential, and the name of the student completing the concerning evaluation will not be discussed with the concerned student. The final authority for making changes or leaving the evaluation as originally submitted after assessing the situation resides with the course director.

OSCE examination grades:

Naturally, there will be occurrences when a student will want to request review or appeal of a high stakes standardized patient grade. The process to do so is as follows:

1. Email the course or clerkship coordinator and the Director of the Standardized Patient Program. This will let the coordinator know that you wish to have a grade reviewed. In your email, please state specifically what you feel warrants review.
2. The Director of the SP program will review your checklists, score and your performance. This may include consulting the standardized patient with whom you worked for the assessment. The Director will offer insight about your current grade and inform the Assistant Dean for Clinical Skills that you are requesting a review/appeal.
3. The Assistant Dean for Clinical Skills will review your performance and the feedback you received for the activity. You will have the opportunity to discuss your performance in person. Any changes to your grade will be determined by the Director of the SP program and Assistant Dean for Clinical Skills. Grade changes are granted for calculation errors. It is rare to find an error in the checklist completed by the standardized patient; however, this process exists to capture such errors as well. On occasion, you may have the opportunity to repeat the assessment. This does not guarantee that your grade will be changed.
4. Any changes to the grade are reported to the course or clerkship coordinator by the Director of the Standardized Patient Program.

Loss of credit or course failure due to failure to complete required assignments or attend required graded sessions:

Graded required-attendance assignments or assessments are covered in the Excused Absence Policy. Students not meeting requirements for an excused absence will receive a zero for that session and any associated work.

Failure to complete required assignments by the due date will result in a zero for that assignment. If the student wishes to appeal this loss of credit, they may email the course director and explain the reason for failure to complete and ask for an extension. In general, reasons that would be acceptable for an excused absence will usually also be acceptable as a basis for an extension on an assignment due date. Students who have not responded to email reminders to complete the assignment on time will generally not be eligible for extensions.

The course director's review of the above complaints and decision to resolve the student's complaint may be appealed using the UofL Student Grievance Process: <https://louisville.edu/dos/help/studentgrievance> (<https://louisville.edu/dos/help/studentgrievance/>)

M3-4 Grades:

All grades except NBME shelf examination grades:

Concerns about a specific graded component or evaluation in a clerkship must be emailed to the clerkship director and coordinator within one week of the receipt of the grade for consideration. The clerkship director has one week to respond to the student's concern and will keep all correspondence related to the concern. The clerkship director's decision may be appealed by the student using the UofL Student Grievance Process: <https://louisville.edu/dos/help/studentgrievance> (<https://louisville.edu/dos/help/studentgrievance/>)

NBME examination grades:

Students have one week after posting of NBME shelf grades to request a regrading of the examination from NBME by emailing Ms. Sherri Gary in Medical Student Affairs. The student will have to pay the associated fee that is charged by the NBME for regrading. NBME shelf examinations are otherwise not allowed to be reviewed or appealed per the NBME's rules.

4.7. Awarding Credit Hours to SOM Courses and Clerkships

EPC Reviewed: August 22, 2020

Introduction: The University of Louisville policy states that "in general, one credit hour of lecture, discussion, or seminar requires at least 50 contact minutes per week during a regular semester."

Historically, the number of credits per course has been determined by "face to face contact time." For the past year, the Educational Program Committee (EPC) has been reviewing credit hours for all required SOM medical student courses, primarily due to changes in course hours and design of the courses themselves. The University also requires all units to submit documentation of the unit's process for assigning credits to courses. This policy governing credits in the MD program for the School of Medicine supports most strongly LCME elements 6.3 and 8.8. Element 6.3 exists to ensure that teaching and assessment of self-directed learning skills is taking place within the formal curriculum. Element 8.8 exists in part to ensure that sufficient time is preserved in the student class schedule for students to complete additional self-directed learning on their own time outside of required class activities.

The EPC uses the guidelines below for assigning credit hours, effective AY 2016-2017.

Guidelines for Preclinical Courses:

- a. The total number of credits for each preclinical required course will be calculated as follows: all required course learning activities will be totaled using the list of EPC-generated learning experiences (see number 2 below). This total will be divided by 15 (the nationally used average for weeks per semester), which will produce the total number of credits for each course. The EPC will round off to the nearest credit or half credit.
- a. The following required learning experiences will be used to calculate credit count for preclinical courses: live or recorded lecture, independent study, formal/scheduled test preparation or test review sessions, small group activities, preceptor/shadowing experiences, team-based learning (TBL), problem based learning (PBL), standardized patient encounters, laboratory sessions, clinical correlations (lectures), and patient simulation experiences.

For example, a course that includes the following required learning activities will be listed as a 3 credit hour course: 35 hours of lecture, 5

hours of lab, and 7 hours of independent learning activities will be a 3-credit course (total = 47, divided by 15 = 3.1, which, when rounded off to the nearest half credit would be 3 credits).

- a. In general, only learning experiences that are required and structured will be used to calculate course credit hours. Self-directed learning occurring outside of the classroom environment will NOT be included in the credit hour calculation. Other activities not included are homework, studying, practice questions, quizzes and examinations. It is anticipated that medical students will spend an average of 40 hours per week in out-of-class self-directed learning activities.
- a. The EPC will be consulted to address questions regarding credit hour calculations.

Guidelines for Clinical Courses:

- a. "Clerkships" are courses that require student attendance and work primarily in the clinical care environment with some classroom contact time. Clinical work can range based on patient needs, season of the year, and area of study between 40-80 hours per week. The total number of credit hours for each required clerkship will be calculated using a 1 week = 1.25 credit hours formula. For all other clinical rotations, they will be calculated using a 1 week = 1 credit hour formula.

Distinguishing between Independent Learning and Self-Directed Learning:

- **Independent study:** Opportunities either for medical student-directed learning in one or more components of the core medical curriculum, based on structured learning objectives to be achieved by students with minimal faculty supervision, or for student-directed learning on elective topics of specific interest to the student. (Element 6.3)
 - Independent learning experiences support the LCME "self-directed learning" standards 6.3 and 8.8 and are generally a replacement for content that was previously taught via lecture, ex. online learning modules, posted resources with specific learning objectives and self-assessments, etc. Independent learning activities are linked to assessments in the course, will be included in credit hour calculations, and will appear on the schedule.
- **Self-directed learning:** Includes medical students' self-assessment of their learning needs; their independent identification, analysis, and synthesis of relevant information; and their appraisal of the credibility of information sources. (Element 6.3)
 - The LCME definition above of self-directed learning can occur as part of scheduled class time with peers in a group learning environment, or out of class based on the students' needs. Some self-directed learning is required as part of the formal curriculum and is linked to assessment, ex. problem-based learning sessions.
 - Self-directed learning that occurs as part of scheduled class time with peers in a group learning environment and has an attendance and assessment requirement will appear on the schedule and will be included in credit hour calculations (ex. problem-based learning case times).
 - Additional self-directed learning that happens outside of the classroom on the student's own time will not appear on the schedule and will not be included in credit hour calculations (ex. completing extra practice questions, homework, researching topics, reviewing assigned readings or class materials to deepen learning.)

4.8 Distinction Track Policy

Educational Program Committee Approved: March 15, 2023

The Distinction Track program at the University of Louisville School of Medicine was created to meet two primary goals: to increase the number of students choosing a career in academic medicine and to provide students with opportunities to focus on areas in medicine for which they have a passion. The University of Louisville currently has five Distinction Tracks including: **Business and Leadership, Global and Public Health, Health Equity and Medical Justice, Medical Education, and Research.**

Distinction Track Directors shall have authority over the contents of their tracks and requirements, overseen by the Advisory Steering Committee and chaired by the Vice Dean for Undergraduate Medical Education. All tracks must have a final product of scholarly work as one metric for track completion. Successful completion of distinction track requirements is noted on the student's official transcript and in the Medical School Performance Evaluation (MSPE) letter for residency application. Students are acknowledged at the Senior Honors Banquet and receive a certificate at graduation.

Application for Distinction Tracks – Business and Leadership, Global and Public Health, Health Equity and Medical Justice, and Medical Education

Application for Distinction Tracks (except Research) shall occur during the Spring of M1 with the following requirements:

- Successful passing of first semester M1 courses on first attempt with a 75% or greater average on high stakes assessments

Students may apply for more than one Distinction Track but may only enroll in a single track.

Application for Distinction Track – Research

Application for the Distinction Track in Research (DIR) shall occur during the Fall of M2 with the following requirements:

- Successful completion of first and second semester M1 courses on first attempt
- Satisfactory completion of the Summer Research Scholar Program (SRSP) or an equivalent research program/project that requires pre-approval by the Directors of the Research Distinction Track and SRSP
- Poster presentation at Research!Louisville is mandatory to be eligible for DIR

Continuation in Distinction Tracks

Students must remain in good Academic Standing in the School of Medicine to continue participating in Distinction Tracks throughout the M2, M3, and M4 years. The following metrics are needed:

- Successfully passing all M1,2 classes on first attempt
- Successfully passing USMLE Step 1 on first attempt
- Successfully passing all M3 Clerkships (remediation of one NBME shelf examination is allowed)
- Completion of all track requirements/assignments by due date
- Continued professionalism

Students who do not maintain these may be subject to dismissal from Distinction Tracks by the Track Director(s), under supervision of the Advisory Committee. Extenuating circumstances will be considered

on a case-by-case basis by the Vice Dean for Undergraduate Medical Education and Directors of their track.

Leave of Absence

Track Directors will be notified when a student takes a leave of absence from ULSOM.

4.9 Summer Remediation Policy for M1-2 Major Courses

Educational Program Committee Approved: June 20, 2023

Educational Program Committee Revised: September 20, 2023

- If a student fails a major course (defined as greater than four credit hours) during the first or second year of medical school, a student is eligible for summer remediation of the course if 50% or more of in-house high-stakes exams have been passed (NBME exam excluded). Summer remediation is already available for courses less than four credit hours. Major courses in the first two years include:
 - Clinical Anatomy, Development, and Examination (CADE)-must pass three of five written (not practical) exams to be eligible for remediation.
 - Molecular Basis of Life, Defense, and Disease (MBLDD)-must pass three of five written exams to be eligible for remediation.
 - Human Systems in Health and Disease (HSHD1)-must pass two of four written exams to be eligible for remediation.
 - Human Systems in Health and Disease (HSHD2)-must pass two of three written exams to be eligible for remediation.
- Student can only summer remediate one major course (defined as >4 credit hours) in the first two years. If the student fails an additional major course, they go before the Student Promotions Committee.
- Student can refuse the opportunity for summer remediation and repeat the semester they failed the following year; however, the student will not be eligible for summer remediation of a later failed M1-2 major course.
- Remediation will be offered in summer only and only for blocks that student failed.
- There will be a week break minimum after end of spring semester prior to remediation allowing students rest prior to starting remediation.
- Remediation will consist of a three-week block for each block failed up to a maximum of two three-week blocks.
- There will be two in-house quizzes with a final NBME custom exam for each block. Each quiz will count 10% of final grade with NBME custom shelf counting 80% of final grade. Each block must be passed separately with an overall course average of 70%. The highest grade a student can earn for remediation is 70%.
- For students taking remediation for two blocks, the first block must be passed to move to the second block. For any failed block, the student will go before the Student Promotions Committee.
- All efforts will be made to set the P value of NBME custom exams at ~82%.
- If required to remediate a major course, the Biostatistics and Evidence Based Medicine and the Introduction to Clinical Medicine course's remediation will follow successful remediation of the major course prior to starting M2 or entering Step 1 study period.
- Exams are offered on undergraduate medical education (UME) schedule, not student preferred schedule (i.e., if travel intervenes, it will need to be canceled). All students from same year will test on same day.

- If a student fails a major course, the student will be on academic probation through the successful completion of two subsequent semesters. The student will be required to meet with the learning specialist to create a learning strategy and will review the strategy with the responsible faculty. Student will accept and work with a tutor from the time of the failure, during remediation, and at least the following semester.
 - Student must engage with the academic advising system (learning specialist/student success coordinator) and the supervising faculty on a weekly basis, or the student will be referred to the Student Promotions Committee.
 - Questions on remediation exams come from material taught in native course (i.e., course handouts, PowerPoints, cases, etc.) Faculty cannot certify that questions are covered by outside resources and advise students to use in-house resources to ensure they are reviewing the testable material.
 - Any student failing a major course and is eligible for remediation will receive a incomplete grade for the course. If the student passes remediation, the grade will change from incomplete to pass. If the student fails remediation, the grade will change from incomplete to fail and the student will be referred to the Student Promotions Committee to repeat the semester, the year, or be dismissed.
 - Remediated work will be noted on the Medical Student Performance Evaluation (MSPE).
- i. Eligibility to run or retain an elected school office
 - ii. Eligibility to be appointed to or retain scholarly appointments:
 - ex. Includes such positions as course representatives, academic officers, EPC representatives, admission committee representative, student promotions committee representatives
 - iii. Eligibility to be considered for or continue in the Distinction Tracks (see Distinction Track Policy for specifics)
 - iv. Eligibility to be considered for internal awards
 - v. Eligibility to be recommended for external awards, scholarships, membership for national organizations or educational experiences
 - vi. Eligibility to be approved for conference travel
 - vii. Eligibility to take clinical electives at other institutions
- b. Loss of good standing may result in loss of scholarships depending on individual scholarship criteria.

Return to good standing:

- a. A student may return to good standing upon completion of the required remediation, or upon completion of the required probationary time frame.

5. Professionalism and Promotion

5.1. Medical Student Performance Evaluation & Medical School Transcript Policy

EPC Approved: September 4, 2019

MSPE

The MSPE is comprised of School of Medicine's identifying information; three noteworthy characteristics written by the student (approved by Associate Dean for Student Affairs unless student requests another person), academic history, professional progress, academic progress (including academic performance, preclinical coursework and clerkship evaluations) and a summary statement. The MSPE is a template with the student's information and clinical evaluations and is generally signed by the Associate Dean for Student Affairs. If a student has concerns regarding a potential conflict of interest with the Associate Dean the student may request to have the Assistant Dean for Student Affairs or the Vice Dean for Undergraduate Medical Education work with him/her on his/her MSPE and sign the document.

All students will have an individual meeting with Associate Dean for Student Affairs in the spring of their third year, unless another of the Dean's representative (see above) is designated. At this meeting they will discuss their career plans, CV and their completed MSPE questionnaire, along with three noteworthy characteristics. All students will have their final noteworthy characteristics to the Residency Match Administrator by July 1.

All students will be able to review, in person, a copy of the first draft of their MSPE in early September. Students will review the letter and request corrections to any clerical or typographical errors, while in the Student Affairs office. Any errors noted by the student will be edited and the student will sign a release for the MSPE to be uploaded to residency application services for distribution to programs. The MSPE cannot be photographed, copied, or taken out of the office by the student.

A student who has substantive concerns regarding the tone and/or accuracy of their MSPE can submit a written request with the specific concerns noted, to the Residency Match Administrator within 48 hours of

4.10. Good Standing Policy

Educational Program Committee Approved: September 6, 2023

All ULSOM students are expected to remain in good standing throughout their time in medical school. A medical student in good standing has met the academic and professionalism requirements of the medical school and is eligible to continue enrollment, while not being subject to any form of remediation, probation, suspension, or disciplinary censure.

A student in good standing:

- a. Has received the minimum required ULSOM passing grades in all courses, clerkships, electives, standardized patient exams, and other mandatory requirements/exercises
- b. Is not currently on academic probation
- c. Has passed the appropriate USMLE exams within the recommend time period during medical school
- d. Makes adequate progress towards graduation
- e. Completes all required immunizations, certifications, and trainings (HIPAA, OSHA, etc.)
- f. Conducts themselves in accordance with the professional and academic ethics governed by the UofL Code of Conduct and ULSOM Honor Code as well as other professionalism requirements governed by ULSOM policies: School of Medicine Policies < University of Louisville (<https://catalog.louisville.edu/professional/medical-bulletin/som-policies/#text>)
- g. Has not been the recipient of any adverse actions or sanctions by either the medical school (Student Promotions Committee) or by the University

Loss of good standing:

- a. Loss of good standing ends a student's eligibility for some special programs or activities which include, but are not limited to, the following:

reviewing the MSPE. An advisory committee consisting of undergraduate medical education leadership will review the draft MSPE with the noted concerns and if warranted, will amend the MSPE for balance and accuracy. The review committee's decision and any MSPE amendments will be conveyed in writing to the student. The decision of the review committee will be final and the approved document will be the final MSPE. The student may review final edits and sign a release to allow the school to upload the document to residency application services to be distributed to residency programs.

MEDICAL SCHOOL TRANSCRIPT

A copy of each student's transcript will be uploaded in mid-September so that it will be available to programs when they begin downloading residency applications on October 1. Students must sign a release to allow the school to upload the document to residency application services to be distributed to residency programs.

An updated copy of the transcript will automatically be uploaded by the Student Affairs office if a student has a third year clerkship grade added after September 15.

A student may request one updated transcript be uploaded to residency programs at any time before rank begins.

All students must sign the MSPE and medical school transcript release form for these documents to be uploaded and sent out to residency programs.

5.2. ULSOM Code of Conduct

EPC Reviewed: September 16, 2017

Values Statement: At the University of Louisville, School of Medicine, we value (as stated in the University of Louisville, Code of Conduct)

- Honesty and rigor in all pursuits;
- Adherence to free inquiry and critical thinking;
- Commitment to the creation, preservation and dissemination of knowledge;
- Dedication to preparing students for what the future has to offer;
- Respect for diversity and all individuals regardless of position;
- Professionalism in our interactions;
- Accountability for resources and relationships;
- Transparency and integrity in decision-making;

Our school is committed to fostering a positive work and learning environment that encourages the freedom of scientific inquiry and the collaborative exchanging of ideas. All students, faculty, staff in the School of Medicine are expected to demonstrate and foster the University's values and missions, including but not limited to integrity, accountability, mutual respect, professionalism, diversity, courtesy, fairness, and trustworthiness. All faculty, staff, and students are expected to conduct themselves in a professional manner at all times.

Scope: Faculty, staff, and trainees at the University of Louisville School of Medicine.

Definitions:

- **Professionalism in education:** commitment to the highest standards of scholarship, innovation in teaching methods, respect for the student-teacher relationship, and leadership through modeling of life-long learning.

- **Professionalism in the conduct of research:** commitment to intellectual integrity, welfare of human subjects and research animals, diligent and unbiased acquisition, evaluation, and reporting of scientific information, adherence to university research regulations, and collegial and fair treatment of trainees and research staff.
- **Professionalism in clinical practice:** protecting the care needs and privacy concerns of patients and the adherence to established standards on patient safety, timeliness of completing medical records, quality improvement initiatives, communication and follow-up with patients, reporting errors, following regulations governing billing practices, and collegial and fair treatment of trainees and clinical staff. All healthcare professionals bear a professional responsibility to identify and proactively address conflicts between their beliefs and the needs of the workplace or patient. In cases where a predictable conflict will likely occur due to the beliefs of the provider and the scope of their patient population, the provider will take responsibility for developing a proactive management plan with their clinical supervisor that meets the needs of patients while recognizing the individual provider's beliefs.
- **Acceptable Conduct:** Applying altruism, accountability, excellence, duty, honesty, integrity, and respect, with intentions of diversity and inclusion, when engaging in interactions with peers, subordinates, supervisors, students, staff, and, in the clinical setting, patients and patient families.
- **Disruptive Behavior:** Behaviors that are intimidating or which could adversely affect morale or otherwise compromise our educational, research, and clinical missions. Behavior that is unusual, unorthodox, or different is not alone sufficient to be classified as "disruptive behavior".

Examples of Unacceptable Conduct include but are not limited to:

- Discrimination of any form based on age, gender, gender identity, gender expression, race, ethnicity, national origin, religion, disability or sexual orientation
- Disregard for applicable regulations, policies and bylaws
- Sexual harassment
- Profanity, especially directed at another individual
- Use of threatening or abusive language
- Non-constructive criticism addressed to the recipient in such way as to intimidate, undermine, belittle, or humiliate
- Derogatory comments about the performance of colleagues, trainees, or staff outside of appropriate administrative channels
- Loss of civility (i.e. shouting, personal attacks or insults, throwing objects or other displays of temper)
- Retaliation against any person who reports an incident of alleged unprofessional conduct, fraud, or perceived malpractice
- Uncooperative attitude with others
- Insubordination, refusal to complete assigned tasks
- Reluctance or refusal to answer questions, failure to return phone calls, pages or messages
- Accessing pornographic material by use of University computing equipment, which includes University issued mobile devices, tablets, laptop and desktop computers, or use of the University wireless network or internet connection.

Procedure: When any member of the School of Medicine community believes that they have witnessed or have been a recipient of behavior

manifested by a SOM faculty or staff member that is inconsistent with our stated professional goals and purpose, the following options serve as a mechanism for action.

Reporting the incident:

Unprofessional conduct should be reported first to the immediate supervisor of the offending employee which may include:

- Office manager, faculty member
- The appropriate program director
- The appropriate divisional chief
- The chair of the department(s) involved
- Vice Dean of Faculty Affairs and Advancement
- The Dean of the School of Medicine

You may also report the incident to the University of Louisville Office of Compliance Hotline at 1-877-852-1167 or Online via the Compliance website (<https://app.mycompliancereport.com/report.aspx?cid=uol>) (<https://app.mycompliancereport.com/report.aspx?cid=uol>).

- If the behavior falls under discriminatory or sexual harassment as described in the University of Louisville Human Resources: PER-1.10 Discriminatory Harassment Policy (<http://louisville.edu/hr/policies/per110/>), you must follow the reporting provisions in the Discriminatory Harassment Policy. For more information on this policy, please see the Human Resources Policies.
- Immediately report the incident to the University of Louisville Police if the disruptive behavior poses an immediate threat of harm to any individual in order to safeguard the health and safety of others.
- Non-Retribution: University of Louisville policy, and in many cases federal law, protects individuals bringing such concerns forward in good faith from any retaliation and/or retribution.
- Incidents of unprofessional conduct occurring in hospital/clinical settings may also be subject to the professional conduct policies of those entities.

Investigation and Response:

For any report made suggesting violation of this policy, the School of Medicine leadership, consisting of the Executive Dean's Council and SOM legal counsel, will review the concerns and may conduct an investigation. The School of Medicine leadership may take disciplinary action, up to and including termination, against those violating this policy.

To respect the privacy and confidentiality of all people involved, the School of Medicine may not share specific details of the discipline or other action taken without a signed consent to furnish information to third parties.

Additional Resources:

- OMBUDS Office Compliance Hotline: Phone: 1-877-852-1167 or Online: via ULink (https://ulink.louisville.edu/psp/paprod/EMPLOYEE/EMPL/h/?tab=PAPP_GUEST)
- Human Resources Employee Relations: Phone: 502-852-6258
- Staff Grievance Officer: Phone: 502-852-4652

5.3. The Student Promotion Committee Policy

Educational Program Committee Approved: November 4, 2020

Educational Program Committee Revised: April 17, 2023

The Student Promotions Committee reviews the academic progress of all students with unsatisfactory performance or other academic problems and makes recommendations to the Dean for corrective action or dismissal. The Student Promotions Committee also makes recommendations to the Dean concerning requests for leaves of absence.

The Student Promotions Committee consists of one representative from each department of the School of Medicine, one representative from the Trover Campus, and three elected student representatives (one from the 2nd, 3rd, and 4th year classes - who together constitute one vote). The department representatives are appointed by the department chair after consultation with members of the department during a faculty meeting; the Trover Campus representative is appointed by the Associate Dean of the Trover Campus.

The Committee meets at the end of each academic year and at other times as necessary to make recommendations to the Dean concerning students whose scholarship academic progress, behavior or clinical competence is reported to be unsatisfactory. The Committee may recommend that a student remediate or repeat a course or clerkship, remediate an entire academic year, or be dismissed from the School of Medicine.

The Student Promotions Committee may recommend dismissal for poor scholarship regardless of the number of failures or the number of credit hours these failures represent. The Committee may also recommend remedial action or dismissal for students whose behavior is considered inappropriate by school or community standards for a practicing physician. The Committee will investigate thoroughly the causes of poor scholarship and may recommend a variety of remedial measures.

Unless dismissed, students failing a major course (greater than 4 credit hours) will be placed on academic probation until successful completion of two additional semesters. Additional failures incurred during the probationary period may be considered grounds for academic dismissal. Students on probation are not permitted to work outside the School of Medicine for which they receive remuneration of any form unless written permission is obtained from the Associate Dean for Student Affairs. Violation of this rule may be cause for dismissal from the School of Medicine. Students on probation who hold office in student organizations or serve on committees are strongly advised to resign from their duties.

The Committee deals with each student's situation individually and uniquely. Actions taken in a unique set of circumstances may provide general guidelines as opposed to precedence for similar cases.

Members of the Student Promotions Committee are instructed to recuse themselves if a conflict of interest is perceived. This includes serving in an advisory role, awarding a failing grade or evaluation, or having a personal relationship with any student who appears before the committee.

Any student who is being considered for adverse action by the Student Promotions Committee has the right to appear before the committee in person (or virtually if the committee is meeting virtually) and to write a letter for the committee's consideration of their case.

Guidelines for Student Promotions Committee Actions

The Student Promotions Committee (SPC) is often required to make difficult recommendations concerning students' progress through medical school. Although each case coming before the Committee must be considered individually, fairness dictates that decisions be

as reasonable and consistent as possible. On the other hand, rules of operation should not be so rigid as to thwart fairness in unique circumstances; therefore, the guidelines below are intended to help the Committee avoid arbitrary or inconsistent actions.

The Student Promotions Committee is advisory to the Dean. The Committee thoroughly reviews all aspects of the academic progress of students with unsatisfactory performance and makes recommendations to the Dean for corrective action or dismissal. Students whose performance or actions makes dismissal a possibility must appear before the Student Promotions Committee for a hearing.

The decision of the Dean is considered final. If the student disagrees with the Dean's decision, the student has the right to file an academic grievance in accordance with Chapter 6 of the Redbook, to the extent applicable.

All procedures will be consistent with the Redbook, Bylaws of the School of Medicine, and the Code of Student Rights and Responsibilities.

Academic Failures:

FIRST YEAR:

Failure of a major course (defined as greater than 4 credit hours): student will be eligible for summer remediation of the course if 50% or more of in-house high-stakes exams have been passed (NBME exam excluded). Major courses in the first year include:

- a. Clinical Anatomy, Development, and Examination (CADE)-must pass three of five written (not practical) exams to be eligible for remediation.
- b. Molecular Basis of Life, Defense, and Disease (MBLDD)-must pass three of five written exams to be eligible for remediation.

Failure of summer remediation: student will be placed on academic leave and referred to the Student Promotions Committee

Hearing - recommendations:

- a. Repeat the entire semester (inclusive of all courses within the semester) the following academic year
- b. Repeat the entire first year
- c. Dismiss

Failure of a major course (defined as greater than 4 credit hours) for which a student is not eligible for summer remediation:

Student is placed on academic leave

Hearing - recommendations:

- a) Repeat the entire semester that includes the failed course the following academic year
- b) Dismiss

Failure of one course less than 4 credit hours:

Complete remediation after spring semester as recommended by course director and approval by Educational Program Committee (EPC)

Failure of more than 1 course, whether eligible for summer remediation or not:

Hearing---recommendations:

- a. **Remediate the courses during summer (if eligible)**
- b. **Repeat the entire semester**
- c. **Repeat the entire year**
- d. **Dismiss**

If on probation

Any failure:

Hearing – recommendations:

- a) Repeat entire semester
- b) Repeat entire year
- c) Dismiss

SECOND YEAR

Students must remediate their failure before taking USMLE Step 1.

Failure of a major course (defined as greater than 4 credit hours), student will be eligible for summer remediation of the course if 50% or more of in-house high-stakes exams have been passed (NBME exam excluded). Major courses in the second year include:

- a. Human Systems in Health and Disease (HSHD1)-must pass two of four written exams to be eligible for remediation.
- b. Human Systems in Health and Disease (HSHD2)-must pass two of three written exams to be eligible for remediation.

Failure of summer remediation: the student will be placed on academic leave and referred to the Student Promotions Committee for a hearing.

Hearing - recommendations:

- a. Repeat the entire semester (inclusive of all courses within the semester) the following academic year
- b. Repeat the entire second year
- c. Dismiss

Failure of a major course (defined as greater than 4 credit hours) for which a student is not eligible for summer remediation:

Student is placed on academic leave of absence

Hearing - recommendations

- a) Repeat the entire semester (inclusive of all courses within the semester) the following academic year
- b) Dismiss

Failure of one course less than 4 credit hours

Complete remediation at the end of spring semester as recommended by course director and approval by EPC

Failure of more than 1 course, whether eligible for summer remediation or not:

Hearing---recommendations:

- a. Remediate the courses during summer (if eligible)
- b. Repeat the entire semester
- c. Repeat the entire year

- b) Repeat entire year
- c) Dismiss

d) Dismiss

If on probation

Any failure:

Hearing – recommendations:

- a) Repeat entire semester
- b) Repeat entire year
- c) Dismiss

THIRD/FOURTH YEAR:

Professionalism/Clinical Failures:

In the event of any clinical failure due to professionalism and/or clinical performance:

Hearing – recommendations:

- a) Repeat clerkship/rotation
- b) Complete remediation as recommended by the SPC
- c) Dismiss

In the event of two clinical failures due to professionalism and/or clinical performance:

Hearing – recommendations:

- a) Repeat clerkships/rotations
- b) Repeat entire year
- c) Complete remediation as recommended by the SPC
- d) Dismiss

THIRD YEAR

Shelf Exam Failures:

In the event of any shelf exam failures, students should continue in their scheduled clerkships until the end of the academic year, or until a 3rd shelf failure is obtained, at which point the student will be placed on academic leave and will appear before the SPC.

Failure of one or two clerkship shelf exams in the entire year:

Prior to start of M4 (upon completion of all M3 clerkships/requirements):

- a) Repeat shelf exam(s)

Three shelf failures:

Student is placed on academic leave of absence

Hearing – recommendations:

- a) Repeat clerkships

Any additional failures:

Hearing – recommendations:

- a. Repeat year
- b. Dismiss

If on probation

In the event of two shelf exam failures while on probation:

Hearing – recommendations:

- a. Repeat shelf exams
- b. Repeat clerkships
- c. Repeat entire year
- d. Dismiss

FOURTH YEAR:

Failure of one required or elective rotation:

As soon as possible:

- a) Complete remediation as recommended by department, including repeating rotation as an option

Failure of two required or elective rotations:

Hearing – recommendations:

- a) Repeat rotations
- b) Repeat entire year
- c) Dismiss

If on probation:

Failure of one or more rotations:

Hearing – recommendations:

- a) Repeat rotation(s)
- b) Complete remediation as recommended by department(s)
- c) Repeat entire year
- d) Dismiss

ALL STUDENTS

Professionalism:

Any student who has a serious professionalism offense or significant breach of policy will appear before the Student Promotions Committee. Recommendations can range from remediation to dismissal.

Substance Abuse:

An enrolled medical student who does not pass required drug screening shall be reported to the Associate Dean for Student Affairs who shall

direct the student to an independent third party, the (Kentucky Physicians Health Foundation [KPHF]), for assessment and treatment. A student's failure to cooperate or fully participate in the KPHF evaluation and/or treatment plan, as outlined in the School of Medicine's Policy Relating to Substance Use and Drug Screening, will appear before the Student Promotions Committee for disciplinary action. Recommendations can include an additional opportunity to comply with treatment or dismissal.

NOTES:

Failure of any course automatically and immediately places a student on "Academic Probation" until successful completion of two subsequent semesters.

For the clinical clerkships, a student will be given the opportunity to remediate two shelf exam failures at the end of the academic year. Any additional shelf failures will be addressed in the above guidelines.

A clinical clerkship or basic science course may be taken a maximum of three times (i.e., a clinical clerkship may be repeated a maximum of two times).

A student may only repeat one year in his/her medical school career.

All students have a maximum of six years to complete all degree requirements, with very few exceptions.

In the event that a student requires a medical leave of absence within 4 weeks of the end of a course, the student may receive a failure if there is no mathematical probability of achieving a passing grade at the time leave is declared.

5.4. Title IX

University of Louisville Revised: 2020

The University strives to provide a safe environment and is committed to keeping the health and well-being of the campus community in the forefront of our thinking. The Title IX Coordinator is in charge of the University's preventive education about, and response to, sexual misconduct including sexual harassment (includes quid pro quo and hostile environment); sexual assault; domestic violence; dating violence; and stalking.

The Title IX Coordinator's contact information is:

Dr. David Parrott

Title IX Coordinator

Dean of Students Suite, SAC W301

2100 S. Floyd Street

Louisville, KY 40208

502-852-5787

Email: titleix@louisville.edu

Webpage: <https://louisville.edu/titleix> (<https://louisville.edu/titleix/>) (policies)

5.5. Mandatory Self-Reporting Policy for Criminal Behavior

EPC Revised: September 16, 2020

All accepted and currently enrolled medical students are required to promptly report any criminal charges ever filed against them, including felony and misdemeanor charges other than minor traffic violations.

These reports should be made in writing and sent to the Associate

Dean for Student Affairs. They should include conviction information, all types of adjudication, and all legal processes not yet resolved (e.g., an arrest record for an offense pending court disposition, an unresolved bench warrant, a failure to appear in court.) Any charges that were previously disclosed on the secondary admissions application need not be reported again. The report will be reviewed by the Criminal History Review Committee which consists of the Associate Dean for Student Affairs, Associate Dean for Admissions, Associate Vice President for Health Affairs/Diversity Initiatives, Dept. of Public Safety representative, School of Medicine legal counsel, and a mental health professional (university student health counselor). Discussion and the recommended course of action will be in the context of future implications for licensure, threat to patient safety and the ability to be an appropriate member of the medical profession.

5.6. Outside Employment Policy

EPC Reviewed: September 3, 2020

Students are discouraged from accepting outside employment of any kind. Outside activities must not be allowed to interfere with study time particularly for students whose records indicate that they risk failing unless they devote their energies exclusively to their school work. In no case will outside employment be considered an excuse for poor academic performance.

In the event of academic probation students are not permitted to engage in employment without written permission of the Associate Dean for Student Affairs.

5.7. Dual Enrollment Policy

EPC Revised: September 3, 2020

Students enrolled in the School of Medicine are not permitted to enroll in any other school of the University or in any other institution of learning without the prior written consent of the Dean of the School of Medicine.

5.8. SOM Diversity Policy

The students, trainees, staff, faculty, and administration of the University of Louisville School of Medicine (SOM) acknowledge, as part of its mission, that diversity, equity, and inclusion are essential to improving the health of our patients and our communities through excellence and leadership in education, clinical care, research and community engagement. The SOM recognizes the unique contribution that individuals with diverse backgrounds, cultures, experiences, and identities bring to the institution and seeks to create an environment that is welcoming, inclusive, respectful, and supportive of all people. To best meet our health care challenges, we are actively partnering with our rural, urban, and traditionally underrepresented communities to understand distinct circumstances and needs, so that the SOM can provide excellent health care and training of medical practitioners and researchers that are ready and able to serve the people of Kentucky and beyond.

Our policy is supported with a three-point framework: presence, climate, and policies/practices/programs.

Presence. Presence refers to the headcount data of the institution and is compiled in accordance with the LCME reporting requirements. This includes documenting our diversity by race, gender, and rural background status. The SOM has defined the following diversity categories:

- Students: African American/Black, Latinx, women, individuals raised in rural areas;
- Faculty: African American/Black, Latinx, women; and

- Senior administrative staff (defined as decanal staff, department chairs, chief of staff, executive directors or directors in medical administration offices): African American/Black, Latinx, and Women.

Climate. Climate refers to creating and sustaining an environment of inclusive excellence, where all faculty, staff, and students feel included, welcomed, and supported. Data is gathered iteratively using multiple instruments, including school-specific, university-wide, and national assessments.

Policy/programs/practice. Policy/programs/practice refers to examining the day-to-day operations of the organization to ensure that all of the activities of the organization are consistent with our diversity goals and outcomes. In accordance with this policy, the SOM actively recruits qualified students, faculty and senior administrative staff from diverse backgrounds, iteratively works to ensure the success of this policy, and measures and communicates progress.

The SOM has adopted four goals to enhance the diversity and excellence across the educational continuum.

1. Develop activities, programs and partnerships focused on enhancing diversity within the applicant pool to increase the presence of students, faculty, staff, and senior administrative leadership from traditionally underrepresented populations;
2. Create a climate that supports and values the unique contribution that each individual contributes to the organization;
3. Enhance the opportunity and scope of professional development for faculty and staff that promote diversity, empathy/compassion, and community engaged scholarship; and
4. Develop curricular innovation for cultural competence/humility, implicit bias, diversity and inclusion for students at all levels.

5.9. Student Survey Completion Policy

Educational Program Committee Approved: July 7, 2022

All students of the University of Louisville School of Medicine play a vital and essential role in contributing to the continual improvement of the medical education program and all aspects of the School of Medicine. The responsibility to provide feedback is critical to the medical profession. Consequently, all students are expected to actively participate in the school's comprehensive evaluation program. The Undergraduate Medical Education (UME) Office collects and compiles all evaluation data, and then provides anonymized reports and analysis to the appropriate curriculum committees. These committees utilize the data to formulate and implement curriculum improvement and faculty development strategies. In order to attain valuable participation of every student in the process, the UME Office has established the following guidelines.

Course and clerkship evaluations are mandatory; students are required to complete 100% of these curriculum evaluations assigned to them as part of their professional responsibilities at the School of Medicine. Failure to do so will result in a professionalism violation and other disciplinary action by the School of Medicine. The evaluations include, but are not limited to, the following:

- Unit evaluations in pre-clinical courses
- Final Course and Clerkship evaluations

Evaluations that students must complete will be assigned at appropriate times throughout the curriculum, with a clearly designated timeframe

(2 weeks) for required completion. Faculty and staff of the School of Medicine commit to assigning as few evaluations as possible to achieve the goal of ongoing curricular improvements and faculty development/evaluation.

Confidentiality of all Student Responses

Confidentiality of student responses on all evaluations is assured. However, should a comment on an evaluation be considered an overt or covert expression of potential self-harm, harm to others or property, or otherwise cause concern for the well-being of the student or community, the faculty member and/or course director may notify the Office of Medical Student Affairs dean(s). The Medical Student Affairs dean(s) may request that the 3rd party evaluation person identify the student to the deans of Medical Student Affairs. In all other situations, responses to evaluations are always compiled and anonymized prior to being reported. Should a student have any concerns or questions about the anonymity of an evaluation, he/she may speak to the course or clerkship director and/or the Undergraduate Medical Education Office.

Quality of Student Responses

Students are expected to complete all evaluations assigned to them in a highly professional manner. All comments submitted in evaluations are shared verbatim with faculty, so we expect them to be high quality, meaningful, constructive, and free of personal slurs.

Failure to Complete Assigned Evaluations

Student completion rates and timeliness of completion on all evaluations will be tracked by the Undergraduate Medical Education Office. Once an evaluation is released, the student will receive the first reminder email on Day 5 and the second/final reminder on day 10. The evaluation will close on day 15 and will not be reopened. In the event that a student has still not completed the evaluation(s) after receiving two reminders, he or she will be referred to the Office of Medical Student Affairs for a professionalism violation.

5.10. ULSOM Professional Communication and Email Policy

Educational Program Committee Approved: August 3, 2022

The University of Louisville School of Medicine uses electronic mail (email) as the primary means of communicating official university and school of medicine information. Email is an essential tool for accomplishing academic and administrative responsibilities and all students are responsible for the information delivered to their individual university email addresses.

Students are expected to check email frequently and respond to faculty and staff if a response is indicated. It is generally expected within 2 business days of receipt, unless otherwise specified by the sender.

The inappropriate use of email, or failure to respond in a timely manner, is considered a violation of this policy and will result in a referral to the Office of Medical Student Affairs for professionalism concerns.

It is important to note that all emails may be subject to inspection under the Kentucky Open Records Act.

Related LCME Standards

3.5: Learning Environment/Professionalism

5.11. ULSOM Professional Accountability Policy

Educational Program Committee Approved: August 3, 2022

The ULSOM is committed to fostering the highest standards of personal responsibility and ensuring that all medical students develop competencies in professionalism. Professionalism is an integral part of medical education and professional conduct is an academic issue. All students are expected to abide by the expectations delineated in the ULSOM Honor code, as well as all ULSOM policies and procedures. Students must take time to familiarize themselves with the Honor Code and SOM policies and monitor their behaviors in accordance with expectations.

Examples of professional behaviors include, but are not limited to,

- Arriving to educational sessions on time
- Attending mandatory meetings and wellness events
- Responding to emails in a timely manner
- Completing evaluations
- Being prepared for all clinical and non-clinical learning experiences
- Recognizing limitations and seeking help

Violations of the Honor Code, ULSOM Policies or professionalism expectations may result in referral to the Office of Medical Student Affairs. Upon receipt of an alleged violation, the Associate Dean for Student Affairs will review the issue, in consultation with the student and others as needed, and determine appropriate next steps, which may include the issuance of a Letter of Concern. All Letters of Concern (LC) will be placed in the student's file in accordance with applicable storage and retention rules. Information contained in an LC will be reviewed by the MSPE committee to determine if this should be noted in the medical student performance evaluation (MSPE).

If a student receives more than two LC's during matriculation, the student will be required to meet with the Associate Dean for Student Affairs and may be referred to the Student Promotions Committee (SPC) for further review.

The School of Medicine reserves the right to refer a student who displays unprofessional conduct to other appropriate review bodies within the University and School of Medicine.

6. Absences

6.1. Days off and Absence Policy

Educational Program Committee approved September 7, 2011

Educational Program Committee Revised June 11, 2023

Summary

An essential element of a medical student's professional development is the consistent demonstration of a mature sense of dependability and accountability. Therefore, students are expected to be present and on time for all scheduled examinations, quizzes, clinical assignments, and mandatory academic activities (e.g. Ethics Small Groups, Standardized Patient interactions, Patient Interviews, etc.) or required student assemblies and orientations and to turn in required assignments on time, unless the responsible faculty/staff grants an excused absence or extension.

The "responsible faculty/staff" are the leaders of that course or activity, i.e., the course or clerkship director—not individual teaching faculty within a course present at a particular session. If a significant amount of clinical

clerkship time is missed for any reason, the clerkship director may require the student to make up missed time. All missed assignments, graded activities or assessments, or mandatory sessions will be required to be made up for credit to be awarded, with the nature of the make-up being determined by the responsible faculty (ie for clinical days missed, a mandatory session missed, etc).

Absences (excused and unexcused) may be recorded on the final evaluation for courses and clerkships, which is submitted to the Medical Student Affairs Office. A zero will be placed in the gradebook for all missed graded assignments/assessments and will remain in place until the graded work is made up by the student via the process outlined below.

Anticipated Excused Absences—absence criteria:

Anticipated absences: requests for planned absences from school must be made in writing via submission of the absence form (<https://forms.office.com/r/kH6fbhGtuz/>) and following the directions for course team notification a minimum of 30 days prior to the absence except as noted below. For clerkship students, it is vastly preferred that they NOT wait 30 days and instead notify clerkship staff and director well before the start of the clerkship of any planned absences so this can be taken into account with the creation of their clerkship placement and schedule. Documentation of the reason for the absence can be requested by the course team. Anticipated absences are planned absences from school for any of the following reasons covered by this policy:

- Students are encouraged to seek healthcare when needed, and will be excused for all diagnostic, preventative, and therapeutic services. This includes routine planned medical or dental care, physical or other forms of therapy, and counseling appointments. Due to the nature of making routine appointments in the medical system, only one week's notice is required, and some leeway is expected if needed for the student to attend appointments.
- Attendance as a representative of the university at an extramural or intramural event, (requires one week's notice)
- Presentation of scholarly work at an academic conference
- An anticipated significant family event that **requires** the student's attendance
- Weddings are not generally an excused absence for M1-2 as the attendance availability expectation is 8a-5p Monday-Friday. In M3-4, planned absences for wedding attendance on a weekend can be arranged by working ahead of time with your clerkship or elective coordinator and responsible faculty as described above, and will count towards the total days off for that rotation.
- An anticipated religious ceremony or observation (see U of L website for list of work-restricted religious holidays)
- Absence for military service obligations

Other than the requirement for advance notice, the process for requesting an anticipated vs. an unanticipated absence is identical and is covered in detail below.

Unanticipated Absences:

Unanticipated absences are generally due to significant personal emergencies for reasons such as bereavement, housing or transportation crises or interruptions, acute physical or mental illness in self or a dependent person, etc. Absences or tardiness for a scheduled academic assignment (examination, mandatory class/student assembly, small group session, assigned SP clinic appointment, clinical assignment, etc.) due to these reasons are to be reported as soon as possible to

the required responsible faculty or staff member as described below. As outlined above for planned medical therapeutic care, students are encouraged to seek healthcare when needed for urgent or acute problems, and will be excused for all diagnostic, preventative, and therapeutic services. This includes routine urgent medical or dental care, physical or other forms of therapy, and counseling appointments.

In case of emergency with limited time for notification, the Office of Medical Student Affairs can be notified at (502) 852-5192 and/or by sending an email giving the reason for the absence to medstuaf@louisville.edu.

All verbal communication must be followed up with written communication from the student to the responsible faculty and staff and the Office of Medical Student Affairs as outlined above in the instructions for students' section. Written documentation to support the inability to attend (physician note, receipt for car repair, etc.) may be required in order for graded activities to be remediated or excused. Students missing more than 48 hours of school due to an illness will be required to have a doctor's statement.

Unexcused Absences

Any student who is absent from an academic assignment and has not been granted an excused absence by responsible faculty/staff will receive an **unexcused absence** and the student will receive a **ZERO** for any scheduled academic activity that is missed. No-call, no-show absences may also result in a zero for that assignment/assessment. The student may still be required to complete the scheduled learning activity or an alternate learning activity without receiving a grade, if deemed necessary by the course director in order to proceed through the remainder of the course. An example might include an important SP clinic interaction that is required to ensure competent future practice or completion of a presentation required to achieve the learning objectives for the course.

Process for Requesting an Excused Absence:

- a. Student identifies the need for an absence and fills out this absence form (<https://forms.office.com/r/kH6fbhGtuz/>), sharing information about the reason the absence is needed and what is known about the duration of the absence and what they will miss
- b. Student follows directions given via pop-up when the absence form is submitted:
 - i. If ill, contacts Campus Health for illness evaluation and instructions
 - ii. For COVID exposure, follows posted algorithm
 - iii. Emails the responsible faculty/staff team for all absences using the email addresses provided
 - iv. Identifies in that email which sessions or assessments they will miss and if the duration of their absence is known or pending
- c. A zero will be placed in the gradebook for missed graded assignments/assessments and will remain in place until the graded work is made up by the student
- d. In this process, **students are responsible for:**
 - i. Following up with course team and UME re: length of absence and need for making up missed work
 - ii. Making their own determination of the duration of the needed absence based on their individual circumstances, with the understanding that all missed work will need to be made up
 - iii. It is the usual expectation that students will make up a missed quiz or exam in the week following the absence. If a student does

not feel able to return to school and make up the assessment in that time frame, they are required to communicate with their course/clerkship team and UME the reason for the prolongation of their absence/make-up

- iv. Acknowledging that prolonged absences from school >1 week or more may require discussion of a leave of absence with Medical Student Affairs due to the pace and intensity of the medical school curriculum
 - v. Communicating with all involved as time goes on if the length of the absence changes, particularly if absence becomes longer than predicted, and may be asked to furnish documentation related to absences, including doctor's notes, emails from contact tracing, etc.
 - vi. Following up with course/clerkship faculty and UME to get all needed make-ups scheduled until the make-up work is complete
- e. **Course/clerkship faculty or coordinators are responsible for:**
- i. Asking for any documentation related to absence as needed
 - ii. Answering student questions about the length of the absence related to catching up in the course and what make-up work is needed
 - iii. Referring to Student Affairs via forwarding email any student who seems to be struggling: reasons can include bereavement, family illness, prolonged illness, emotional, financial, social, economic distress, or concerns for mental health
 - iv. Rescheduling within their course/dept any make-ups that use course resources: HCM, SP events, mandatory events that require a written make-up, exams or quizzes proctored by departmental faculty or coordinator (shelf exams and clerkship quizzes), etc.
- f. **UME is responsible for:** managing make-up scheduling for UME-proctored work/assessments (large written exams and quizzes within M1-2 courses and PBL). UME has to manage make-up proctoring on the basis of when a proctor can be available, and it is expected that the opportunities for make-ups will be somewhat limited due to resource management and the number of assessments scheduled weekly.
- i. For any proctored assessment that is missed, UME staff will follow up on the initial email about the missed assessment and communicate to the student and course director the time and date available to schedule a make-up for proctored assessments in the coming week.
 - ii. The student will then identify from those limited options when they feel is best for them to schedule their make-up assessment, and communicate this back to the course director and UME, who will confirm scheduling the make-up assessment.
 - iii. It is the usual expectation that students will make up a missed quiz or exam within a week of the absence, and UME will offer an opportunity for a make-up with that time frame in mind.
 - iv. If a student does not feel able to return to school and make up the assessment within a week of the absence due to illness or other factors, they are required to communicate with their course/clerkship team and UME the reason for the prolongation of their absence/make-up so that planning and counseling can occur for their academic success.

Days Off for M3-4 Students:

- Students will be given an average of four days off for a 4-week rotation (average of one day off per week).
- Weekends and holidays that occur during a clerkship should not be presumed as "automatic" days off.

- The schedule for days off will be prepared by the clerkship director, clerkship coordinator or another individual designated by the clerkship director.
- Total 4 days off in 4-week rotation, whether used for Step 2 CS or CK, ACLS, or residency interviews. Students are encouraged to plan their schedule for interviews, Step 2 CS and CK, and ACLS carefully, so that their attendance at fourth-year activities is spread across their fourth-year rotations and does not create situations where the number of days off needed in a single rotation exceeds the number approved in the policy. Students must request permission in advance of the time away. Students may be asked to submit documentation that verifies reason for absence.
- Clerkship director has the authority to approve additional days off on a case-by-case basis. If the clerkship director approves excused absences beyond the limits of this policy, he/she may require that the student complete an educational project or experience to compensate for the extra time missed.

6.2. Inclement Weather Policy for Medical School Courses and Clerkships

EPC Last Reviewed: May 29, 2019

PRECLINICAL STUDENTS

The School of Medicine follows the University's policies regarding delayed openings and closings.**(**) If there is a delayed opening until 10:00 a.m., all medical school classes will begin at 10:00 a.m. with the courses scheduled in that time slot. If the University is closed, there will be no medical school class sessions that day. Make-up arrangements for any missed class sessions will be made by instructors and communicated to students. In the event of a cancelled ULSOM mandatory attendance event, all students will be notified of the rescheduled date within 48 hours of the cancelled event. Students with pre-existing conflicts on the rescheduled date will be addressed by the Deans for Medical Education on an individual basis.

CLINICAL - LOUISVILLE CAMPUS

The School of Medicine follows the University's policies regarding delayed openings and closings.**(**) If there is a delayed opening until 10:00 a.m., clinical duties will begin at 10:00 a.m. When classes are cancelled due to severe weather, all clinical duties for third and fourth year students at the Louisville Campus will also be cancelled.

CLINICAL STUDENTS - TROVER CAMPUS

Due to the distance between the Louisville Campus and the Trover Campus, weather conditions may vary considerably between the two sites. Because of this, the Associate Dean at the Trover Campus will determine whether or not Trover students should report for clinical duties based on weather conditions in the Madisonville area and will notify those students when they should not report for clerkship duties.

ALL YEARS - EXAM DAYS

When the University is on a delayed schedule because of severe weather, all exams originally scheduled to begin before the delayed start time (usually 10:00 a.m.) will instead begin at the new opening time. For example, if the exam was originally scheduled for 8:00 a.m., but the University delays opening until 10:00 a.m., the exam will begin when the University opens at 10:00 a.m. Later exams will begin on time unless they are affected by the timing of an exam that was delayed earlier in the day. In that case, their start times will be adjusted accordingly and

they will immediately follow the first exam that day unless students are advised otherwise.

When the University closes completely due to severe weather when an exam is scheduled, all exams originally scheduled for that day will be rescheduled for a later date.

*If the delay/cancellation specifies Belknap Campus only, medical students will report for classes and clinical duties according to their regular schedule.

** Should inclement weather be a factor on a day when the University is not in session, and medical school activities are scheduled, the Senior Associate Dean for Undergraduate Medical Education will make a decision before 3:30 am of the day in question and alert all affected students of the decision via email.

6.3. Leave of Absence Policy

Educational Program Committee Last Revised: September 03, 2020

Students may petition, in writing, the Leave of Absence Subcommittee of the Student Promotions Committee for a leave of absence for one year or less. The Subcommittee convenes as necessary to consider such requests and then submits its recommendation to the Dean for a final decision. Students requesting a leave should expect to appear before the Subcommittee to discuss the reasons for the request.

Students may obtain a medical leave of absence by submitting a written request as well as a note from a treating physician recommending time away from school, to the Associate Dean for Student Affairs. Prior to returning from a medical leave of absence, students must submit a separate note from a treating physician that states the student is approved to return to school.

Students may obtain maternity or paternity leaves of absence by submitting a written request to the Associate Dean for Student Affairs.

Extension of any leave of absence beyond the period originally granted requires a written petition and a personal appearance before the Leave of Absence Subcommittee to discuss the need for the extension.