



# School of Medicine and Public Health

UNIVERSITY OF WISCONSIN-MADISON

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MD PROGRAM STUDENT HANDBOOK

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## Section 1 : Global Policies

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### 1.1 Purpose

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

### 1.2 Definitions

#### 1.2(1) UWSMPH

University of Wisconsin-Madison, School of Medicine and Public Health

#### 1.2(2) AAMC

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

#### 1.2(3) LCME

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

#### 1.2(4) OASIS and Acuity

OASIS and Acuity are a web-based course scheduling and student records systems designed for the unique needs of health science and professional schools. Acuity and OASIS give students, administrators, and faculty 24/7 access to student, course, and schedule information. Students become actively involved via the web in building and maintaining their course selections and schedules, completing course and faculty evaluations, and verifying their records and activities.

#### 1.2(5) SIS

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

#### 1.2(6) Student Promotion and Academic Review Committee (SPARC)

See 10.2(1) for a complete description of this committee, its roles, responsibilities, and authority.

#### 1.2(7) Educational Policy & Curriculum Committee (EPCC)

The EPCC is the UWSMPH faculty committee responsible for authoring and oversight of the MD curriculum and the program-specific academic policies that govern it and its students.

#### 1.2(8) ForWard Curriculum

MD curriculum for students matriculating in fall 2016 and beyond; see 2.2(1).

#### 1.2(9) Legacy MD Curriculum

MD curriculum for students matriculating prior to fall 2016; see 2.2(1).

1.2(10) Preclinical Course

A course in Phase 1 (ForWard Curriculum) or Years 1 and 2 (Legacy Curriculum) required for the MD Degree.

1.2(11) Clinical Course

A course in Phases 2 & 3 (ForWard Curriculum) or Years 3 and 4 (Legacy Curriculum) required for the MD Degree.

1.2(12) Preclinical Elective

Any course taken in Phase 1 (ForWard Curriculum) or Years 1 and 2 (Legacy Curriculum) which is not required for the MD Degree. Preclinical electives do not earn MD degree credit. These courses may meet Path of Distinction requirements.

1.2(13) Clinical Elective

Any course taken in Phases 2 & 3 (ForWard Curriculum) or Years 3 and 4 (Legacy Curriculum) which is not required for the MD Degree but may meet graduation credit distribution requirements (Phase 3 only).

1.2(14) Selective

Predefined courses in the Phase 3 curriculum that meet specific degree requirements in the ForWard Curriculum (e.g. Public Health selectives and Basic Science selectives)

1.2(15) Academic Year

The Academic Year runs from July 1 through June 30 the following year.

### 1.3 Policies

1.3(1) Policy Hierarchy & Parent Institution

(1a) Students are subject to all UW-Madison student policies.

(1b) MD Handbook policies are consistent with and subject to UWSMPH Academic Affairs policies.

(1c) Campus- or UW System-level policies may supersede these school or program policies.

(1d) Campus- or UW System-level policies may allow for or require alternative or parallel procedures.

1.3(2) Student Responsibility

(2a) Students are to inform themselves of policies and procedures applicable to their course of study.

(2b) Each year, students are required to attest to reading the MD program policies and procedures of the UWSMPH MD Program Student Handbook.

(2c) Lack of knowledge of policies and procedures is not an acceptable reason for failure to meet requirements or follow policies.

1.3(3) Student Records

(3a) Access to student academic records is governed by the Family Education Rights and Privacy Act (FERPA).

(3b) Consistent with FERPA, students have the following rights:

- The right to inspect and review their records
- The right to seek to have their records amended or corrected
- The right to control disclosure of certain portions of their records
- The right to file a complaint with the U.S. Department of Education



(3c) Students have real-time access to their academic records via the student information and learning management systems, i.e., OASIS, SIS, and Canvas.

(3c.1) To request a correction or amendment of record, students should contact Student Services.

(3d) Under FERPA, faculty and staff access to records is limited to only those with a legitimate educational need to know.

(3e) Faculty of record and instructional staff are granted access to student records systems and instructional technologies for their course records only.

*Functionally, this restriction limits faculty access only to records in their course. Academic performance is not “forward fed” from one course to the next. Faculty and staff acting as advisors may review the totality of a student’s academic record but are encouraged to be transparent when doing so.*

(3e.1) The Registrar or their designee grants faculty and staff access to records commensurate with their educational role and need to know.

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

#### 1.3(4) Language

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

#### 1.3(5) Modifications & Exemptions

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

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

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

### 1.4 Procedures

#### 1.4(1) MD Program Policy & Procedure Review

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

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

#### 1.4(2) Questions about Policy Interpretation

Unless otherwise specified, questions on policy interpretation should be directed to the Office of Student Services, 2130 Health Sciences Learning Center and reachable by phone (608-263-4920) or email ([studentservices@med.wisc.edu](mailto:studentservices@med.wisc.edu)).



## Section 2 : Curriculum

### 2.1 Purpose

- To establish the goal of the MD curriculum at the UWSMPH as providing a firm grounding in critical knowledge and skills of medical practice, core elements of public health, and links between the two. All students are expected to attain [the 20 SMPH graduation competencies](#).
- To define the preclinical medical curriculum as designed to advance student knowledge and understanding of the biology of the normal human individual and begin to place this knowledge within the larger social context of medicine. Medical students learn integrated pathophysiology, providing students with the necessary knowledge base for the transition into the clinical years and subsequent years of medical learning.
- To describe the clinical medical curriculum as involving required and elective courses in practice settings throughout Wisconsin and the range of medical specialties. Students gain broad exposure to medicine and public health including outpatient, inpatient, community-based, rural, and urban settings. As students advance through their clinical years, they have increased opportunities for electives aligned with personal interests and career goals.

### 2.2 Definitions

#### 2.2(1) ForWard MD Curriculum

*The ForWard curriculum (leading to the MD degree) began with the matriculating class of 2016 and consists of three phases of integrated courses. Courses are integrated across departments and specialties and between the “basic sciences” and clinical medicine.*

#### 2.2(2) ForWard Curriculum Phase 1 Requirements

##### (2a) Total 54 credits

##### (2a.1) Year 1 Fall Semester

(...1) Patients, Professionalism, and Public Health (PPP)

(...2) Body in Balance (BiB)

##### (2a.2) Year 1 Spring Semester

(...1) Food, Fasting, and Fitness (FFF)

(...2) Human Family Tree (HFT)

##### (2a.3) Year 2 Fall Semester

(...1) Invaders and Defense (I&D)

(...2) Mind and Motion (M&M)

#### 2.2(3) ForWard Curriculum Phase 2 Requirements (Year 2, Spring – Year 3, Fall)

##### (3a) Total 48 credits

(3a.1) Specialized Care of Obstetric, Gynecologic, and Pediatric Patients (SCOPE)

(3a.2) Chronic and Preventive Care (CPC)

(3a.3) Acute Care (AC)

(3a.4) Surgical and Procedural Care (SPC)

2.2(4) ForWard Curriculum Phase 3 Requirements (Year 3, Spring – Year 4, Spring)

- (4a) Total 50 credits at 800 level or above, inclusive of the specific courses listed below
- (4b) Minimum of 16 elective patient care credits in the UWSMPH statewide clinical campus
- (4c) Minimum of 18 unrestricted elective credits
- (4d) Required Courses
  - (4d.1) Inpatient Acting Internship (IAI) – 4 credits
  - (4d.2) Ambulatory Acting Internship (AAI) – 4 credits
  - (4d.3) Public Health Selectives– 4 credits
  - (4d.4) Basic Science Selectives– 4 credits
  - (4d.5) Electives

2.2(5) ForWard Curriculum Phase 1 Requirements WARMeRR

- (5a) Phase 1 requirements in the WARMeRR program are unchanged from the traditional MD program requirements

2.2(6) ForWard Curriculum Phase 2 Requirements WARMeRR

- (6a) 46 total credits, 47 total weeks
  - (6a.1) One Phase 2 block of 10 weeks duration taken the summer after M1 year
  - (6a.2) Three Phase 2 blocks, each of 12-weeks duration
  - (6a.3) One week of non-credit WARM Welcome

2.2(7) ForWard Curriculum Phase 3 Requirements for WARMeRR

- (7a) 22 total credits
- (7b) The Phase 3 requirements for students in the WARMeRR track are as follows:

Phase 3 Course	WARMeRR credits/weeks
Inpatient Acting Internship	4
Ambulatory Acting Internship	4
Public Health Selective	2
Basic Science Selective	2
Electives defined as follows: <ul style="list-style-type: none"> <li>• Unrestricted electives</li> <li>• Patient Care electives - must be done at UWSMPH Madison and Statewide campus sites</li> </ul>	10 total electives credits (minimum) <ul style="list-style-type: none"> <li>• 6</li> <li>• At least 4</li> </ul>
<b>Total</b>	<b>22 credits</b>

2.2(8) Legacy MD Curriculum

The course of study of students who began their medical education prior to the fall of 2016, including those in special programs or with IAPs.

**Year 1**

Fall Semester

Patient, Doctor and Society 1

Spring Semester

Patient, Doctor and Society 2

Molecular & Medical Genetics  
Comprehensive Human Biochemistry  
Population Medicine & Epidemiology  
Cell Structure and Function

Principles of Human Physiology  
Integrated Medical Anatomy  
Neurobiology/Anatomy of the Head &  
Neck  
Integrated Dermatology

## **Year 2**

### *Fall Semester*

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

### *Spring Semester*

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

## **Year 3 Core Clerkships**

- Internal Medicine (8 credits)
- Primary Care (4 credits)
- Surgery (8 credits)
- Pediatrics (4 credits)
- Obstetrics-Gynecology (4 credits)
- Psychiatry (4 credits)
- Integrated Clinical Neurosciences (4 credits)
- An additional 12 credits of clinical electives are required to fulfill Year 3 course requirements

### 2.2(9) Year 4 Requirements (Legacy)

- 33 total credits  
At 800-level or above, inclusive of the specific courses listed below
- 16 credits of patient care coursework in UWSMPH clinical campus
- Acting Inpatient Internship (4 credits)
- Acting Inpatient Internship (4 credits)

### 2.2(10) Medical Scientist Training Program (MSTP or MD/PhD)

The Medical Scientist Training Program (MSTP) integrated graduate training in scientific research and clinical medicine, leading to a combined MD/PhD degree. The program's primary goal is to produce physician-scientists who will make major contributions to the understanding and improvement of human health.

### 2.2(11) Wisconsin Academy for Rural Medicine (WARM)

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

(11a) Wisconsin Academy for Rural Medicine excellence in Rural Residencies (WARMeRR) is expedited, competency-based, “accelerated-track” within the WARM program intended to advance a small cohort of WARM students to rural practice in Wisconsin a year sooner than the traditional MD program. These students will complete the same core content and achieve the same graduation competencies in 3 rather than the standard 4 years of the MD program. The WARMeRR track is integrated with partner graduate medical education residency programs, allowing longitudinal training from medical school through residency as well as longitudinal connection with an underserved rural community.

2.2(12) Training in Urban Medicine and Public Health (TRIUMPH) Program

TRIUMPH is a special program within the MD Program curriculum at the UWSMPH that focuses on training medical students who are committed to providing health care for urban populations and reducing health disparities. The Milwaukee-based program integrates clinical medicine and community and public health in a combined third- and fourth-year curriculum.

2.2(13) Paths of Distinction

Paths of Distinction are educational programs that organize existing and new courses and service-learning experiences for medical students who are seeking ways to better integrate medicine with the focal area of the path of distinction (such as Public Health, Research, Medical Education, Interprofessional Health).

## 2.3 Policies

2.3(1) Curriculum Graduation Requirements

(1a) Students must complete the Standard, Legacy, or ForWard MD curriculum and pass all curricular assessments as appropriate based on matriculation and graduation date or as mandated by the Student Promotion and Academic Review Committee (SPARC).

(1b) SPARC may modify degree requirements through an individualized academic plan (IAP).

(1c) Students are responsible for auditing their progress toward completion of degree requirements via the OASIS Course Requirements Report.

*The Course Requirements Report updates are in real-time and is selectable from the “Degree Progress” menu of students’ OASIS main pages.*

(1d) Additional Graduation Requirements

(1d.1) Maintain appropriate professional conduct and meet the Professional Code of Behavior (see Section 11 Professionalism & Professional Behavior)

(1d.2) Pass USMLE Step 1

(1d.3) Pass USMLE Step 2 CK

2.3(2) Request to transfer to traditional MD program from the WARM program

(2a) Students admitted to the WARM program must fulfill all requirements of the WARM program for training and education at their WARM clinical site

(2b) A student admitted to the WARM program may petition SPARC to transfer to the traditional MD program under the following conditions:

(2b.1) They obtain written approval from the WARM Program Director

(2b.2) The student’s written petition for transfer clearly documents that the transferring student’s education can only be completed at UWSMPH and states why the student’s WARM site cannot fulfill the training needs of the student.

2.3(3) Request to transfer to traditional MD program from MSTP program

(3a) Students admitted to the MSTP program must fulfill all requirements of the program for training and education

(3b) A student admitted to the MSTP program may petition SPARC to transfer to the traditional MD program under the following conditions:

(3b.1) They obtain written approval from the MSTP Director

(3b.2) The student’s written petition for transfer clearly documents that the transferring student’s educational path cannot be completed in the MSTP program.

2.3(4) Request to transfer back to the traditional MD program from the TRIUMPH program

(4a) Students selected for the TRIUMPH program must fulfill all requirements of the TRIUMPH program for training and education in Milwaukee

(4b) A student selected for the TRIUMPH program may petition SPARC to transfer back to the traditional MD program under the following conditions:

(4b.1) They obtain written approval from the TRIUMPH Program Director

(4b.2) The student’s written petition for transfer clearly documents that the transferring student’s education can only be completed at UWSMPH and states why the student’s Milwaukee site cannot fulfill the training needs of the student.

2.3(5) Credits from Second Degree Programs

(5a) Students in the Legacy curriculum enrolled in a UW-Madison dual-degree program may transfer credits from their non-MD degree (MPH or PhD) counting toward credit requirements for Phase 3 as defined below.

(5b) UW-Madison MD/PhD dual-degree program students, following curricular “Option A” who return to the ForWard curriculum for the M4 year will have the following requirements:

Course	Credits	Weeks
IAI	4	4
AAI	4 (met by Medicine 902)	4
Public Health Selective	2 (met by Medicine 902)	2
Electives: direct patient care at UW or statewide campus	10 (credits earned in Medicine 903 count toward this requirement)	10
Electives-unrestricted	12 (8 credits met by PhD credit transfer)	12
Total	32	32

Note: MD/PhD dual-degree students on “Option B” will have different requirements and should consult their MSTP advisor on those requirements.

(5b.1) 8 credits from their non-MD degree (PhD) counting toward unrestricted elective credit requirements for Phase 3

- (5b.2) 2 credits from their non-MD degree (PhD) counting toward the Public Health selective credit requirements for Phase 3
- (5b.3) 4 credits from their non-MD degree (PhD) meet the Basic Science selective credit requirements for Phase 3
- (5c) Students in the ForWard curriculum enrolled in the UW-Madison MD/MPH dual-degree who begin the MPH curriculum after their completion of Phase 2 may receive the following exemptions:
  - (5c.1) 6 credits of unrestricted elective credit requirements for Phase 3
    - (...1) This applies only to MD/MPH students who have completed Phase 2 of the ForWard curriculum at the time they begin their MPH program
  - (5c.2) 4 credits of Public Health selective credit requirements for Phase 3
    - (...1) This applies only to MD/MPH students who have completed Phase 2 of the ForWard curriculum at the time they begin their MPH program
  - (5c.3) Students in the UW-Madison MD/MPH dual-degree program who begin the MPH degree prior to matriculation into the MD program, thus prior to completion of Phase 2, are ineligible for any Phase 3 credit exemptions.

#### 2.3(6) Special Educational and Certificate Programs

*These include WARM, TRIUMPH, PoD, and the global health certificate program.*

- (6a) To participate in a Path of Distinction or Global Health Certificate, students must be in good academic standing or receive a specific exception to remain enrolled in a special educational program
- (6b) Special educational programs set out additional course or experiential requirements for completion.
- (6c) Special programs may establish additional, specific criteria for selection and maintenance of participation
- (6d) Program requirements may overlap with the requirements of the MD Program.
- (6e) MD program electives may be used for completion of special program requirements.

#### 2.3(7) Elective Courses

*Students take elective courses during the Phase 3 to complete the requirements for graduation. Students may choose from a combination of UWSMPH electives, extramural electives (U.S. or international sites), individualized clerkships, and research.*

- (7a) As part of an individualized academic plan with prior approval by the Dean for Students and/or SPARC, up to 4 credits of Phase 3 research elective course work may be taken by a student in Phase 1 or Phase 2 to count toward Phase 3 graduation requirements.
- (7b) Low Credit Density (LCD) electives
  - (7b.1) Phase 2 students are not eligible to take LCD electives.
  - (7b.2) Phase 3 Low Credit Density (LCD) longitudinal courses are defined as courses scheduled for an average of 0.25 credits per week or less.
  - (7b.3) A student may be enrolled in a maximum of one LCD and one standard course simultaneously.
  - (7b.4) If enrolling in multiple LCD courses, total credit load for a student cannot exceed 1 credit per week.

- (7b.5) Students are responsible for reconciling course scheduling conflicts while adhering to existing Phase 3 attendance, absence, and work hour policies.  
(...1) If there are course scheduling conflicts that cannot be resolved, LCD courses will defer to the standard courses.

### 2.3(8) Extramural Electives

- (8a) Students in good academic standing may apply for extramural courses during their final year/phase of medical school.
- (8b) Students in unsatisfactory academic standing are not automatically approved and must receive explicit approval from the Dean for Students or their designee.
- (8c) The Visiting Student Coordinator or student services staff member reviews and approves all requests for extramural electives, including educational experiences outside of other LCME-accredited institutions.
- (8d) Medical students will obey the current laws of the state of Wisconsin regarding pregnancy termination and abortion care when participating in clinical training in the state of Wisconsin.
- (8e) Medical students doing extramural electives at an accredited institution with a current affiliation agreement in place will work under the supervision of the institution's faculty and will obey the laws of the city and state in which they are completing the rotation, including provision of family planning health care.
- (8f) International extramural electives are limited to a total of 8 weeks/8 credits in Phase 3.
- (8g) Affiliation Agreement
- (8g.1) Students are responsible for securing an affiliation agreement between UWSMPH and their host institution prior to starting any extramural rotation.
- (8g.2) An in-place affiliation agreement is required to ensure students receive academic credit and liability protection.

*Applications are accepted through the Visiting Student Learning Opportunities (VSLO), or directly with a host institution for extramural elective clinical rotations.*

*Visiting students must qualify as agents of the state for purposes of liability coverage. For this distinction, the university must exercise substantial control over the requirements of the training or internship as evidenced by a written student affiliation agreement.*

*If a student participates in an extramural rotation without an agreement in place, they may not be eligible for state-provided liability coverage and may not receive academic credit.*

## 2.4 Procedures

### 2.4(1) Extramural Electives

- (1a) After conditional approval for an extramural rotation, students are responsible for the coordination of a signed affiliation agreement between UWSMPH and the host institution, if one does not already exist.
- (1b) Students must contact the SMPH Contracts Coordinator ([affiliationagreements@med.wisc.edu](mailto:affiliationagreements@med.wisc.edu)) to determine whether an agreement is in place and to initiate the agreement process if needed.



(1c) Students must provide contact information for the individual at the host institution who will facilitate review and signature on behalf of the host institution.

*Affiliation agreements are generally processed in one week or less, but may take up to six weeks or more, so students are advised to contact the Contracts Coordinator as soon as possible.*

- (1c.1) When registering, students are responsible for entering their extramural course and all relevant information into OASIS *prior* to the start of the rotation.
- (...1) If a student does not register for the extramural elective in OASIS prior to the start date of the course, then the student will not receive degree credit for the rotation, the course will not be assigned a grade, and the comments from the course will not appear in the student's MSPE unless approved by the Dean for Students as a one-time exception for a single course.
- (1c.2) When registering, students must drop any existing course on their schedule that conflicts with the date of the extramural elective prior to adding the extramural elective to their OASIS schedule.
- (1c.3) Failure to register the extramural course in OASIS prior to the course start date is considered a violation of professional responsibility and judgment.
- (1d) If a student drops an extramural elective, they must drop this course from their OASIS schedule at least 24 hours prior to the start date of the course.
- (1d.1) If a student does not drop the course from their OASIS schedule at least 24 hours prior to the start date of the course, then the student will be assigned a grade of DR for the course and the course grade will remain in the student's transcript.
- (1e) Students provide their host institution with a current UW School of Medicine and Public Health Extramural Clinical Evaluation Form or Research Credit Student Evaluation Form
- Found in OASIS>Notices>General Information>Forms & Instructions>Y4> AWAY Rotation Clinical Evaluation or Research Credit Student Evaluation Form*
- (1e.1) Upon receipt of the SMPH clinical or research evaluation form, the host institution enters summative and formative comments as well as the assigned grade into OASIS.
- (1e.2) For those institutions that do not use or follow the SMPH clinical evaluation form, their formative evaluation is entered verbatim and summative information converted to the SMPH grading schema.

## Section 3 : Attendance & Work Hours

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### 3.1 Purpose

- To establish attendance policies for various learning activities
- To provide processes for requesting and receiving excused absence

### 3.2 Definitions

#### 3.2(1) Excused Absence

Absence where the student has previously submitted and received approval via the procedures described herein.

#### 3.2(2) Unexcused Absence

Absence from any required learning activity without prior approval

#### 3.2(3) Student-managed Absence (SMA)

(3a) Flexible time that a student may use to attend to any needs they have.

(3b) SMA days may be used for any purpose deemed important to the student

(3c) Students must submit a notification of absence form for the absence to be an SMA.

(3d) All SMAs are for whole days; half day SMAs do not exist.

### 3.3 Policy

#### 3.3(1) Universal Attendance and Absence Policies

*The UWSMPH MD curriculum is based upon the active engagement of students and faculty members who have a shared interest in promoting a respectful and collaborative learning environment. Professional behavior is demonstrated through attendance, preparedness and respectful participation in learning events.*

*The student services office records and periodically reviews all absences.*

#### 3.3(2) Unexcused Absences

(2a.1) Unexcused absences are considered unprofessional behavior and will be referred to Student Services and the Student Promotion and Academic Review Committee (SPARC) as appropriate.

(2a.2) Consequences for unexcused absences may include loss of professionalism points, failing or lowering of assignment or course grades, and referral to SPARC.

#### (2b) Excused Absences – Missed Learning Opportunities

(2b.1) Students are responsible for material they miss due to an excused absence. If a student misses a required course event due to an excused absence, it is solely the student's responsibility to learn any information presented or covered at the missed session. Missed sessions will not be rescheduled or reoffered. If a student attends a required in-person session remotely to learn or make up the material, they are still considered absent from the activity and must submit an absence form. Students are responsible for submitting all assignments on the original due date, except in cases of emergency or extenuating circumstances.

- (2b.2) Students missing optional educational activities are responsible for their own remediation of missed material. Faculty are not required to provide compensatory educational experiences.

3.3(3) Excused Absences – Extended Duration, Unusual Requests

- (3a.1) Absences of significant duration relative to the length of the course, even if approved, may require a student to repeat the course.
- (3a.2) If a student has or anticipates circumstances necessitating unique, unusual, or excessive requests for time away, they should speak with the Associate Dean for Students as soon as possible after becoming aware of the circumstance and prior to the course(s) that will be affected by the time away.

3.3(4) Religious Observances

- (4a) UW-SMPH will follow the guidance from statewide campus policy, UW-880, on religious observances.
  - (4a.1) This policy includes guidance that students must notify instructors within the first two weeks of class on the specific days or dates they request relief.
  - (4a.2) The University and individual course instructors will make reasonable attempts to avoid scheduling mandatory activities on days when religious observances may cause a substantial number of students to be absent by referencing the Religious Observances calendar provided by the Provost.

3.3(5) Misrepresentation or dishonesty

- (5a) Misrepresentation or dishonesty about information in the absence notification form or request for absence form is considered a violation of the medical student professional code of conduct.

3.3(6) Phase 1 Course Attendance Policy

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

- (6a) Required learning activities for preclinical courses are designated as such in students' course calendars or in communication from course directors. All clinic and small groups are required by default unless explicitly designated otherwise by course directors.

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

- (6b) For required sessions, students are expected to attend on their assigned date.
  - (6b.1) Students seeking to attend on a date other than their originally assigned one must submit a request for absence form to Student Services found in the Phase 1 Informational Site on Canvas, or OASIS Notices-General Information-Forms & Instructions for second-year Phase 1 students.
  - (6b.2) PaCE instructors and Longitudinal Teacher Coaches cannot approve a change in date for required course sessions.
- (6c) Preceptor clinic visits may be rescheduled directly with the preceptor. Any rescheduled preceptor clinic visits must take place prior to the end of the applicable course unless the student has the permission of the course instructor to schedule beyond the end of the course completion date. Student Services approval and completion of the formal process outlined in Section 3.4(2) are not required for rescheduling these clinic visits.

(6d) Students may use student-managed absence days to miss 2 days of a Phase 1 course with one or more required learning activities.

### 3.3(7) Contact Hours for Phase 1 Courses

(7a) Phase 1 courses will contain no more than 21 hours/week of in-person (direct) learning activities including the following:

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

(7b) Of the 21 in-person contact hours per week, there can be a maximum of:

- 12 hours of in-person, synchronous large or medium group learning\*
- No more than 9 hours a week of lecture, with no more than 3 hours of lecture in a row

(7c) Ten (10) hours per week of online (flexible) learning activities are allowed. Of these 10 hours, there can be a maximum of:

- 4 hours of online materials (modules, narrated PPT, audio/video, cases) that deliver new content/learning objectives.
- 6 hours of preparatory or homework assignments that supplement any of the above activities that are of a “flipped” nature. This time should not be introducing new content but cover the “absorb” learning objectives that will be “applied” in the in-person session.

(7d) If a course uses fewer than the allotted 9 hours of in-person lecture hours, it can trade this for an equal amount of online time to cover new content learning objectives, on a one-to-one ratio. This will then reduce the overall in-person learning activity time accordingly.

(7e) In accordance with policy 1.3(5a), these hours may be modified under extraordinary circumstances.

### 3.3(8) Phase 1 Absence Policy

(8a) Students are permitted to take up to 2 SMA days during each Phase 1 course except for Patients, Professionalism, and Public Health (PPP). SMA days cannot be taken in PPP. Additional absences may be excused under policies described in 1.3(10)

(8a.1) To ensure a complete educational experience, in any Phase 1 course, except for PPP no more than **5 total days** will be excused, and **no more than 3 consecutive days** will be excused. This includes the total combination of SMAs and excused absences within any one course.

(...1) Absences for any reason exceeding 5 days require course director approval and will require completion of missed work to ensure educational requirements are met.

(...2) At the discretion of the course director, absences of greater than 5 days may require the student to repeat the entire course.

- (8a.2) In the case of significant personal illness or medical need for absence more than 5 days, students will work with the Student Services office to best support the student's health and preserve their academic program. Students are not required to disclose any diagnoses, procedures, or other protected health information.
- (8a.3) This policy is not intended to limit the number of absences due to religious observances; however, to ensure a complete educational experience, absences for any reason exceeding 5 days require course director approval and will require completion of missed work to ensure educational requirements are met.
- (8b) Requests for an absence to attend personal, social, or family events are to be covered through SMA days and will not be considered for excused absences except in significant extenuating circumstances, as determined by the course instructor.

### 3.3(9) Phase 1 Student-managed Absence Day **Blackout Periods**

- (9a) Phase 1 leadership and course directors have defined the following Phase 1 blackout periods to minimize disruption of curriculum delivery and the student learning experience.
- (9b) Students may not use a student-managed absence day to extend a school holiday.

*For example, the Monday after Thanksgiving, winter break, or spring break cannot be taken off to extent those holidays*

- (9c) Students may not use a student-managed absence day on any of the following blackout days:
- First day of class
  - Day of an examination
  - Medical Student Research Day
  - Last day of class before an examination (this does not apply to a Friday prior to a Monday examination)
  - Orientation (including Orientation to Phase 2)
  - Other mandatory sessions as determined by the course director and as posted in Canvas prior to the start of the course
- (9d) It is the student's responsibility to assure that the requested student-managed absence day does not fall on a blackout day.

### 3.3(10) Phase 1 Request for Excused Absences

- (10a) In addition to the student-managed days detailed above, students may request an excused absence for an eligible event. Permission for an excused absence from a Phase 1 course is granted at the discretion of Student Services and the course director.
- (10b) Pre-approval is required for planned excused absences. While not meant to be an exhaustive list, absence requests are regularly approved for the following reasons:
- (10b.1) **Emergencies and acute illness**  
 Courses may excuse absences due to emergencies. Examples of emergent excused absences include a death in the family, serious personal illness such as acute illness, including mental health crisis, serious illness in immediate family, or illness of a spouse, domestic partner or dependent child. (See separate policy on Emergency Absences).

(10b.2) Religious holidays

Religious holidays are excused absences and students are required to submit a form to document their request. Request should be made as soon as the student is aware of the date of the religious observance, preferably within 2 weeks of the start of the course, and at least 24 hours prior to the religious observance. In accordance with UW-Madison Faculty document 4880, faculty are asked not to schedule mandatory course requirements on dates when a religious observance may cause substantial numbers of students to be absent.

(10b.3) Professional activities

Requests for an absence to attend professional meetings will be considered if a student is presenting their research or is serving as a delegate representing UWSMPH. Request should be made as soon as the student is aware of the need to attend the professional meeting and at least 4 weeks prior to the meeting.

*If a student wants to attend a professional meeting but is not presenting their research or is not serving as a delegate representing UWSMPH, they must use student-managed days to attend the meeting.*

*Earning a departmental scholarship to support meeting attendance does not qualify the student as UWSMPH delegate.*

3.3(11) Work Hours for Clinical Courses (Phase 2 and Phase 3)

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

(11a) Duty hours are defined as all clinical and academic activities related to the program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences.

(11b) Duty hours do not include reading and preparation time spent away from the duty site.

(11c) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

(11d) Duty hours will contain an adequate rest period, which should consist of 10 hours of rest between duty periods.

(11e) No duty shift shall exceed 24 hours, plus 6-hour sign-off.

(11f) Students are required to have at least one 24-hour period off per week, averaged over a 4-week period.

*All students are advised to report overages to the designated course administrator, the Dean for Students, the student mistreatment committee, or the Ombudsperson.*

3.3(12) Phase 2 Attendance Policy

(12a) All Phase 2 course activities, including the Orientation to Phase 2, are required.

- (12b) In an effort to limit time away from clinical training, students should request absence for the minimum amount of time needed to attend the primary activity.
- (12c) Absence requests should be submitted at least 4 weeks prior to the planned absence. Absence requests submitted less than 4 weeks in advance will not be considered (except in the case of emergency).
- (12d) Students must obtain prior approval from the course coordinator or director for all absences aside from student-managed absence days as described below.
- (12e) The total time off during a single course (for all reasons) will be considered in granting requests for excused absence in order to assure that students have sufficient opportunity to meet course objectives, especially those regarding patient contact.
- (12f) Unexcused absence from a required course activity or clinical activity is considered unprofessional behavior and may result in a loss of professionalism points.

### 3.3(13) Phase 2 Absence Policy

- (13a) **In any Phase 2 course, no more than 5 total days will be excused, and no more than 3 consecutive days will be excused.**

*This includes the total combination of student-managed absence days and excused absences used within any one course.*

- (13a.1) Absences of greater than 5 days will be considered only in unique situations such as significant personal illness.
- (13a.2) At the discretion of the course director, absences of more than 2 total days may require completion of missed course work/clinical time.
- (13a.3) At the discretion of the course director, absences of greater than 5 days may require the student to repeat the entire course.
- (13a.4) It may not be possible to complete additional course work required due to the absence of greater than 5 days from a Phase 2 course within the course block or within the January to December time frame of Phase 2.
- (13a.5) In the case of significant personal illness or medical need for absence greater than 5 days, students will work with the Student Services Office to best support the student's health and preserve their academic program. Students are not required to disclose any diagnoses, procedures, or other protected health information.

### 3.3(14) Phase 2 Student-Managed Absence Days

- (14a) **In each Phase 2 course, a student is permitted to take up to 2 student-managed absence days.**

#### (14b) Blackout periods for Student-Managed Absence Days

- (14b.1) Phase 2 leadership and course directors have defined the Phase 2 blackout periods to minimize disruption of curriculum delivery and the student learning experience.
- (14b.2) Students may not use a student-managed absence day to extend a school holiday (e.g., the Wednesday before or the Monday after Thanksgiving break, winter break or spring break).
- (14b.3) It is the student's responsibility to assure that a student-managed absence day does not fall on a blackout day. Students may not use an absence day on any of the following blackout days:
  - Orientation (including Orientation to Phase 2)

- Required Career Advising Day(s)
- First day of a new rotation
- The day of an assessment
- The day prior to an assessment
- Medical Student Research Day
- Other mandatory sessions as determined by the course director and as posted in Canvas prior to the start of the course
- The day before or after a holiday break
- Students may not miss more than 1 Case Based Learning session (CBL) in a Phase 2 course
- Students may not request a student-managed absence date for any part of week 12 of a Phase 2 course
- Students may not miss more than 1 day from a clinical experience that is  $\leq$  two weeks in duration (e.g., Neurology, Psychiatry)
- Students may not miss a Developmental Thread Activity (DTA)
- On the Acute Care block, students may not miss more than one EM shift
- On the Chronic and Preventative Care Block, students may not miss Community Health Team project check-in days
- On the Care Across the Life Cycle block, students may not miss more than 1 longitudinal clinic and may not miss a Patient Centered Experience
- On the Surgical and Procedural Care block, students may not miss more than 1 longitudinal clinic

(14c) Social/Family Events

Requests for absence to attend personal, social or family events are to be covered through student-managed absence days and will not be considered for excused absences except in significant extenuating circumstances at the discretion of the course instructor.

3.3(15) Phase 2 Excused Absence Request

In addition to the student-managed absence days detailed above in 3.3(10), students may also request an excused absence for an event. Permission for an excused absence is granted at the discretion of the course and must conform to the total limits set forth in 3.3(9).

(15a) Pre-approval is required for excused absences. While not meant to be an exhaustive list, absence requests are regularly approved for the following reasons:

(15a.1) Emergencies

Courses may excuse absences due to emergencies. Examples of emergency excused absences include a death in the family, serious personal illness such as acute illness, or illness of a spouse, domestic partner or dependent child. (See separate policy on Emergency Absences).

(15a.2) Religious observances

Religious holidays are excused absences and students are required to submit a form to document their request. A request should be made as soon as the student is aware of the date of the religious holiday, preferably within 2 weeks of the start of the course, and at least one business day prior to the religious holiday. This policy is not intended to limit the number of absences due to religious observances; however, to ensure a complete educational experience,



absences for any reason exceeding 5 days are subject to course director approval.

*In accordance with UW-Madison Faculty document 488a, faculty are asked not to schedule mandatory course requirements on dates when a religious observance may cause substantial numbers of students to be absent.*

(15a.3) Professional activities

Requests for absence to attend professional meetings will be considered if a student is presenting their research or serving as a delegate representing UWSMPH. Request should be made as soon as the student is aware of the need to attend the professional meeting and at least 4 weeks prior to the meeting.

*If a student wants to attend a professional meeting but is not presenting their research or is not serving as a delegate representing UWSMPH, they must use student-managed days to attend the meeting.*

*Earning a departmental scholarship to support meeting attendance does not qualify the student as UWSMPH delegate.*

3.3(16) Phase 3 Course Attendance Policy

(16a) Attendance is required at all Phase 3 course events and activities unless the course event is entirely recorded and student participation is asynchronous.

(16b) To maximize the impact of all Phase 3 courses and to limit time away from clinical Phase 3 courses, students should request absence for the minimum amount of time needed away.

(16c) Absence notifications for the AAI and IAI must be submitted at least one business day prior to the planned absence. Absence notifications submitted less than one business day in advance will not be considered (except in the case of emergency or significant need for residency interview).

(16d) Absence notifications for Public Health Courses, Basic Science Courses, Clinical Electives and Non-Clinical Electives must be submitted at least 72 hours before the start of the course (e.g., for a course that starts on a Monday morning, the notification must be submitted by the previous Friday morning). Absence notifications submitted less than 72 hours before the start of the course will not be considered (except in the care of emergency or significant need for a residency interview).

(16e) Students must submit the notification of absence for all absences to the relevant course coordinator for all Phase 3 absences.

3.3(17) Phase 3 Absence Policy

(17a) **In Phase 3, students are permitted a total of 22 Student-managed Absence days.**

*Phase 3 begins the after completion of Step 1 and continues through graduation.*

*This includes absences for interviews, absences for Step 2 CK and Step 2 CS, absences to attend or present at conferences, as well as absences for personal/family reasons.*

(17b) Within a given Phase 3 course, the length of the course determines the total number of days that may be excused for SMAs. Absences greater than those detailed below will be considered in only unique situations such as significant personal illness or significant need for interview days.

(17b.1) At the discretion of the course directors, any absence in excess of those detailed below will require completion of missed course work/clinical time and may require a repeat of the entire course.

(17b.2) In the case of significant personal illness or medical need for absence in excess of those detailed below, students will work with the Student Services Office to best support the student's health and preserve their academic program. Students are not required to disclose any diagnoses, procedures, or other protected health information.

(17b.3) At the discretion of the course director, any absence days in excess of this limit may result in failure of the course.

Length of course	Number of days allowed off
4 weeks	4 days, limit of 3 consecutive days
3 weeks	3 days, limit of 2 consecutive days
2 weeks	2 days

(17b.4) Due to the intensity of the Ambulatory Acting Internship (AAI) and the Inpatient Acting Internship (IAI) absence days may not be consecutive unless approved by the course director, and no more than 1 absence/week, of any type, will be approved.

(17b.5) Absences on University holidays are included in the total number of allowed missed days for a course. However, they do not necessitate the use of an SMA day, nor do they contribute to the 22-SMA day total limit. For example, in a two-week course that occurs over Thanksgiving, the day off for the holiday counts toward the 2-day absence limit, leaving one SMA day available. University holidays count to the total number of allowed missed days for a rotation, but do not require use of an SMA day.

(17b.6) While not meant to be an exhaustive list, student-managed absence notifications must be submitted for the following reasons:

- Residency interviews (See section 3.3(14).)
- USMLE Step 2 CK (See section 3.3(15).)
- Professional activities and scholarship
- Personal and family events
- Religious holidays and observances
- Emergencies

### 3.3(18) Absence for Residency Interviews

*The faculty recognize that fourth-year students have added responsibilities that include residency interviews.*

(18a) Course directors are strongly encouraged to provide flexibility to permit absences for residency interviews, and students are likewise encouraged to take reasonable steps without affecting their residency search to avoid scheduling interviews in excess of the SMA limits for a course. Students and course directors are invited to consult with Student Services as needed to explore issues related to the request. Course directors, however, are the final authority regarding whether course requirements are met or not, hence this may impact ability to grant an excused absence.

- (18b) While students are expected to take some initiative in proposing alternative activities, experiences, schedules, and/or assignments for those missed due to interviews, course directors reserve final authority to mandate that students complete specific additional learning or clinical activities to compensate for approved time away. A student may need to alter their schedule (including any planned time off) to meet clerkship requirements.
- (18c) Students are expected to be proactive in notifying courses of residency interviews. Students may be asked to present proof of interview invitation(s) and work with course leadership on scheduling accommodations, especially when interview absence requests are made less than 4 weeks in advance.
- (18d) Students are expected to avoid scheduling interviews on course orientation or exam dates.

3.3(19) Absence for Step 2 CK

*The faculty recognize that third and fourth-year students have added responsibilities that include Step 2 CK*

- (19a) Students may take up to 2 days absence to travel to and take each of the USMLE Step 2 exam
- (19b) The student will provide proof of registration for the examination if this is requested by the course coordinator or course director.
- (19c) If any required course elements or assessments/exams are missed, the make-up is at the discretion of the course director.
- (19d) Students are expected to avoid scheduling USMLE exams on course orientation or exam dates.

3.3(20) Phase 3 Student-managed Absence Day Blackout Dates

- (20a) Phase 3 leadership and course directors have defined the Phase 3 blackout periods to minimize disruption of curriculum delivery and the student learning experience.
- (20b) Student-managed absences will not be considered for any of the following Phase 3 blackout dates:
  - Students may not use a student-managed absence day to extend a school holiday (e.g., the Monday after Thanksgiving break, winter break or spring break).
  - First day of course
  - Day of an examination/assessment
  - Last day of class/clinical duties before an examination/assessment
  - Course Orientation
  - Internship Prep Course
  - Required Career Advising Day(s) or Financial Aid Advising Day
  - Other mandatory sessions as determined by the course director and as posted prior to the start of the course

3.3(21) Emergency Absence Policy

- (21a) Absences may be excused due to emergencies. Examples of emergency excused absences include but are not limited to a death in the family, serious personal illness, (including mental health crisis), serious illness in immediate family member, or serious illness of a spouse, domestic partner, or dependent child.

3.3(22) Absences for Observed Holidays

- (22a) When observing a university holiday, students do not need to use a SMA.

- (22b) Observed holiday absences do count toward rotation limits
- (22c) Observed holiday absences do not count toward the Phase 3 limit of 22 total absences.

3.3(23) Absences for Health Care

All medical students have the right to be excused from course work and clinical work to attend their own health care appointments.

*Faculty and staff will support this right without adverse effect on the student's course performance evaluation and course grades. Medical students are strongly encouraged to promote and maintain their health and well-being. Health care is available for all students through University Health Services (UHS) and the student's private health insurance plan. Absences for such appointments should typically be in the range of one to two hours. As access to this health care usually occurs between 8:00 a.m. and 6:00 p.m., Monday through Friday, the following policies govern excused absences for personal health care treatment.*

(23a) Students do not need to disclose the reason for the medical appointment.

(23b) If a student will not miss a required Phase 1 course or will not miss more than 1/2 day of clinical work in Phases 2 or 3 for a health care appointment, there is no need to submit an absence notification form. The student will notify their team or attending physician of the absence.

(23c) If a student will miss a required Phase 1 course activity or will miss more than 1/2 day of clinical work in Phases 2 or 3 for a health care appointment, the student must submit an absence notification form. A student's evaluation will not be influenced in any way by an absence for health care needs.

*Submission of the absence notification form is used to track absences and ensure sufficiency of clinical experiences rather than to adjudicate the absence request.*

(23d) Whenever possible, student-managed absence days should be used for health appointments that will require an absence of more than 1/2 day from a Phase 2 or Phase 3 course or absence from a required Phase 1 course activity.

(23e) Non-Emergency Care - Students in the Greater Madison Area:  
Students are responsible for exercising professional judgment when scheduling appointments to minimize time away from clinical duties and, whenever possible, to schedule appointments that do not conflict with examination schedules, surgical procedures, morning rounds, or other important group teaching sessions.

(23f) Non-Emergency Care - Outside the Greater Madison Area:

*Medical students doing short-term rotations outside Madison should make every effort to schedule their personal, non-emergency, medical appointments while in residence in Madison. Students on longer assignments should work with local faculty and preceptors to ensure that time is allocated for personal health care needs. A list of statewide facilities and providers accepting the UW Student Health Insurance Plan can be found on the SHIP website.*

(23g) The student must notify the appropriate course coordinator, course director, and, where appropriate, supervising faculty of scheduled appointments as soon as possible and arrangements should be made at that time regarding any required make-up work.

- (23h) Students may be asked to make up course work or clinical time for absence(s) due to health care if the student's total absences exceed the course absence limit.

### 3.4 Procedures

All absence forms are found in the Center Site on Canvas; they include instructions for submission and approval or acknowledgment of the absence.

#### 3.4(1) Phase 1 Student-Managed Absence Days

- (1a) Except for PPP, in each Phase 1 course a student is permitted to take 2 student-managed absence day. Student-managed absence days cannot be taken in PPP.
- (1b) Students must submit notification of the absence for a student-managed day to Student Services at least 4 weeks prior to the planned date of absence.
- (1c) In submitting the notification, students are responsible to ensure that they have not exceeded the 5-day absence limit and have not previously used the 2 student-managed absences for the Phase 1 course.
- (1d) Students are responsible to ensure that the absence does not fall on a blackout date.
- (1e) A notification submitted 4 or more weeks in advance will be accepted. Students will be sent acknowledgment of the absence within 7 business days of submitting the notification.
- (1f) Upon receiving acknowledgment of the absence, it is the student's professional responsibility to notify the course director, the course coordinator and (where relevant) the course faculty such as LTC or PaCE leader, of the approved absence.
- (1g) A student-managed absence notification submitted less than 4 weeks in advance will not be considered (except for absence for health care when the appointment is urgently scheduled).

#### 3.4(2) Phase 1 Excused Absence Request

Permission for an excused absence from a Phase 1 course is granted at the discretion of Student Services and the course director.

- (2a) The Phase 1 excused absence form must be submitted to Student Services for review and recommendation at least 4 weeks prior to the planned date of requested absence.
- (2b) Requests for excused absence submitted less than 4 weeks in advance of the planned absence date will not be considered (except for acute illness and emergencies).
- (2c) In submitting the notification, students are responsible to ensure that they have not exceeded the 5-day absence limit for the Phase 1 course.
- (2d) Upon receiving approval of the absence, it is the student's professional responsibility to notify the course director, the course coordinator and (where relevant) the course faculty such as LTC or PaCE leader, of the approved absence.
- (2e) Appeal of a denied request for excused absence
  - (2e.1) If a student is not approved for a requested excused absence that they believe meets the requirements for excused absence, the student may appeal the decision in writing directly to the course director within 72 hours of receiving the denial notification.

- (2e.2) The course director makes the final decision about the absence request and may consult with the Office of Student Services as needed.

### 3.4(3) Phase 2 Student-managed Absence Days

- (3a) In each Phase 2 course, a student is permitted to take up to **2** student-managed absence days.
- (3b) Students must submit notification of the absence for a student-managed absence day to the relevant Phase 2 course coordinator at least 4 weeks prior to the planned date of absence.
- (3c) In submitting the notification, students are responsible to ensure that they have not exceeded the total 5-day absence limit for the Phase 2 course and have not exceeded the limit of 2 student-managed absence days for the Phase 2 course.
- (3d) Students are responsible to ensure that the requested absence does not fall on a blackout date.
- (3e) A notification submitted 4 or more weeks in advance will be accepted. Students will be sent acknowledgment of the absence within 7 business days of submitting the notification.
- (3f) Upon acknowledgment of the absence, it is the student's professional responsibility to notify the course director, course coordinator and, where relevant, the supervising attending faculty and resident, of the planned absence.
- (3g) A notification submitted less than 4 weeks in advance will not be considered (except for absence for health care when the appointment is urgently scheduled).

### 3.4(4) Phase 2 Excused Absence Request

- (4a) Student submits absence request form to the Phase 2 course coordinator at least 4 weeks prior to the planned date of requested absence.
- (4b) Requests for excused absence submitted less than 4 weeks in advance of the absence date will not be considered (except for emergencies and absence for health care when the appointment is urgently scheduled).
- (4c) In submitting the absence request, students are responsible to ensure that they have not exceeded the 5-day absence limit or the maximum consecutive 3-day limit for the Phase 2 course.
- (4d) The course coordinator will respond to the student's request for absence within 7 business days.
  - (4d.1) The course coordinator signs off and approves absence, consulting with course director as needed.
  - (4d.2) The course director may assign reasonable compensatory activities for missed educational activities.
  - (4d.3) Upon approval of the absence, it is the student's professional responsibility to notify the course director, course coordinator and, where relevant, the supervising attending faculty and resident, of the planned absence.
- (4e) Appeal of a denied request for excused absence:
  - (4e.1) If a student is not approved for a requested excused absence that they believe meets the requirements for excused absence, the student may appeal the decision in writing directly to the course director within 72 hours of receiving the denial notification.

- (4e.2) The course director makes the final decision about the absence request and may consult with the Office of Student Services as needed.

3.4(5) Phase 3 Student-managed Absence Days

- (5a) Students must submit the notification of student-managed absence to the relevant AAI and IAI Phase 3 course coordinator at least one business day prior to the planned absence for .
- (5b) Students must submit the notification of student-managed absence to the Public Health Courses, Basic Science Courses, Clinical Electives and Non-Clinical Electives at least 72 hours before the start of the course (eg for a course that starts on a Monday morning, the notification must be submitted by the previous Friday morning).
  - (5b.1) For the AAI and IAI, notifications of an SMA submitted less than one business day prior to the absence date will not be considered (except for emergencies, absence for health care, or significant need for residency interview).
  - (5b.2) For the Public Health Courses, Basic Science Courses, Clinical Electives and Non-Clinical Electives, notifications of an SMA submitted less than 72 hours prior to the absence date will not be considered (except for emergencies, absence for health care, or significant need for residency interview).
- (5c) In submitting the notification, students are responsible to ensure that they have not exceeded the 22-day maximum for Phase 3, the maximum number of days off allowed per course, or the maximum number of consecutive days of absence per course. Please see Sec. 3.3(17b.3 and 17b.4) for AAI- and IAI-specific standards.

Length of course	Number of days allowed off
4 weeks	4 days, limit of 3 consecutive days
3 weeks	3 days, limit of 2 consecutive days
2 weeks	2 days

- (5d) Students are responsible for assuring that the requested absence does not fall on a blackout date.
- (5e) The course coordinator will notify the student of acknowledgment of the absence. Students will be sent acknowledgment of the absence within 7 business days of submitting the notification.
  - (5e.1) The course director may assign reasonable compensatory activities for missed educational activities.
  - (5e.2) Upon acknowledgment of absence, it is the student’s professional responsibility to notify the course director and immediate clinical supervisors of the planned absence.

3.4(6) Emergency Absence Procedure

- (6a) Students are asked to notify Student Services by phone call or email as soon as possible on the day of the emergency absence.
- (6b) Students are required to submit the request for absence as soon as possible after the emergency absence and no more than 48 hours from the missed course event or clinical day or the absence may not be excused.
  - (6b.1) For a Phase 1 course, the request for excused absence is submitted to Student Services.

(6b.2) For a Phase 2 or Phase 3 course, the request for excused absence is submitted to the relevant course director.

(6c) Absences due to emergency are counted among the total absence days permitted for a course and a Phase.

3.4(7) Absence for Health Care Procedure

(7a) If a student will miss a required Phase 1 course activity, the student must submit an excused absence form. If a student will miss more than 1/2 day of clinical work in Phases 2 or 3 for a health care appointment, the student must submit an absence notification form.

(7b) The absence form should be submitted as soon as the student is aware of the appointment date and time.

(7c) If all allowed SMA days have been used by the student, the student will instead submit an excused absence request



## Section 4 : Technical Standards

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### 4.1 Purpose

- The practice of medicine requires a broad combination of cognitive, emotional, physical, interpersonal, and technical skills and attributes in order to provide highly effective patient care. To perform satisfactorily in UWSMPH courses and to serve as practicing physicians after graduation, all students who matriculate must meet minimum standards that UWSMPH has identified.
- These standards must be met throughout medical school for students to make satisfactory progress and graduate.

### 4.2 Definitions

#### 4.2(1) Observational Skills

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

#### 4.2(2) Communication Skills

Candidates for admission must show evidence of effective communication skills in person and in the virtual setting. Students must be able to communicate effectively, sensitively, and efficiently with patients, their families and all members of the health care team in a way that promotes and facilitates appropriate and timely patient care.

#### 4.2(3) Motor Function

Students must have sufficient motor function to carry out basic laboratory techniques, to elicit information from patients by palpation, auscultation, percussion, and other diagnostic and therapeutic maneuvers, and to participate in dissection of a human cadaver.

During clinical activities, students must be able to perform a complete physical examination, perform diagnostic and laboratory procedures, and provide general care and emergency treatment to patients.

Such actions require coordination of gross and fine motor skills as well as equilibrium.

#### 4.2(4) Intellectual, Conceptual, Integrative, Quantitative Abilities

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

#### 4.2(5) Behavioral and Social Attributes

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

### 4.3 Policies

#### 4.3(1) Technical Standards General Policies

- (1a) Upon admission, new students must attest they meet the UWSMPH Technical Standards. Students who believe they may need to request reasonable accommodations in order to meet the standards are encouraged to contact the McBurney Center or the Technical Standards Director.
- (1b) Enrolled students must attest, annually, that they continue to meet the UW School of Medicine and Public Health's Technical Standards. Students approved for reasonable accommodations may utilize these accommodations to meet the technical standards.

#### 4.3(2) Review of Student Request for Accommodations

- (2a) The Medical School's Technical Standards and Access to Accommodations Committee (TSAAC) works with the McBurney Disability Resource Center to provide reasonable accommodations to students who have followed the accommodations request process.
- (2b) TSAAC is governed by the committee's bylaws.
- (2c) Students applying for accommodations between the TSAAC meetings may be provided with temporary accommodations per the McBurney Disability Resource Center and the Medical School's Technical Standards Director.
- (2d) The school, in consultation with the McBurney Disability Resource Center, reserves the right to rule that requested accommodations cannot be provided because they would result in a fundamental alteration to the technical standards, compromise patient care, or compromise the safety of others in the healthcare setting.
- (2e) Students who wish to formally appeal a denial of their accommodations request may contact [UW Madison's ADA Coordinator](#).

#### 4.3(3) Ongoing Monitoring

- (3a) Disability accommodations for students is an interactive process; students receiving disability accommodations are required to meet with the Technical Standards Director two times per year to review their accommodations and make changes, as needed or indicated by the student.
- (3b) Continued enrollment in UW School of Medicine and Public Health will be determined by the academic process applied to all students.

#### 4.3(4) Implementation

- (4a) Implementation of technical standards is the responsibility of the faculty and staff of the UW School of Medicine and Public Health.
- (4b) Course syllabi contain information regarding disability accommodations.

- (4c) Failure to meet these standards requires a student to appear before the Student Promotion and Academic Review Committee (SPARC) to determine an individualized learning plan.

#### **4.4 Procedures**

##### **4.4(1) Requesting a Disability Accommodation**

- (1a) Instructions for the accommodations process are in Canvas.
- (1b) Upon completing the disability accommodations request process, the McBurney Disability Resource Center will determine if disability accommodations will be provided and, in consultation with the TSAAC, how they will be implemented.



## Section 5 : Scheduling & Registration

### 5.1 Purpose

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

### 5.2 Definitions

See definitions in Section 1.2.

### 5.3 Policies

#### 5.3(1) Schedule Override

SPARC or Office of Student Services are empowered to override scheduling assignments made via the OASIS lottery system or Acuity system consistent with students' IAPs (see 9.3(2)) or the clinical teaching capacities across the statewide clinical campus.

#### 5.3(2) Course restrictions

*Policies in this section are intended to ensure students have a breadth of experiences across specialties when earning the MD degree and do not exceed work hour requirements.*

- (2a) In Phase 3, students may take no more than 16 elective credits from a single department.
- (2b) In Phase 2, non-WARM and non-TRIUMPH students are permitted to do no more than 3 Phase 2 blocks outside of Madison.
- (2c) In Phase 1, Phase 2 and Phase 3, the ratio of course credits to weeks may not exceed the limit of 1:1 for the longer course period of the overlapping courses. Any exception to this limit must be approved by Student Services.
- (2c.1) WARMeRR students are granted an exception to this policy in Phase 3 to allow for dual elective enrollment not to exceed a maximum of 4 credits.

### 5.4 Procedures

#### 5.4(1) Required Preclinical Courses

- (1a) Students automatically are scheduled for required Year 1 and Year 2 courses in OASIS or Acuity.
- (1b) Schedules are completed one semester at a time and finalized about one month prior to the start of the semester.
- (1c) Registration with campus Student Information System occurs automatically using OASIS or Acuity schedules.

#### 5.4(2) Preclinical Electives

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

#### 5.4(3) Required/Core Clinical Courses

Course sequence and locations are assigned via lottery system in OASIS.

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

5.4(4) Year 4 & Phase 3

- (4a) Students in the ForWard curriculum schedule Phase 3 during a series of lotteries which begin in the M3 year.
- (4b) When scheduling is complete, students are automatically registered on campus using their OASIS schedule.

5.4(5) Requesting Exemptions to Clinical Course Location Assignments

- (5a) Students wishing modifications to their clinical course location assignments may request this by participating in the yearly scheduling exemption request process, including the OASIS exemption survey.

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

- Caregiver for immediate family dependent
- Ongoing health care appointments

- (5b) The Scheduling Exemptions Committee reviews and adjudicates all requests.
- (5c) The Office of Student Services and MD registrar will automatically modify the schedule of any student whose exemptions are granted.
- (5d) Sites changes request made after completion of the scheduling exemption process will be considered only in exceptional circumstances. To request this, students must contact the Dean for Students.
- (5e) Schedule changes after the lottery process and for courses in progress will be considered only in exceptional circumstances. To request this, students must contact the Dean for Students.
- (5f) Documentation may be required to support an exemption request.



## Section 6 : Examinations

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### 6.1 Purpose

- To ensure integrity of grading and assessment by defining:
  - Policies governing computer-based exam administration
  - Policies governing Objective, Structured Clinical Exam administration
  - Process for requesting exam delay
  - Process for requesting review of exams and regrading/rescoring

### 6.2 Definitions

#### 6.2(1) Objective, Structured Clinical Exam (OSCE)

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

#### 6.2(2) NBME exam

Multiple choice exam comprised of questions developed by the National Board of Medical Examiners and conducted under the strict exam administration protocols as required by the NBME. NBME exams include Phase 1 Basic Science NBME exams, and Phase 2 NBME specialty specific shelf exams.

#### 6.2(3) Midterm exam

Phase 1 exam comprised of questions developed by Phase 1 educators.

#### 6.2(4) MoMS-Dando a Luz

Medical Students Offering Maternal Support (MoMS)-Dando a Luz is program for preclinical students who are actively following a pregnant patient under the supervision of a UW faculty or community physician.

#### 6.2(5) Exam Reschedule

A scheduling of an untaken exam, within the course/block, contingent upon approved reason (illness, family emergency, etc.) --including any scheduling related to an approved accommodation.

#### 6.2(6) Exam Remediation

A second attempt on an exam already taken and assessed an “IF” grade within the course/block.

#### 6.2(7) Exam Delay

An exam moved to a date after the final date of the course or Phase—a delay in taking the exam as scheduled during the curriculum.

### 6.3 Policies

#### 6.3(1) Phase 2 NBME exam completion

- (1a) All Phase 2 students are required to complete at least one NBME subject exam in each Phase 2 block unless they have an exception approved by Student Services in consultation with the course director or an exception as defined in an approved IAP.

### 6.3(2) General Policy for Exam Administration

(2a) All students are expected to take examinations on the date and time they are scheduled unless they receive a prior exemption via the procedures outlined below.

*Being unprepared for an exam due to poor time management is not an acceptable excuse for rescheduling an exam.*

(2b) Exams will not be administered early; all reschedule dates will occur after the initial date of the exam.

(2c) Once an exam is started, the score stands without exception.

(2d) Once an exam is completed, the score stands without exception.

### 6.3(3) Exam Tardiness

*Examinations are administered with a specified starting and ending time and students are expected to arrive on time.*

(3a) Doors to the exam room will close two minutes prior to the start of the exam.

(3b) To minimize disruptions, late-arriving students will be allowed to enter the room 10 minutes after the exam has started.

(3c) After 30 minutes past the posted start time, the late student will not be permitted to enter the exam room, will be considered a no-show to the exam and will be directed to contact Student Services.

(3d) An academic penalty may be imposed by the individual block leader. The penalty will be posted directly to the student on Canvas or current student communication website.

(3e) No additional time will be given beyond the scheduled end of the exam.

### 6.3(4) Unapproved Exam Absence

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

### 6.3(5) Exam Environment

(5a) To ensure optimal student performance and to ensure exam integrity, test proctors are empowered to maintain a quiet, calm exam environment consistent with UWSMPH policy 11.3 and UWS 17.

(5b) Proctor authority to maintain the optimal exam environment includes but is not limited to:

(5b.1) Removing any student who is disruptive to the exam environment.

(5b.2) Delaying exam entry to a student whose behavior is disruptive to the exam environment before the exam begins.

(5b.3) Referring a student directly to Student Services.

(5c) When a student is removed from or delayed entry to an exam, the following is permitted:

(5c.1) The proctor will offer the student 10 minutes to resolve the disruption/disruptive behavior.

(5c.2) If the disruptive behavior is resolved at 10 minutes, the student will enter to begin the exam or reenter to resume the exam.

(5c.3) The exam clock will continue to run during the 10 minutes of resolution time.

(5c.4) If the disruptive behavior is not resolved at 10 minutes, the student's exam is over.



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

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

(5d) A student who disrupts more than a single exam will be referred to SPARC for unprofessional behavior.

#### 6.3(6) Urgent Requests to Reschedule an Exam

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

(6a) Approved rationale for an urgent request to reschedule an exam include (but are not limited to the following: 1) a death in the family; 2) a serious personal illness or illness of a spouse, partner, or dependent child

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

(6b) Frequent (>1 per semester) urgent requests to reschedule exams will be reviewed by the Office of Student Services and may result in requests for additional documentation.

(6c) Urgent requests for reschedule must be submitted within one business day of the missed exam.

(6d) All exam reschedules must be accompanied by an excused absence form for the original exam date.

#### 6.3(7) Non-Urgent Requests to Reschedule an Exam

(7a) Only one non-urgent request to reschedule an exam may be approved in each semester.

(7b) The event and/or travel to/from the event must occur on the day of the exam for the request to be considered.

(7c) Non-urgent requests to reschedule an exam may include: 1) presenting research at a professional meeting, 2) participating in a significant personal or family event.

(7d) All exam reschedules must be accompanied by an excused absence form for the original exam date.

#### 6.3(8) MoMS-Dando a Luz

(8a) Students participating in MoMS will be approved to reschedule a quiz or an exam if the patient is in labor and delivery at the time of the exam, or if the delivery has occurred in the 24 hours preceding the scheduled exam.

(8b) Students will not be excused to attend a patient's labor and delivery if the exam is already underway.

(8c) Exam or quiz absences will not be sanctioned for the patient's clinic appointments or care, other than the labor or delivery.

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

### 6.3(9) Religious Observances

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

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

### 6.3(10) Examination Standards

*The Medical School follows NBME standards for exam delivery.*

- (10a) All computer-based examinations will be video recorded to ensure exam integrity.
- (10b) The testing environment will be fair, consistent, respectful, and quiet for all students.
- (10c) The testing administrator and proctors are responsible for the examination environment, the integrity of the exam, and implementing backup testing procedures in the event of a computer or environmental malfunction.

### 6.3(11) Exam Room Integrity & Permitted Items

#### (11a) Items permitted in the examination room

- Soft earplugs
- Beverages
- Pre-approved comfort aids
- Cough drops/medicine

*Please unwrap and show them to the proctor prior to the exam*

#### (11b) Items not permitted in the examination room

- Hats including headbands over 1/2 inch thick
- Scarves of any type, except for religious observances
- Cell phones, iPads, any personal digital devices
- Outerwear – coats and gloves
- Tops with any pockets around the waist or hoodies
- Computerized watches (Apple Watch) and Fitbit/athletic personal health monitoring devices
- Eyeglasses that have recording capability
- Suspicious Jewelry
- Food (unless by special accommodations)
- Personal paper, note taking materials
- Bags, purses, and backpacks
- Extraneous materials
- Any suspicious item(s)
- All electronics

*Smart watches are prohibited under this policy, but analog and simple digital watches are allowed.*

#### (11c) Provided in the exam room (if approved by the course director)

- Calculator
- Scratch paper
- Pencil

6.3(12) Examination Review

(12a) At the discretion of the course director, students may review their Phase 1 medical school midterm examinations.

(12b) Any request for change in exam score must be sent by the student to the course director within 2 weeks of posting of the final results.

(12c) Students may still review exams after the two-week period, but adjustments to scores will not be considered after this time.

(12d) Preclinical mid-term course exams can only be reviewed under secure conditions in the location and times designated by Student Academic Success Services at the discretion of the course director. Students may contact Student Academic Success Services to schedule an alternative review time if necessary.

(12e) There is no exam review for NBME exams.

6.3(13) Disputing Exam Scoring

(13a) Students have two weeks following the date their examination is available for review for purposes of disputing an exam grade.

(13b) Additional policies and procedures for exam review and rescore requests may be set by individual course directors.

6.3(14) Exam dates

(14a) All available exam dates and times, including remediation opportunities, are determined in advance of the beginning of each course/block and will not be modified to suit individual student circumstance.

(14b) Any exam reschedules, remediation, or delay will be expected to conform to these predetermined dates.

## 6.4 Procedures

6.4(1) Exam reschedule, remediation, or delay

(1a) To reschedule an exam or to schedule a remediation exam date, the course/block coordinator is the first point of contact for students.

(1b) To delay an exam, a student's Learning Specialist is the first point of contact.

(1c) All non-urgent requests must be submitted at least 2 weeks in advance of the original exam date.

6.4(2) Clinical Course Test Release Policy

(2a.1) This policy applies to all students taking Phase 2 course assessments including NBME exams and OSCEs (Acute Care, SCOPE, CPC, and SPC) or any clinical Phase 3 courses with an end-of-course OSCE or written examination. Students will be released from all clinical obligations as follows:

(2a.2) Students within a 60-mile radius of exam site: no later than 5:30 pm the day before the exam

(2a.3) Students outside of a 60-mile radius of exam site: no later than 2:00 pm the day before the exam

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

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

### 6.4(3) Documented Disabilities and Exam Accommodations

(3a) To receive an exam accommodation, students must have documentation of a disability, complete the disability accommodations request process, and receive temporary or full approval from the Medical School's Technical Standards Committee.

*Students with a documented disability may apply for exam accommodations through the Technical Standards Director in Student Services. See Section 4: Technical Standards for full details.*

- (3b) Students with approved exam accommodations will be contacted by the Medical School's testing services regarding implementation of the disability accommodations.
- (3c) The National Board of Medical Examiners has a separate NBME exam disability accommodations process. Please visit the [United States Medical Licensing Examination](#) website, select "Test Accommodations" and follow their instructions for requesting disability accommodations from the NBME. Students may visit the Medical School's Technical Standards Director for assistance in this process.
- (3d) Students with accommodations may have an adjusted exam start time such that all students (accommodated and non-accommodated) have the same exam end time.

## Section 7 : Grading and Evaluation

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### 7.1 Purpose

- Define transcript grades and policies for distribution to students within a course.

### 7.2 Definitions

#### 7.2(1) Table of Grades

The following grades are approved by the university and appear on the transcript based on the student's performance and the course's allowable grades.

A	Outstanding performance
AB	Very good performance
B	Good performance (performance expected of most students)
BC	Satisfactory performance
C	Minimum acceptable performance
F	Failure – An unacceptable level of work. The course must be repeated, and competency demonstrated as directed by the Student Promotion and Academic Review Committee. The original F grade remains on the transcript along with the grade achieved after repeating the course.
S	Satisfactory performance in a pass/fail course
U	Failure – An unacceptable level of work. The course must be repeated, and competency demonstrated as directed by the Student Promotion and Academic Review Committee. The original U grade remains on the transcript along with the grade achieved after repeating the course.
CR	Credit, used only courses offered on a Credit/No Credit basis
N	No Credit, used only courses offered on a Credit/No Credit basis
IF	Incomplete/Failure – See 7.3(6) below
I	Incomplete – Temporary grade used when coursework is incomplete
P	Progress – Temporary grade indicating satisfactory progress in a multi-semester course. The P grade is replaced with a final grade when the course is completed.
PI	Permanent Incomplete – Used only when a course has not been and will never be completed. The PI grade remains on the transcript.
DR	Dropped – The course was dropped.
NR	No Report – A grade was not submitted by the instructor. Has no net effect on GPA or standing
W	Withdrew – The student withdrew from the University while enrolled in the course.

#### 7.2(2) “A-F” Course / Graded Course

A course where final letter grades are assigned. Letter grades are A through F with AB and BC as intermediate grades.

#### 7.2(3) Pass/Fail Course

A course where the final grade is chosen from either of two dichotomous options:

- Satisfactory/Unsatisfactory
- Credit/No Credit

No A-F letter grades are issued. All required courses in the ForWard Curriculum are graded satisfactory/unsatisfactory.

### 7.3 Policies

#### 7.3(1) Authority of Instructor

- (1a) The instructor of record is the final arbiter of grades except in circumstances adjudicated by the school or university grievance processes.
- (1b) Program administrators (e.g., Academic Affairs, Medical Education, and Student Services) cannot authorize or order grade changes but can discuss the student's concerns with the course's instructor of record.

#### 7.3(2) ForWard Curriculum Grading Schema

*Applies to students matriculating in fall 2016 or later.*

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

#### 7.3(3) The Legacy Curriculum Grading Schema

*Applies to students matriculating prior to 2016 and with IAPs.*

- (3a) Required first-year courses are graded on an S/U basis.
- (3b) Required second-, third-, and fourth-year courses are graded on the university's A through F scale.
- (3c) Elective courses may use either the S/U or A-F scales.

#### 7.3(4) Grade Distribution Recommendations for A-F Graded Courses

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

- (4a) No more than 30% of students earn "A" grades.
- (4b) At least 50% of students earn grades of "B" or below.
- (4c) Instructors of record adopt these guidelines at their discretion.

#### 7.3(5) Grading of Phase 1 & Phase 2 Courses

- (5a) Students passing all Phase 1 courses may proceed to Phase 2 in good academic standing.
- (5b) Students passing all Phase 2 courses may proceed to Phase 3 in good academic standing.
- (5c) Consistent with 7.3(6), instructors may issue "IF" grades in their courses to students with limited deficiencies in course material.

#### 7.3(6) Incomplete Fail "IF" Grade

The IF grade is a temporary placeholder grade used when course-level deficiencies are substantial (failing) but may be remedied short of repeating the entire course. The IF grade indicates course performance below the passing standard set for the course.

- (6a) Resolution of the IF grade requires substantial remediation in the area(s) of deficiency identified by course assessments.
- (6b) Remediation elements (retest, extra assignments, etc.) are at the discretion of the course director.
- (6c) When issued, the instructor of record shall establish the benchmarks for remediation of the IF grade.
- (6d) The timeline for remediation is determined by the course director in consultation with the Medical Education Office and the Student Services Office.

- (6e) The IF grade remains on the transcript until a final grade is reported and is then replaced by the final grade.
- (6f) Students who do not pursue or complete the offered remediation will retain their initial assessment scores and as such earn failing grades for the course.
- (6g) The remediation is limited to satisfactory completion of the work at UWSMPH.
- (6h) Maximum Grades upon Successful Remediation
  - (6h.1) In preclinical courses, the final grade cannot exceed an S in a pass/fail course or a C in an A-F graded course.
  - (6h.2) In clinical courses, the IF will be replaced with a grade no higher than an S in a pass/fail course or a BC in an A-F graded course.
- (6i) Remediation must be completed within the academic year in which the student took the course unless an alternate schedule is approved by Student Services and the Medical Education Office.
- (6j) If the IF grade is replaced by failing grade, policies in 7.3(9) apply.
- (6k) Instructors of record are empowered to issue IF grades and offer appropriate remediation for circumstances beyond those enumerated in this section but must do so uniformly to all students in their course.

7.3(7) “I” Grade

- (7a) The I grade is a temporary grade issued in cases where students complete some but not all course materials and then complete or remediate the course at a later date, such as in a subsequent semester.
- (7b) “EI” (extended incomplete) is a temporary grade used for an extended time limit to remove an I.
- (7c) For calculation of academic standing, the EI and DR grades are equivalent.

7.3(8) “DR” Grade

- (8a) The DR grade indicates a course has been dropped. When a student is permitted by the course instructor to repeat a course in which they earned an IF rather than remediate the IF, a DR grade will replace the IF grade for the initial attempt at the course.

7.3(9) Failing Grades (“U” & “F”)

- (9a) Failed courses must be repeated,
- (9b) The F or U grade remains on the transcript along with the new grade achieved.
- (9c) Failed courses may be repeated only once. If a student fails the same course twice, the student will be dismissed from medical school.
- (9d) A student who fails a course will be issued an individualized academic plan by SPARC which will dictate their course of study going forward.
- (9e) If a student fails a Phase 1 course, they must retake and pass the course when that course is next offered in the UWSMPH Phase 1 curriculum.
- (9f) In all cases where a course is repeated, a notation will be made in the appropriate section of the student’s MSPE.

7.3(10) Repeating Exams

*Retaking failed examinations is a common mechanism for remediation of IF grades.*

- (10a) Students retaking an exam for remediation of an IF grade are allowed only one additional (i.e., second) attempt to pass the exam.

- (10b) The instructor may establish a higher benchmark for minimally acceptable performance for the remediation attempt than was originally established for the exam at its first offering.
- (10c) If upon re-examination the student's performance is still not at a minimally acceptable level, a grade of F or U will be issued, and the student must repeat the entire course, including all course activities and course assessments.

### 7.3(11) Repeating Courses

- (11a) Only one repeat attempt is allowed.
- (11b) A student who repeats a previously failed course will fully repeat all elements of the course and will be held to the grading standard in place at the time the course is repeated.
- (11c) Students may only repeat required courses where they have earned a passing grade with approval of SPARC.
- (11d) Elective or selective coursework may be repeated provided the course content or experience differs substantively between iterations (e.g., research courses or M3 & M4 specialty electives) or upon department consent.
- (11e) Regardless of mark earned on repeating the course, grades in all completed courses remain on the student's official UW-Madison transcript.
- (11f) When repeating a failed Phase 1 course, a student must retake and pass that course when it is next offered in the UWSMPH Phase 1 curriculum.
- (11g) When repeating a failed Phase 2 course, a student will repeat the course in Madison.
  - (11g.1) Exception to this policy will be considered for WARM and TRIUMPH students at the request of the WARM or TRIUMPH Director.
  - (11g.2) Exceptions to this policy for traditional students who petition to repeat the course outside of Madison must be approved by Student Services in consultation with and approval the course director.
  - (11g.3) Exception to this policy must be approved by Student Services in consultation with and approval of the course director.

## 7.4 Procedures

### 7.4(1) Grading Rubrics

- (1a) Courses distribute and review grading policies with students at the course orientation. Course directors document the grading policies in the syllabus.
  - The syllabus may be in electronic format and provided via the learning management software.*
- (1b) This grading policy includes all graded elements and their weighting in calculation of the final grade.
  - Students' grades are typically a composite of clinical assessment(s), scores on written/computer-based examinations, written assignments, and Objective Structured Clinical Exams (OSCEs), professionalism, and other elements as specified in the syllabus.*
- (1c) Clinical grades are based on observations of performance by supervising faculty, fellow, residents, and with input from staff.
  - The clinical evaluation form is called the "UWSMPH Student Clinical Performance Evaluation on Courses."*



#### 7.4(2) Mid-Course Feedback Phase 1 and Phase 2

*This feedback is for students' benefit and seeking out additional feedback from the faculty and residents throughout rotations is a best practice.*

(2a) Students will be provided with formative feedback on their progress, at a minimum, once at the midpoint of each block.

(2a.1) In Phase 1, this includes self- assessment practice and feedback by the longitudinal teacher coaches.

(2a.2) In Phase 2, feedback will occur midway through each rotation and will include a self-assessment as well as input from one of the clinical team members. Phase 2 Courses use the Mid-Rotation Feedback Form.

#### 7.4(3) Posting of Evaluations and Final Grades

(3a) Grades are viewable when released by the Medical Education Office.

(3b) Final course grades will be posted as soon as the grading process is complete and always within 6 weeks of course completion.

(3c) Grades are posted in Acuity and/or OASIS

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

#### 7.4(4) Grade Changes

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

(4b) Extra Credit Work

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

(4c) Exam Grade Changes – See 6.3(12).4.7(2).

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

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

(5b) Request for grade review must be submitted to the course director in writing. The student must contact the course director within 30 days of receiving the disputed course grade.

(5c) The request must state a specific question for course director action.

(5d) The request must specify how the course grading policy was incorrectly applied in their case.

(5e) Following review to the grade review request, the course director will respond in writing to the student and will address the student's specific question.

(5f) Following the course grade review process, if the student believes they were graded inappropriately, the student may request a grade review by the Dean for Students and initiate the informal grievance resolution process [see section 19.4(1)].

(5g) As a final recourse, students may follow the grievance procedures outlined in section 19: Grievances.



## Section 8 : Class Rank & Comparative Performance

### 8.1 Purpose

- To explain how, in the Legacy curriculum, a grade point average is calculated using permanent letter grades and their corresponding grade points
- To establish that GPAs and/or discrete class rank are for internal purposes only and are not reported on the official UW-Madison transcript
- To describe a more granular calculation of comparative performance for courses and years/phases in which final course percentages are provided
- To explain that, in the ForWard curriculum, CCP is a graphic with an overall range divided into quartiles, with an overlaid bar representing the individual student's performance, spanning 20% of the total cohort range.

### 8.2 Definitions

#### 8.2(1) Course Percent

The fraction of the total points in a course earned, e.g.,  $235/280 = 83.9\%$

#### 8.2(2) Course Percentile/Percent Rank

The percentage of scores (i.e., course percentages) that fall below a given student's score, which is given by this formula:

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

PR = Percent rank

B = # of scores below x

E = # of scores equal to x

n = total population

#### 8.2(3) Cumulative Comparative Performance (CCP) or Class Rank

CCP is an aggregation of individual course performance outcomes, weighted by credits indicating a student's performance relative to those students who took the same coursework. It is used in the Legacy and ForWard Curriculum to quantify comparative class standing. Class rank is not reported explicitly but rather as a range. Calculation varies depending on the required curriculum and grading schema for courses therein but is based on this formula:

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

PR = Course performance outcome as defined by the Educational Policy and Curriculum Committee (EPCC)

Cr = Course credits

CCP = Cumulative Comparative Performance (for a given phase/year)

#### 8.2(4) Discipline-Specific Comparative Performance

One of seven specialty/department-specific comparative rankings tabulated by aggregating performance in Phase 2 by discipline rather than by course. The seven core specialties are Family Medicine, Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery.

### 8.2(5) Dean's GPA

GPA used in the Legacy curriculum to determine class rank/standing. It is an average of student performance in the preclinical and clinical years.

### 8.2(6) Grade Points Table for Legacy Curriculum

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

## 8.3 Policies

### 8.3(1) Universal Policies

(1a) For students entering the curriculum prior to Fall 2021, all ForWard curriculum Phase 1 and Phase 2 courses are used to calculate CCP except PPP.

(1b) For students entering the curriculum in Fall 2021 and after, ForWard curriculum Phase 2 courses are used to calculate CCP. Phase 1 courses do not contribute to CCP.

(1c) For purposes of determining academic progress, class rank (CCP) is tabulated only upon completion of the Phase after submission of all Phase grades.

(1d) Class rank (regardless of its mechanism of determination) is never reported explicitly (e.g., 54/176) outside of UWSMPH. Quartiles (Legacy Curriculum) or graphical representations are used (ForWard Curriculum).

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

(1e) WARMeRR students will not receive a CCP.

### 8.3(2) Class Rank Calculation

(2a) Grades from required courses in the preclinical curriculum and core clinical courses may be included in calculation of class rank (see 8.4).

(2a.1) For the Legacy Curriculum, this includes required courses in Years 1 and 2 and Core Courses/Courses in Year 3.

(2a.2) In the ForWard Curriculum, this includes required courses in Phase 1 and Phase 2 except PPP for students entering the curriculum prior to Fall 2021. For students entering the curriculum in Fall 2021 and after, this only includes required courses in Phase 2.

(2b) Grades earned in pass/fail courses are not included in the GPA calculation, but course performance outcomes are used for calculation of CCP.

(2c) F grades in required courses are calculated into the GPA (Legacy) or CCP (ForWard) until the course is repeated and a new grade issued, at which point the GPA or CCP is recalculated with the new grade.

(2d) For repeated courses (in cases where students earned a failing grade on their first attempt), only the new grade or course performance outcome will be included in calculation of class rank.

- (2e) For repeated course components (in cases where students have remediated an IF grade), the first score is used in calculation of course and class ranks.
- (2f) Elective courses are not included in calculation of class rank, either by Dean's GPA or CCP.
- (2g) Grades earned in medical school courses taken prior to matriculation as a medical student at the UWSMPH are not included in calculation of class rank.
- (2h) Grades earned in courses taken at other medical schools, either before or after matriculation at the UWSMPH, are not included in calculation of class rank.

## 8.4 Procedures

### 8.4(1) Legacy Curriculum Class Rank & GPA Calculation

- (1a) For students without a Year 2 CCP, the Dean's GPA will be used.
  - (1a.1) Dean's GPA is the average of Year 2 and Year 3 CORE GPAs.
  - (1a.2) Year 2 and Year 3 CORE GPAs are calculated as a weighted average of grade points earned in required courses, based on the credit values and grade points corresponding to the assigned letter grade.
  - (1a.3) Class rank is reported by quartile on the MSPE.
  - (1a.4) The Dean's GPA formula:  $Dean's\ GPA = \frac{Year\ 2\ GPA + Year\ 3\ Core\ GPA}{2}$
- (1b) For students with a Year 2 CCP, a hybrid, overall cumulative comparative performance is calculated.
  - (1b.1) Year 2 CCP and Year 3 Core GPA converted into percent rank terms.
  - (1b.2) Year 2 CCP calculation follows the definition and formula in 8.2(3).
  - (1b.3) Year 3 CORE GPA is the weighted average GPA for the 7 CORE Courses.
  - (1b.4) Year 3 CORE GPA is converted to a Year 3 CORE CCP using the formula in 8.2(3).

### 8.4(2) ForWard Curriculum Cumulative Comparative Performance

- (2a) For students who entered the ForWard curriculum prior to Fall 2021:
  - (2a.1) The overall CCP is calculated as an average of Phase 1 and Phase 2 CCP, with each phase having equal weight.
  - (2a.2) Within each phase, CCP is the credit-weighted average of each required course final performance outcome.
  - (2a.3) The Phase 1 course Patients, Professionalism, and Public Health is not included in calculation of CCP.
- (2b) For students who entered the ForWard curriculum in Fall 2021 and after:
  - (2b.1) The overall CCP is the credit-weighted average of each Phase 2 course performance outcome.

## Section 9 : Academic Plans, Progress, & Promotion

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### 9.1 Purpose

- To define categories of academic standing for students in the MD program
- To outline academic requirements and policies for progress

### 9.2 Definitions

#### 9.2(1) Standard Academic Plan

The course of study leading to the MD that corresponds to the curriculum in place at a student's matriculation and described in Section 2.2.

#### 9.2(2) Individualized Academic Plan (IAP)

A modification to the standard course of study approved by the Student Promotion and Academic Review Committee. Modifications to the academic standing and progress criteria are specified in approved IAPs. Individual academic plans may modify the following elements:

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

#### 9.2(3) Extended Program

An extended program is one type of IAP that allows students to spread one year of course work over two years. Reasons for such requests may include pursuing research experiences, parenting and family issues, health issues, and academic difficulty. Students who request an extended program will be apprised of the possible risks before any decision is made.

*Students are cautioned that any extension of medical school training beyond the traditional four-year period may be perceived to be a negative factor in the residency application process.*

#### 9.2(4) Good Academic Standing & Progress

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

(4a) ...On Standard Academic Plan in Years/Phases with Pass/Fail Courses  
All the following criteria are met.

- All courses passed
- No courses dropped
- No IF, PI, or U grades
- No professionalism or other conduct/behavioral violations

#### 9.2(5) Marginal Academic Standing & Progress

Marginal academic standing and progress is substandard global performance in the MD program. While not at risk for dismissal, students in this category are considered

academically at-risk and will be more closely reviewed by the Student Promotion and Academic Review Committee and Student Services.

(5a) ...On Standard Academic Plan in Years/Phases with Pass/Fail Courses

All the following are required in a year or phase.

- One course where an IF, PI, NCR or DR (drop) is earned
- No failed (F or U) course grades
- No professionalism or other conduct/behavioral violations

9.2(6) Unsatisfactory Academic Standing/Progress

Unsatisfactory academic standing and progress is substantially deficient performance and progress in the MD degree program.

(6a) ...On Standard Academic Plan in Academic Years or Curriculum Phases with Pass/Fail Courses

Meeting any of the following criteria in a given year or phase

- (6a.1) Any failing grade or course dropped in lieu of failing
- (6a.2) Two or more IF, I, or DR grades
- (6a.3) Any professionalism or other conduct/behavioral violation

9.2(7) Substantial Deficiency/Deficiencies

Synonymous with Unsatisfactory Academic Progress/Standing.

### 9.3 Policies

9.3(1) Standard Academic Plan

- (1a) Unless modified in accordance with the policies in this section, all students are expected to complete their standard course of study as enumerated in Section 2: Curriculum.
- (1b) Curriculum Phases or years must be completed sequentially.
- (1c) Courses within Phases 1 and 2 are sequential.
  - | *SPARC will only approve exceptions when dictated by individual student circumstances.*
- (1c.1) Students earning a grade of “Unsatisfactory” in Patients, Professionalism, and Public Health will not be permitted to continue in Phase 1 until this course is successfully retaken and passed.
- (1c.2) Students earning a grade of “Unsatisfactory” in Body in Balance will not be permitted to continue in Phase 1 until this course is successfully retaken and passed.
- (1d) A student must have passed all courses of a curricular year or phase before the student is promoted to the next curricular year or phase.
  - (1d.1) WARMeRR students will be permitted to take a Phase 2 course in the summer after the M1 year (prior to completion of Phase 1).
- (1e) A student must have passed all assessments of a phase before being promoted to the next phase.
  - (1e.1) WARMeRR students will be permitted to take a Phase 2 course in the summer of the M1 year after successful completion of all M1 year assessments.
- (1f) The Dean for Students, their designee, or SPARC must approve any exceptions to academic plans.
- (1g) SPARC must approve any exceptions to policies on academic standing.
- (1h) Failure to meet any of these requirements will lead to review by SPARC.

### 9.3(2) Individualized Academic Plans (IAPs)

- (2a) In consultation with course directors and with approval by the Dean for Students, students may adopt an IAP as a deviation from the standard curriculum.
- (2b) For students in marginal or unsatisfactory academic standing, SPARC may mandate an IAP.
- (2c) The terms of an IAP are individualized to the student. The Dean for Students is authorized to set the terms for a student's IAP.
- (2d) IAPs are automatically invoked when a student is approved for a leave of absence or for any deviation from the standard course of study.
- (2e) Deviations from the IAP course of study (e.g., course drops) will trigger review by SPARC and may lead to action including dismissal.
- (2f) SPARC may establish specific benchmarks for academic progress.
- (2g) SPARC reserves the right to require a student to repeat a previously passed course if this is deemed to be an integral part of a student's academic progress.
- (2h) SPARC reserves the right to determine the site placement for the clinical rotations of any student.
- (2i) Through an IAP, the Dean for Students or SPARC may set conditions and/or restrictions on continued participation in student organizations, especially the holding of leadership positions.

### 9.3(3) Good Academic Standing & Progress

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

### 9.3(4) Marginal Academic Standing & Progress

- (4a) Students in marginal academic standing will be reviewed by and may be required to appear before SPARC.
- (4b) Upon review, SPARC may mandate IAPs for students in marginal academic standing as a condition for continued enrollment.
- (4c) Students who hold school-sponsored leadership positions and fall into marginal academic standing will have their participation reviewed by the Dean for Students and/or SPARC and may be required to resign from their positions.
- (4d) Students in marginal academic standing are not automatically supported for extracurricular educational experiences but may request an exception at the Dean's discretion or SPARC approval.

### 9.3(5) Unsatisfactory Academic Standing/Progress

- (5a) Students whose work falls into this category will be notified and required to meet with the Office of Student Services.
- (5b) Students in unsatisfactory academic standing are not eligible for leadership positions and are not supported for extramural or extracurricular experiences.
- (5c) Students in unsatisfactory academic standing will be required to appear before SPARC and may face action, including dismissal from UWSMPH.
- (5d) Students with unsatisfactory academic performance in required clinical courses will be reviewed by SPARC and may be issued IAPs.
- (5d.1) These IAP may contain specific elements for remediation.

- (5e) When reviewed, students in unsatisfactory academic standing will not be permitted to continue the standard academic plan unless granted such approval or provided an IAP dictating their individualized course of study.
- (5e.1) Additionally, students reviewed by SPARC for unsatisfactory academic standing may be dismissed from UWSMPH or may be placed on a mandated leave of absence.
- (5e.2) Students placed on a mandated leave of absence will re-enter the UWSMPH MD program as specified in the SPARC action and must repeat all courses if so specified by SPARC.
- (5f) SPARC will review the performance of any student who receives a grade of U, IF, or DR on any Year 4/Phase 3 required course, preceptorship, or elective.

9.3(6) Year 4/Phase 3 Progress Review

- (6a) SPARC will review the schedules of students who earn failing grades.
- (6b) If the student receives a U or IF grade on 6 credits or more of Phase 3 work, SPARC may dismiss the student from UWSMPH or require the student to successfully complete a special evaluation before proceeding with regularly scheduled courses or electives.
- (6b.1) This evaluation may include but is not limited to evaluation by a panel of clinical faculty on additional clinical course work, written examination, Objective Structured Clinical Exam (OSCE), and/or standardized patient-type examination.
- (6c) Failed courses or electives, which are graduation requirements, must be made up either by repeating the same course or by taking a similar course with approval of SPARC in consultation with the Medical Education Office.
- (6d) Phase 3 graduation requirements must be completed in Phase 3. Electives taken in Phase 1 and Phase 2 will not count toward the Phase 3 credit requirement unless specifically approved by SPARC in an IAP.

*For example, this may be applied to a Phase 1 student who takes Phase 3 independent research elective to remain in student status eligible for financial aid as part of an approved IAP.*

9.3(7) Dropping Preclinical Courses

- (7a) A student may be allowed to drop a preclinical course with permission of the Dean for Students in consultation with the Course Director and staff in Student Academic Success Services.
- (7b) If the approved drop occurs prior to the date the course is two-thirds complete, the course will be removed from the student's medical school record and university transcript.
- (7c) If the approved drop occurs when two-thirds or more of the course is complete, the course will appear as dropped (i.e., grade of DR) on the student's medical school record and university transcript.

9.3(8) Dropping Phase 2 Courses

- (8a) A student may be allowed to drop a Phase 2 course with permission of the Dean for Students in consultation with the course director and staff in Student Academic Success Services (SASS).
- (8b) If the approved drop occurs prior to the date the course is two-thirds complete, the course will be removed from the student's medical school record and university transcript.



(8c) If the approved drop occurs when two-thirds or more of the course is complete, the course will appear as dropped (i.e., grade of DR) on the student's medical school record and university transcript unless otherwise specified in an approved IAP.

#### 9.3(9) Dropping Phase 3 Courses

(9a) Prior to the start date of the course:

(9a.1) Students may drop courses outside of their restriction window without approval or penalty.

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

(9a.2) Students may be permitted to drop courses inside of their restriction windows with the consent of the instructor or Student Services.

(9b) After the start date of the course:

(9b.1) Once the course has begun, students may be allowed to drop a course only with the permission of the Dean for Students in consultation with the course director.

(9b.2) If the approved drop occurs when two-thirds or more of the course is complete, the course will appear as dropped (i.e., grade of DR) on the student's medical school record and university transcript unless otherwise specified in an approved IAP.

#### 9.3(10) Time Limitations, Preclinical Courses

(10a) Unless specified in their IAP, students must successfully complete the preclinical curriculum within 36 months of matriculation or be dismissed.

(10b) Maximum time requirements may be waived for the following reasons:

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

#### 9.3(11) Time Limitations, Clinical Courses

(11a) A student who fails to complete clinical curriculum years/phases within 36 months of beginning them will be dismissed from UWSMPH, absent an approved IAP from SPARC.

(11b) Unless specified in their IAP, students must successfully complete the MD curriculum within 6 years of matriculation or be dismissed.

(11b.1) Students in the MSTP program are exempted from this time limitation

(11b.2) Students in the MD/MPH dual degree program must successfully complete the dual degree requirements within 7 years of matriculation

(11b.3) Maximum time for completing the requirements may be waived due to illness, student engagement in research or other scholarly pursuits, or for other compelling non-academic reasons.

(11b.4) If the waiver is sought for medical reasons, a written letter of evaluation from a treating physician is required.

### 9.4 Procedures

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

(1a) Complete a request form, available from the Office of Student Services, 2130 HSLC.

(1b) Requests are reviewed and approved by the Office of Student Services and SPARC.

9.4(2) Academic Standing Review

(2a) Academic standing is evaluated at the end of every semester, at which point it is reviewed by SPARC, and student records are updated.

(2a.1) SPARC reviews students who receive unsatisfactory grades (IF, U) at the end of each course block.

(2a.2) Successful remediation of an IF is one condition to return to good academic standing.

(2a.3) Successful completion of a subsequent semester with a passing performance in all courses is the second condition to return to good academic standing.

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

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

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

(2e) Any student in marginal academic standing will be individually reviewed by and may be required to appear before SPARC.

(2f) Any student in unsatisfactory academic standing will be required to appear before SPARC.

(2g) Students appearing before SPARC may be mandated IAPs until their performance meets the criteria for good academic standing.

(2h) A student who fails the same course twice will be dismissed.

## Section 10 : Student Review Committees

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### 10.1 Purpose

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

### 10.2 Definitions

#### 10.2(1) Student Promotion and Academic Review Committee (SPARC)

The group of faculty, staff, and student members that is charged with monitoring performance of *all medical students* and reviewing those medical students who fail to meet academic or professionalism standards or requirements.

#### 10.2(2) Competency Review Committee (CRC)

The group of faculty and staff serving as a centralized committee charged with reviewing a students' competency in all (6) domains of the ForWard Curriculum. The CRC applies only to students in the ForWard Curriculum and all [SMPH Graduation Competencies](#)

#### 10.2(3) Longitudinal Teacher/ Coach (LTC)

The faculty member assigned to a student in the ForWard Curriculum to review their progress to competency across the six competency domains and jointly create competency and skill development plans. This may be a single faculty member or may be a pair of faculty members then referred to as the "coach dyad".

#### 10.2(4) Voting Member

Member of the committee permitted to vote on any action before the committee.

#### 10.2(5) Ex Officio Member

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

### 10.3 Policies

#### 10.3(1) Responsibility of the CRC

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

#### 10.3(2) Student Review by the CRC

Following review, the following actions may be taken.

- (2a) Approve a learning plan submitted by the student and developed in conjunction with the coach to address deficits in the student's performance, then review the student again to assess progress on the learning plan
- (2b) Amend a learning plan submitted by the student and the LTC
- (2c) Refer the student to Student Services for further evaluation and assistance
- (2d) Refer the student to SPARC

10.3(3) Composition of the CRC

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

10.3(4) Access to Student Records by CRC

The CRC is empowered to review all data pertaining to a student's competency in all domains of the ForWard Curriculum. This includes but is not limited to:

- (4a) Student reflections, self-assessments and learning plans
- (4b) Coach/dyad assessment and narrative feedback
- (4c) Report of the joint assessment between the student and coach/dyad

10.3(5) Responsibilities of SPARC

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

10.3(6) Composition and Voting Members of SPARC

The composition and selections of SPARC's voting membership is governed by the committee's bylaws. Academic and Career Advising Program (ACAP) mentors and ForWard curriculum Integrated Block Leaders (IBLs) are ineligible to serve as voting members of SPARC due potential conflict of interest.

10.3(7) Recusal from SPARC Participation

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

(7b) Committee members will disclose to the Chair their past associations with a student.

(7c) SPARC member will disclose conflicts of interest regarding a student to the Chair prior to discussion about the student and will recuse themselves from participating in any decision about that student.

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

(7e) Any member of SPARC who has provided medical or mental health services to a student must recuse themselves from participating in any promotion decision about that student.

10.3(8) Quorum for SPARC

(8a) 9 members constitute a quorum.

(8b) A quorum may be established by appointing from among the attending ex officio committee members a person to serve as a temporary voting member for the duration of that meeting only.

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

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

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

- 1) Agree to waive quorum rights, thereby accepting the decision of voting members present as binding
- 2) Accept motions and decisions made via email voting of a quorum of committee members

10.3(9) Allegations of Unprofessional Behavior

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

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

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

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

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

10.3(10) Reconsideration of SPARC Action

- (10a) Following the receipt of a written decision by SPARC, the student may request a reconsideration meeting.
  - (10a.1) A request for reconsideration will only be considered when the student wishes to present to SPARC new and/or additional facts that occurred during the academic time in question.
  - (10a.2) A written request for reconsideration must be submitted to the Dean for Students or their designee within thirty (30) business days of the date of SPARC's written decision. The request must include:
    - (...1) The reasons for requesting a reconsideration of the Committee's initial decision
    - (...2) A summary of the new information that the student will present to the committee
  - (10a.3) The Dean for Students or their designee will forward the request for reconsideration to SPARC.
  - (10a.4) SPARC members shall review the student's request for reconsideration. Following review, the committee will vote to hear or deny the reconsideration.
    - (...1) Based on the student's preference, this review and vote may occur at the next regularly scheduled committee meeting, or it may occur between regularly scheduled meetings via electronic format.
  - (10a.5) If SPARC votes to hear the reconsideration, it will meet with the student for a formal reconsideration of its initial decision at the subsequent regularly scheduled meeting.
- (10b) This meeting represents the student's final opportunity to present new or additional facts.
- (10c) A student appearing before SPARC may be accompanied by one person, whose primary role is to support the student.
  - It is not expected that this person will speak on behalf of the student.*
- (10d) Per standard SPARC procedures, all committee deliberations and voting for reconsideration shall be in closed session. Only voting and ex officio members of SPARC and legal counsel may be present during the closed session.
- (10e) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the reconsideration process.
- (10f) SPARC's decision on the reconsideration shall be communicated to the student in writing and state the reasons for the decision. If the committee's reconsideration decision is adverse to the student, the notification must state that the student may appeal the reconsideration to the EPCC.

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

- (11a) If the student wishes to appeal an adverse decision following reconsideration by SPARC, the student must first meet with the Associate Dean for Medical Education, who is the Ex Officio administrative sponsor of EPCC, to review the policies and procedures that define an appeal to EPCC.

- (11a.1) This meeting will focus on procedure and process. The Associate Dean for Medical Education will not comment on the merit of the appeal.
- (11b) Following the meeting with the Associate Dean for Medical Education, if the student decides to appeal to EPCC, a written request for an appeal must be submitted to the Chair of the EPCC.
- (11c) The request for appeal must be submitted within thirty (30) days of the SPARC's written decision on the reconsideration.
- (11d) In the request for an appeal, the student must state the specific ground(s) of appeal, which is limited to those listed in subsection 11F, below. For purposes of this section, "days" means calendar days excluding holidays.
- (11e) EPCC does not adjudicate course grade appeals or course absences. EPCC is not empowered to overturn course grades
- (11f) The appeal to the EPCC must be based on one or more of the following criteria:
  - (11f.1) UWSMPH policies were incorrectly applied.
  - (11f.2) The decision is contrary to existing state or federal law.
  - (11f.3) Proper UWSMPH procedures were not followed.
  - (11f.4) Unfounded assumptions of fact regarding the student's performance or behavior were made by SPARC.
  - (11f.5) In addition, the student may be requested to identify those specific aspects of the SPARC decision process that the student believes meet the criteria cited as a basis for the appeal. Only the facts presented to SPARC may be introduced at the appeal before the EPCC.
- (11g) The burden of proof shall be on the student to demonstrate that the SPARC reconsideration decision was based to a significant degree on one or more of the above conditions.
- (11h) The student may appear before the EPCC to provide information consistent with subsections (11d.1) through (11d.5).
- (11i) A support person may accompany the student to the appeal meeting of the EPCC. The primary role of this is to support the student.
  - | *It is not expected that this person will speak on behalf of the student.*
- (11j) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the appeal process.
- (11k) The EPCC shall meet after the Chair receives the student's written appeal of the SPARC reconsideration decision.
  - (11k.1) The meeting will be chaired by the Chair of the EPCC.
  - (11k.2) The EPCC Appeal meeting will follow this format:
    - (...1) Overview of the appeal process to members of the EPCC by the EPCC Chair and legal counsel (if applicable)- 5 minutes
    - (...2) Welcome and introduction of SPARC Representative and the SPARC support person (if present); introduction of student and student support person (if present)- 5 minutes
      - (...2.1) The SPARC representative will be the Chair or Vice Chair of SPARC
      - (...2.2) One support person chosen by the SPARC representative may be present at the appeal meeting if desired.
      - (...2.3) One support person chosen by the student may be present at the appeal meeting if desired.
      - (...2.4) Support persons do not have to be present.

- (...2.5) The presentation to the EPCC will be made by the student and the SPARC representative.
- (...2.6) If needed for clarification or additional information, presenters may confer with their support person.
- (...2.7) The support person may help address questions during the question-and-answer session as directly requested by committee members or as needed for clarification of information.
- (...3) Presentation of SPARC decision(s) including the basis for decisions and relevant supporting information- 10-20 minutes
- (...4) EPCC question and answer session with SPARC representatives- 10 minutes
- (...5) Presentation by the student of the appeal request, including the basis of the appeal, and any relevant support information by the student- 10-20 minutes
  - (...5.1) No new facts or information may be presented by the student
  - (...5.2) Only facts and information previously presented to SPARC may be included
- (...6) EPCC question and answer session with student- 10 minutes
- (...7) Brief closing remarks from the SPARC representative if desired to summarize SPARC decision or address any points raised (no questions at this time)- 2-3 minutes
- (...8) Brief closing remarks from the student if desired to summarize appeal request or address any points raised (no questions at this time)- 2-3 minutes
- (...9) Move to closed session of EPCC members for deliberation and decision
- (11k.3) All committee actions regarding student appeals shall be held in closed session. Following any presentation to the committee, only voting and ex officio members and legal counsel may be present. Any member of the EPCC who also served on SPARC when that committee made an adverse decision regarding the student may not vote on the appeal to the EPCC.
- (11l) The EPCC may take any of the following actions on the appeal:
  - (11l.1) Reject the appeal and affirm the initial decision of SPARC.
  - (11l.2) Reverse the decision of SPARC based on one or more of the conditions for the appeal.
  - (11l.3) Remand the matter for reconsideration by SPARC for appropriate corrective action under instructions from the EPCC.
- (11m) The student shall be notified in writing of the EPCC's action on the appeal, stating a summary of the action taken. EPCC decisions shall be delivered in writing to the student's official university email address. This represents official notification.
- (11n) If, in upholding a SPARC decision, the student is permitted the opportunity to withdraw, the student must notify the Associate Dean for Students of their withdrawal action within 14 days of receiving the written notification by EPCC.

#### 10.3(12) Sanctions

In determining a sanction, the Student Promotion and Academic Review Committee may consider prior incidences of review by the Committee or other allegations of academic or non-academic misconduct brought to the attention of the Office of Student Services but not requiring review by SPARC.



(12a) Monitoring

- (12a.1) General monitoring is prescribed for all students reviewed by SPARC. Regardless of any other outcome or sanctions, SPARC, Office of Student Services, and their designees will monitor all students reviewed by the committee. Monitoring may include mandated, ongoing meetings with faculty and staff to assess academic or behavioral remediation.
- (12a.2) Academic monitoring typically includes review of course and overall performance by SPARC, Office of Student Services, Student Academic Success Services, and/or Academic & Career Advising Program mentors. Additional performance benchmarks may also be put in place for students on SPARC-mandated academic monitoring, and failure to meet these will trigger subsequent review and action by the committee.
- (12a.3) Student experiencing psychosocial difficulties in medical school may be prescribed monitoring and assessment by the Office of Student Services, Student Academic Success Services, Academic & Career Advising Program mentors, and/or mental health professionals at UHS or in the community. Unless otherwise specified by SPARC for unique cases, no records or other treatment information is passed from provider to a school representative (e.g., Office of Student Services); however, SPARC may insist on verification of attendance/participation in mandated treatment (e.g., documentation that a student attended the requisite counseling sessions but nothing on the substance of these).
- (12a.4) Alcohol and drug monitoring may be prescribed by SPARC and typically involves random screening for the duration of students' medical education.
- (12a.5) If monitoring by an outside agent (e.g., drug screening lab) is required, the student will bear all associated costs.
- (12a.6) Any noncompliance, including missing/skipping a session for any reason, is considered a failed test, and will be reviewed by SPARC for additional sanctions, up to and including dismissal.

(12b) Reprimand

- (12b.1) A formal reprimand by SPARC includes notation placed in the student's permanent record. This will be reviewed and taken into consideration by the Office of Student Services and SPARC in any other cases of that student's misconduct.
- (12b.2) SPARC may mandate that the reprimand be reported in the appropriate section of the student's MSPE.

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

- (12c.1) Suspension or a mandated leave of absence is like dismissal in that it constitutes an immediate termination of student status unless otherwise specified by SPARC.
- (12c.2) All in-progress and scheduled courses (during the term of LOA) are dropped or graded "Incomplete" as appropriate.
- (12c.3) The decision to suspend a student cannot be stayed or deferred pending reconsideration or appeal.

- (12c.4) At the discretion of SPARC, Dean for Students, or their designee; suspended/LOA students may be allowed to enroll in independent study to maintain continuous enrollment for insurance and/or financial aid purposes or may be permitted to enroll as a special student in UW courses outside the UWSMPH.
- (12c.5) At the time of the suspension/LOA, SPARC will enumerate any conditions for reinstatement of student status and resumption of coursework (e.g., approval of SPARC, Dean for Students, or their designee before return to student status, presentation of a fitness to return to duty letter, written approval of a treatment team).
- (12c.6) When return to UWSMPH is sought after leave of absence for medical reasons, a written evaluation from a physician is required.
  - (...1) SPARC may require an independent opinion by a physician of its choice.
  - (...2) SPARC must approve a return to the Medical School following a medical leave of absence. This may entail an appearance before SPARC.

(12d) *Dismissal*

- (12d.1) Dismissal is the immediate termination of student status.
- (12d.2) All current and scheduled courses are dropped or graded “Incomplete” as appropriate or determined by SPARC or their designee.
- (12d.3) The dismissal decision will not be stayed (i.e., suspended) pending reconsideration or appeal.
- (12d.4) Dismissed students are not permitted to enroll in MD curriculum courses or any other UW-Madison course as University Special Students.
- (12d.5) If a student has been dismissed, the student has no active standing as a UWSMPH medical student during the appeal process.
- (12d.6) Students dismissed or appealing dismissal may not sit for (i.e., take) any USMLE or NBME exams.
- (12d.7) A student who is dismissed and wishes to reapply for admission to UWSMPH within 4 years of dismissal date will reapply to the UWSMPH Admissions Committee through AMCAS (see 10.4(3)).
- (12d.8) When considering decisions related to un-enrolled, former UWSMPH students, SPARC will reference the policies and procedures of the MD Student Handbook in place at the time of the student’s past participation in the curriculum.
- (12d.9) An MSTP student who is dismissed from the Graduate School is also dismissed from the MD program unless they successfully petition SPARC for transfer to the MD program.
  - (...1) Such a transfer request will only be considered by SPARC with the written support of the transfer by the MSTP program director.

## 10.4 Procedures

### 10.4(1) General Procedures for Review and Action on Student Cases

#### (1a) Appearance for Review

- (1a.1) SPARC may mandate an in-person review of any student breaching school policies contained herein.
- (1a.2) A student may elect to appear for review in person, even if SPARC does not explicitly require it.

- (1b) Student Statement & Supporting Documentation
  - (1b.1) Students are encouraged to submit a one-page statement to the committee in advance of their appearance.
  - (1b.2) Students may submit other supporting documentation such as letters of support. Letters of support are not required, but if submitted, students may provide a maximum of two.
  - (1c) The Dean for Students or their designee shall present the case and the student's academic record to the Student Promotion and Academic Review Committee.
  - (1d) A student appearing before SPARC may be accompanied by one person whose primary role is to support the student.
    - | *It is not expected that this person will speak on behalf of the student.*
  - (1e) The student has the right to present relevant information, including presenting witnesses. The student also has the right to question any witness presented by the Dean for Students or their designee.
  - (1f) SPARC shall make a record of the meeting (i.e., meeting minutes). Once ratified by the Committee, any party to the meeting may obtain copies of the minutes at their expense and subject to state and federal statutes (i.e., FERPA and Wisconsin open meetings laws).
  - (1g) All SPARC deliberations and actions shall be in closed session. Only voting and ex-officio members may be present during the closed session, including legal counsel to SPARC.
  - (1h) SPARC shall prepare written findings of fact and a written statement of its decision based upon the record of the meeting.
  - (1i) Unless otherwise specified, decisions of the Committee take immediate effect.
  - (1j) In addition to verbal and email communication with students immediately after the meeting, SPARC decisions shall be delivered in writing to the student's official university email address. The delivered email letter represents official notification, starting the student's window for reconsideration or appeal.
- 10.4(2) Evidentiary Standards & Burden of Proof
  - (2a) When deciding the veracity of disputed information or allegations, the committee shall require clear and convincing evidence.
  - (2b) The meeting shall not be bound by state or federal rules of evidence for trials.
  - (2c) Information that the committee deems useful to determining a disputed point will be admitted for consideration.
  - (2d) Information that is immaterial, irrelevant, or unduly repetitious will not be considered by the committee and is strongly discouraged.
- 10.4(3) Readmission
  - (3a) A student who has been dismissed or who has withdrawn from any UWSMPH MD program (inclusive of the MSTP or WARM program) can be readmitted to the MD program only by applying through the American Medical College Application Service (AMCAS) and the UWSMPH secondary application on the annual admissions timeline.
  - (3b) withdrawal or dismissal before requesting readmission to the MD program.

A waiting period of at least 12 months but no more than 24 months is strongly recommended. In general, applications for readmission following an absence of greater than 24 months will not be considered favorably.

- (3c) Any individual readmitted to the UWSMPH MD program by the UWSMPH Medical School Admissions Committee will enter as a first semester M1 student unless the individual is specifically granted advanced standing by the Committee.
- (3c.1) Admissions leadership and committee members may consult with the Dean for Students for any consideration of granting an individual advanced standing.
- (3d) All materials from the individual's original AMCAS application will be available for review by the UWSMPH Medical School Admissions Committee.
- (3e) The reapplicant's formal transcript while previously a student at UWSMPH will be available for review by the UWSMPH Medical School Admissions Committee.
- (3f) The reapplicant is encouraged to request that the UWSMPH Medical School Admissions have access to and review records of the individual's previous appearance(s) before SPARC.
- (3g) All transcripts from any academic program or course completed by the individual since the dismissal or withdrawal action will be made available to the UWSMPH Medical School Admissions Committee by the re-applicant.
- (3h) Individuals who are reapplying must submit score reports for any of the USMLE Step exams they have taken.

## Section 11 : Professionalism & Professional Behavior

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### 11.1 Purpose

- The University of Wisconsin School of Medicine and Public Health (SMPH) is committed to a learning and working environment based on mutual respect. Because our work ultimately focuses on improving the health and well-being of others, we have a unique responsibility to ensure that all the members of our community treat each other with the respect due colleagues.
- Medical students are expected to adhere to the highest standards of professional behavior and ethics. Students should conduct themselves according to the standards expected of members of the medical profession to which the student aspires.
- These Guidelines do not provide specific direction for every situation, but instead offer broad expectations that reflect existing SMPH, UW–Madison or UW Health policies and procedures, including the UWSMPH Shared Guidelines for Professional Conduct created by the SMPH’s Building Community Program, as well as state and federal laws.
- These guidelines apply to all medical students as members of health care teams, research teams, the learning environment, across partner institutions and in the community at large.
- Allegations and violations of these requirements are investigated by SPARC according to the procedures and policies.

### 11.2 Definitions

#### 11.2(1) University of Wisconsin System Administrative Code: UWS 14, 17, & 18

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

#### 11.2(2) Plagiarism

Plagiarism includes but is not limited to cheating on exams, representing the work of others as their own, submitting an assignment that contains ideas or research of others without appropriately identifying the source of those ideas collaborating with other students when prohibited, copying other providers’ work and/or notes from the medical record and presenting it as one’s own. Plagiarism is a serious breach of professional conduct.

(2a) The Medical School will not accept plagiarism in reports, patient histories and physicals, progress notes, or other assignments. UWSMPH policies are based on Chapter 14 of the University of Wisconsin System Administrative Code (UWS 14), which defines academic misconduct. Examples of plagiarism include the following:

*Plagiarism is a serious breach of professional conduct. The Medical School will not accept plagiarism in reports, patient histories and physicals, progress notes or other assignments. Medical School policies are based on Chapter 14 of the University of Wisconsin System Administrative Code (UWS 14) where academic misconduct is defined. Examples of plagiarism include the following:*

- *Submitting a paper or assignment as one's own work when a part or all the paper or assignment is the work of another;*
- *Submitting a paper or assignment that contains ideas or research of others without appropriately identifying the source of those ideas;*
- *Copying other providers' work and/or notes from the medical record and presenting it as one's own.*

## **11.3 Policies**

### **11.3(1) Professional Behavior Code**

#### **(1a) Introduction**

In addition to the requirements in UWS 14, 17, and 18, students must adhere to the Medical School's Professional Behavior Code (see below).

Unprofessional behavior may be grounds for failure to promote, dismissal, and/or denial of the degree. Separate and apart from a violation of the School's Professional Behavior Code, a student also may face university disciplinary action, as noted in UWS 14, 17, and 18, regarding the same action.

#### **(1b) Preamble**

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

#### **(1c) Respect Interpersonal Relationships**

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

*The following are examples of violations:*

- *interfering with the learning process by causing a disturbance to other students and/or the instructor during a lecture;*
- *dating a patient or otherwise exploiting the doctor/patient relationship;*

- *making inappropriate or demeaning references to a patient's ethnicity, gender, physical stature, background, intelligence, or mental status;*
- *failing to respect the rights of patients, fellow students, faculty, and all others to be free from illegal harassment and discrimination;*
- *using disrespectful or obscene language in communication with patients, students, faculty, staff, and others in clinical or academic settings;*
- *violations of the school's social media policies.*

(1d) Honesty, Integrity, and Fairness

Failing to be truthful and forthright in all dealings with patients, the public, faculty, residents, staff, fellow students, and others with whom the student interacts is a violation of the professional behavior code. The patient-physician relationship is dependent on the patient's assurance that the physician or student-physician will not divulge sensitive information to others. Patient medical records and all conversations between student and patient are considered confidential and shall not be disclosed or made available to any person not directly involved in the patient's care. In the pursuit and achievement of all academic and professional matters, students shall act fairly and honestly.

*This is a non-exhaustive list of such violations:*

- *academic misconduct (cheating);*
- *plagiarism;*
- *having possession of unauthorized copies of patient records;*
- *accessing medical records when not directly involved in the patient's care or as part of research / quality improvement;*
- *discussing or inappropriately addressing patients in public;*
- *making an assertion that intentionally deceives or misleads. (This deceitful assertion may be oral, written, or clearly communicated by gesture.)*
- *Protect health, safety and the environment. To ensure that all members of the SMPH community are protected from health risks and unsafe conditions, comply with all policies and laws that govern occupational and patient health and safety. Comply with all applicable environmental laws, including obtaining necessary licenses, permits and approvals, and using proper procedures and controls when storing and handling hazardous materials. Strive to reduce the environmental footprint of the SMPH community by using resources carefully and consciously.*
- *Uphold information confidentiality, privacy and security. Use institutional information technology resources only for authorized purposes, and do so responsibly, ethically and lawfully. Access and use protected information, including protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA), only to the extent necessary to conduct one's duties, and in accordance with all applicable policies, procedures and laws. Protect all intellectual property, including patents, trademarks, copyrights and trade secrets, from unauthorized use.*

- *Do the right things at the right time and place. Support the mission of the SMPH, and by extension, the university and the health system, in all actions. Carry out all activities in accordance with the highest standards of professional ethics, academic integrity and education program honor codes. Conduct all business with patients, payors, vendors, competitors and the research, academic, and broader community with honesty and integrity.*
- *Protect and steward resources. Our financial assets, physical property, intellectual property and employee effort are essential resources for furthering our mission. Demonstrate fiscal stewardship by using those resources prudently and with concern for health, safety and the environment. Protect all resources against loss, theft, misuse, damage or destruction.*
- *Share public information appropriately. Work through appropriate institutional communications channels when releasing information to the media or the public, or when responding to requests from reporters. Comply with institutional policies on use of social media. When sharing information through personal social media accounts, be professional, use good ethical judgment, and respect all privacy laws. Recognize that personal social media postings may reflect on the institution and potentially result in unintended consequences to one's professional career.*

(1e) Commit to Respect, Kindness, Compassion, and Altruism

- *Treat everyone with respect. Respect for others is at the heart of professionalism; it honors individual worth and dignity and extends to all relationships and forms of contact. Treat everyone in our community with kindness, compassion and a spirit of altruism. When conflicts arise, resolve them with a spirit of civility. Harassment or mistreatment of any kind is not tolerated.*
- *Engage, listen and communicate. In all interactions, engage, actively listen, encourage feedback and respond humanely to concerns. Choose the best way to deliver timely and meaningful information. Recognize the emotional, personal, family, and cultural factors that individuals bring to every situation. In the clinical setting, remain aware of how those individual factors influence patients' rights and choices of medical care. Provide appropriate empathy for and relief of pain, discomfort, and anxiety.*

(1f) Embrace Diversity, Equity, and Inclusion

- *Ensure an environment free of discrimination. Ensure an environment free from all forms of discrimination and harassment, including on the basis of race, color, religion, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, citizenship status, veteran or military status, age, disability or any other legally protected status.*



- *Support* the advancement of all. Value the diverse backgrounds, identities, trajectories and talents of each individual in our community. Work to understand one's own conscious and unconscious biases, how they influence one's behavior and how to overcome those limitations. Respond to others with an active appreciation for multiple points of view and experiences that may differ from one's own. Commit to the pursuit of equity and humility and practice it by actively supporting the development and advancement of all members of our community. Listen to all voices and foster a culture of inclusion.
- *Advocate* for social justice. Recognize how structural racism affects the health of individuals and communities, and how it shapes the experiences of people of color throughout the SMPH community. Speak out against behaviors that perpetuate racism, stereotypes, bias or hate. Strive for justice through one's individual work and through improvements to existing systems of patient care, education, service and research.

(1g) Maintain Professional Appearance

Maintaining physical appearance and personal hygiene is conducive to developing effective doctor-patient relationships. Students' professional appearance should demonstrate patient respect and create a climate for effective communication. Students should adhere to the clinical site dress code.

(1h) Professional Responsibility and Judgment

(1h.1) Students are expected to meet their clinical and educational responsibilities and follow course attendance and absence policies. While personal issues can arise that conflict or interfere with such obligations, every effort should be made by the student to resolve the conflict in a professional manner by assuring that patient care is not compromised and that appropriate members of the health care team and SMPH Administration are notified in a timely fashion. (See Section 3: Attendance & Work Hours.)

(1h.2) Students shall not participate in classroom and clinical activities while under the influence of alcohol or any psychoactive substances unless the use of such a substance is under the orders of a physician and the student does not manifest impairment.

(1i) Students are expected to uphold the core values of academic integrity which include honesty, trust, fairness, respect, and responsibility. All student assignments and assessments must reflect original work and academic honesty. The Medical School academic code of conduct is in accordance with UWS 14.03, which defines academic misconduct as an act in which a student:

- *Seeks to claim credit for the work or efforts of another without authorization or citation;*
- *Uses unauthorized materials or fabricated data in any academic exercise;*

- *Forges or falsifies academic documents or records;*
- *Intentionally impedes or damages the academic work of others;*
- *Engages in conduct aimed at making false representation of a student's academic performance;*
- *Assists other students in any of these acts.*

## 11.4 Procedures

### 11.4(1) Failure to Meet Professional Behavior Code

- (1a) All SMPH community members are responsible for upholding the guidelines for student conduct. Behavior that is contrary to the expectations established in this policy should be reported to an SMPH faculty or staff member and referred to Student Services.
- (1b) Students failing to meet these guidelines for student conduct or who demonstrate a pattern of behavior inconsistent with the code will be evaluated by the Student Services office and may be referred to SPARC.
- (1c) Review by SPARC may result in disciplinary action, including disciplinary reprimand, leave of absence, or dismissal from UWSMPH.

### 11.4(2) Failure to Meet Academic Code of Conduct

- (2a) All SMPH community members are responsible for upholding the guidelines for academic conduct. Any instances of academic misconduct should be reported by the instructor or students who suspect cheating to the Dean of Students.
- (2b) Course directors, in consultation with the Medical School and the Office of Student Services will follow the process to investigate and conduct hearings as outlined in UWS 14.
- (2c) Disciplinary sanctions may include disciplinary reprimand, an assignment to repeat the work, a lower or failing grade on the assignment or in the course, disciplinary probation, or suspension or expulsion from the university.

## Section 12 : Leave of Absence

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### 12.1 Purpose

- Define policies and procedures for both student-initiated and school mandated leaves of absence.

### 12.2 Definitions

#### 12.2(1) Leave of Absence (LOA)

A suspension of coursework for a least 8 weeks such that a student is not enrolled in any courses.

#### 12.2(2) Student-Initiated LOA

An LOA where the student elects to suspend coursework. Most often this is done for academic enrichment (e.g., second degree, research) or personal, health, or medical reasons.

#### 12.2(3) Mandated LOA

The Dean for Students (or designee) or the Student Promotion and Academic Review Committee (SPARC) suspends a student's participation in some or all educational activities.

### 12.3 Policies

#### 12.3(1) General Policies Governing Leaves of Absence

- (1a) Students granted leaves of absence are not permitted to enroll as University Special Students in courses offered in the medical student curriculum.
- (1b) The Dean for Students is authorized to set the terms of a student's leave.
- (1c) If the leave begins after the semester has begun, disposition of the registered courses for that semester follow UWSMPH guidelines unless the Office of Student Services grants a specific exception to the policy.
- (1d) Students will not be granted a leave of absence once their final exam period has begun.
- (1e) During a leave of absence, students are not permitted to serve in leadership roles for SMPH organizations or committees, included previously elected positions, unless retention of leadership is specified in the student's approved Individualized Academic Plan (IAP).
- (1f) During a leave of absence, students are not eligible for UWSMPH-funded travel.
- (1g) During a leave of absence, students are not eligible to serve as designated representatives of SMPH.

#### 12.3(2) Student-Initiated Leave of Absence

- (2a) Leaves for enrichment activities are only granted to students in good academic standing.
- (2b) The maximum leave granted without specific approval from SPARC is 1 year.

#### 12.3(3) Mandated Leave of Absence

- (3a) The Dean for Students is empowered to place students on a mandated leave of absence in cases in which there is a perceived risk to patient care or student safety or when there is no defined academic plan.

- (3b) When the Dean for Students considers a leave of absence to be in the best interest of the student and the student does not agree, the case will be presented to SPARC.
- (3c) SPARC must approve a mandated leave of absence that impacts a student's academic plan.
- (3d) Students placed on mandated leaves of absence must have SPARC approval to return to coursework.
- (3e) While on a mandated leave of absence, a student may not participate in patient care activities.
- (3f) When reentry to the Medical School is sought after a mandated leave of absence, SPARC may require a written evaluation from a health care provider or other relevant professional that the student is ready for return to the MD curriculum.

12.3(4) Duration of Leave of Absence

- (4a) The duration of a leave of absence can be for any length between two and twelve months.
- (4b) Leaves beyond one year require approval of SPARC.
- (4c) A one-year leave of absence may be extended to a two-year leave of absence only by approval of SPARC.
- (4d) If the leave of absence is extended to two years, the student is required to return to the MD curriculum at the end of the two-year period. If a student does not return, they are eligible for dismissal.
- (4e) A leave of absence greater than two years will be considered only in highly exceptional situations.
- (4f) Students on financial aid are encouraged to inquire about the possible impact of a leave on their loan status.

12.3(5) Leave of Absence for Medical Reasons

- (5a) When a leave of absence is requested for medical reasons, a written evaluation from a physician may be required. The Dean for Students may require an independent opinion by a physician chosen by UWSMPH.
- (5b) When reentry to the Medical School is sought after a leave of absence for medical reasons or after a mandated leave, a written evaluation from a physician indicating that the student can meet UWSMPH MD Program Technical Standards and is ready for return to the MD curriculum may be required. The Dean for Students or SPARC may require an independent opinion by a physician selected by UWSMPH.
- (5c) When reentry to the Medical School is sought after a leave of absence for medical reasons or after a mandated leave, the student may be required to appear before SPARC.
- (5d) When the reason for a medical leave is associated with a newly acquired physical or learning disability, the student must be reviewed by the Technical Standards and Accommodation Advisory Committee before readmission to the Medical School can be considered.

12.3(6) Maternity/Paternity Leave of Absence

Students who have or adopt a child during medical school may take a leave of absence before and/or after the child arrives. The usual length of the leave is up to 8 weeks. While a length of 8 weeks is permitted, a leave of this length may result in extension of the student's graduation date.

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

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

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

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

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

**12.4 Procedures**

12.4(1) Leave of Absence, Student-Initiated

(1a) A request for a leave of absence must be submitted on an Individualized Academic Plan Request Form and approved by the Dean for Students.

(1b) Approval is dependent on the reasons and goals for the leave and may require review by SPARC.



## Section 13 : Visiting, Transfer, & Special-Status Students

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### 13.1 Purpose

- To define the UWSMPH policy on the following two categories of special students:
  - Transfer Students
  - Visiting International Students

### 13.2 Definitions

#### 13.2(1) Transfer Students

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

#### 13.2(2) Visiting International Student

A visiting international student is any student enrolled in an international medical school seeking to enroll in any UWSMPH course. An international medical school is any medical school not accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).

### 13.3 Policies

#### 13.3(1) Transfer Students

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

#### 13.3(2) Eligibility Criteria for visiting students

To be eligible to act as a visiting student at UWSMPH, a student must meet all the following criteria without exception:

- (2a) The student is a United States citizen, a Canadian citizen, or a permanent resident of the United States
- (2b) Currently enrolled in an LCME- or AOA-accredited medical school
- (2c) In their final year of training at the time they will be rotating in UWSMPH
- (2d) Passing score on United States Medical Licensing Exam (USMLE) Step 1
- (2e) Meets eligibility guidelines put forth in the Coalition for Physician Accountability Work Group on Away Rotations when these guidelines are in effect

#### 13.3(3) Affiliation Agreement for Visiting Students

- (3a) Affiliation Agreements are required for all visiting medical students. UWSMPH uses the Association of American Medical Colleges (AAMC) Universal Agreement and an institution-specific implementation letter.

(3b) To obtain the AAMC Universal Agreement, UW Implementation Letter, and information/instructions at Affiliation Agreements, contact the Visiting Student Coordinator or the Student Services office.

13.3(4) Disability Accommodations

The visiting student's institution will provide disability accommodations for their students who require them.

13.3(5) Credit Limit

Students enrolled in other medical schools may select up to eight credits as a visiting student to the UWSMPH.

13.3(6) Placement Priorities

UWSMPH gives first priority for placement in clinical education to its students. After UWSMPH students are placed, we will begin the placement of approved visiting students into courses for which they are eligible.

13.3(7) Global Assumption of UWSMPH Policies

When visiting students are rotating at UWSMPH, they are held to all the policies of UWSMPH and UW-Madison.

13.3(8) International Visiting Students

(8a) The UWSMPH does not accept visiting students from international medical schools. Special exceptions to this policy may be made when *all* following conditions are met:

(8a.1) The student is a resident of the State of Wisconsin.

(8a.2) The student has taken and passed USMLE Step 1.

(8a.3) The student has a UWSMPH faculty sponsor.

(8a.4) The faculty sponsor has secured permission of the Dean for the student to enroll in a UWSMPH course.

(8a.5) The presence of the student in no way conflicts with or compromises the training of a UWSMPH student or graduate trainee.

## 13.4 Procedures

13.4(1) Application

All visiting students must complete all application steps and meet all requirements as detailed on the UWSMPH [Visiting Students](#) website.

## References

1. Incoming Student Affiliation Agreement:

<https://uwmadison.app.box.com/s/r2vzpgbcqw4ifu34ek621dmdgi3ky05f>

2. [UWSMPH Visiting Student Website](#)

3. The Coalition for Physician Accountability Work Group on MD Students (WG) on Away Rotations

<https://www.aamc.org/about-us/mission-areas/medical-education/away-rotations-faqs>

## Section 14 : United States Medical Licensing Examination

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### 14.1 Purpose

- To define scholar-specific policies around taking and passing the first two steps of the United States Medical Licensing Examination

### 14.2 Definitions

#### 14.2(1) NBME

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

#### 14.2(2) USMLE(s)

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

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

#### 14.2(3) Step 1

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

#### 14.2(4) Step 2 CK (Clinical Knowledge)

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

#### 14.2(5) Step 3

Step 3 is the multiple-choice examination that is the final examination in the USMLE sequence leading to a license to practice medicine without supervision. It is Taken after graduation, typically toward the end of the first year of residency.

### 14.3 Policies

#### 14.3(1) General Policies for all USMLEs

(1a) UWSMPH must sponsor each student to register for the Step 1 and 2 exams.

Sponsorship is contingent upon good/marginal academic standing or approval by 1) a member of the Student Academic Success Services (SASS) team, 2) the Dean for Students or their designee, or 3) the Student Promotion and Academic Review Committee (SPARC).

(1b) Registration and scheduling are each student's responsibility.



*Students are encouraged to consult with SASS, ACAP Mentors, and/or Student Services as they plan, study, and sit for USMLEs.*

(1c) Passage of all three steps of the USMLE are required for licensure in the United States.

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

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

(1d) Students will take Step 1 prior to Step 2 CK.

(1e) To sit for a Step of the USMLEs, a student must not have a pending score for another USMLE Step.

*This is to prevent a student from inadvertently failing both Step 1 and Step 2 CK.*

#### 14.3(2) Step 1

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

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

(2c) Students must pass Phase 1, all clinical components of Phase 2, and all Phase 2 NBME shelf to be eligible for Step 1.

(2d) Students completing Phase 2 in December of their third year of medical school are required to attempt Step 1 by March 1 of the following spring semester.

(2e) Students must take Step 1 prior to starting Phase 3 coursework.

(2f) A student's Step 1 deadline can only be modified by the Associate Dean for Students or their designee, including SPARC.

(2g) Students who do not take Step 1 by their defined deadline will be referred to SPARC.

#### 14.3(3) Step 2 CK

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

(3b) To be eligible to take Step 2 CK, a student must pass the prescribed series of coursework based on their curriculum.

(3b.1) In the ForWard curriculum, students must pass Phase 1 and Phase 2 to be eligible for Step 2 CK.

(3c) All students graduating in the month of May must attempt Step 2 CK prior to the release date of the Medical Student Performance Evaluation (MSPE) of their final academic year. To permit return of a score report prior to graduation, all students graduating in August and December must attempt Step 2 CK a minimum of 8 weeks prior to their planned date of graduation.

#### 14.3(4) USMLE Step 3

(4a) Students may not take Step 3 prior to graduation.

*Policies for registration and taking Step 3 are specific to each state's physician licensing board. Most require at least one year of graduate medical education before students can sit for the exam.*

#### 14.3(5) USMLE Step Failure

(5a) Students who fail any step of the USMLE examination on their initial attempt will be allowed two additional attempts to pass.

(5b) Students who fail the examination on their initial attempt must pass the examination within one year of the date they first took the examination.

- (5c) An individualized academic plan will be developed for students who fail the Step 1 examination. If the student is in a clinical course at the time the results become available, the plan will be prepared by the Office of Student Services in conjunction with the course director.
- (5d) After retaking the Step 1 examination (i.e., 2<sup>nd</sup> attempt), students are allowed to begin coursework while awaiting exam results. Students who take the examination a third time must wait for their score before being allowed to continue in clinical coursework.
- (5e) Students who fail any step of the USMLE three times will be dismissed.

14.3(6) Disability Accommodations

- (6a) Students seeking a testing accommodation for a documented disability must contact the NBME directly.
- (6b) UWSMPH is not involved in NBME's determination of whether to provide testing accommodations.
- (6c) Obtaining disability accommodations from UWSMPH does not guarantee that NBME will provide testing accommodations.

**14.4 Procedures**

14.4(1) USMLE Delay Request

- (1a) Students with extenuating circumstances who wish to delay a USMLE beyond its deadline must submit a request to the Office of Student Services at least 5 business days prior to their deadline.
  - (1a.1) If the request is approved, the examination must be taken on the new timeline established with the delay request.
  - (1a.2) Requests to delay beyond 90 days must be approved by SPARC.
- (1b) Students requesting an exception to the timeline outlined in this section (14.3(3)) must do so in writing to the Office of Student Services or SASS at least 4 weeks prior to their test date. The Dean for Students or their designee will decide most cases, but some may be reviewed by SPARC.

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

**14.5 Reference**

14.5(1) NBME Website

Applications and information about the examinations may be obtained online on the NBME [website](#).

## Section 15 : Medical Student Performance Evaluation

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### 15.1 Purpose

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

### 15.2 Definitions

#### 15.2(1) MSPE

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

#### 15.2(2) NRMP

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

#### 15.2(3) ERAS

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

#### 15.2(4) ERAS Universal Release Date

The Universal Release date is the date on which ERAS will release the MSPE for all medical students.

### 15.3 Policies

#### 15.3(1) MSPE Content

- (1a) The MSPE contains a description of the UWSMPH curriculum and the student's performance in this curriculum, the student's Transcript Analysis (summary of grades in comparison to their classmates), and a transcription of the verbatim clinical comments received from Year 3/Phase 2 core clinical courses, required clinical courses, and early Year 4/Phase 3 elective courses.
- (1b) The MSPE presents an objective comparison of how the student performed relative to their classmates.
- (1c) The final paragraph of the MSPE includes a reference to the student's class rank. An explicit class rank (e.g., 7 of 157) is not reported. For students entering the M3 year of the Legacy Curriculum in 2016 and 2017, students are assigned to one of four quartiles based on the student's Dean's GPA. In the ForWard Curriculum, the student's class rank is depicted graphically.
- (1d) Narrative comments are reported verbatim in each student's MSPE. During preparation of the MSPE, the Office of Student Services does not independently edit or redact student performance evaluation comments given in response to questions with language indicating the comments will be included  
“...VERBATIM in the Medical Student Performance Evaluation...”

15.3(2) Preparation

- (2a) The UWSMPH adheres to the Association of American Medical College's documents *A Guide to the Preparation of the Medical Student Performance Evaluation and Recommendations for Revising the Medical Student Performance Evaluation (MSPE)* and *Recommendations for Revising the Medical Student Performance Evaluation (MSPE)* for guidance on the overall content, structure, and formatting of the MSPE.
- (2b) The Dean for Students, not the Dean of UWSMPH, signs the MSPE.

15.3(3) Updates

- (3a) After initial preparation and review, MSPEs are not continuously updated. A student may request one update of their MSPE prior to the universal release date.
- (3b) A student's MSPE is only updated after the universal release under the following conditions:
  - (3b.1) Student Promotion and Academic Review Committee (SPARC) action/reprimand
  - (3b.2) Addition of new Phase 3 course grades and comments for students participating in the NRMP's Supplemental Offer and Acceptance Program (SOAP) and for students extending their MD program and extending their graduation date.
- (3c) Per the AAMC's guidelines cited above, the MSPE is not edited for graduates of a previous year reapplying in the Match.

15.3(4) Student Review

- (4a) Students are required to review their MSPE prior to its release.
- (4b) Students may review a paper copy in the Office of Student Services, or a secure PDF emailed to them.
- (4c) Requested edits/corrections from the student review are limited to issues of fact.
- (4d) Students are embargoed from copying and sharing ANY content from the MSPE review prior to the universal release date.

15.3(5) Release

- (5a) As an academic record, MSPE release to third parties is governed by FERPA and is subject to student consent, which may be obtained via email.
- (5b) The MSPE will be released only after review by the student is completed and the student signs off on its release.
- (5c) The MSPE will not be released prior to the defined ERAS universal release date.

15.3(6) Official Copy of MSPE

- (6a) An official copy of the MSPE is only provided to residency application services such as ERAS, SF Match etc. at the time of application or re-application to residency or fellowship and to the State Medical Licensing Boards when requested.
- (6b) Official copies of the MSPE are provided directly from the UWSMPH Student Services Office to application portals or to State Medical Licensing Boards.
- (6c) A student may request an unofficial copy of their MSPE when there is demonstrated need for this document to support a scholarship or award application. Students may not request an official copy of their MSPE.

## **15.4 Procedures**

### **15.4(1) Review**

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

### **15.4(2) Release**

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

(2b) The school will release the MSPE only after written approval by the student.

## **15.5 Reference**

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

<https://www.aamc.org/career-development/affinity-groups/gsa/medical-student-performance-evaluation>



## Section 16 : Mistreatment & Harassment

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### 16.1 Purpose

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

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

### 16.2 Definitions

#### 16.2(1) Mistreatment

Per the American Association of Medical Colleges, UWSMPH defines mistreatment in eight general domains:

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

#### 16.2(2) Sexual Harassment

System definition of Sexual Harassment

<https://www.wisconsin.edu/general-counsel/legal-topics/sexual-harassment/>

Sexual violence is a form of sexual harassment and includes rape, sexual assault, dating violence, domestic violence, stalking, sexual exploitation, and sexual coercion.

#### 16.2(3) Consensual Relationship

University of Wisconsin System definition and policy regarding Consensual Relationships

<https://www.wisconsin.edu/regents/policies/consensual-relationships/>

## 16.3 Policies

### 16.3(1) Mistreatment and Harassment

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

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

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

### 16.3(2) Sexual Harassment

(2a) Any form of sexual harassment will not be tolerated.

(2b) UWSMPH take such incidents seriously and will investigate and respond to any reported sexual harassment.

### 16.3(3) Consensual Relationships

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

(3b) University policies and ethical principles preclude individuals from evaluating the work or academic performance of others with whom they have intimate familial relationships, or from making hiring, salary, or similar financial decisions concern such persons. Per Regent Policy Document 14-8, these same principles apply to consensual romantic and/or sexual relationships and require, at a minimum, that appropriate arrangements be made for objective decision-making.

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

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



#### 16.3(4) Patient Harassment

- (4a) Despite every effort to prevent such an occurrence, students may be subjected to harassment from patients.
- (4b) How a student might respond to harassment from a patient depends on the perceived severity of the harassment. The following three suggestions appear in order of escalating severity of the harassment from patients. As noted in the last suggestion, Patient Harassment Response Services are listed in the Resource List section of this document.
- Ask the patient to refrain from making the offensive comments or actions. This usually curtails any further inappropriate behavior.
  - If further inappropriate behavior continues, tell the patient you will refuse to continue with the examination or treatment unless the inappropriate comments or actions stop immediately.
  - Leave the examining room and immediately report the incident to your faculty instructor. If the instructor is not immediately available, report the incident to your supervising resident or fellow.
  - Report the incident to one of the contacts included in the Patient Harassment Response Services listed in the Resource List section of this document.

#### 16.3(5) Hate and Bias

- (5a) The University of Wisconsin-Madison and UWSMPH values a diverse community where all members can participate fully in the Wisconsin Experience. Incidents of Bias/Hate affecting a person or group create a hostile climate and negatively impact the quality of the Wisconsin Experience for community members.
- (5b) UW-Madison and UWSMPH take such incidents seriously and will investigate and respond to reported or observed incidents of bias/hate.

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

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

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

- UW SMPH
  - UW SMPH Student Mistreatment Triage Committee as detailed in 16.3(6b).
  - UW SMPH Confidential Report / Consultation on Mistreatment Concern in OASIS as detailed in 6.d
  - UW SMPH OASIS Learning Environment Survey assigned to each student at the end of each required Phase 2 and Phase 3 clinical rotation.
  - Dean for Students
  - Director of Student Services
    - Any member of Student Academic Support
    - Any member of the Office of Student Services

- Any member of the Office of Multicultural Affairs
  - Any member of the Office of Medical Education
  - Any of the House Mentors
  - Any course director
  - Any course instructor
  - Any course administrator
  - Medical Student Ombudsperson as detailed in 6c
  - UW-Madison
    - Office of Compliance
    - Title IX Coordinator
    - Associate Dean for Students Office
- (6b) Students are encouraged to use the *UW SMPH Student Mistreatment Triage Committee online reporting form*. <https://intranet.med.wisc.edu/building-community/shared-guidelines-for-professional-conduct/report-a-concern/>
- (6b.1) The online reporting form is secure and confidential
- (6b.2) Online reports may be made anonymously
- (6c) Students may also use the *Medical Student Ombudsperson UW–Madison Ombuds*, 223-225 Lowell Hall, Phone: 608-265-9992
- (6c.1) The Medical Student Ombudsperson is independent of existing University of Wisconsin School of Medicine and Public Health administrative and academic structures and supplements existing resources.
- (6c.2) The ombudsperson serves as a neutral, independent and confidential resource for students, providing a safe forum to voice concerns, to evaluate a situation, to express feelings, to discuss options and to promote resolution of issues or conflicts.
- (6c.3) The ombudsperson treats all matters confidentially within the bounds of the law. The goal is to offer medical students another venue through which to discuss concerns should the student wish to do this confidentially outside the resources provided through the medical school.
- (6d) Students may also use the *UWSMPH Confidential Report / Consultation on Mistreatment Concern* reporting format or the *Learning Environment Survey* sent by Acuity
- (6d.1) Submissions through OASIS and Acuity are confidential but not anonymous.
- (6e) All concerns will be registered and investigated without fear of retaliation.
- (6f) When there is concern of mistreatment and the report is not made anonymously, a named faculty or graduate trainee will not complete any evaluation of nor assign any grade to the student bringing forth the complaint.
- (6g) Every effort will be made to protect the identity of a student reporting a concern of mistreatment.
- (6h) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

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

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

- (7a) Students are encouraged to report a sexual assault to local law enforcement (including UW-Madison Police) (608) 264-2677, [police@uwpd.wisc.edu](mailto:police@uwpd.wisc.edu), the UW Associate Dean for Students Office, and/or the UW Title IX coordinator.
- (7b) Faculty, staff, teaching assistants, and others who work directly with students at UW-Madison are required by law to report first-hand knowledge or disclosures of sexual assault.
- (7c) UW-Madison Police are required by law to report first-hand knowledge or disclosures of sexual assault. (UW Madison Police (608) 264-2677).
- (7d) To the extent permissible by law, UW-Madison and UWSMPH will endeavor to keep victim information private. However, some faculty and staff positions in the MD program are mandated to report certain types of reports. Thus, once a report is made to the University, or the University has notice of an incident of domestic violence, dating violence, sexual assault or stalking, confidentiality cannot be guaranteed unless that information is reported directly to one of the confidential resources listed below.
- (7e) In addition to all the above options for reporting mistreatment, sexual assault can also be *confidentially* reported through the following mechanisms:
  - (7e.1) Confidential consultation with a health care provider or counselor: for University Health Services (UHS), call 608-265-5600 and select option 9.
  - (7f) UHS End Violence on Campus (EVOC)  
<https://www.uhs.wisc.edu/survivor-services/> or  
<https://www.uhs.wisc.edu/prevention/violence-prevention/>
  - (7f.1) Dane County Sexual Violence Resource Center:  
<https://www.thercc.org/contact/>, [info@theRCC.org](mailto:info@theRCC.org), or Help Line 608-251-7273
  - (7f.2) Domestic Abuse Intervention Services: go to  
<https://abuseintervention.org/i-need-help/> for immediate help, call the 24-Hour Help Line at (608) 251-4445 or text the 24-Hour Text Line at (608) 420-4638
- (7g) State and federal laws and University policy protect against retaliation for reporting sexual harassment, sexual violence, stalking, or dating or domestic violence.
  - (7g.1) University policy prohibits retaliation against a person who has made a report, filed a complaint, participated in the investigation of a complaint, or assisted others who raised a complaint.
  - (7g.2) Retaliation is a serious offense that can result in disciplinary action for students or employees.
  - (7g.3) This protection from retaliation applies for any complaint made in good faith, even if it is eventually dismissed or found lacking in merit.

- (7g.4) A complaint will be presumed to have been made in good faith unless it is found to be a knowing falsehood or made with no factual basis whatsoever.
- (7g.5) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

16.3(8) Student Reporting of Hate and Bias

- (8a) In addition to all the above options for reporting, incidents of hate and bias can also be reported through the following mechanisms:
  - (8a.1) A UW-Madison Office of Student Assistance and Support (formerly Dean of Students Office) online reporting form that is secure and confidential <https://osas.wisc.edu/report-an-issue/bias-or-hate-reporting/>
  - (8a.2) UW Multicultural Student Center, 2<sup>nd</sup> floor Red Gym, 716 Langdon Street; 608-262-4503; [misc@studentaffairs.wisc.edu](mailto:misc@studentaffairs.wisc.edu)
  - (8a.3) Gender and Sexuality Campus Center, 137 Red Gym, 716 Langdon Street; 608-265-3344; [lgbtq@studentaffairs.wisc.edu](mailto:lgbtq@studentaffairs.wisc.edu)
  - (8a.4) [UW-Madison Office of Student Assistance and Support](#) (formerly Dean of Students Office), 70 Bascom Hall, 500 Lincoln Drive; 608-263-5700; [osas@studentaffairs.wisc.edu](mailto:osas@studentaffairs.wisc.edu).
  - (8a.5) UW International Student Services, Pyle Center, 702 Langdon Street, Suite 130; 608-262-2044; [iss@iss.wisc.edu](mailto:iss@iss.wisc.edu) McBurney Disability Resource Center, 702 W. Johnson Street; phone (608)263-2741 or text (608)225-7956; [info@mcburney.wisc.edu](mailto:info@mcburney.wisc.edu)
  - (8a.6) UW-Madison Office of Student Conduct and Community Standards, 724 W Johnson; 608-263-5701; [conduct@studentaffairs.wisc.edu](mailto:conduct@studentaffairs.wisc.edu)
- (8b) No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

16.3(9) Application of Policy

- (9a) The Harassment and Mistreatment policy must be followed at all educational and clinical training sites and should be read as consistent with and operating in conjunction with UW Health and UW-Madison policies relating to harassment and discrimination.
- (9b) All students, faculty, staff, graduate trainees, and health care providers who participate in the education of medical students are subject to this policy.
- (9c) Each health system may have additional policies on harassment and mistreatment that complement the UWSMPH policy. Students at each health system must comply with the policies of that system in addition to the policies of UWSMPH.
- (9d)

**16.4 Procedures**

16.4(1) Training

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

16.4(2) Reporting

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

### 16.4(3) Violations

- (3a) Student found to be in violation of the harassment and mistreatment policy will be referred to SPARC for review and sanctions up to and including dismissal.
- (3b) Graduate trainees found to be in violation of the harassment and mistreatment policy will be referred to their GME office for review and disciplinary action.
- (3c) Faculty and staff found to be in violation of the harassment and mistreatment policy will be reported to the appropriate body at their sponsoring institution for review and disciplinary action pursuant to the rules and policies of their institution.
- (3d) The Dean and/or the UW Health CEO or equivalent at other health care systems, as appropriate, may review complaints and concerns if the matter is not resolved via steps 3a-3c.

## 16.5 References

### 16.5(1) Links to Campus Resources

- <https://osas.wisc.edu/report-an-issue/sexual-assault-dating-and-domestic-violence/>
- <https://osas.wisc.edu/report-an-issue/bias-or-hate-reporting/>
- <https://www.wisconsin.edu/regents/policies/section/discrimination/>
- <https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/>



## Section 17 : Anti-Discrimination

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### 17.1 Purpose

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

### 17.2 Definitions

#### 17.2(1) Discrimination

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

### 17.3 Policies

#### 17.3(1) Admissions

No student may be denied admission to, or participation in or the benefits of, or be discriminated against in any service, program, course or facility of UW SMPH on the basis of race, color, creed, religion, age, sex, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy, marital or parental status, or any other category protected by law, including physical condition or disability as defined in Wisconsin Statutes § 36.12

#### 17.3(2) Student Performance

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

#### 17.3(3) Retaliation

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

#### 17.3(4) Student Reporting of Discrimination

- (4a) If a medical student thinks they have been discriminated against, they are encouraged to report this concern to the Dean for Students.
- (4b) Medical students may also report a complaint of discrimination by another student to the UW-Madison Associate Dean for Students at the Division of Student Life (<https://osas.wisc.edu/report-an-issue/>).

#### 17.3(5) Investigation of Reports of Discrimination

Incidents of alleged discrimination will be reviewed and investigated by the UW SMPH Dean for Students. Due consideration will be given to the protection of

individual First Amendment rights to freedom of speech, expression and academic freedom.

17.3(6) Application of Policy

- (6a) The Anti-discrimination policy will be followed at all educational and clinical training sites and should be read as consistent with and operating in conjunction with UW Health and UW-Madison policies relating to harassment and discrimination.
- (6b) All students, faculty, staff, graduate trainees and health care providers that participate in the education of medical students are subject to this policy.
- (6c) Each health system may have additional policies on discrimination that complement the UWSMPH policy. Students at each health system will comply with the policies of that system in addition to the policies of UWSMPH.

**17.4 Procedures**

17.4(1) Training

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

17.4(2) Reporting

- (2a) Students are encouraged to report any concern of discrimination or mistreatment via the SMPH mistreatment reporting form:  
<https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/student-mistreatment-reporting-form/>

17.4(3) Violations

- (3a) Students found to be in violation of the anti-discrimination policy will be referred to SPARC for review and sanctions up to and including dismissal.
- (3b) Graduate trainees found to be in violation of the anti-discrimination policy will be referred to their GME office for review and disciplinary action.
- (3c) Faculty and staff found to be in violation of the anti-discrimination policy will be reported to the appropriate body at their sponsoring institution for review and disciplinary action pursuant to the rules and policies of their institution.
- (3d) The Dean and/or the UW Health CEO or equivalent at other health care systems, as appropriate, may review complaints and concerns if the matter is not resolved via steps 3a-3c.

**17.5 References**

17.5(1) Links to Campus Resources

- <https://www.wisconsin.edu/regents/policies/section/discrimination/>
- <https://compliance.wisc.edu/eo-complaint/>
- <https://intranet.med.wisc.edu/policies/>

## Section 18 : Medical Student Ombudsperson

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### 18.1 Purpose

- To provide a neutral, independent and confidential resource for students, providing a safe forum to voice concerns, to evaluate a situation, and to express feelings

### 18.2 Definitions

#### 18.2(1) Ombudsperson

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

### 18.3 Policies

#### 18.3(1) Role and function of the Medical Student Ombudsperson

Whenever a student perceives that a concern cannot be fairly, safely, or equitably addressed by any faculty or staff member of SMPH, the student should contact the Ombudsperson.

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

#### 18.3(2) Power and Authority

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

#### 18.3(3) Concerns Addressed

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

#### 18.3(4) Reporting Harassment

Student may confidentially report any concern regarding harassment or mistreatment to the Ombudsperson.



## 18.4 Procedures

### 18.4(1) Contacting the Medical Student Ombudsperson

(1a) Students may contact the ombudsperson via

<https://www.med.wisc.edu/education/md-program/student-resources/medical-student-ombuds/>

(1b) All submissions are confidential and are forwarded directly to the ombudsperson.



## Section 19 : Grievances

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### 19.1 Purpose

- Grants students the right to request a Grievance Hearing in the event that the student feels they were graded or evaluated unfairly
- Provides the formal procedures for objective, consistent review and adjudication of such grievances if they cannot be resolved through preliminary informal measures

### 19.2 Definitions

#### 19.2(1) Grievance

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

#### 19.2(2) Grievance Board

The committee of Program-specific faculty and students who provide formal review and adjudication of Grievances when informal resolution measures are unsuccessful.

### 19.3 Policy

#### 19.3(1) General Policies

- (1a) SMPH students have the right to expect fair and equitable treatment with respect to grading and evaluation.
- (1b) Students are expected to make reasonable efforts to resolve grievances informally and directly, but if those efforts fail, any student may file a request for a Grievance Hearing.
- (1c) Except where explicitly specified to the contrary, references to individual administrative positions (e.g., “Associate Dean”) refers to this person or their designee. This need not be formally stated at each step in the procedure.

### 19.4 Procedures

#### 19.4(1) Informal Resolution

- (1a) Students will first attempt to resolve a grievance informally with the SMPH faculty or staff member directly involved in the matter. The student must contact the SMPH faculty or staff member within 30 days of receiving the disputed course grade. When the matter of the grievance is a grade dispute, the grade dispute must first be addressed by the course director [see section 7.4(5) Resolution of Grade Disputes].
- (1b) If the student feels the grievance was insufficiently addressed, or, due to the nature of the grievance, is uncomfortable interacting directly with the SMPH faculty or staff member involved, the student may request a review by the Associate Dean for Students.

- (1c) The student's request for review must be in an email or written letter and include the reason(s) the student believes the course grading policy was incorrectly applied in their case.
- (1d) The Associate Dean for Students will attempt to resolve the grievance through informal mediation with the parties involved within ten (10) business days of receiving the student's written request for review.
- (1e) Following this review, the course director makes the final decision.
- (1f) The course director will inform the student of the final decision by telephone and/or email within 24 hours of the decision, to be followed within five (5) business days by a written letter.
- (1g) If the grievance has still not been resolved to the student's satisfaction, they may request a formal Grievance Hearing as outlined below.

19.4(2) Formal Resolution

- (2a) Any student wishing to request a Grievance Hearing must do so in an email or written letter to their Program Director or Associate Dean for Medical Education and Student Services. The request must be submitted within seven (7) days of receiving written notification of the final decision by the course director as outlined above. Petitions received after this time will not be considered.

*For clarity, a student receiving written grade/evaluation notification on a Tuesday has until midnight on the following Tuesday to submit their petition.*

- (2b) Requests for Grievance Hearings must outline the student's basis of the grievance, the person(s) against whom the grievance is filed ("Respondent(s)"), its consequences, the informal resolution efforts made thus far, and the remedy or correction requested.
- (2c) The Associate Dean for Medical Education and Students Services will review the student's written statement for timeliness and completeness and to determine whether grounds for reconsideration have been reasonably established. If grounds for reconsideration have not been established, the final decision of the course director will be upheld. If grounds for reconsideration have been established, the Associate Dean for Medical Education and Students Services will notify the student and Respondent(s) and provide the Respondent(s) with a copy of the student's request for a hearing.
- (2d) The Grievance Board shall be convened for a hearing within four (4) weeks of the student's request, at a time that is mutually agreeable to the Grievance Board members and both parties. A quorum of at least 2/3 voting Grievance Board members must be able to attend the hearing in person.
- (2e) The Grievance Board shall be comprised of the following members:
  - Senior Associate Dean for Academic Affairs
  - Associate Dean of Multicultural Affairs for Health Professions Learners
  - Associate Dean for Public Health
  - Associate Dean for Graduate Medical Education
  - Director of the Office of Continuing Professional Development
  - Doctor of Physical Therapy Program Director
  - Genetic Counseling Program Director
  - Master of Public Health Associate Program Director
  - Physician Assistant Program Director

- Administrative Director of Academic Affairs
- (2f) Recusal from Grievance Board Participation
- (2f.1) A Grievance Board member must make prompt and full disclosure, to the extent appropriate, to the Board Chair when a conflict of interest exists or may exist.
- (2f.2) A Grievance Board member must disclose conflicts of interest regarding a student to the Chair prior to discussion about the student and will recuse themselves from participating in any decision about that student.
- (2f.3) A Grievance Board member who has provided medical or mental health services to a student must recuse themselves from participating in any promotion decision about that student.
- (2g) The Senior Associate Dean for Academic Affairs shall serve as Chair of the Grievance Board.
- (2g.1) The Chair does not vote unless the Grievance Board is tied.
- (2g.2) The Chair cannot overrule a majority decision of the Grievance Board.
- (2h) At least ten (10) business days prior to the hearing, both parties must provide the Chair with any additional documentation to be presented at the hearing as well as the names of any witnesses and/or their support person.
- (2i) At least five (5) business days prior to the Grievance Hearing, the Chair must provide the parties and the Grievance Board members with the following:
- The names of the parties
  - The nature of the issues to be heard and any relevant policies
  - The date, time, and place of the hearing
  - The names of each party's support person if any
- (2j) To protect the confidentiality of the parties, the Grievance Hearing shall be closed to the public unless otherwise agreed to in writing by both parties. The student, respondent(s), and any support people may attend the entire Grievance Hearing except for the Grievance Board's deliberations.
- (2k) The parties may confer with their respective support person, but the support person may not address the Grievance Board, question witnesses, or otherwise participate in the hearing.
- (2l) The Chair must recognize individuals before they speak. Once recognized, a party may speak without interruption, although the Chair may announce and enforce time limits on each party to present its case.
- (2m) The Grievance Hearing will proceed as follows, with the presentation of information not to exceed 60 minutes:
- (2m.1) Introduction of student, respondent(s), and Grievance Board members (5 mins)
- (2m.2) The Chair assigns one person to take minutes, describes the nature of the issues at hand, including relevant policy, and reviews the hearing procedures, including time restraints, if any (5 mins).
- (2m.3) The student makes their statement relevant to the Grievance and answers questions from the Grievance Board and respondent(s) (15 mins).

- (2m.4) The Respondent(s) makes their statement relevant to the Grievance and answers questions from the Grievance Board and student (15 mins).
- (2m.5) Each party may refute any statement by the other party and make a closing statement (10 minutes each party).
- (2m.6) The Chair excuses parties and support people.
- (2m.7) The Grievance Board then deliberates in closed session.
- (2n) Determinations of the Grievance Board are based on a “preponderance of the evidence” standard, and the student bears the burden of proof. The Grievance Board should strive to reach consensus on a workable solution, with a final determination made by simple majority as a last course of action.
- (2o) If the Grievance Board finds that a student’s Grievance has merit and that redress is possible, it will direct the Program Director or Associate Dean for Students to implement an appropriate remedy. If the Grievance Board finds that the Grievance is without merit, it will inform the Senior Associate Dean for Academic Affairs and the decision of the course director will stand final.
- (2p) The Dean for Students will notify the student of the Grievance Board’s decision by telephone and/or email within 24 hours of the Grievance Hearing, to be followed within five (5) business days by a written letter.
- (2q) Details discussed during the Grievance Hearing are confidential. Written documentation of the final decision will be summarized in minutes for the meeting and will include:
- Brief Summary of Events (student’s position and respondent’s positions)
  - Brief Description of Process
  - Findings of the Grievance Board
  - Recommendations of the Grievance Board
- (2r) Minutes will be reviewed for accuracy by the Chair within one week of the hearing and maintained confidentially by the Health Professional Program, with a copy in the student’s secure record.

## 19.5 References

UWSMPH Academic Affairs Policy 8010: <https://policy.wisc.edu/library/SMPH-8010>



## Section 20 : Moral Objections Policy

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### 20.1 Purpose

- To recognize the right of students in special or unusual circumstances to decline to participate in certain aspects of their medical education that conflict with their ethical or religious beliefs

### 20.2 Definitions

None

### 20.3 Policies

#### 20.3(1) Moral/Religious Objections

Students may request to decline participation in aspects of their medical education which are in conflict with their ethical or religious beliefs. Students are required to know the content covered in the curriculum and in course objectives and to demonstrate this knowledge on assessments in the same way as their peers.

#### 20.3(2) Required Participation

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

(2a) Such a refusal may result in action by the Student Promotion and Academic Review Committee (SPARC) or the Student Services Office.

#### 20.3(3) Exception to Required Participation

An exception will be made if a student has been directed in writing by a personal physician to avoid patients with certain diagnoses because of danger to an existing health condition of a student. In this situation, the student must provide the written directive to their course or course director, the Associate Dean for Medical Education, and the Associate Dean for Students.

#### 20.3(4) Reprisal Protections

- (4a) Students will not be subject to any adverse action or evaluation for exercising their rights under the Moral/Religious Objections policy and procedure.
- (4b) Students will not be subjected to any mistreatment or harassment when they decline to participate in these specific situations.
- (4c) Students will not be subject to any adverse effect on their clinical grades or evaluations.
- (4d) Students should report any concerns related to mistreatment to the course director, the Office of Student Services, or the UWSMPH Ombudsperson Ombudsperson (608-265-9992, <https://ombuds.wisc.edu/> ).

## 20.4 Procedures

### 20.4(1) Process for Moral/Religious Objections

Since it is not always possible to identify these situations in advance, faculty should excuse the student from such procedures, learning events, or clinical situations until the circumstance can be fully reviewed as below.

- (1a) The student notifies in writing the course director of the request to not participate in a part of a course.
- (1b) The written notification will include the specific aspect of the curriculum the student is requesting to not participate in, the reason for the request, and the date of the request.
- (1c) Requests should be made at least 3 months prior to the course or clerkship, or as much in advance as possible.
- (1d) The course/clerkship director will review the request and make a recommendation for approval or denial of the request. Approvals should be sent to the Associate Dean for Medical Education.
- (1e) Denials should be sent to the Associate Dean for Students and the Associate Dean for Medical Education, who may request that the course director reconsider the decision.
- (1f) Students may appeal a denial to SPARC.
  - (1f.1) This appeal should be made in writing to the Associate Dean for Students to forward to the Chair of SPARC.
  - (1f.2) The appeal should describe how participation in the curricular event or patient care scenario conflicts with their ethical or religious beliefs.
- (1g) The student may be asked to appear before SPARC as part of the appeal process.
- (1h) The student will be notified in writing of the decision of SPARC. The appropriate course director and the Medical Education Office will be notified.
- (1i) If the student wishes to appeal the decision of SPARC, they may follow the grievance procedures outlined in 18.4(1b) Grievances.

## Section 21 : Conflict of Interest – Student/Industry Interaction

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### 21.1 Overview

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

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

### 21.2 Definition

#### 21.2(1) Industry

Within the context of this policy, “industry” refers to those who make devices, diagnostic equipment, pharmaceuticals, or any other product for use in health care.

### 21.3 Policy

#### 21.3(1) Non-Interaction

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

#### 21.3(2) Use of Promotional Items

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

#### 21.3(3) Gifts

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

#### 21.3(4) Events

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

(4b) Industry sponsorship for student organization events is strongly discouraged. Student organizations must request UWSMPH Administration approval for any event involving industry.



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

21.3(5) Disclosure

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

21.3(6) Opt-Out

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

21.3(7) Violations

Individuals who may be in violation of this policy should be referred to the Office of Student Services.

## 21.4 Procedures

21.4(1) Exceptions

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

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



## Section 22 : Electronic Communication & Information Technology

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### 22.1 Purpose

- To define policies and procedures around use of email, social media, mobile devices, and IT resources

### 22.2 Definitions

#### 22.2(1) Official School Listservs

These Listservs are reserved for official medical school communication.

[Med1Admin@g-groups.wisc.edu](mailto:Med1Admin@g-groups.wisc.edu)

[Med2Admin@g-groups.wisc.edu](mailto:Med2Admin@g-groups.wisc.edu)

[Med3Admin@g-groups.wisc.edu](mailto:Med3Admin@g-groups.wisc.edu)

[Med4Admin@g-groups.wisc.edu](mailto:Med4Admin@g-groups.wisc.edu)

#### 22.2(2) Student-use Listservs

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

[Med1@g-groups.wisc.edu](mailto:Med1@g-groups.wisc.edu)

[Med2@g-groups.wisc.edu](mailto:Med2@g-groups.wisc.edu)

[Med3@g-groups.wisc.edu](mailto:Med3@g-groups.wisc.edu)

[Med4@g-groups.wisc.edu](mailto:Med4@g-groups.wisc.edu)

#### 22.2(3) House Listservs

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

### 22.3 Policy

#### 22.3(1) Email

(1a) Email is the MD Program's official form of communication.

(1b) The university-provided email address (@wisc.edu) will be used for all official communication.

(1c) Students are responsible for promptly reading and responding to official school emails. If a reply is required and a timeline not specified, students are expected to respond within three business days (excluding weekends, holidays, and university vacation days).

*Similarly, staff are expected to reply to emails within three business days (excluding weekends, holidays, and university vacation days) unless a different time frame is specified in the message.*

(1d) Students may unsubscribe or opt-out of any listserv except those with the "Admin" infix.

*Doing so does not obviate the student's responsibility for follow-up and compliance with any missed messages.*

(1e) The school's Online Access to Student Information and Scheduling (OASIS) and Acuity 145 systems only accept WiscMail email accounts that are used in listservs.

(1f) Students are expected to pay prompt attention to all MedAdmin@g-groups.wisc.edu emails and electronic communication from school administration.

- (1g) Failure to read and respond to official emails in a timely manner is considered unprofessional behavior per 11.3(1f) and may be grounds for review and action.

#### 22.3(2) University Policies

- (2a) UW-Madison has comprehensive policies governing appropriate use of IT resources. Medical students are held to these policies.
- (2b) Of particular importance to medical students, university policies forbid students from using listservs (or other university-owned IT resources) to sell things or to advertise parties and events where liquor is served. To publicize personal sales, parties, etc., use the medical student website or other means.

#### 22.3(3) Privacy, Confidentiality, & Social Media

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

- (3a) Posting of any patient information on social media or social networking sites may be a violation of federal privacy laws, such as the Health Information Portability and Accountability Act (HIPAA).
- (3b) Students will not interact with current or past patients on email, social networking sites, or any other internet medium.
- (3c) Students should not post any patient information on social media or social networking sites.

#### 22.3(4) Professionalism

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

- (4a) Students should take caution not to post information that is unprofessional, ambiguous or that could be misconstrued.
- (4b) Any student posting depictions of intoxication, drug use, sexually explicit behavior, or discriminatory language will be reviewed by the Student Promotion and Academic Review Committee (SPARC) and may receive a formal reprimand and/or other sanctions for unprofessional behavior.

#### 22.3(5) Violations & Sanctions

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

### 22.4 Procedures

#### 22.4(1) Social Media

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

- (1a) Follow the same principles of professionalism online as they would offline.
- (1b) Avoid posting any depictions of students intoxicated, misusing alcohol or drugs, or engaging in sexually explicit behavior.

- (1c) Avoid any use of discriminatory language or depiction of discriminatory practices in the context of patient care or discharge of professional responsibilities.
- (1d) Do not post any patient information.
- (1e) Report any online unprofessional behavior to the Office of Student Services.

**22.4(2) Mobile Device Use in Clinical Settings**

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

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

**22.5 Reference**

**22.5(1) University Policies**

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

## Section 23 : Student Travel

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### 23.1 Purpose

- To establish a student transportation policy that applies to all medical students.
- The Student Travel Policy applies to all medical students who 1) will miss required learning activities, or 2) plan to request UWSMPH or Medical Student Association funding to attend a professional meeting or conference.
- Every effort will be made to approve travel to present research at a conference or for students serving in a leadership role at a conference.
- Students requesting to attend a conference who do not have a role as a presenter or a leader/delegate may not receive approval.

### 23.2 Definitions

#### 23.2(1) Medical Student Association

Medical student government, responsible for allocating limited travel funds

### 23.3 Policies

#### 23.3(1) Transportation

- (1a) Travel to clinical sites is a requirement of the SMPH MD curriculum that begins in the first year of the curriculum.
- (1b) All students need a valid United States driver's license and access to transportation to meet this requirement. Exceptions to this policy due to medical necessity will be made on a case-by-case basis by the Student Services Office.

#### 23.3(2) General/All Travel

- (2a) Students must request and receive permission from the Dean for Students (or their designee) and their course directors to be absent from any part of required learning activities (small groups, labs, etc.).
- (2b) Students requesting travel must be in good academic standing or have received specific exemption from the Office of Student Services.
- (2c) If travel is approved and the student misses a required activity, make-up or work or a compensatory experience may be required.
- (2d) Students seeking travel scholarship for airfare or lodging are required to purchase these components of their trip through UW System-approved vendors (e.g., Fox World Travel).

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

#### 23.3(3) International Travel

- (3a) Please note that international group or individual travel taken for academic credit or supported by UW-Madison or UWSMPH funds is subject to separate approval, additional insurance, and orientation requirements.
- (3b) Students should consult with the Office of Global Health at least two months prior to their anticipated international travel.

- (3c) Failure to follow these policies may be considered unprofessional behavior and trigger review by the Student Promotion and Academic Review Committee (SPARC).

#### 23.3(4) Research Travel

- (4a) To be considered for funds, student research must have been conducted under the supervision of a UWSMPH and Public Health faculty member.
- (4b) The Office of Academic Affairs may approve applications for travel scholarship up to 50% of travel and conference expenses, not to exceed \$500.00. Students are expected to request additional support from their research mentor's department or grant funds, or self-fund the remainder of their expenses.
- (4c) Funding will be approved for travel to one meeting per student per academic year, contingent on the availability of funds.
- (4d) Applications will be considered on a first come, first served basis.

### 23.4 Procedures

#### 23.4(1) Travel booking

- (1a) Travel booking must comply with all [UW-Madison travel requirements and procedures](#) and the [UW-Madison University Travel Policy](#)
- (1b) Airfare must be booked by the University's contracted travel agency

#### 23.4(2) Travel Approval Process

- (2a) To request approval, students should complete appropriate request form from OASIS Notices and submit to the Office of Student Services (2130 HSLC) at least 4 weeks prior to the travel date.
- (2b) Students will be notified of approval/non-approval within 2 weeks of submission.
- (2c) If the requested travel occurs during a scheduled exam, student must complete the appropriate exam reschedule request process. If approved, students will take the make-up exam on the established rescheduled exam date.
- (2d) Approval of travel does not imply approval for course absence.
- (2d.1) The student must follow all relevant absence request procedures, submit absence request forms by the appropriate course deadlines for all required course events that occur during travel, and receive approval for all such absences.

#### 23.4(3) MSA-Supported, Non-Research Travel Scholarship Requests

- (3a) A student must fill out a separate travel funding application at least 2 weeks in advance of the departure to the conference.
- (3b) Within 1 week of the return, the student will fill out the travel scholarship request form and submit it with a copy of the approved absence request form, a conference schedule and any receipts to the MSA treasurer.
- (3c) Processing of providing travel scholarships for requests submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be fully denied.

#### 23.4(4) Research Presentation Travel Scholarship Requests

- (4a) Travel must be approved prior to applying for Non-Research and Research travel scholarship funding as outlined below.

- (4b) Students who wish to request travel scholarship funds from the Dean of the Medical School for meetings or conferences where they are presenting research must submit the following to the Assistant Dean for Academic Affairs (or their designee) at least 4 weeks prior to the meeting/conference.
- Attach a copy of the appropriate request for absence form
  - Invitation or letter of acceptance from the sponsoring meeting or conference
  - Abstract of the research to be presented
  - Request for Research Presentation Travel Funds form (obtain this application in Canvas UWSMPH Center Page).

23.4(5) Travel Scholarship Dispersal Request upon Return

- (5a) No later than four (4) weeks after traveling, students are responsible for submitting information and expense receipts to their sponsoring department travel coordinator or (if there is no department funding support) to the Assistant Dean of Academic Affairs.
- (5b) Processing of requests for travel scholarships submitted 60 days or more after travel return will be at the discretion of the SMPH Administration and may be fully denied.
- (5c) Allowable travel expenses generally include transportation (airfare, car mileage, etc.), food, lodging, conference registration fees, parking, taxis, research presentation preparation expenses if approved for that activity, and other miscellaneous related expenses.
- (5c.1) Students must present originals of airline coupons/E-tickets, hotel statements showing a zero-dollar balance, registration fee receipt, parking and ground transportation (taxi, limo, etc.) receipts and a copy of the conference/meeting program.
- (5c.2) It is expected that students will obtain travel and accommodations by the most efficient and economical means possible.
- (5d) The information will be reviewed for compliance with UW-Madison travel expense policies and submitted for dispersal of travel scholarships. The Bursar's Office will process a refund through the e-refund method and funds may be applied directly to the student's loan debt rather than refunded directly to the student.



## Section 24 : Annual Compliance Training

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### 24.1 Purpose

- Students in clinical training programs at UW-Madison are required to learn about the health information privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA)

### 24.2 Definitions

#### 24.2(1) HIPAA Privacy Rule

The Privacy Rule defines how health care providers, staff, trainees and students in clinical training programs can use, disclose, and maintain identifiable patient information.

#### 24.2(2) Protected Health Information (PHI)

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

#### 24.2(3) Safety and Infection Prevention (SIP) Training

A series of online modules instructing students in sterile technique, especially in the perioperative environment. This is augmented with hands-on training in sterile gowning and gloving provided prior to and within core clinical courses.

### 24.3 Policies

#### 24.3(1) Yearly Compliance Training

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

#### 24.3(2) HIPAA

- (2a) When in doubt, students should assume that any individual health information is protected under the Privacy Rule.
- (2b) When students are at a health care facility for clinical training, they are covered by the Privacy Rule as a member of that facility's workforce.
- (2c) A training site may require students to complete Privacy Rule training specific to that site.
- (2d) Students are expected to follow that site's policies and procedures, including those concerning health information privacy.



- (2e) All students who come into contact with patients at a training site will have received a Notice of Privacy Practices, which describes in detail permitted uses and disclosures of PHI and patient rights under the Privacy Rule.

## 24.4 Procedures

### 24.4(1) Yearly HIPAA Compliance

- (1a) Modules are completed online.
- (1b) Students receive notification and reminders via email to their UW accounts.
- (1c) Students should upload their annual record of completion into Exxat.

### 24.4(2) Yearly SIP Training

- (2a) Modules are completed online.
- (2b) Students receive notification and reminders via email to their UW accounts.
- (2c) Students should upload their annual record of completion into Exxat.

### 24.4(3) Yearly UWSMPH Shared Guidelines for Professional Conduct training

- (3a) Modules are completed online.
- (3b) Students receive notification and reminders via email to their UW accounts.
- (3c) Compliance will be tracked in Canvas by Academic Affairs Compliance Specialist.

### 24.4(4) N-95 Mask fit testing

- (4a) Completed at entry to Phase 2
- (4b) Retest to occur during M3 and M4 years (or annually for the duration of clinical coursework in the MD program).
- (4c) Annual instructions to be provided by Student Services.

### 24.4(5) CPR certification

- (5a) Completed at entry to Phase 2
- (5b) Recertification to occur in the M3 year.
- (5c) Annual instructions to be provided by Student Services.

## 24.5 Reference

[UW-Madison HIPAA Training](#)

[Mistreatment of Students or Unprofessional Behavior](#)

## Section 25 : Universal Precautions

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### 25.1 Purpose

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

### 25.2 Definitions

#### 25.2(1) Body fluids

Any natural bodily liquid or secretion, including but not limited to blood and semen.

#### 25.2(2) Barrier

Anything that serves to block or prevent transmission of pathogens.

#### 25.2(3) Source patient

The patient who is the source of the body fluid or the source of the exposure.

#### 25.2(4) Prophylaxis

An action taken to preserve health and prevent the spread of disease.

#### 25.2(5) Universal precautions

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

#### 25.2(6) Exposure

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

#### 25.2(7) Infectious Material

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

### 25.3 Policies

#### 25.3(1) Blood and Bodily Fluid Precautions

- (1a) Blood and body fluid precautions should be used for all patients, regardless of known HIV status.
- (1b) Universal precautions apply to blood and other body fluids containing visible blood, semen, and vaginal secretions.
- (1c) Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids.
- (1d) Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.
- (1e) Universal precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable.
- (1f) Whereas universal precautions do not apply to human breast milk, gloves may be worn by health care workers in situations where exposures to breast milk might be frequent, for example, in breast milk banking.

### 25.3(2) Barrier Techniques

- (2a) Appropriate barrier techniques should be used to prevent skin and mucous membrane exposure when contact with the blood or other body fluid of any patient is anticipated.
- (2b) Gloves should be worn when touching blood, body fluids, mucous membranes, or non-intact skin. Gloves should be changed after contact with each patient.
- (2c) Glove use is required:
  - for performing phlebotomy
  - for performing finger or heel sticks on infants and children
  - for dressing changes
  - for suturing
  - for examination of denuded or disrupted skin
  - for administration of immunizations or injections
  - for any surgical procedure
  - for pelvic gynecologic exam
- (2d) Masks and protective eyewear or face shields should be worn during procedures likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes.
- (2e) Gowns or aprons should be worn during procedures likely to generate splashes of blood or other body fluids.
- (2f) Hands and skin should be washed immediately if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- (2g) Care should be taken in disposing of needles, scalpels, and other sharp instruments. They should be placed in a puncture-resistant container.
- (2h) Mouthpieces and resuscitation bags should be available to minimize the need for mouth-to-mouth resuscitation.
- (2i) Students who have exudative lesions or weeping dermatitis should refrain from direct patient contact and from handling patient care equipment, until the condition is resolved.

### 25.3(3) Management of Blood Borne Pathogen Post Exposure

*The following information contains guidelines for UWSMPH medical students regarding the management of blood borne pathogen exposures. Although needle stick and other sharps injuries are the most common means of exposure for health care workers, blood borne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their employees and provide the same services to students on clinical rotation at their facility.*

- (3a) Detailed procedures for each clinical site are listed in OASIS Notices.
- (3b) Seek care for your injury immediately.
- (3c) At UW Hospital and Clinics, go to Employee Health Services during daytime hours and to the Emergency Room after hours.
- (3d) At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.
- (3e) Notify the facility's coordinator for employee health and/or infection control issues immediately. The coordinator will:

- (3e.1) Assess your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.
- (3e.2) Arrange for testing of the source patient, if necessary. This is the responsibility of the site.
- (3e.3) At UW Hospital and Clinics, contact Employee Health Services (days) or the ER (nights).
  - (3f) Notify your preceptor or clinical instructor as soon as practical.
  - (3g) Contact the Office of Student Services ASAP at 608-263-4920.
  - (3h) Contact UHS for advice, consultation, or follow-up as needed:
    - (608) 262-6720;
    - (608) 265-7000, #4555;
    - Appointments/info: (608) 265-5600, 8:30 am - 5 pm weekdays;
    - A clinician is available on call after hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends.

Employee health staff in most facilities are very experienced in the management of exposures and the issues that surround them. For follow up care, students should use UHS. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student and/or their insurance.

#### 25.3(4) Needle Stick Injuries

- (4a) Studies indicate that needle stick injuries are often associated with these activities that students must avoid:
  - recapping needles
  - transferring a body fluid between containers
  - failing to properly dispose of used needles in sharps containers
- (4b) Students will use only approved devices, will not recap needles, and will dispose of needles promptly in sharps containers (not laying them on trays, bed sheets, etc.).
- (4c) Students will immediately report all needle stick and sharps-related injuries promptly to ensure that they receive appropriate follow-up care.

#### 25.3(5) Other Common Exposure Procedures

- (5a) Care of the Injury or Exposed Area
 

Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.
- (5b) Reporting the Incident
  - (5b.1) Staff at the clinical site will assess the exposure incident and will assist in collecting the information that is needed to manage the exposure and to care for the student.
  - (5b.2) There is a specific definition of significant exposure, it considers the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury.
- (5c) *Evaluation of the Source Patient*
  - (5c.1) This typically includes HIV antibody, hepatitis B surface antigen or panel, and hepatitis C antibody.
  - (5c.2) Source patient test results should be provided to you.

- (5c.3) Do not rely on medical or social history to assess the risk of blood borne pathogens. A practice of testing every source patient is the standard. This usually requires the patient's consent for testing. Health care staff at the clinical site will obtain this consent, not the affected medical student.
- (5c.4) Testing the source patient should be done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings.
- (5c.5) Since exposures may take place in surgical or delivery room areas, the source patient's ability to give consent for testing may be delayed.
- (5d) Evaluation of the Exposed Person
  - (5d.1) Routine baseline testing is not necessary for the exposed person.
  - (5d.2) Post-exposure prophylaxis: Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.
- (5e) Follow-Up
  - (5e.1) The need for follow-up testing in exposed persons is determined by the individual assessment of exposure risk as made by the Infection Control Officer and the source patient's test results.
  - (5e.2) Testing may still be done if desired for personal reasons. Students should contact UHS to schedule an appointment to pursue testing.

#### 25.3(6) Cleaning of Surfaces and Linens

- (6a) Environmental surfaces should be cleaned when contaminated.
- (6b) Scrubbing is as important as the cleansing agent in the physical removal of microorganisms.
- (6c) Soiled linen should be properly bagged and washed in water of 160 ° F (71 ° C) with detergent for 30 minutes or with suitable chemicals at lower temperatures.

#### 25.3(7) Sterilization of Instruments

- (7a) When students are at a health care facility for clinical training, they are covered by the Privacy Rule as a member of that facility's workforce.

### 25.4 Procedures

#### 25.4(1) Reporting

- (1a) Students will immediately report any needle stick or exposure to blood borne pathogen as detailed above.
- (1b) Students having any difficulty with this reporting should immediately contact Student Services 608-263-4920.

#### 25.4(2) Follow-up

- (2a) Students will fully comply with all recommended follow up.
- (2b) For follow up care, students should use UHS or their primary care provider. If it is not practical to use either UHS or a PCP for care, the cost of services incurred is the responsibility of the student and/or their insurance.

## 25.5 References

### 25.5(1) CDC Documents

- (1a) Updated US Public Health Service Guidelines for Management of Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infection Control and Hospital Epidemiology* Vol. 34, No. 9 (September 2013, updated May 2018)  
<https://stacks.cdc.gov/view/cdc/20711>
- (1b) Updated US Public Health Service Guidelines for Management of Exposures to HBC, HCV and HIV and Recommendations for Postexposure Prophylaxis. *MMWR* June 29, 2001/50(RR1);1-42.  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
- (1c) Universal Precautions for Preparation of Transmission of Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other Blood-borne Pathogens in Health Care Settings, *MMWR* 1988; vol 37, no 24.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00000039.htm>
- (1d) CDC 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. Updated 2019.  
<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

## Section 26 : Blood Borne Pathogens

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### 26.1 Purpose

- To provide guidance for assessing and minimizing the risk of transmission of bloodborne pathogens or tuberculosis from an affected medical student to patients or health care workers while supporting the student's ability to successfully complete the essential elements of the MD program.

### 26.2 Definitions

#### 26.2(1) Blood borne pathogen (BBP)

For the purposes of this policy, the term bloodborne pathogens will refer specifically to HIV (human immunodeficiency virus), HBV (hepatitis B virus), and HCV (hepatitis C virus).

#### 26.2(2) Positive Tuberculosis

For the purposes of this policy, positive tuberculosis is defined as confirmed infectious pulmonary, laryngeal, endobronchial, or tracheal TB disease, or a draining TB skin lesion.

#### 26.2(3) Exposure-prone invasive procedure

Any procedure in which there is simultaneous presence of the health profession student's digits and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site. Exposure-prone invasive procedures include but are not limited to: intra-abdominal and colorectal surgery; intra-thoracic surgery, including cardiac surgery, major orthopedic surgery, major gynecological surgery, caesarean and vaginal deliveries requiring suturing; surgery in the oral cavity; and digital palpation of a needle tip in a body cavity.

#### 26.2(4) TSAAC Review Panel:

A subset of the Technical Standards and Access to Accommodations Committee (TSAAC) convened for students who are known to be infected with HBV, HCV, and/or HIV who are performing exposure-prone invasive procedures and who have viral loads above those recommended in The Society for Healthcare Epidemiology of America (SHEA) guidelines for each infection. The purpose of the Review Panel is to review the clinical duties of the affected medical student and to consider potential modifications to reduce patient risk while supporting the student's continuation of their education through reasonable accommodations that will permit the student to successfully complete the essential elements of the MD program.

### 26.3 Policy

#### 26.3(1) Admissions and Retention

- (1a) Applicants living with a BBP infection and/or TB will not be discriminated against when considering admission to the MD program at UWSMPH.
- (1b) In compliance with the American with Disabilities Act Amendments Act of 2008 (ADAAA), Students living with a BBP infection and/or TB will not be discriminated against in retention, progress, and promotions in the MD program at UWSMPH.

26.3(2) Individual Student Responsibility

- (2a) It is the responsibility of the individual medical student who suspects they may be at risk for HIV, HBV or HCV infection to ascertain their serostatus.
- (2b) It is the responsibility of a student with known TB or positive TB screen to ascertain their risk for transmission of infection.
- (2c) A medical student infected with a BBP should participate in clinical care only after an evaluation by their personal physician or by UHS. The provider should counsel the student on appropriate infection control policies to prevent transmission of infection to patients or to other health care workers.

26.3(3) Students with latent TB

- (3a) Students with latent TB may participate in patient care activities without restriction under the supervision of their personal physician or UHS provider.

26.3(4) Students with positive TB:

- (4a) Students with active TB should be treated and placed in isolation and will not be allowed to participate in clinical activities until they are determined to no longer be infectious by their treating provider.

26.3(5) Reporting

- (5a) Medical students with a BBP infection or positive TB are strongly encouraged to provide this medical information to University Health Services (UHS) or their personal physician so that risk reduction strategies, counseling, and support may be offered.
- (5b) Medical students who perform exposure-prone invasive procedures, as defined above, and who are living with a BBP infection are required to obtain testing by UHS or by their personal physician to determine the viral load of the infection in accordance with “Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students”<sup>1</sup> and SHEA’s “Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions”<sup>2</sup>.
- (5c) It is the professional responsibility of all students with a BBP infection to self-identify and report their infection status to the Technical Standards Director if they have viral loads above those recommended in the SHEA guidelines<sup>2</sup> for each infection.

26.3(6) Review Panel:

- (6a) A TSAAC Review Panel will be convened to assess risks and recommend risk reduction strategies for students whose viral loads are above those recommended in the SHEA guidelines<sup>2</sup>. UWSMPH will work with affected students to provide reasonable accommodations where needed.
- (6b) The Review Panel will consist of the Technical Standards Director, the Associate Dean for Students, a representative from the UW-Madison McBurney Disability Resource Center and three voting members of TSAAC.
- (6c) If a faculty member from the Division of Infectious Disease is not represented among the 3 voting members of TSAAC, an additional physician Review Panel member from either the UW Health Infection Control team or the Division of Infectious Disease will be selected by the Associate Dean of Students.



- (6d) Once it has been determined what, if any, adjustments or restrictions need to be placed on an individual student's clinical duties, reasonable accommodations will be developed through the UWSMPH MD Program Technical Standards and Accommodations Committee (TSAAC) and, when relevant, in collaboration with the UW-Madison McBurney Disability Resource Center.
- (6e) All UWMPH MD program students must meet the UWSMPH technical standards.
- (6f) The medical student with a BBP infection, as with any other potentially transmissible illness, will be managed in alignment with the provisions of UW Health Administrative Policy #9.22, Health Clearance to Return to Work or Continue to Work.

26.3(7) Confidentiality:

- (7a) UWSMPH shall maintain confidentiality regarding communicable diseases of its students in accordance with all applicable federal, state, and local laws and regulations. The individuals who will be informed of the student's health status will be the Technical Standards Director and a representative of the UW-Madison McBurney Disability Resource Center if accommodations are pursued.
- (7b) Designated representative(s) of a student's clinical site will be notified only to the extent required by the site's policies and as needed to provide modifications to the student's clinical program per accommodations requirements. Designated representatives at a clinical site will be informed of educational modifications and will not be informed of a student's specific diagnosis.

26.3(8) Career advising:

- (8a) Students are encouraged but not required to meet with their ACAP Advisor, the Associate Dean for Students, or the Director of Career Advising regarding the potential impact a BBP infection and/or TB may have on their future career and specialty choice. This is especially important for any student with chronic hepatitis infection who is considering a surgical career.

## 26.4 Procedures

26.4(1) Universal precautions:

- (1a) Medical students with a BBP infection must strictly observe infection control precautions. Infection control precautions that apply to all health care workers (HCW) must be strictly observed, regardless of whether they perform invasive procedures. See Handbook Section 25.

26.4(2) Routine care:

- (2a) Medical students with a BBP infection will participate in routine medical care and viral load screening as directed by their personal physician or UHS provider.
- (2b) Students with latent TB will participate in routine medical care and treatment as directed by their personal physician or UHS provider.
- (2c) All students are required to seek medical consultation by their personal physician or a physician from University Health Services to discuss their medical conditions with a provider and to determine their ability to perform the duties required of the clinical rotations.

26.4(3) Reporting:

(3a) A medical student with a BBP infection whose viral load levels exceed those recommended in the SHEA guidelines<sup>2</sup> will notify the Technical Standard Director of this result within 2 business days of receiving the result.

26.4(4) Convening the TSAAC Review Panel:

(4a) The TSAAC Review Panel will be convened the within 7 business days to assess risks and recommend risk reduction strategies for medical student with a BBP infection whose viral load levels exceed those recommended in the SHEA guidelines<sup>2</sup>.

(4b) Review of student data will be conducted in a de-identified manner.

(4c) The TSAAC Review Panel will define and approve any needed modifications in the student's clinical care duties to minimize the risk of transmission of infection to patients and health care team members while supporting the student's continuation of their education through reasonable accommodations that will permit the student to successfully complete the essential elements of the medical program.

(4d) This process will occur in collaboration with the UW-Madison McBurney Disability Resource Center when relevant.

26.4(5) Adherence to risk reduction strategies:

(5a) It is the individual student's responsibility to adhere to the educational modifications and risk reduction strategies as defined by the TSAAC Review Panel.

(5b) Any student seeking adjustment to the educational modifications, including accommodations, should follow the procedure outlined in Handbook Section 4.3(3).

(5c) Failure to adhere to educational modifications and risk reduction strategies will be considered unprofessional behavior.

**26.5 References:**

1. [Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students](#). *MMWR Recommendations and Reports*: July 6, 2012 / 61(RR03);1-12
2. [Management of healthcare personnel living with hepatitis B, hepatitis C, or human immunodeficiency virus in US healthcare institutions](#). DK Henderson et al. *Infection Control & Hospital Epidemiology* (2022), 43, 147–155

## Section 27 : Immunizations and TB Testing Requirements

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### 27.1 Purpose

- To inform students about the MD Program Immunization and TB test requirements.
- To assure student adherence with these requirements.

*Health care professionals, including students-in-training, are at higher risk than the general population for acquiring communicable diseases. In order to protect themselves, their colleagues and patients, students must provide evidence of immunization or immunity against these diseases.*

### 27.2 Definitions

#### 27.2(1) Communicable disease covered by policy

Varicella, measles, mumps, rubella, tetanus, pertussis, diphtheria, hepatitis B, influenza, COVID-19, and tuberculosis.

#### 27.2(2) Evidence of Immunity

Evidence of immunization is defined as documentation of the complete vaccine series or titer/serologies confirming immunity against disease.

### 27.3 Policies

#### 27.3(1) Requirements

(1a) The school shall ensure that each student has completed a health screening prior to beginning any clinical training in UWHC facilities. All students are required to provide evidence of immunity against:

(1a.1) Varicella

Document two doses of the vaccine or provide antibody titer results documenting immunity.

(1a.2) Measles

Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

(1a.3) Mumps

Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

(1a.4) Rubella (German measles)

Document two doses of the vaccine after age 12 months or provide antibody titer results documenting immunity.

(1a.5) Hepatitis B

Document three doses of the vaccine AND provide antibody titer results documenting immunity. If negative, a Secondary Hep B Action Plan is required. See 27.3(2) Hepatitis B Non-responder protocol for further details.

(1a.6) Tetanus, diphtheria, and pertussis

Document one dose of tetanus/diphtheria/pertussis vaccine within the last ten years. Tdap vaccine can be given regardless of interval since the last Td dose. Td fulfills the requirement only if a prior Tdap has been given.

- (1a.7) COVID-19  
All students must be vaccinated against COVID-19, including a booster dose of the vaccine. For more information on vaccinations visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
  - (1a.8) Influenza  
Yearly influenza vaccinations are required. UHS offers free walk-in clinics throughout campus to UW-Madison students.
  - (1a.9) Tuberculin Skin Test/Annual TB Health Evaluation  
Annual screening for tuberculosis is required of all students.
    - (...1) A 2-step PPD tuberculin skin test is required for the first year. Students are encouraged to complete the first test prior to the start of coursework and complete the second test during the first block of coursework. After the first year, an annual TB 1-step skin test is required.
      - (...1.1) The test can be given by UHS or other health care system, and the results are to be uploaded to Exxat.
      - (...1.2) The second TB skin test should be completed within 7 to 90 days of the first TB skin test.
    - (...2) A positive skin test must be evaluated and treated as per UHS protocols.
    - (...3) Students known to have positive tuberculin skin test must follow UHS protocols for this result, which includes completing a TB questionnaire and providing an annual update of their health status relative to tuberculosis.
- (1b) Upon request, students will provide UWHC and affiliate statewide campus sites with documentation that TB screening and vaccinations have been completed through the data in their Exxat profile. Upon admission, students consent to permit Exxat to release this information to UWHC and affiliate statewide campus sites.
- (1c) Students will have access to their vaccine data in Exxat. Students may be asked to provide this information directly to health care systems at which they rotate.

27.3(2) Hepatitis B Non-responder protocol: first vaccine series

- (2a) Prospective Medical Students who did not respond to their first Hepatitis B vaccine series are required to complete the Secondary Hep B Action Plan
  - (2a.1) Repeat full 3 vaccine series
  - (2a.2) Then 1-2 months after completing second vaccine series, recheck Hep B titer (specifically anti-HBs)
  - (2a.3) If positive response to second vaccine series, no further action needed. Student is considered protected against Hepatitis B
  - (2a.4) If negative response to second vaccine series, student is considered a non-responder and should pursue follow up as detailed in 27.3(3) within 30 days of receiving this titer result.

27.3(3) Hepatitis B Non-responder protocol: second vaccine series

- (3a) Protocol for Medical Students who are non-responders to the Hepatitis B second series of the vaccine
  - (3a.1) Obtain testing for chronic Hepatitis B testing (specifically HBsAg and HBeAg)

- (3a.2) If negative HBsAg, then student does not have chronic hepatitis B but is *not immune* to Hepatitis B and remains at risk for the disease. Student should:
  - (...1) Meet with Dean of Students for counseling on the following:
    - (...1.1) Risk of acquiring Hepatitis B infection
    - (...1.2) Need for careful use of personal protective equipment and universal precautions to reduce risk of Hepatitis B infection
    - (...1.3) Need for post exposure prophylaxis with Hepatitis B IG following body fluid exposure to a patient known to be Hepatitis B positive or a high-risk patient with known Hepatitis B status
  - (3b) If positive HBsAg, student has chronic Hepatitis B.
- (3b.1) Student responsibility for those with Hepatitis B is defined in Section 26.

#### 27.3(4) Exemptions

- (4a) Students are exempt from vaccines in the following cases:
  - (4a.1) if they object on the grounds that administration of immunizing agents conflicts with their religious practices (unless the Board of Health has declared an emergency or an epidemic of disease)
  - (4a.2) if they present a statement from a licensed physician which states that their physical condition is such that administration of one or more of the required immunizing agents would be detrimental to their health.
- (4b) *If an exemption is approved, the UWSMPH cannot guarantee that our affiliated hospitals and clinics will allow the student to participate in patient care at these affiliate sites. This may result in disruption or extension of clinical training for the student with an approved exemption.*

### 27.4 Procedures

#### 27.4(1) On Admission

- (1a) Students will provide the required evidence of immunity upon admission to Exxat.
- (1b) Any student deficient in immunity will be required to initiate the vaccine series prior to the start date of the M1 year and must complete the vaccine series within 18 months of initiating the vaccine series.

#### 27.4(2) While Enrolled

- (2a) Students will meet the annual influenza and TB screening requirements detailed above or provide documentation supporting exemption.

#### 27.4(3) Monitoring

- (3a) The UWSMPH Compliance Specialist will monitor adherence to these requirements in collaboration with the Office of Student Services.

### 27.5 References

1. Immunizations of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>
2. TB Screening and Testing of Health Care Personnel. [https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/?CDC\\_AAref\\_Val=https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm](https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/?CDC_AAref_Val=https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm)

## Section 28 : Urine Drug Screening

### 28.1 Purpose

- To inform students about the MD Program Urine Drug Screening requirements.
- To assure student adherence with these requirements.

*UWSMPH is committed to maintaining a drug-free educational and work environment.*

*Substance use can impair a student's capacity to safely function in the clinical setting. Patient safety priorities have led many clinical facilities to require urine drug screening of health care providers. In addition, drug screening is now a prerequisite for an increasing number of clinical sites to accept medical student assignments.*

*This policy represents the UWSMPH's commitment to balance the educational needs of students with protecting the interests of patients. It outlines the procedures of the drug screen process.*

*The goal is to ensure that students are attaining the highest degree of learning, are safely and effectively participating in patient care in a broad range of clinical settings, are eligible to participate in patient care across all clinical health systems, are successfully progressing to degree completion, and are prepared to meet the requirements for entry into graduate medical education.*

### 28.2 Definitions

#### 28.2(1) Urine Drugs Screen (UDS)

(1a) The process of completing an analysis of urine for the presence of certain illegal drugs and prescription medications.

#### 28.2(2) Medical Review Officer (MRO)

(2a) The Medical Review Officer (MRO) is a licensed provider responsible for receiving laboratory results, who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's positive screen result together with that individual's medical history and any other relevant biomedical information.

(2b) The MRO ensures security, data protection, and procedural handling of positive or non-negative screens.

(2c) The MRO is fully independent of UWSMPH

#### 28.2(3) Matriculated student

(3a) A matriculated student is one who is both admitted and enrolled in UWSMPH.

#### 28.2(4) Non-matriculated student

(4a) A non-matriculated student is one who is admitted UWSMPH but not yet enrolled.

### 28.3 Policies

#### 28.3(1) Use of controlled substances

The use of controlled substances (unless prescribed by a clinician and used in strict accordance with that prescription), illegal substances and medical marijuana is prohibited for all UWSMPH MD students.

28.3(2) Student Responsibility

While enrolled at UWSMPH, it is the student's responsibility to ensure that they are functioning free from the influence of illicit or illegal substances. Students must be free of drug impairments and be able to show proficiency in all UWSMPH MD program technical standards in order to graduate with the MD degree (See Section 11.3(1) Professional Behavior Code of the UWSMPH MD Program Student Handbook).

28.3(3) Requirement for negative drug screen

- (3a) All MD students are required to have a negative urine drug screen (UDS) prior to matriculation.
- (3b) Students may be required to provide a drug screening at other times as deemed necessary by the school or their clinical site.
- (3c) Affiliated institutions and clinics may require drug testing for anyone who is involved with patient care, including medical students.

28.3(4) Cost of screening

All screenings are completed at the student's expense.

28.3(5) Substances tested for

Substances tested for in the UDS include but are not limited to: amphetamines including methamphetamine, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, methadone, methaqualone, opiates, phencyclidine ("PCP"), propoxyphene; and other substances as may be required by a health care facility at which the student is assigned for a clinical rotation.

28.3(6) Administration of urine drug screen

- (6a) Urine drug screening will be administered through a single source, third-party vendor, Universal Background Screening. Drug screen results will not be accepted from a non-UWSMPH-approved screening vendor.
- (6b) Drug screen results from a laboratory other than one designated by Universal will not be accepted.
- (6c) The approved vendor assures collection of the sample, transport to the laboratory, EMIT analysis, GC/MS confirmation by a SAMHSA-certified laboratory, and a test review by a MRO, if required.
- (6d) UWSMPH will not re-adjudicate decisions made by the MRO about UDS results.

28.3(7) Urine drug screen results

- (7a) A student's drug screen is not considered positive until a Medical Review Officer (MRO) has determined that the results are not due to legally prescribed and appropriately taken prescription medications. UWSMPH will only receive a positive result if a medical explanation for a positive result is not approved by the MRO.
- (7b) If a student's UDS is neither positive nor negative, then the "non-negative" test must be repeated.
- (7c) Drug screen results will be stored in a confidential manner on Exxat and will be accessible to the student via their individual Exxat account.
- (7d) Students must complete all releases required for UWSMPH to receive the UDS result via Exxat, the independent compliance data management and monitoring platform.

(7e) Drug screen results will remain separate from the academic record unless the student is referred to the Student Promotion and Review Committee (SPARC) and SPARC formally cites the student for violation of the policy.

(7f) Failed UDS result or screening- a failed drug screen will result in the following situations:

(7f.1) The sample contains drugs and/or metabolites for which the contracted vendor concludes there is no legitimate explanation other than the use of a prohibited drug.

(7f.2) The contracted vendor determines that urine samples are diluted or fail to meet threshold as measured by the vendor's standards for adequate temperature, creatinine, and specific gravity;

(7f.3) An enrolled medical student refuses to submit to screening, fails to provide a sample suitable for testing, and/or attempts to alter or tamper with the specimen.

(7g) All information relating to a UDS shall remain confidential, to the extent permitted by law. For clinical sites with a drug screen requirement, UDS results will be released by students through Exxat.

(7h) The Associate Dean for Students shall address all positive UDS or other screenings in accordance with the "Violations of Policy" section.

28.3(8) Reasonable suspicion

(8a) UWSMPH shall have the right to request that an enrolled medical student participate in a urine drug screen upon reasonable suspicion.

(8b) All enrolled medical students shall be relieved from patient care and clinical service pending the results of a UDS or other screening required for reasonable suspicion.

(8c) For purposes of this policy, reasonable suspicion shall mean:

(8c.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

(8c.2) A pattern of abnormal conduct or erratic behavior

(8c.3) Information provided by reliable and credible sources regarding the student's alleged violation of this policy

(8c.4) Newly discovered evidence that the student tampered with a previous drug screen

(8c.5) Unexplained controlled substances missing or diverted from the clinical or laboratory environment if the medical student had access to the controlled substances during the time of the event

(8c.6) Evidence of circumstances or information that may cause a reasonable person to conclude that an enrolled medical student has more likely than not engaged in conduct that violates this policy.

28.3(9) Violations of policy

(9a) Any matriculated medical student who violates this policy shall be reported to the Associate Dean for Students

(9a.1) Students with a single positive drug screen will be given the opportunity to repeat the drug screen.

(...1) The student must initiate the process to repeat the UDS within 30 days of receiving the positive result unless an extension is approved by the Associate Dean for Students.



- (9a.2) A negative screen is required for initiation of or continuation in the curriculum.
- (9b) The Associate Dean for Students shall direct a student with more than one positive drug screen to SPARC for action.
  - (9b.1) This action includes, but is not limited to, referral to an independent third-party provider selected by the Committee for evaluation and/or treatment.
  - (9b.2) Disciplinary action may occur if a student is in violation of any UWSMPH Professionalism Standards or Technical Standards.
  - (9b.3) 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 UWSMPH. The student is responsible for the cost of evaluation and treatment.
  - (9b.4) A student's cooperation and compliance with the third-party provider and evaluation or treatment plan shall be monitored by the Associate Dean for Students. A student's failure to cooperate or fully participate in the evaluation or treatment plan may be reported by the Associate Dean for Students to SPARC.
  - (9b.5) Any matter reported to SPARC shall be processed in accordance with the Committee's guidelines for disciplinary matters as stated in Section 10 of the UWSMPH MD Program Student Handbook.
    - (...1) Such guidelines may include but are not limited to the right of UWSMPH to dismiss an enrolled medical student or rescind an offer of admission.
- (9c) Students are encouraged to self-identify to the Associate Dean for Students when they have problems with drug or alcohol misuse or abuse.
  - (9c.1) Students who self-identify may be granted a leave of absence to secure treatment without prejudice to their academic standing.
  - (9c.2) In such cases, confidentiality will be maintained, to the extent permitted by law.
  - (9c.3) Students who self-identify will be referred to SPARC following any needed treatment for substance misuse or abuse.
- (9d) Any enrolled medical student engaged in the unlawful manufacture, distribution, dispensation, possession and/or use of a controlled substance, or convicted for any drug related or alcohol related offense will be referred to SPARC for possible disciplinary action, including dismissal.

## 28.4 Procedures

### 28.4(1) Timeline for completion

- (1a) The Drug Screening must be completed within a timeline defined by the Office of Student Services.
- (1b) In exceptional circumstances, the Dean for Students or SPARC may approve an extension.
  - (1b.1) The student's course schedule may be altered as a result of extension.

### 28.4(2) Approved Vendor

- (2a) UWSMPH has an approved vendor to conduct drug screening for students (Universal).
- (2b) Exxat is the approved platform required for initiating the screening process.

28.4(3) Negative screen for continuation

(3a) A negative screen is required for initiation of or continuation in the curriculum.

28.4(4) Retesting

(4a) Retesting may be required if a clinical site requires a more recent test result than is provided by MD Program policy.

(4b) Some clinical sites may require additional testing at their facility or with their own approved vendor.

28.4(5) Initiating testing

(5a) Students initiate the UDS process through their Exxat account.

(5b) For matriculated students, drug screening may be required in accordance with clinical site requirements.

(5c) Prior to collection, students have the opportunity, but are not required, to disclose the use of prescription medications they believe may result in a positive screen.

28.4(6) Location of results

(6a) Student UDS results will be recorded and stored in Exxat.

28.4(7) Compliance with requirement

(7a) Student compliance with the UDS requirement will be monitored and verified by Exxat.

(7b) Student compliance with the UDS requirement will be tracked by Student Services.

28.4(8) Process for a positive test result

(8a) A Medical Review Officer (MRO) will reach out via phone to the student for consultation. The MRO will attempt to contact the students a maximum of three times. The student must respond in the time frame defined by the MRO. Failure to respond to the MRO will result in a report of a positive test result.

(8b) The MRO will request any documentation the student may possess to further explain the positive result (such as prescriptions).

(8b.1) Upon receipt of the documentation, MRO will review the supporting documentation and make a decision on the initial positive result.

(8b.2) If the result is consistent with the prescription or medical documentation, the result will be reported as “negative”.

(8b.3) If the result is not consistent with the prescription or medical documentation, the result will be reported as “positive”.

(8c) The decision of the MRO regarding test results and reporting is final and not subject to appeal.

(8d) The student may make a request to the MRO to repeat a positive drug screen.

(8e) Non-matriculated Students:

(8e.1) A non-matriculated student with a positive drug screen will be reported to the Associate Dean for Students for review.

(8e.2) A non-matriculated student who fails to provide a negative drug screen may have their offer of admission rescinded.

(8f) Matriculated Students:

- (8f.1) A matriculated student with a positive drug screen will be reported to the Associate Dean for Students for further assessment and review by the Student Promotion and Review Committee (see “Violations of Policy”).
- (8a) If a student fails to participate in the drug screen process or fails to provide a negative drug screening, they will not begin (if new matriculant) or continue (if previously enrolled) in the curriculum or participate in any patient care activity until they meet this requirement. This may result in disruption or extension of the MD program for the student.



## Section 29 : Health Insurance Coverage

### 29.1 Purpose

- To assure that all students have appropriate and sufficient insurance coverage

### 29.2 Definitions

#### 29.2(1) Health Insurance

Insurance that pays for medical and surgical expenses incurred against the insured.

#### 29.2(2) Disability Insurance

Insurance that offers income or debt protection for an individual who becomes disabled for a long period of time.

#### 29.2(3) Deductible

A specified amount of money that the insured must pay before an insurance company will pay a claim.

#### 29.2(4) Maximum Life Benefit

The maximum amount a health plan will pay in benefits to an insured individual during the individual's lifetime.

### 29.3 Policies

#### 29.3(1) Health Insurance Requirement

All medical students are required to have active health insurance coverage that meets the insurance requirements listed below. It is important to note that the list details the minimum coverage requirements only. Students are required to ensure that the coverage is adequate throughout their time as a medical student. *Students who fail to provide proof of insurance that meets our program requirements will be auto-enrolled in the UW-Madison Student Health Insurance Program (SHIP) at the student's cost.*

#### 29.3(2) Minimum Coverage Requirements

<u>Insurance Category</u>	<u>Coverage Requirement</u>
Maximum Lifetime Benefit	\$1,000,000
Annual Plan Deductible	\$2,500 per person
Emergency Room (visits and treatment)	80% (after deductible/copayment)
Inpatient Hospital Benefits (including labs, x-rays and miscellaneous expenses) (Note: "limited medical benefit plans" with separate daily benefit caps on medical services such as intensive care are not acceptable)	80% (after deductible)
Outpatient Benefits (e.g., Physician office visits, labs, physical therapy, radiology etc.) in the location you will be studying (typically Madison)	80% (after deductible)

Mental Health Benefits  
(Inpatient, Outpatient and Chemical Dependency)

Must include in-patient  
coverage

29.3(3) Features to avoid

Features of many low-cost plans that should be avoided include:

- (3a) “Limited medical benefit plans” which have monetary caps or limits on services such as ambulances, inpatient care, intensive care or other services;
- (3b) Plans with no coverage for mental health services;
- (3c) Plans with no prescription drug benefit;
- (3d) Geographically limited plans, often out-of-state HMOs, which offer only emergency coverage in the Madison area or other areas where you will be studying.

29.3(4) Disability Insurance

(4a) Disability insurance, while not required, is highly recommended given the health risks associated with the training and practice of medicine.

(4b) Low-cost student disability insurance is available through the American Medical Association (AMA). The AMA, through its AMA Insurance Agency, offers a student plan that provides a benefit of up to \$1,000 a month up to a maximum annual benefit of \$12,000 to help students through a disabling illness or injury. Students can apply only during the open enrollment period from July 1 - December 31. See the AMA website for more details:

<https://amainsure.com/insurance-products/physician-disability-insurance/medical-student-insurance/>

## 29.4 Procedures

29.4(1) Proof of Insurance

(1a) All students in the MD program must provide proof of insurance annually, beginning with the start of enrollment, OR enroll in the Student Health Insurance Plan.

(1b) If a student has a health insurance plan that meets the program’s minimum requirements, they must submit the insurance waiver. The Office of Student Services will review and must approve all waivers of the health insurance requirements.

(1c) Any student who cannot provide proof of insurance that meets UWSMPH requirements must enroll in the Student Health Insurance Plan, which includes the cost of the premium. If students do not enroll themselves in a plan, they will be automatically enrolled, which will incur an additional fee.

(1d) Students will not be permitted to continue in coursework until they provide proof of having a health insurance plan that meets the program requirements. This may result in disruption or extension of the MD program for the student.

## 29.5 References

29.5(1) [AMA Medical Student Disability Insurance](#)



## Section 30 : Weather, Public Health & Safety Emergencies

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### 30.1 Purpose

- To establish uniform policy across education sites and settings for weather, safety, and public health emergencies.

### 30.2 Definitions

#### 30.2(1) Non-Essential Personnel

Personnel, including medical students, who are not deemed critical and essential for safe delivery of patient care during emergencies.

#### 30.2(2) Weather Emergency

Any weather event defined by the National Weather Service as constituting a risk to human safety. Note that local school closures do not necessarily constitute a weather emergency.

### 30.3 Policies

#### 30.3(1) Release from Clinical Duty during Weather or Public Safety Emergency

- (1a) When a public safety emergency is declared in a Wisconsin county or municipality where students are participating in clinical course activities, students should be excused from the course until the emergency is over.
- (1b) When there is a weather emergency (defined by the National Weather Service) declared in a Wisconsin county or municipality where students are participating in course activities, students who need to drive to the clinical course site should be excused from the clinical course until the weather emergency is over.

#### 30.3(2) Decision-Making Authority

- (2a) The decision to excuse students from clinical responsibilities outside of Madison (in the event the Madison campus is open, but a weather or public safety emergency is occurring elsewhere) should be made by the regional site director and should be communicated to the Associate Dean for Students and the Associate Dean of Medical Education (or their designees) in Madison.
- (2b) The Medical Education Office will inform course directors in Madison if a site has chosen to excuse students.

#### 30.3(3) Student Status during Weather Emergency and Public Safety Emergency

- (3a) Medical students participating in patient care activities are considered non-essential workers in cases of weather and/or public safety emergencies

#### 30.3(4) Statewide Campus Response to Closure of UW-Madison

- (4a) If the UW-Madison campus is declared closed due to a weather emergency, all UW students - including medical students in clinical courses statewide - are excused from on-site clinical course activities. However, students are strongly encouraged to report to the site if:
  - (4a.1) The site is in a county or municipality included in the weather emergency, but the student does not need to drive to the site.
  - (4a.2) There is no weather emergency in the county or municipality of their clinical course.

### 30.3(5) Student Responsibilities

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

## 30.4 Procedures

### 30.4(1) Notification of Closure

The Office of Student Services will notify all students, courses, and clerkships of the status of campus and site closures via school listservs. Included will be:

- (1a.1) Students via email listservs
- (1a.2) Year 1-4/Phase 1-3 Course Directors via course director listservs
- (1a.3) Clinical course directors, coordinators, and staff (including Statewide Campus and Clinical Course Curriculum Committee)



## Section 31 : Medical Education Continuous Quality Improvement

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### 31.1 Purpose

- Define students' roles and responsibilities for providing feedback on their medical education, both at the course-level and globally

### 31.2 Definitions

#### 31.2(1) CQI

Continuous Quality Improvement

#### 31.2(2) Course Evaluation

Evaluation of course by a student; conducted through OASIS or Acuity Evaluations

#### 31.2(3) Faculty Evaluation

Student evaluation of individual faculty, used for both preclinical course instructors and clinical course faculty; conducted through OASIS or Acuity Evaluations

#### 31.2(4) AAMC Year 2 Questionnaire

A survey of all second-year allopathic (MD) medical students in the United States conducted by the AAMC. School summary and comparative data are provided to UWSMPH yearly and used for assessment of the MD curriculum.

#### 31.2(5) AAMC Graduate Questionnaire

A survey of all final-year allopathic (MD) medical students in the United States conducted by the AAMC. School summary and comparative data are provided to UWSMPH yearly and used for assessment of the MD curriculum.

### 31.3 Policies

#### 31.3(1) Global Education CQI Policies

- (1a) Evaluations should be filled out candidly yet professionally.
- (1b) Evaluations are confidential.
- (1c) Evaluations are not shared with the faculty (those assigning grades or writing clinical evaluations) until after the course has been completed and the final grades have been submitted.
- (1d) Evaluations are de-identified before shared with faculty.
- (1e) There are no adverse consequences on course grades or clinical skills evaluations for students who elect not to complete evaluations.

#### 31.3(2) Completion of Course Evaluations

- (2a) Students are asked to complete evaluations of each course.
- (2b) Students asked to participate in a course evaluation committee once per year.

*Evaluations are extremely important in that they provide constructive feedback to individual faculty and an overview of each course to the Course Director and the Administration.*

#### 31.3(3) Focus Groups

- (3a) The Medical School invites students to participate in focus groups to have an open discussion about the strengths of the curriculum as well as areas in need of improvement.
- (3b) Students are randomly invited to each focus group.



- (3c) Focus groups are convened by the Director of Curriculum Evaluation.
- (3d) Following each focus group, the student comments are summarized and presented to course and clerkship directors.
- (3e) Recommendations for improving each course are proposed and discussed.

### **31.4 Procedures**

#### **31.4(1) OASIS Evaluations and UWSMPH annual surveys**

- (1a) Students receive emails from OASIS or Acuity and UWSMPH administration when new evaluations and surveys are available.
- (1b) Viewing the course gradebook with individual course component scores may be blocked until completion of that course's evaluations.
- (1c) The OASIS home page contains a link to all open evaluations.

#### **31.4(2) AAMC Questionnaires**

- (2a) Students receive emails about these surveys directly from the AAMC.
- (2b) UWSMPH offers incentives to encourage completion of the AAMC GQ by graduating students.

### **31.5 Reference**

None



## Section 32 : Office of Multicultural Affairs

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### 32.1 Purpose

- To describe the Office of Multicultural Affairs for Health Professions Learners
- To advance and sustain a community of diversity, equity, inclusion, and belonging among all medical students

### 32.2 Definitions

#### 32.2(1) Office of Multicultural Affairs for Health Professions Learners (OMA-HPL)

The OMA-HPL is led by the Associate/Assistant Dean for Multicultural Affairs for Health Professions Learners. A team of directors and program managers support the essential functions of the office.

### 32.3 Policies

#### 32.3(1) OMA-HPL Mission

(1a) The OMA-HPL is dedicated to advancing and sustaining a diverse, equitable, and inclusive community of belonging among all health professions learners. In the Medical School, this mission is achieved by the Office through:

- (1a.1) The provision of academic opportunities that yield an increase in students historically under-represented in medicine (URiM) and/or historically marginalized and the development of learning environments that foster retention and academic success.
- (1a.2) Partnerships with internal and external constituent groups to provide a climate that embraces diversity and supports the professional development of all students, especially historically URiM and/or historically marginalized students.
- (1a.3) Collaboration across aspects of the Medical School including admissions, recruitment, academic support services, career advisement, and counseling.
- (1a.4) Develop and administer pathways programs to promote pre-health professions students to pursue careers in the health sciences and identify target areas to recruit prospective students.
- (1a.5) Work closely with the Native American Center for Health Professions (NACHP) in supporting their recruitment and retention efforts of Native and Indigenous students.

#### 32.3(2) OMA-HPL Goals

(2a) In alignment with this mission, the Office's goal of fostering the development of an academic environment that is sensitive to, respectful, and embracing of people from diverse backgrounds is accomplished through:

- (2a.1) Facilitating a sense of belonging and wellbeing for historically URiM and/or historically marginalized students as they transition into the medical school environment
- (2a.2) Providing specialized, student-centric, culturally aware advising and spaces for all students to discuss and deepen their understanding around issues of diversity, equity, and inclusion

- (2a.3) Connecting incoming self-identified URiM students with diverse faculty for mentorship through the Building Equitable Access to Mentorship (BEAM) program
- (2a.4) Facilitating programming and social/cultural events that celebrate and promote diversity, build community, and facilitate networking
- (2a.5) Working with the Associate Dean for Students to provide an optimal environment for maximizing a student's learning potential
- (2a.6) Collaborating with the Associate Dean of Education and the Equity and Inclusion Curriculum Director to ensure that incorporation of multicultural issues and humanistic values into the curriculum are presented in a sensitive, compassionate, and genuine manner.
- (2a.7) Identifying summer programs that increase historically URiM and/or marginalized student participation in medical career experiences
- (2a.8) Working with units across UWSMPH, UW-Madison, and the Wisconsin community to identify and sponsor workshops, lecture series, and programs devoted to health care delivery in underserved and culturally diverse areas
- (2a.9) Working with Medical Students for Minority Concerns (MSMC), a student-run organization that enhances the environment for all medical students through collegial support, promotion of the values of diversity, and participation in community service
- (2a.10) Providing provisions to support students meaningfully engaged with OMA-HPL affiliated affinity groups. Support includes assigned staff advising and funding for travel to national/regional affinity group conferences.
- (2b) The OMA-HPL affiliated affinity student organization travel guidelines can be found here:  
<https://uwmadison.box.com/s/1npdwal8jgvo9r49scbm4liefltqz4gg>
- (2c) Financial support for travel requests can be made here:  
<https://app.smartsheet.com/b/form/171fd295b5de453c9bc39a6685d8d6ba>

### 32.3(3) Confidentiality

- (3a) Racial/ethnic heritage information and data are confidential. Information and data pertaining to one's racial and ethnic heritage are collected for compliance purposes with UW-Madison policy and the U.S. Departments of Education and Labor – Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR 99).
- (3b) Student racial information is not available to individuals not employed by the University unless the student gives written permission. Release of individual racial information is made to faculty and staff only by approval of the UW-Madison Chancellor or the Chancellor's designee.

## 32.4 Procedures

### 32.4(1) Utilization of OMA-HPL Services

- (1a) OMA-HPL faculty and staff are available to all students.
- (1b) Any enrolled UW-SMPH student may directly contact OMA-HPL staff via phone, email, video conference, or in-person drop-in.
- (1c) All students are encouraged to participate in OMA-HPL programming and events unless otherwise indicated as part of the mission-driven purpose.

## 32.5 References

- 32.5(1) UW-SMPH Diversity Matters, Campus Resource:  
<https://www.med.wisc.edu/about-us/diversity/>
- 32.5(2) OMA-HPL Website: <https://intranet.med.wisc.edu/academic-affairs/office-of-multicultural-affairs/>
- 32.5(3) BEAM Website: <https://intranet.med.wisc.edu/building-equitable-access-to-mentorship-beam-program/>
- 32.5(4) RUSCH Website: <https://www.med.wisc.edu/education/rusch/>
- 32.5(5) HPSP Website: <https://prehealth.wisc.edu/health-professions-shadowing-program/>

## Section 33 : The Neighborhood & Houses

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### 33.1 Purpose

- To define The Neighborhood and Houses
- To provide a consistent mechanism to cultivate community, well-being, and professional identity among all medical students

### 33.2 Definitions

#### 33.2(1) The Neighborhood

The Neighborhood consists of the whole constituency of all five Houses.

#### 33.2(2) Houses

Houses are named after prominent faculty and alumni—Bamforth, Bardeen, Gundersen, McPherson, and Middleton—and are comprised of approximately 35 students from each of the four years for a total of approximately 140 students per House. Each House has a physician Academic and Career Advising Program (ACAP) House Mentor.

### 33.3 Policies

#### 33.3(1) Mission

The Neighborhood cultivates community, well-being, and professional identity through individual and shared experiences.

The Neighborhood mission is achieved by:

- (1a) Developing skills to improve awareness, resiliency, and professionalism
- (1b) Engaging fully in advocating for the health of ourselves and each other
- (1c) Supporting a diverse and inclusive environment
- (1d) Fostering career development

#### 33.3(2) Meeting the Needs of the House Members

In concert with the Neighborhood Mission, each House will connect to the needs and interests of its House members through:

- (2a) Leadership and guidance by practicing physicians serving as Academic and Career Advising Program (ACAP) House Mentors
- (2b) Peer leaders (House Officers elected during their first year) dedicated to creating a caring and connected community.
- (2c) Peer and professional mentoring, advising, and guidance
- (2d) Personalized, proactive, and student-centered engagement
- (2e) Program opportunities for well-being, belonging, and building community

### 33.4 Procedures

#### 33.4(1) House Placement

- (1a) All students are placed in one of the five houses prior to the first day of medical school.
- (1b) Student are informed of their house placement and meet their house mentor the first week of medical school.

## Section 34 : Criminal Background Checks

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### 34.1 Purpose

- To define policies and procedures for criminal background checks

### 34.2 Definitions

#### 34.2(1) Wisconsin Caregiver Law

Wisconsin Statutes §48.685 and 50.065 – These require all health care providers disclose their personal history of acts and offenses that restrict training, licensure, or practice. Under this law, health care entities (hospitals, clinics, nursing homes, childcare institutions, shelters, etc.) that are licensed by the State of Wisconsin can deny training or employment at their institution based on the criminal background information provided.

### 34.3 Policies

#### 34.3(1) Background Checks

- (1a) Background checks are conducted upon matriculation into the MD program.
- (1b) Discrepancies, non-disclosures, or significant findings not previously disclosed during the application process are grounds for reconsideration of the offer of admissions.
- (1c) Background checks are valid for four (4) years from date of issuance.
- (1d) Students who extend their academic program for any reason will be required to obtain another background check upon expiration at their expense.
- (1e) Students may need to receive another background check at their expense should this be a requirement for any visiting student applications.
- (1f) Students who have resided in the state of New York within the last 7 years should expect to pay an additional fee for their background check.

#### 34.3(2) WI Caregiver Law Policies

- (2a) UWSMPH is obligated to provide documentation verifying completion of background check to clinical training sites upon request.
- (2b) Each clinical site will decide if students may have access to their facility and patient population based on reports generated by the check.

### 34.4 Procedures

#### 34.4(1) Initial and Follow-Up Background Checks

- (1a) The Office of Student Services contacts matriculating students with instructions for completing their initial background check prior to the first day of class.
- (1b) Students will initiate the background check through their Exxat account.
- (1c) Background check results will be stored in a confidential manner in Exxat.
- (1d) Background checks are valid for four (4) years from date of issuance. Students who extend their academic program for any reason will be required to obtain another background check at their expense. Students who are required to obtain an updated background check after the initial background check at admittance (i.e. for away rotations), must obtain them at their expense.

#### 34.4(2) Disclosure

- (2a) Prior to admission, each student will disclose a personal history of any acts, crimes, and offenses that may act as a bar or restriction to the student's medical training and/or licensure.
- (2b) A background check will be completed for each student upon admission, all checks are completed at the student's expense.
- (2c) Compliance will be monitored and verified by Exxat and Student Services will track completion of the requirement.
- (2d) If a student commits any acts, crimes, and offenses that may act as a bar or restriction to the student's medical training and/or licensure during their medical school training, the student is required to report this to Student Services.

#### 34.5 Reference

Additional information about the WI Caregiver Law is available on the Wisconsin Department of Health and Family Services website

<http://dhs.wisconsin.gov/caregiver>



## Section 35 : Student Organizations & Leadership

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### 35.1 Purpose

- To provide students with opportunities for career exploration, service, and social support through a wide range of student groups
- To allow students to join current student organizations or start their own student organization
- To define policies that govern student participation in such organizations

### 35.2 Definitions

#### 35.2(1) Medical Student Association (MSA)

(1a) A student-elected group of officers and representatives from each class.

MSA also serves as the student government body representing the interests of all enrolled medical students at the UW School of Medicine and Public Health. The MSA is provided with a staff or faculty advisor.

### 35.3 Policies

#### 35.3(1) MSA

(1a) The Medical School Administration, via the Office of Academic Affairs, will provide the support necessary for student organizations to be optimally effective, such as but not limited to providing annual updates, information, and forms for travel, school absences, legal issues, event planning, and record-keeping.

(1b) MSA is responsible for disseminating updates and information to students on a timely.

#### 35.3(2) MSA & Student Organizations

(2a) Oversight for all UWSMPH Doctor of Medicine student organizations is provided by MSA.

(2b) All student organizations, including MSA, must be registered with UW-Madison's [Associated Students of Madison](#) (ASM), its official student governance body.

(2c) All student organizations, including MSA, must complete annual training provided by UW-Madison's [Center for Leadership and Involvement](#) (CfLI).

(2d) All student organizations, including MSA, must comply with student organization policies as outlined by UW-Madison.

#### 35.3(3) Requirements to Hold Student Organization Leadership

(3a) Student leaders are required to be in good academic standing as defined by 9.2(4).

(3b) If a student leader is placed on an Individualized Academic Program (IAP), the Office of Students Services is authorized to review the student's academic standing with the relevant program administrative leader to determine the appropriateness of continuing with leadership duties.

(3c) For students not in good academic standing, the Student Promotion and Academic Review Committee (SPARC) is authorized to mandate a student resign from their leadership position as a condition for continuing in the MD Program.

## 35.4 Procedures

### 35.4(1) Yearly Training

(1a) Student organizations will receive notification about their yearly required training from MSA.

(1b) MSA will monitor and certify completion of any required training.

### 35.4(2) Joining a Student Organization

(2a) Medical students are provided with opportunities to join current student organizations or start their own student organization. Information on active organizations is available on the medical student website

<https://www.uwsmphmedstudents.com>

(2b) All medical students are eligible to join any student organization.

(2c) Students are encouraged to prioritize academic success in the MD curriculum over excessive involvement with student organizations.

## 35.5 References

### 35.5(1) Campus Resources

Associated Students of Madison: <http://www.asm.wisc.edu/>

Center for Leadership and Improvement: <https://cfli.wisc.edu>

### 35.5(2) UW Medical Student Website

Medical Student Association: <https://www.uwsmphmedstudents.com/>

## Section 36 : Statewide Clinical Campuses

### 36.1 Purpose

- To describe specific facilities at UWSMPH educational sites, especially clinical sites, including its Gundersen Health System/Western Academic Campus, Marshfield Clinic Health System/Northern Academic Campus, and Advocate Aurora Health/Eastern Academic Campus

### 36.2 Definitions

#### 36.2(1) Madison

The Madison Campus includes the following facilities:

##### (1a) The Health Sciences Learning Center (HSLC)

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

##### (1b) University of Wisconsin Hospital and Clinics (UWHC)

##### (1c) The Wisconsin Institute for Medical Research (WIMR)

##### (1d) The Waisman Center

##### (1e) UW Health at the American Center (TAC)

##### (1f) The William S. Middleton Veterans Administration (VA) Hospital

##### (1g) UnityPoint Health - Meriter Hospital

##### (1h) UW Health Clinics

##### (1i) Group Health Cooperative of South-Central Wisconsin Clinics

##### (1j) SSM Health Dean Medical Group Clinics

##### (1k) Associated Physicians Clinic

#### 36.2(2) The Advocate Aurora Health/Eastern Academic Campus

The Advocate Aurora Health/Eastern Academic Campus includes the following facilities:

##### (2a) The Aurora Sinai Medical Center in Milwaukee

##### (2b) The Aurora Saint Luke's Medical Center in Milwaukee

##### (2c) The Aurora BayCare Medical Center in Green Bay

##### (2d) The Aurora BayCare Health Center in Green Bay

#### 36.2(3) Marshfield Clinic Health System/Northern Academic Campus

The Marshfield Clinic Health System/Northern Academic Campus includes the following facilities:

##### (3a) The Marshfield Clinics, more than 50 locations in central and northern Wisconsin

##### (3b) St. Joseph's Hospital

##### (3c) Lakeview Medical Center

- 36.2(4) The Gundersen Health System/Western Academic Campus  
The Gundersen Health System/Western Academic Campus in La Crosse is comprised of the following:  
(4a) The Gundersen Health System Regional Clinics  
(4b) Gundersen Lutheran Medical Center
- 36.2(5) Primary Care Sites  
In addition to the above sites, primary care clinical sites include but are not limited to Appleton, Eau Claire, and Minocqua.
- 36.2(6) Library Facilities  
(6a) The Ebling Library serves as the health science library for the UW-Madison campus. The [Infolab](#) computer lab is located within the [Ebling Library](#) to provide an integrated environment for library and information technology services and resources.  
(6b) There is a variety of equipment available for check-out at the Ebling Service Desk (see Technology Library loans below).
- 36.2(7) Wichman Clinical Training and Assessment Center (CTAC)  
(7a) CTAC is a 24-room clinical teaching and assessment facility where health sciences students practice and are tested on interviewing and physical examination skills.  
(7b) Each of the center's 24 rooms contains medical equipment, including otoscopes, blood pressure cuffs, radiograph viewing station, examination tables and sinks to replicate a clinical patient care setting for training.
- 36.2(8) Special Use Lounge  
(8a) The HSLC has two Special Use Lounges located in 2120 and 3200. The lounge is available to students, faculty, and staff who work in the HSLC and the Wisconsin Institutes for Medical Research (WIMR) building who need private space to manage their health needs. See Section 34.4(1) for procedures to access the lounge.  
(8b) The 2120 lounge has a small kitchen with a refrigerator and sink, and comfortable furniture.

### 36.3 Policies

- 36.3(1) Housing  
(1a) Housing is provided at sites away from Dane County and south-central Wisconsin for students outside of the WARM and TRIUMPH programs who are completing one or more clinical rotations at statewide campus sites.
- 36.3(2) Technology Library Loans through Ebling Library  
(2a) Laptop computers, still cameras, video cameras, webcam kits, and projectors are available for loan to anyone with a valid UW ID from Ebling Library. More information on availability, policy, and FAQ can be found here: <https://www.library.wisc.edu/equipment/>
- 36.3(3) Printing Allowance  
(3a) Students receive a printing supplement of 500 sheets for the fall semester, 500 sheets allotment in the spring semester, and 250 sheets during the summer.  
(3b) Direct any questions regarding printing to the InfoCommons technology manager or the staff at the Ebling Service Desk.

- (3c) Students exceeding the supplement can use their Wiscard account or purchase a vending card and use public printing to meet their needs.

### **36.4 Procedures**

36.4(1) Requesting Access to the Special Use Lounge

- (1a) To request access, see the Office of Student Services, 2130 HSLC or email [studentservices@med.wisc.edu](mailto:studentservices@med.wisc.edu)
- (1b) Examples of appropriate use of the space include mothers who are breastfeeding their infants, and individuals who need to administer medication such as insulin.

### **36.5 References**

36.5(1) InfoCommons Website

<https://ebing.library.wisc.edu/infocommons/about-the-infocommons/>

36.5(2) Ebling Library Info and Hours

<https://www.med.wisc.edu/our-campus/ebing-library/>

36.5(3) Campus Library Info

[www.library.wisc.edu](http://www.library.wisc.edu)



## Section 37 : Transportation & Parking

### 37.1 Purpose

- To describe options for student transportation to and from the most common Madison-based locations associated with the MD curriculum.
- To define expectations for professional conduct in relation to transportation.

### 37.2 Definitions

37.2(1) HSLC

Health Sciences Learning Center, 750 Highland Ave

37.2(2) UWHC

UW Hospital and Clinics, 700 Highland Ave (also called the Clinical Sciences Center)

37.2(3) MSC

Medical Sciences Center, 1300 University Ave

37.2(4) ASM

Associated Students of Madison, UW-Madison's elected student government

### 37.3 Policies

37.3(1) Assigned Parking for UW-Madison Students

(1a) Any UW-Madison student may apply for parking through [UW Transportation Services](#).

(1b) Limited parking is available for students who need to use a vehicle to commute to campus and is assigned on a space-available basis. The following criteria are used to make student assignments:

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

(1c) Information about accessible parking is available at <https://transportation.wisc.edu/accessible-transportation-options/#parking>

(1d) Final parking decisions are made solely by UW Transportation Services.

*No faculty or staff at UWSMPH has authority or sway over parking decisions.*

37.3(2) Non-Assigned Parking

(2a) Parking Near the HSLC

(2a.1) In general, students are not able to park near the HSLC during business hours Monday through Friday. Based on availability, public parking is offered in Ramp 76 by pulling a ticket and paying on exit.

(2a.2) Some lots are available for non-assigned parking from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all-day Saturday and Sunday.

(2a.3) Students are not allowed to park in the UWHC ramp unless they are receiving medical care at the UW Hospital.

(2a.4) Special Events (i.e., sporting events) are hosted at nearby venues and can impact regular traffic and parking patterns. Review the Special Events section of the [UW Transportation Services website](#) to see what dates hold special events and what lots will be impacted.

(2b) Parking Near the MSC

(2b.1) There are a few UW parking lots located close to the MSC that have some non-assigned parking spaces available during business hours, usually subject to an hourly rate. Based on availability, public parking is offered in nearby Ramps 20 & 80 by pulling a ticket and paying on exit.

(2b.2) Some lots are available for non-assigned parking from 4:30 p.m. to 7:00 a.m. Monday through Friday, and all-day Saturday and Sunday.

(2c) Refer to posted signage and [UW Transportation Services](#) for the policies governing a specific lot.

37.3(3) Bus and Shuttle Services

(3a) UWHC Shuttle Service

A free shuttle-van service operates between the HSLC/UWHC and the MSC, with a trip originating approximately every 20 minutes.

(3b) Accessible Circulator Shuttle: provides on-call and pre-scheduled service between campus buildings. The service is free for UW employees, students, and visitors with mobility disabilities and other mobility issues, whether permanent or temporary.

<https://transportation.wisc.edu/accessible-transportation-options/circulator-shuttle/>

(3c) Madison Metro City Bus Service

(3c.1) The Route 80 Campus Bus is free and offers service to most areas of the campus, including the HSLC/UWHC, MSC, UW Student Health Services, and Eagle Heights Apartments.

(3c.2) A UW-Madison student may obtain an ASM-subsidized bus pass that provides the holder with free bus service in Madison and to a few surrounding communities. For information on how/when to obtain a free bus pass, refer to the [Associated Students of Madison](#) website.

37.3(4) Nighttime Transportation

(4a) SAFEwalk escort teams

*SAFEwalk provides walking escorts throughout the entire campus except for the far west side (UW Hospital and Eagle Heights). Student-Escorts work in two-person escort teams, responding to requests for walks, and watching for suspicious situations. All SAFEwalkers undergo training with UW Police and can assist in a variety of situations. Each team carries a two-way radio that serves as a mobile emergency phone between UW Police and SAFEwalk dispatchers. To request this service, call 608-262-5000. See <http://transportation.wisc.edu/transportation/safeservices.aspx> for details on availability.*

37.3(5) Professionalism

(5a) Students shall obey all University, Madison Metro, and SMPH policies regarding parking, biking, commuting to/from campus, and transportation issues in general.

(5b) Students are expected to demonstrate the behavior, respect, and judgement expected from students in the UW-Madison MD program.

(5c) Unprofessional behavior in these contexts may result in a review by the Student Promotion and Academic Review Committee (SPARC) for unprofessional behavior.



## Section 38 : Student Academic Success Services

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### 38.1 Purpose

- To offer support to medical students in achieving their full academic potential

### 38.2 Definitions

None

### 38.3 Policies

#### 38.3(1) Integrated Advising

- (1a) The School of Medicine and Public Health has a system of academic advising in place for medical students that integrates the efforts of faculty members, course directors, the Office of Student Services, the Office of Medical Education and the Office of Multicultural Affairs.
- (1b) Student Academic Success Services (SASS) staff lead the coordination of academic advising efforts among these individuals and units.
- (1c) SASS staff provide counseling and tutorial services to ensure that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.
- (1d) All students are entitled to the services of the Student Academic Success team.
- (1e) The Office of Student Academic Success employs experts in the field of medical education and provides various services to help medical students achieve their full academic potential.

#### 38.3(2) Services

- (2a) Services offered through SASS include but are not limited to:
  - Academic advising
  - Tutoring assistance and identification of qualified individual peer tutors
  - Study skills, including time management and test-taking
  - Board Exam and Shelf Exam preparation, including USMLE Step 1 and Step 2CK
  - Workshops on various topics around academic preparedness and success
  - Referrals for health and well-being
  - Provision of reference books for courses and board exams
  - Career advising
  - Wellness advising

### 38.4 Procedures

#### 38.4(1) Utilizing services

- (1a) Any medical student is eligible to receive services through the Office of Student Academic Success.
- (1b) Students may make initial contact with SASS staff members through email, phone call or in-person meeting.
- (1c) Students are not restricted to working with a single member of the SASS staff and may solicit assistance from any and all SASS staff members.



## Section 39 : Career Advising

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### 39.1 Purpose

- The Academic & Career Advising Program (ACAP) and associated house mentors, department faculty and staff, and the Office of Student Services staff provide comprehensive specialty, residency, and career information to students from matriculation to graduation.
- For all students, the Academic & Career Advising Program (ACAP) offers support to students through seven mandatory touchpoint sessions.
- There is a comprehensive specialty and career exploration program throughout medical school. The AAMC Careers in Medicine website contains resources, assessments, and informational databases designed to help students navigate their career choices. ([www.aamc.org/cim](http://www.aamc.org/cim))
- ACAP Mentors and Student Services staff are available to meet one-on-one with students.
- ACAP House Mentors provide longitudinal advising and support for specialty exploration and career decisions. ACAP Mentors are also affiliated with the houses and provide students with another, broader set of faculty resources to contact with questions.

### 39.2 Definitions

#### 39.2(1) Understanding Self

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

#### 39.2(2) Exploring Options

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

#### 39.2(3) Choosing a Specialty

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

#### 39.2(4) Landing a Residency

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

### **39.3 Policies**

#### **39.3(1) Career Advising**

- (1a) Students are expected to meet with their ACAP Mentor to discuss their career development on a per semester basis.
- (1b) Department mentors can provide useful career advising. However, students are encouraged to supplement this with one of the ACAP Mentors, the Director of Career Advising, or Office of Student Services.
- (1c) WARM and TRIUMPH students have access to program faculty as *additional* resources for career advising.
- (1d) ACAP Mentors and Student Services staff are always available for consultation, including via phone, video conference, etc. when students are not in Madison.

### **39.4 Procedures**

None

### **39.5 Reference**

None



## Section 40 : Tuition, Financial Aid, & Scholarships

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### 40.1 Purpose

- To describe the tuition and fee refund policies
- To provide students with information, services and resources to promote financial well-being during a time of high debt accrual
- To provide clear policy on scholarship awards and eligibility

### 40.2 Definitions

#### 40.2(1) Tuition

(1a) Full-Time Tuition. This is the standard tuition rate for medical students and is assessed when on the standard academic program or enrolled in 15+ credits in a given semester.

(1b) Per-Credit Tuition. This is pro-rated tuition and fees on a per credit basis for students enrolled in fewer than 15 credits per semester.

#### 40.2(2) Financial Aid

Any grant or loan offered to help a student meet their medical student debt. In the case of loans, this money will be paid back at a future date by the students. Usual sources of loans are federal and state agencies.

#### 40.2(3) UWSMPH MD Scholarships

Funding offered to a student at the time of admission or admittance to the MD program. UWSMPH MD scholarships cover eight semesters of tuition charges in the UWSMPH MD program. This is applied directly to tuition charges. This money is a gift and will not be paid back by the student.

#### 40.2(4) MD Program Scholarships and Awards

Funding offered to a current student based on merit, deservedness, or specific attributes defined by the scholarship donor or the scholarship committee. This money is a gift and will not be paid back by the student.

#### 40.2(5) Loans Available to Medical Students

(5a) Federal Direct Stafford Loans: these loans are made by the Department of Education. <https://www.govloans.gov/loans/stafford-loans-for-students/>

Direct Stafford Loans include the following types of loan:

- (5a.1) Subsidized Loan: awarded on the basis of financial need as determined by a student's FAFSA. Neither interest nor payments begin until borrower leaves school or is enrolled less than half time (less than 4 credits/semesters in medical school).
- (5a.2) Unsubsidized Loan: not awarded on the basis of need but students still apply using the FAFSA. Interest accrues while student is in school.
- (5b) Health Professions Medical Loan (Primary Care Loan). Federal loan takes parent ability to provide financial assistance into account. Repayment can be deferred through residency. Interest is 5% and begins to accrue when repayment starts.
- (5c) Federal Graduate Plus Loan. Used for unmet costs for students who have maxed out borrowing ability in other federal loan programs. Interest is fixed and accrues as soon as the loan is disbursed.

- (5d) Wisconsin Medical Society Loan. The Charitable, Educational & Scientific Foundation of the Wisconsin Medical Society provides loans for state residents only. Students are chosen based on financial need and may borrow up to \$5,000 per year.
- (5e) Childcare Tuition Assistance Program. Program managed by the UW-Madison Office of Childcare and Family Resources <https://occf.wisc.edu>. Students with children may qualify for up to \$1,000 per year. Payments are made directly to the day care provider.

#### 40.2(6) Short Term Loans

Low-interest, short-term loans are available on a limited basis. These loans are given to assist in unanticipated emergency situations and must be repaid within the semester they are borrowed. Applications are available in the UW-Madison Office of Student Financial Aid <https://financialaid.wisc.edu/>.

#### 40.2(7) Other Financial Aid Options

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

- (7a) National Medical Fellowship (NMF). Private non-profit organization that funds minority medical students in the first and second year. New entering students may obtain applications from the National Medical Fellowships, Inc., 254 W. 31st Street, New York, NY 10001.
- (7b) National Health Service Corps. For information contact the U.S. Department of Health and Human Resources.
- (7c) Armed Forces Scholarship Program. The Army, Navy and Air Force have programs that provide a year of funding for a year of service later. Students enrolled in these programs may be limited to military hospitals for their postgraduate medical education (residency). Service deferments until after residency can be applied for, although there are no guarantees. Contact the nearest recruiting office for more details.
- (7d) Student Emergency Fund. Fund available for unforeseen student emergency needs. For more information, contact Student Services ([studentservices@med.wisc.edu](mailto:studentservices@med.wisc.edu), 608-263-4920).

### 40.3 Policies

#### 40.3(1) Tuition

- (1a) The MD degree program follows all tuition and fee policies and requirements of the UW-Madison Bursar's Office.

*This includes but is not limited to policies regarding payment due dates, fee schedules, and refund policies.*

- (1b) Total tuition for the MD program shall not be less than 8 semesters at the full-time rate regardless of enrolled credit loads in each semester or accelerated time to degree.

#### 40.3(2) Tuition Refunds

- (2a) Tuition refund policies for medical students follow those of UW-Madison.
- (2b) For withdrawal, dismissal, or other UWSMPH-approved modifications to students' course of study, per-credit tuition and fee refunds are issued only for courses that have not started by the date of the academic action.

- (2c) The Student Promotions and Academic Review Committee (SPARC), which governs academic plan modifications, considers exceptions only after a written request detailing justification; this must be received within 30 business days of the academic action or by the end of the semester, whichever comes first.
- 40.3(3) Wisconsin Residency for Tuition
- (3a) The UW-Madison Registrar's Office determines state of residence for assessment of tuition.
- (3b) Students returning from a leave of absence are required to recertify their state of residence for tuition prior to reinstatement of their student status.
- 40.3(4) Per-Credit Tuition
- (4a) Students may be eligible for per-credit tuition and fees if they meet the following criteria:
- (4a.1) On an extended program whereby extending their MD program beyond eight (8) semesters
- (4a.2) Enrolled in fewer than 15 credits in a given semester
- (4b) Students are only considered for per-credit tuition in semesters in which they are taking fewer courses than the standard academic plan for that year/phase and semester.
- (4c) Students entering extended programs mid-semester are not eligible for retroactive per-credit tuition and fees.
- 40.3(5) UW Madison Office of Financial Aid (OFSA)
- (5a) The financial aid advisors for medical students are members of the UW-Madison Office of Student Financial Aid (OSFA).
- (5b) The SMPH Financial Aid and Financial Wellness team assists students with financial aid management and providing information on how to cover expenses.
- 40.3(6) Calendar for Financial Aid
- (6a) Year 1 students receive aid based on a 10.5-month budget.
- (6b) Year 2-4 students receive aid based on a 12-month budget.
- 40.3(7) Financial Aid Eligibility Requirements
- (7a) Be a citizen or permanent resident of the United States.
- (7b) Be admitted as a medical student.
- (7c) Demonstrate financial need as determined by the OSFA.
- (7d) Maintain satisfactory or marginal academic progress as defined by the Medical School.
- (7e) Carry a minimum of 4 credits per semester.
- (7f) Meet the eligibility requirements of each aid program applied for.
- (7g) Show willingness to repay any educational loan, not be in default on any educational loan, and not owe any refund to the University.
- (7h) Have a valid Social Security number.
- (7i) Be in compliance with Selective Service registration.
- 40.3(8) WI Residency Determination
- Residency status for tuition purposes is determined by the Residence Examiner in the Office of the Registrar, not the Medical School or the financial aid office.
- 40.3(9) Determination of Financial Need
- (9a) After the student's FAFSA is analyzed by the U.S. Department of Education and the OSFA, the student's "total resources available for education" is determined.

(9b) For financial aid purposes, “need” is defined as the difference between the cost of attendance (as defined by the University) and the “total resources available” to the student.

40.3(10) Estimated Expenses

Estimated expenses based on tuition, fees, and expenses and customized budgets are available through consultation with the Medical School’s financial aid officer.

40.3(11) Financial Education and Wellness

The UWSMPH promotes use of the Association of American Medical Colleges (AAMC) FIRST (Financial Information, Resources, Services, and Tips) Program to educate medical students on financial issues and promote fiscally responsible decision making.

40.3(12) UWSMPH MD Scholarship Eligibility

(12a) Students may lose their scholarship eligibility due to an unprofessional behavior sanction imposed by SPARC or UW-Madison.

(12b) Students may appeal loss of their scholarship eligibility through SPARC.

(12c) Student academic standing does not affect UWSMPH MD program scholarship eligibility.

40.3(13) MD Program Scholarship and Awards Eligibility

(13a) Students must be in good or marginal academic standing or have received approval through an Individualized Academic Plan (IAP) approved by SPARC or meet the specific criteria set forth for the award.

(13b) Student may appeal loss of their award eligibility through SPARC.

#### 40.4 Procedures

40.4(1) Financial Aid Application Process

(1a) Submit a FAFSA.

(1b) Submit a student tax return form (if needed).

(1c) Keep mailing address current since all correspondence goes to student’s local address.

(1d) Reapply every year.

40.4(2) Appeals

(2a) If a student is not offered as much financial aid as the student believes is needed, the student may apply for a professional judgement review. A professional judgement review allows the UW-Madison Office of Student Financial Aid to adjust certain elements on the FAFSA to account for special circumstances that have not been adequately considered. For more information, go to <https://financialaid.wisc.edu/your-offer/#appealing-your-offer>.

40.4(3) MD Program Scholarships & Awards Process

(3a) Students are selected for scholarships and awards by the Medical Student Honors and Awards Committee, which is comprised of faculty and staff who meet yearly.

(3b) Students will be notified of scholarship/award selection via email.

(3c) The scholarship/award notification will include mechanism of award disbursement, either by direct deposit to a tuition account or cashier’s check.

(3d) Students are expected to write a thank-you letter to their scholarship/award benefactor as a condition of accepting their scholarship and are notified of the process upon receipt of their award.



## 40.5 Reference

- National Health Service Corps: <https://nhsc.hrsa.gov/>
- UW-Madison Office of the Registrar: <https://registrar.wisc.edu/>
- UW-Madison Bursar's Office: <https://bursar.wisc.edu/>
- UW-Madison Office of Student Financial Aid: <https://financialaid.wisc.edu/>
- Wisconsin Medical Society: <https://www.wismed.org/>
- UW-Madison Office of Childcare and Family Resources: <https://ocfr.wisc.edu/>
- National Medical Fellowships: <https://nmfonline.org/>
- AAMC FIRST: <https://students-residents.aamc.org/financial-aid>

## Section 41 : Mental Health and Counseling Services

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### 41.1 Purpose

- To provide for students' physical and mental health throughout their medical school training.

### 41.2 Definitions

None

### 41.3 Policies

#### 41.3(1) University Health Services (UHS)

(1a) UW-Madison's University Health Services (UHS) provides students with primary health care, health education, health promotion, and disease prevention services.

(1b) All currently enrolled students are eligible for care at UHS.

(1c) With rare exception, services are prepaid as part of student fees.

(1d) Appointments

(1d.1) Most services at UHS are provided on an appointment basis; however, care for an urgent or acute problem is always available during the hours the clinics are open.

#### 41.3(2) Health Care Options When UHS is Closed

(2a) Options for care during the hours that UHS is closed include:

- UW Health Immediate Care: 4122 East Towne Blvd. and 7102 Mineral Point Rd
- SSM Health Dean Urgent Care: 1821 Stoughton Rd. and 725 N. High Point Rd
- UW Hospital and Clinics Emergency Room: 600 Highland Ave.
- UnityPoint Health - Meriter Hospital: 202 South Park Street
- SSM Health St. Mary's Hospital: 707 South Mills Street

(2b) UHS does not cover the cost of services provided outside the UHS facility.

(2c) All medical students are required to have health insurance that provides coverage for any care not provided by UHS.

#### 41.3(3) Health Provider Involvement in Student Assessment

A student may not be formally evaluated/assessed in an academic setting by a health professional who has provided medical or mental health services to that student.

#### 41.3(4) Treatment by Classmates

Medical students are not permitted to participate in the care of a medical student peer without express consent of the student receiving care.

#### 41.3(5) Health Care at Statewide Campus Sites

(5a) All medical students are required to have health insurance that provides coverage for any care not provided by UHS, including care at any statewide campus site.

(5b) Students have access to a broad array of health providers and services through the health system partnerships at statewide campus sites. This includes urgent care services and mental health services.

#### 41.3(6) University Counseling Services

- (6a) Counseling and Consultation Services, a unit of UHS, offers a variety of individual, group, and couple counseling services.
- (6b) Experienced counselors, psychologists, and psychiatrists are available to assist students in overcoming depression and managing anxiety, and in developing self-awareness and understanding, independence, and self-direction.
- (6c) In response to the unique needs of medical students, UWSMPH in partnership with Counseling and Consultation Services provides a model of care, including a one-hour assessment and flexible appointments. The goal is to provide resources that facilitate a student's mental well-being as they progress through the medical school curriculum.
- (6d) Medical records of students seen by a UHS counselor are private and secure, exist in an EMR entirely separate from UW Health, and protected under HIPAA. These records are not shared with the Dean for Students or any member of the UWSMPH administration unless the student provides express written consent.
- (6e) Any person seeking mental health assistance has a legal and ethical right to privacy. The law allows a helping professional to breach this right to privacy if and only if the individual is in clear and imminent danger to harm themselves or another or of harm from another and there are no other viable ways to intervene. Counseling and Consultation Services is committed to meeting this standard.

#### 41.4 Procedures

##### 41.4(1) Seeking Care

- (1a) Any student needing medical care should seek this care through UHS or their own provider.
- (1b) Any student needing mental health care should seek this care through UHS or their own provider.
- (1c) Students at the statewide campus sites with any questions about health care or access to care should speak with the site coordinator.

#### 41.5 References

UHS Website: [www.uhs.wisc.edu](http://www.uhs.wisc.edu)