



# Medical Student Handbook

## 2017 - 2018



**MD Class of 2018**  
**MD Class of 2019**  
**MD Class of 2020**  
**MD Class of 2021**

# MEDICAL STUDENT HANDBOOK

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# MEDICAL STUDENT HANDBOOK

## UC RIVERSIDE SCHOOL OF MEDICINE 2017 – 2018

### INTRODUCTION

Matriculation into medical school marks the start of your enrollment in the UCR School of Medicine. Over the coming months and years, you should focus on learning and assisting your fellow classmates for the sake of preparing yourself to be the best qualified and most knowledgeable physician possible.

As a student in the professional school phase of your education, your schedule may no longer be as predictable as it has been in past years. You may be asked to remain later in the day, arrive earlier in the morning, and sometimes participate in events on the weekends. A flexible schedule is part of a physician's responsibilities, and you are now being prepared to enter that world.

### UCR SCHOOL OF MEDICINE – MISSION STATEMENT

“The mission of the UCR School of Medicine is to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.”

In recognition of this charge, the UCR School of Medicine has the following goals for its faculty:

- To provide students in the School of Medicine with extensive personal advising by medical school faculty so as to assist them to evaluate their career aspirations.
- To provide basic science and clinical instruction in a small group learning environment with intensive instructor-student interaction.
- To provide highly qualified undergraduate and medical students the opportunity to participate in biomedical research experiences.
- To provide opportunities for experiences in community medicine for both undergraduate and medical students.

These goals are instituted so that faculty and students will actively collaborate to build a strong foundation for its graduates, which will include:

- An enthusiasm for life-long, discerning, self-education;
- A commitment to humanistic, compassionate, and ethical care of the individual and family;
- An ongoing development of a broad and flexible base of knowledge and skills that integrates basic, clinical, social and behavioral sciences with the art of medicine;
- An understanding of the scientific method, an appreciation of its role in basic and clinical research, and the development and application of these habits of inquiry to address real problems;
- An active concern for the promotion of the health and well-being of the community with a sensitivity to its diversity, and an understanding of the special challenges and requirements of a pluralistic society;
- Skills in effective communication, including the teaching of students, colleagues, patients and the community; and
- The ability to provide flexible, creative leadership in the setting of rapidly changing technology and societal needs through a systematic, multidisciplinary, and collaborative approach.

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### **UCR SCHOOL OF MEDICINE – DIVERSITY STATEMENT**

We, the faculty, students and staff of the UCR School of Medicine believe that a diverse student body, faculty and staff are essential to achievement of academic excellence. We are committed to recruiting students, faculty and staff responsive to our mission whose diversity contributes to an optimal learning environment. People of varied backgrounds, by which we mean those with a variety of personal experiences, values and worldviews arising from differences of culture and circumstance, bring added value to the education of students, research, and service to the community. In building a diverse medical school, those differences that can add to the value of our educational environment include, but are not limited to: gender, race, ethnicity, age, religious affiliation, abilities/disabilities, educational or socio-economic disadvantage (distance traveled), first in family to attend an institution of higher learning, personal or family experience of having limited access to health care, unique or challenging life experiences, and sexual orientation.

We are committed to recognizing and nurturing merit, talent and achievement by supporting diversity and equal opportunity in our education, services and administration, as well as research and creative activity. We will endeavor to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources will be aligned with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty, in particular, serve as role models to attract a diverse student body. Given the mission of the UCR School of Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics.

### **DISABILITY DISCLOSURE STATEMENT**

The UCR School of Medicine is committed to providing equitable access to learning opportunities for students with documented disabilities (e.g. mental health, attentional, learning, chronic health, sensory, or physical). If you know or suspect that you have a disability, please contact Ms. Lawanda Hall, Director of Academic Counseling and Student Support at 951-827-7342 or [lawanda.hall@medsch.ucr.edu](mailto:lawanda.hall@medsch.ucr.edu) to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively, so students are encouraged to request accommodations as soon as they know or suspect a disability. The UCR School of Medicine works in collaboration with UCR Student Special Services office to evaluate accommodation requests and determine reasonable accommodations. In addition, Ms. Hall and the Student Special Services office assist students with requesting accommodations on national exams such as Step 1 and 2. More information regarding disability accommodations can be found online at <http://specialservices.ucr.edu/>.

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## STUDENT CONDUCT POLICY

A medical student in his or her role as an apprentice physician is bound by rules of conduct known as the Medical Code of Ethics. The principles are outlined in the UCR School of Medicine Honor Code. Students should conduct themselves at all times in a manner appropriate to the high calling of the medical profession to which they are aspiring. Lecture room courtesy requires arriving for classes on time and treating all lecturers with respect. Questions should be directed to the lecturer at his/her discretion. Most lectures are optional; however mandatory lectures and all lab periods, PBL, doctoring and clinical sessions are to be attended unless a person is ill or has been excused. It is the duty of each student to inform the Office of Student Affairs when he or she cannot attend a required session. In the clinical years, the clerkship director should be notified directly.

## CONFLICT OF INTEREST POLICY

All students are required to adhere to the University of California Conflict of Interest and Vendor Relations Policy regardless of the policies at their assigned clinical locations. In instances where clinical sites maintain policies that are more stringent than the University of California, students will adhere to the local Conflict of Interest and Vendor Relations policies.

## UCR SCHOOL OF MEDICINE HONOR CODE

As a UCR medical student, I recognize that it is a great privilege and responsibility to study medicine. When I entered this school, I undertook the task of maintaining a certain standard of conduct not only as a student, but also as a future physician.

Each student should strive to develop and maintain personal honor and integrity as well as compassionate and ethical behavior. It is the responsibility and duty of each student to achieve these ideals. Rather than an inclusive listing, the honor code outlines the behavior and ideals that medical students believe to be important; students should strive to progress beyond these guidelines.

### Academic Honesty

- I will maintain the highest standards of academic and personal honesty.
- I will neither give nor receive unpermitted aid in examinations or assignments.
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.
- I will uphold an atmosphere conducive to learning in all educational settings (e.g. classrooms, clinical rotations, simulation labs).
- I will not undertake any activity that will impart me with an unfair and unpermitted advantage over others.

### Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussion of patients to members of the health care team in settings removed from the public (e.g. not in elevators, hallways, cafeterias).

### Respect for Others

- I will treat patients and their families with respect and dignity, both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that respects their privacy and modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not discriminate nor will I tolerate discrimination on the basis of race, ethnicity, gender, religion, sexual orientation, age, disability, disease state, or socioeconomic status.
- I will attempt to resolve conflicts in a manner that preserves the dignity of every person involved.

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- I will be truthful with patients and will report accurately historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will be sensitive and respectful to the religious, ethnic and cultural beliefs of patients, even if they differ from my own.
- I will treat fellow students, staff and faculty with respect and dignity at all times, respecting their privacy and modesty.

### **Responsibility**

- I will set patient care and well-being as the highest priorities in the clinical setting.
- I will recognize my own limitations and will appropriately seek help or consultation to ensure patient care and optimize my continuing learning.
- I will conduct myself professionally - in my demeanor, use of language and appearance - in the presence of patients, in the classroom, and in professional settings
- I will not use alcohol or drugs in any way that could potentially interfere with my professional responsibilities.
- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.
- I will not permit access to controlled substances unless medically warranted, nor will I allow others to permit such access.
- I will not tolerate violations of the Honor Code in others and take appropriate action.

### **Integrity**

- I will endeavor to work harmoniously with my colleagues and do my share when teamwork is required.
- As their representative, I will uphold the reputations of my school and profession.
- I will uphold the policies, regulations and rules of the University, School of Medicine, its affiliated health care facilities, and all other pertinent regulatory and professional standards.
- I will endeavor to uphold these principles in both letter and spirit.

## **STATEMENT ON SUPPORTING AN ABUSE FREE ACADEMIC COMMUNITY**

The UCR School of Medicine is committed to establishing and maintaining an environment in which every community member is enabled and encouraged to excel. This will happen only if we all work in harmony, free of intimidation, exploitation, ridicule, and harassment. We must maintain a productive environment in which no individual is subject to discrimination or abuse. This statement should be read as consistent with and in conjunction with UCR policies relating to harassment and discrimination.

Specific Behaviors That Are Not Acceptable Include:

- Sexual harassment, including unwelcome sexual advances or demands, either verbal or physical;
- Using rejection to such advances as a basis for making academic or personal decisions affecting an individual;
- Discriminating on the basis of gender, race, ethnicity, religion, sexual orientation, national origin, disability, or any other group characteristic;
- Using power to interfere with the activities of another in a manner that is unrelated or counterproductive to the expectations and requirements of his or her position;
- Creating an environment, through abusive behavior, in which the abilities of individuals to function professionally are negatively affected.

No person shall be subject to reprisal for using or participating either in an informal or formal complaint resolution process. It is incumbent on each and every one of us to support the maintenance of an abuse-free environment.

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### FACULTY CODE OF CONDUCT

The UCR School of Medicine fully endorses and subscribes to the Code of Conduct for its faculty as set forth by the Academic Senate of the University of California. A significant part of the code addresses the teacher-learner relationship, relevant excerpts of which are cited below.

“As teachers, the professors encourage the free pursuit of learning of their students. They hold before them the best scholarly standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to assure that their evaluations of students reflect each student’s true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.” (AAUP Statement, 1966; Revised, 1987)

The integrity of the faculty-student relationship is the foundation of the University’s educational mission. This relationship vests considerable trust in the faculty member, who, in turn, bears authority and accountability as mentor, educator, and evaluator. The unequal institutional power inherent in this relationship heightens the vulnerability of the student and the potential for coercion. The pedagogical relationship between faculty member and student must be protected from influences or activities that can interfere with learning consistent with the goals and ideals of the University. Whenever a faculty member is responsible for academic supervision of a student, a personal relationship between them of a romantic or sexual nature, even if consensual, is inappropriate. Any such relationship jeopardizes the integrity of the educational process. In this section, the term student refers to all individuals under the academic supervision of faculty.”

Types of unacceptable conduct:

1. Failure to meet the responsibilities of instruction, including:
  - a. arbitrary denial of access to instruction;
  - b. significant intrusion of material unrelated to the course;
  - c. significant failure to adhere, without legitimate reason, to the rules of the faculty in the conduct of courses, to meet class, to keep office hours, or to hold examinations as scheduled;
  - d. evaluation of student work by criteria not directly reflective of course performance;
  - e. undue and unexcused delay in evaluating student work.
2. Discrimination, including harassment, against a student on political grounds, or for reasons of race, religion, sex, sexual orientation, ethnic origin, national origin, ancestry, marital status, medical condition, status as a covered veteran, disability, or, within the limits imposed by law or University regulations, because of age or citizenship or for other arbitrary or personal reasons.
3. Violation of the University policy, including the pertinent guidelines, applying to nondiscrimination against students on the basis of disability.
4. Use of the position or powers of a faculty member to coerce the judgment or conscience of a student or to cause harm to a student for arbitrary or personal reasons.
5. Participating in or deliberately abetting disruption, interference, or intimidation in the classroom.
6. Entering into a romantic or sexual relationship with any student for whom a faculty member has, or should reasonably expect to have in the future, academic responsibility (instructional, evaluative, or supervisory).
7. Exercising academic responsibility (instructional, evaluative, or supervisory) for any student with whom a faculty member has a romantic or sexual relationship.

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## SCHOOL OF MEDICINE STUDENT MALTREATMENT & GRIEVANCE POLICY

**Scope:** The integrity and the learning environment of UCR School of Medicine will be maintained for medical students by use of education, consistent guidelines, supervision and resultant consequences for student mistreatment through an appointed oversight committee.

Students are required to provide feedback to the School of Medicine regarding any issues of maltreatment or unethical behaviors if they occur at any assigned clinical sites.

### 1. Policy Summary

The purpose of this policy is to provide a process and guidelines for the reporting of, and response to, allegations of student mistreatment complaints. The mission of the UCR medical school is to improve the health of our communities and to become a model to be emulated throughout the nation. In order to achieve this laudable goal, the school must be vigilant in identifying and addressing behavior that undermines that mission and must encourage respect for human dignity at every level both within and outside of the institution. The Student Grievance Committee will be charged with the responsibility to maintain the integrity of the learning environment for students attending the UCR SOM by (1) ensuring that students, residents, fellows, faculty and staff are educated on topics which will help to prevent mistreatment (2) providing a mechanism for the reporting of alleged violations and (3) providing clear, consistent guidelines and oversight for incidents of student mistreatment.

### 2. Definitions

Mistreatment is defined by the AAMC as:

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, and ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.

### 3. Policy Text

The Student Grievance Committee will serve as the committee for oversight of allegations of student mistreatment. This committee will set policies and protocols that support students and address issues in order to assure an optimal learning environment. These policies/protocols will be reviewed during, and distributed at the beginning of orientation for medical and graduate students each year. Continual review of these policies and additional training will be provided throughout the year in an effort to prevent incidents of mistreatment.

### 4. Responsibilities

Student Grievance Committee appointed by the dean of the School of Medicine.

### 5. Procedures

At their sole discretion students may take actions to address their concerns outside of this complaint process. This might include seeking to resolve the matter directly with the other parties involved, consulting informally with friends and peers, or consulting confidential resources.

#### A. Prevention and Education

The Student Grievance Committee is available to all students and any other interested party to answer questions and serve as an informal resource for the discussion of situations and/or incidents.

Depending on the seriousness of the situation, the case may be routed to any of the following: no further action, informal resolution or initiation of formal complaint.



### **B. Initiation of Complaint**

There are multiple mechanisms for students to report perceived mistreatment. Students can report via the Student Affairs Office, via New Innovations on a secured website, through their class representatives, student grievance committee representatives, to the Student Grievance Committee, via email at [grievance@medsch.ucr.edu](mailto:grievance@medsch.ucr.edu), or via other faculty or staff. Students will be notified by the chair of the Student Grievance Committee within 72 hours of receipt of their concern. All correspondence will occur using a UCR-based secure email. Students, or any person affiliated with UCR, will be allowed to submit a complaint or allegation anonymously via a dedicated 24 hour phone number (951) 827-7826.

### **C. Informal Resolution**

If the student is open to pursuing an informal resolution, the chair of the Student Grievance Committee or their designee will work with the student and the accused to determine if there is a resolution satisfactory to both parties. If there is no resolution the complaint will proceed to the formal grievance. The informal complaint will be documented for trend analysis purposes only.

### **D. Formal Grievance Procedure**

If unable to come to an agreement through these initial informal steps, the complaint will need to proceed to the formal grievance procedure. The student also has the option to bring the complaint directly to formal grievance. The formal grievance process includes a confidential hearing before the Student Grievance Committee. As soon as formal reporting has occurred, the accused will be notified that a formal complaint has been lodged. A standing sub-committee composed of four voting grievance committee members will be responsible for the initial investigation of all complaints prior to being presented to the full committee.

Given the distributive model of the UCR SOM's educational and training program, the sub-committee may be unable to conduct the investigation directly but may instead request that an investigation be conducted by the appropriate individuals at the institutions that are affiliated with, or involved in, the medical student's education where the alleged mistreatment occurred. The sub-committee will maintain contact with this investigating individuals and will review all findings.

The Student Grievance Committee will complete the investigation or will notify the parties of the need for an extension within 60 days of receipt of the complaint.

All findings resulting from the investigation will be presented to the Student Grievance Committee for recommendations. These recommendations will then be presented to the senior associate dean of student affairs. The senior associate dean of student affairs will review the findings of the report and the Student Grievance Committee's recommendations. He/she will be responsible for delivering the findings, recommendations and actions in writing to the respondent. This notification will occur even in situations where the complaint was found to be baseless.

### **E. Appeal to the Dean**

If the student is dissatisfied with the outcome of the formal grievance procedure, the student may appeal to the dean. The dean will review the report and has the final decision making authority on all cases.

If a complaint alleges a significant concern relating to the mistreatment of a student or students, but the student declines to pursue a formal investigation a 'notification of grievance' may be sent to the alleged offender and their division chair (or chair's designee). The alleged offender can request a conversation with the division chair (or chair's designee) and the documentation from the meeting will be kept in a secure folder by the division chair (or chair's designee) for as long as the student is

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matriculated at the UCR SOM. After graduation the notes will be expunged. Depending on the severity of the allegations further action may be necessary, following the formal grievance process.

### F. Confidential Resources

At any point in the process, students may consult with the confidential resources listed below. Consultations with these resources do not constitute the initiation of a complaint.

- a. The Ombuds Office  
The Ombuds Office assists visitors to the office in assessing their situation, and considering their range of options. Additionally, the Ombuds Office may be able to facilitate an informal resolution, with the voluntary participation of all parties.
- b. CARE Advocates  
CARE Advocates provide free and confidential assistance to survivors/victims of sexual violence. Services include: crisis intervention, safety planning, referrals, accommodations, case management, and accompaniments.
- c. Counseling and Psychological Services  
Counseling and Psychological Services provides specialized psychological services.

### G. Safeguards

UCR SOM is committed to a policy on non-retaliation and will not tolerate harassment or victimization. The SOM will take appropriate steps to protect individuals who raise a concern in good faith whether substantiated or not. If, however, allegations are determined to be malicious or vexatious, disciplinary action may be taken against the complainant.

### H. Reporting

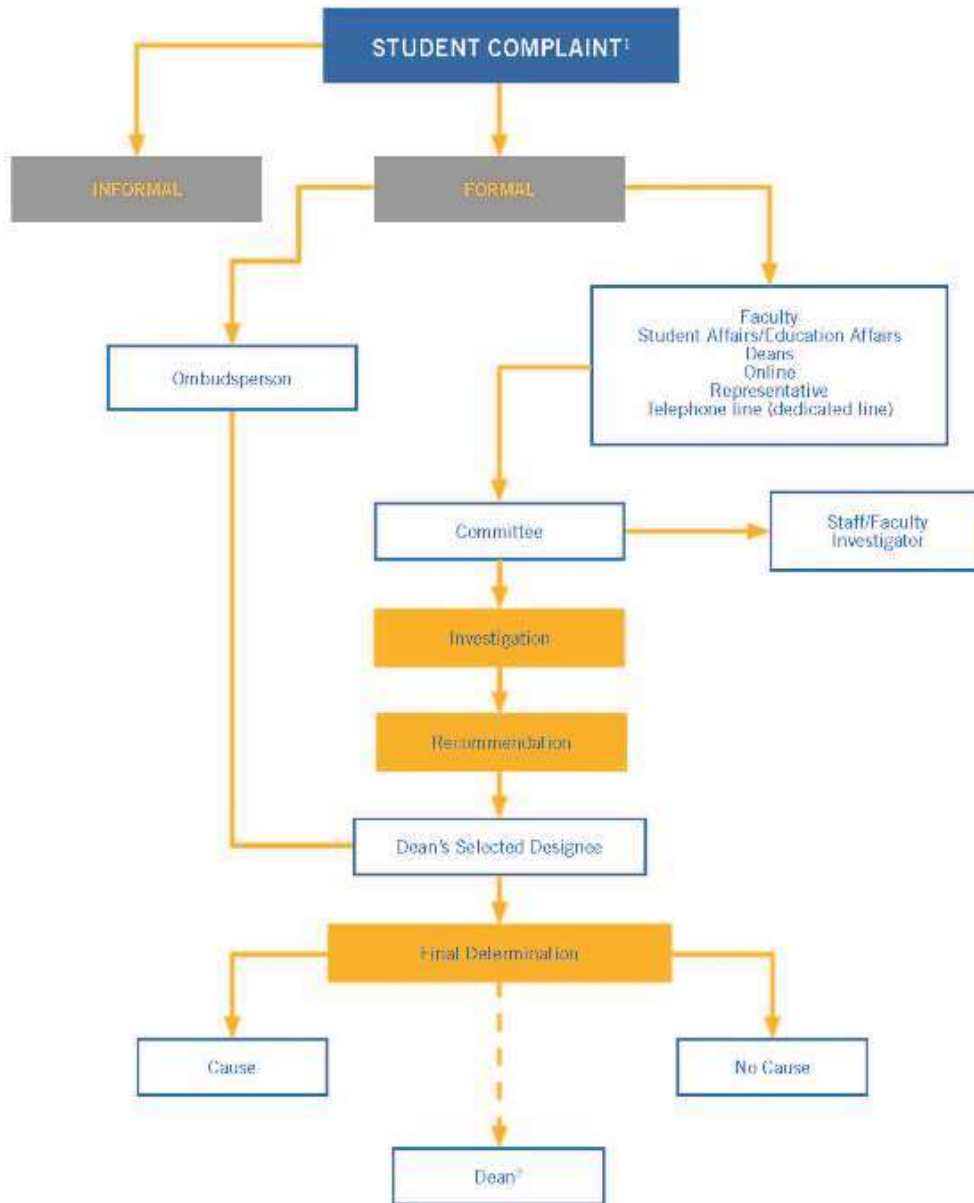
A summative report of the Student Grievance's activities will be provided on a yearly basis to the dean of the School of Medicine.

### I. Exceptions

Any complaints pertaining to sexual harassment, sexual violence or otherwise under the purview of Title IX will be referred immediately to the Title IX officer and will not be under the purview of this committee.

- a. If the accused is a member of the UCR Academic Senate or an academic staff whose instructional duties are not subject to direct supervision, any discipline will be determined in accordance with the Policies on *Faculty Conduct and the Administration of Discipline*.
- b. Students may request the option to delay intervention by the Committee until a more opportune time. (i.e. after grades have been assigned or after match results are available). Such requests will be seriously considered. However, depending on the nature of the incident, the Committee may or may not be able to honor the request.
- c. An annual survey will be distributed to all students to determine their perception of the learning environment/climate of the UCR SOM. The results of this survey will be reviewed by the Student Grievance Committee in order to identify opportunities for program improvement.

# REPORTING MECHANISM



<sup>1</sup>Serious or sexual incidents immediately reported to appropriate entity (1111.1.9) ; <sup>2</sup>Appeal

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## TECHNICAL, NON-ACADEMIC, STANDARDS

### Essential Abilities and Characteristics Required for Completion of the M.D. Degree

#### Introduction

The M.D. degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the M.D. degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of pursuing and completing graduate medical education, passing licensing exams and obtaining and maintaining medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. For purposes of this document and unless otherwise defined, the term "candidate" means candidates for admission to medical school as well as enrolled medical students who are candidates for promotion and graduation.

The School of Medicine has an ethical responsibility for the safety of patients with whom students and graduates will come in contact. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The essential abilities and characteristics described herein are also referred to as technical (or non-academic) standards. They are described below in several broad categories including: observation; communication; motor function; intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. In addition to these, candidates must have the physical stamina and emotional stability to function in a competent manner in settings that may involve heavy workloads and stressful situations. Individuals who constitute a direct threat to the health and safety of others or are currently impaired by alcohol or other substance abuse are not suitable candidates for admission, promotion or graduation.

Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education (LCME). The following abilities and characteristics are defined as technical standards, which in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation. A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a qualified health care provider.

#### **Observation:**

Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a complete or focused medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, touch *or* the functional equivalent.

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### **Communication:**

Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively in English with other health care professionals in a variety of patient settings.

### **Motor Function:**

Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. Such activities require physical mobility, coordination of both gross and fine motor neuromuscular function, and balance and equilibrium.

### **Intellectual, Conceptual, Integrative, and Quantitative Abilities:**

Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer and information technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information by multiple mechanisms. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving.

### **Behavioral and Social Attributes:**

Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress, and to display flexibility and adaptability to changing environments. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

### **Ethical and Legal Standards:**

Candidates must meet the legal standards to be licensed to practice medicine in the State of California. As such, candidates for admission must acknowledge and provide written explanation of any felony or misdemeanor offense(s) action taken against them prior to matriculation at the School of Medicine. In addition, should the student be convicted of any felony or misdemeanor offense(s) while in medical school, they agree to immediately notify the senior associate dean for student affairs as to the nature of the conviction. Students must be of the highest ethical and moral behavior. Felony conviction or failure to disclose prior or new offenses can lead to disciplinary action by the school that may include dismissal.

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### **Ability to Meet the School of Medicine's Technical Standards**

The School of Medicine intends for its students and graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure.

### **Equal Access to the School of Medicine's Educational Program**

The University of California does not discriminate against qualified individuals with disabilities who apply for admission to the M.D. degree program or who are enrolled as medical students. Otherwise qualified individuals shall not be excluded from admission or participation in the School of Medicine's educational programs and activities solely by reason of their disability or medical condition. The School of Medicine provides reasonable accommodation in its academic programs to qualified individuals with disabilities. A reasonable accommodation is one that does not require substantial program modification or lower academic standards. Documented learning disabilities are included under this policy.

Should a candidate have or develop a condition that would place patients or others at risk or that would jeopardize his or her ability to complete medical student education and pursue residency training and licensure, the candidate may be denied admission or may be dismissed from school. Should a candidate have or develop a disability that poses a significant risk to health and safety of patients, self, or others that cannot be eliminated with a reasonable accommodation, the candidate may be denied admission or may be dismissed from school.

Students with a disability must meet these technical standards, with or without accommodation. It is the responsibility of an admitted or continuing student with a disability, or a student who develops a disability, and who needs an accommodation to notify the Office of Student Special Services of the disability and provide adequate documentation of the general nature and extent of the disability and the functional limitations to be accommodated. A student who has or develops any chronic disease or condition will be expected to seek and continue in the care of a qualified health care provider, if the disease or condition could place patients or others at risk. Evaluating and facilitating accommodation requests is a collaborative effort between the admitted or continuing student, the Office of Student Special Services and the Senior Associate Dean for SOM Student Affairs. The UCR SOM reserves the right to request new or additional information.

Should an admitted or continuing student have or develop a condition that would place patients, the student, or others at risk or that may affect his/her need for accommodation, an evaluation with the Office of Student Special Services may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes, and attributes of each candidate will be performed. This includes an assessment of his/her willingness, desire and ability to complete the medical curriculum and fulfill all requirements for medical licensure, and will be informed by the knowledge that students with varied types of disabilities have the ability to become successful medical professionals.

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## HEALTH CLEARANCE

The School of Medicine requires that all incoming students obtain a health clearance for personal protection as well as public health. Students must complete all of the requirements by the first day of class or they may not be allowed to start class.

Health clearance requirements include:

Demonstration of immunization for or immunity to the following:

- MMR (Measles, Mumps, Rubella) – Two (2) doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; in addition, serologic proof of immunity for Measles, Mumps and Rubella, or proof of recent boosters.
- Varicella – Two (2) doses of Varicella vaccine, plus serologic proof of immunity, or proof of recent re-vaccination.
- Tetanus, Diptheria and Pertussis – One (1) dose of adult Tdap vaccine. If last Tdap is more than 10 years old, new Td vaccination is required.
- Hepatitis B – Three (3) doses of Hepatitis B vaccine, plus a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after 3<sup>rd</sup> dose. If negative or equivocal, complete a second Hepatitis B series followed by a repeat titer. If Hepatitis B Surface Antibody is negative after secondary series, additional testing including Hepatitis B Surface Antigen should be performed.
- Annual Tuberculosis Screening – IGRA (Interferon gamma releasing assay) blood test is required.
- Annual Influenza Vaccination each fall.

During the 3<sup>rd</sup> and 4<sup>th</sup> year, students must adhere to additional health clearance requirements (drug screening, mask fit testing, etc.) as required by School of Medicine affiliated hospitals and/or away institutions.

NOTE: Students are responsible for the cost of any office visits, examination fees, and/or lab fees associated with the initial and annual health clearance processes.

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### BLOOD/NEEDLESTICK POLICY

#### On Campus Exposures

All students will receive an orientation to blood-borne pathogens and infectious and environmental diseases and how to safely avoid their exposure during orientation week and during the first block of instruction. Students will also be required to complete the corresponding online UC Health training modules. In the unlikely event an exposure occurs on the UCR campus, the campus protocol will be followed. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (through the skin) contact with blood or “other potentially infectious materials.” If an exposure incident occurs, the student is instructed to wash the exposed area immediately with soap and water. If there is a cut, the area should be washed with soap and water and the area allowed to bleed freely. If blood or other potentially infectious body fluids enter the eye, nose or mouth, the area should be flushed with water for at least 15 minutes. Then the student should seek immediate medical/nursing care, either from the Campus Health Center (during office hours) or at a local emergency or urgent care center. Students must follow the Environmental Health and Safety biosafety exposure control plan found at <http://ehs.ucr.edu/biosafety/>. Students must also notify their supervising faculty at the time of the incident who should in turn notify the Office of Student Affairs within 24 hours.

#### Off Campus Exposures

Those air borne, blood and body fluid exposures and needle stick injuries that occur while a student is completing an off-campus clinical activity will follow a protocol consistent with the clinical affiliate’s policies. In the event of an exposure, the student will, after reducing the exposure (as described above), immediately notify his or her supervising resident and/or attending and proceed *immediately* to the designated local facility at the affiliate’s site in which the incident occurred. It is important to note that treatment for HIV prophylaxis needs to be initiated within two hours for optimal effectiveness. Students will not be penalized for leaving the service after notification of the supervising resident/faculty. Students will also be expected to notify the Office of Student Affairs within 24 hours of all exposures.

For all exposure incidents, the route(s) of exposure and the circumstances under which the exposure incident occurred are to be documented. The source individual is identified and documented, unless identification is not feasible or prohibited by state or local law. After consent is obtained, the source individual's blood is tested for HBV, HCV and HIV status. If the exposed student gives consent, a baseline blood sample is collected immediately following the incident with subsequent periodic samples taken at a later date.

### PROVISION OF MEDICAL TREATMENT TO SOM STUDENTS BY SOM FACULTY

UCR SOM faculty members may not academically evaluate students for whom they provide or have provided medical care for sensitive health issues (e.g., mental health, sexually transmitted diseases or any health issue the student defines as sensitive). Prior to providing any medical care to a UCR SOM student, a faculty member must explain this policy and ask the medical student to sign a Student Agreement on Provision of Medical Treatment by UCR SOM Faculty.



# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL GRADUATION COMPETENCIES

### Introduction

The University of California, Riverside (UCR) School of Medicine is dedicated to educating and training students to be excellent physicians who will be thoroughly prepared to meet the medical needs of inland southern California and beyond. The school places particular emphasis on attracting and graduating future physicians who will provide care to underserved populations with an emphasis on addressing healthcare workforce gaps and health outcomes of the populations served.

UCR SOM is dedicated to enrolling students who exemplify academic excellence, and embody the passion, commitment and integrity to meet the highest standards in patient care and medical scholarship. UCR SOM students represent the diversity of California as a whole and our region in particular; they are recent college graduates and those changing careers, and they come from a wide variety of cultural, socioeconomic, and personal or professional backgrounds. They also have demonstrated capacity for volunteerism, altruism, and a genuine desire to help those in need.

A UCR SOM education provides a solid foundation in the fundamentals of basic and clinical science. The curriculum is structured to ensure that students acquire the knowledge, skills, and attributes essential to the practice of medicine. The clinical years are marked by an extensive "hands-on" experience in caring for patients. Thus, graduates are exceptionally well prepared to pursue further training. Additionally, students have opportunities to critically appraise gaps in the existing medical knowledge base and to engage in basic, clinical, translational or health services research to discover if their aptitudes and interests lie in these areas.

### Patient Care

- Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
- Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
- Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
- Interpret laboratory data, imaging studies, and other tests required for the area of practice
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
- Provide appropriate role modeling
- Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
- Other patient care

### Knowledge for Practice

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
- Demonstrate an investigatory and analytic approach to clinical situations
- Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations

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- Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
- Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
- Other knowledge for practice

### Practice-Based Learning

- Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Incorporate feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- Use information technology to optimize learning
- Participate in the education of patients, families, students, trainees, peers and other health professionals
- Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
- Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
- Other practice-based learning and improvement

### Interpersonal and Communication Skills

- Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3)
- Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)
- Act in a consultative role to other health professionals
- Maintain comprehensive, timely, and legible medical records
- Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
- Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- Other interpersonal and communication skills

### Professionalism

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- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
- Demonstrate compassion, integrity, and respect for others
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Demonstrate respect for patient privacy and autonomy
- Demonstrate accountability to patients, society, and the profession
- Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
- Other professionalism

### **Systems-Based Practice**

- Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
- Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
- Coordinate patient care within the health care system relevant to one's clinical specialty
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- Advocate for quality patient care and optimal patient care systems
- Participate in identifying system errors and implementing potential systems solutions
- Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications
- Other systems-based practice

### **Interprofessional Collaboration**

- Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
- Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
- Other interprofessional collaboration

### **Personal and Professional Development**

- Demonstrate the qualities required to sustain lifelong personal and professional growth
- Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
- Demonstrate healthy coping mechanisms to respond to stress
- Manage conflict between personal and professional responsibilities
- Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
- Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system

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- Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
- Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
- Other personal and professional development

# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL CURRICULUM

### YEAR 1

Block 1: MDCL 231 Foundations of Medicine I (10.5 units)

Block 2: MDCL 232 Cardiovascular, Renal and Respiratory Sciences I (17.5 units)

Block 3: MDCL 233 Gastrointestinal, Endocrine, and Reproductive Health I (14 units)

Block 4: MDCL 234 Musculoskeletal Medicine (8 units)

Block 5: MDCL 235 Clinical Neurosciences I (9 units)

### YEAR 2

Block 6: MDCL 236 Foundations of Medicine II (14 units)

Block 7: MDCL 237 Cardiovascular, Renal and Respiratory Sciences II (12 units)

Block 8: MDCL 238 Gastrointestinal, Endocrine, and Reproductive Health II (13 units)

Block 9: MDCL 239 Clinical Neurosciences II (10 units)

Block 10: MDCL 240 Integrative Human Biology and Disease (3 units)

### Doctoring/Clinical Skills

These courses are part of an integrated Doctoring curriculum for medical students that focus on helping you to acquire critical thinking skills and learning habits that will be of lifelong service to you. The first and second years of the medical school curriculum are designed to assure your smooth transition into the third year of medical school.

The entire doctoring/clinical skills curriculum integrates several overall objectives throughout medical school:

- Fostering an understanding of the importance of humanistic care coupled with quality technical care
- Emphasizing topics such as health promotion, disease prevention, and ethical issues in everyday aspects of medical care
- Teaching clinical problem solving skills and self-assessment methods
- Exposing students to the ever changing delivery of health care to different populations in different settings; and
- Encouraging the development of interpersonal relationship skills necessary for teamwork in a medical setting.

Clinical preparation courses such as “Doctoring” that began in the first year of medical school continue throughout the second year. The *Clinical Skills* course in Year 1 and 2 will give you the opportunity to learn the physical exam skills that you will need for the clinical clerkships. This will be reinforced during your longitudinal ambulatory care clerkships experience.

Many of the program faculty will be drawn from the medical community in the region. They are experienced clinicians who will be able to assist you to link basic sciences courses, disease process, and

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clinical practice. The small class size will allow for close interaction between the class and clinical faculty.

This is when you will become a “student doctor” and can begin to anticipate your future role as a clinician through an increasing interaction with clinical faculty and patients. We look forward to making this an enjoyable and exciting experience for you.

### **Longitudinal Ambulatory Care Experience (LACE)**

The UC Riverside School of Medicine seeks to train future physicians to have extensive knowledge on the provision of population health, preventive care, and chronic disease management in a team-based, primary care home model. The goals of LACE, which will run throughout years 1, 2 and 3, are to:

- Provide a 3-year ambulatory clinical experience emphasizing core clinical skills and attributes
- Establish a sustained mentor-mentee relationship with community-based primary care providers
- Create a bridge between pre-clinical and clinical training and content

### **YEAR 3**

Block A: MDCL 241A/B: Internal Medicine I/II  
MDCL 242 A/B: Surgery I/II

Block B: MDCL 243A/B: Pediatrics  
MDCL 244A/B: Obstetrics/Gynecology I/II  
MDCL 245A/B: Family Medicine I/II

Block C: MDCL 246A/B/C/D: Psychiatry I/II/III/IV  
MDCL 247A/B/C/D: Emergency Medicine I/II/III/IV  
MDCL 248A/B/C/D: LACE I/II/III/IV

Selective: MDCL 293: Clinical Selectives

### **Third Year Curriculum**

The third year will contain an interdisciplinary longitudinal clinical experience emphasizing inpatient, outpatient, acute, chronic, well care and consultative medicine in the context of a single community/population. Through this experience each student will be exposed to:

- Internal Medicine
- Surgery
- Family Medicine
- Pediatrics
- Obstetrics and Gynecology
- Psychiatry (Longitudinal over the course of the entire 3rd year curriculum)
- Emergency Medicine (Longitudinal over the course of the entire 3rd year curriculum)
- Neurology (Longitudinally embedded over the course of the entire 3rd year curriculum)
- LACE (Longitudinal over the first three years of the medical school curriculum)
- CBE (Longitudinal during transition weeks)

### **Overview:**

The academic third year is divided into two 24-week blocks. Block A includes Internal Medicine and Surgery. Block B includes Family Medicine, Obstetrics/Gynecology and Pediatrics. Block C includes Emergency Medicine, Psychiatry, and Neurology, and will run concurrently with Blocks A and B and

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will continue for the entire 48 weeks of Year Three. Blocks A and B are subdivided into three 7-week units, followed by a 3-week “selective” unit.

LACE (Longitudinal Ambulatory Care Experience) will run concurrently across the entire year as a continuation of the first and second year LACE curriculum. In the third year, LACE will serve as a continuity clinic that will contribute to each of the eight learning objectives/competencies.

### **Schedule/Structure:**

**Block Thirds:** Blocks will be divided into thirds. Weeks 7 and 14 will consist of three activities: 1) a formative OSCE and SOAP note; 2) community-based activities or psychiatry; and 3) formative feedback.

### **Transition Weeks:**

A. Weeks 7 and 14 will consist of two activities

1. Formative evaluation, feedback and remediation (the Friday of transition weeks 7 and 14)
2. CBE activities or Psychiatry (alternating with one of the two in week 7, and the other in week 14)

B. Week 21 will consist of:

1. SHELF Exams in the subjects completed in the prior block(s)
2. OSCE final exam
3. Summative Evaluations of Clerkship Performance

**CBE** (Community-Based Education) will occur during either of weeks 7 and 14 of each block.

**Selective Weeks:** The final three weeks of each block will consist of 3 weeks that will serve as a flexible foundation for the following uses:

- incorporation of short “selective” experiences allowing students to explore aspects of medicine for which they might usually have to wait until the fourth year
- remediation for students identified as “failing” the block (Advanced Clinical Selective)
- These three week Selectives courses occur at the ends of Block A and Block B. These two 3-week opportunities are designed to be both educational and exciting. Students will have the opportunity to choose to gain more knowledge about a particular area of interest that they encountered during one of their 3rd-year clerkships, or explore an area of medicine that they might not have encountered to the degree desired. Students can use the time to improve current skills, or use their time to gain new ones.

### **Patient Type/Procedure Logs**

All students are required to document all patient type encounters/ procedures using the New Innovations system. This is a mandatory requirement to successfully complete the rotation and required for grade submission. Students are expected to complete the logs within one week of the patient encounter. Failure to complete the patient log appropriately is considered an issue of professionalism. The Clerkship Coordinator/Director will review the patient encounter/procedure logs at certain points of the block and provide feedback to the students to assure that clinical expectations are being met. It is imperative that the student will have independently read enough background material for each core presentation that has been logged as completed.

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## Weekly Themes

Except for weeks 7, 14, and 21-24 of each block, there will be required readings and cases on a specific theme. Timely completion of all assigned cases is also required. The Themes are part of the UCR longitudinal learning program and are NOT meant to supplant the six core courses. As such, they will rarely coincide with what the student is seeing on their rotations in any given week, but will be very helpful by the end of the block.

## Rounds

Students are expected to participate and attend all rounds on the inpatient wards that occur while on their rotations as assigned. The specifics regarding times, days, process, etc. will vary by site.

## Objective Structured Clinical Examinations (OSCE)

Students will be required to perform an Objective Structured Clinical Examinations (OSCE) during weeks 7, 14, and 21 of each block during their 3<sup>rd</sup> year. These exams are designed to test clinical skill performance and competence in skills such as communication, clinical examination, and medical procedures. Weeks 7 and 14 OSCE are formative (do not count towards the final grade) and week 21 is summative (counts as 30% of the final grade).

## Block Assignment Lottery Process

Each student will be assigned to begin the year in either one of two blocks—Block A or Block B. The order of the clerkship rotations is set within each block and cannot be changed. Students will have the opportunity to participate in a lottery to make site requests for their clerkships. Participation in the lottery is optional. Regardless of lottery results, the students' final rotation and site selection must be based on curricular requirements and clerkship site availability.

*The lottery will include the opportunity to request:* which block to begin/end with (Block A – Med/Surgery or Block B – Fam Med., OB/GYN, & Pediatrics), preference of clinical site, and also give the opportunity to voice any special accommodations needed. Reasonable efforts will be made to accommodate requests.

## Clinical Structure and Duty Hours

All 3<sup>rd</sup> and 4<sup>th</sup> year medical students will follow the same duty hour regulations mandated by the Accreditation Council for Graduate Medical Education (ACGME) for PGY-1 residents. Duty hours are limited to no more than 80 hours per week averaged over four weeks including all overnight and evening calls. The maximum shift length is 24 hours. Students should be scheduled for 10 hours away from their site between shifts. Just as individual practices vary, actual office hours at each site may vary. Students should be respectful and adaptable to the schedule expected at the physician's office/hospital site.

## YEAR 4

MDCL 250: Clinical Sub-Internship  
MDCL 251: Radiology  
MDCL 252: Critical Care  
MDCL 253: Back-to-Basics  
MDCL 254: Fourth Year Clinical Electives



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### Fourth Year Curriculum

The fourth year consists of 11 blocks, which are further divided into “core” and “elective” rotations. Core rotations include a mandatory Sub-internship, a mandatory Critical Care rotation, a mandatory UCR radiology rotation, and a Back-to-Basics rotation during block 9. There are two blocks of vacation, and 5 blocks of electives. Electives are divided into “home” (any UCR affiliated institution, any UC Medical affiliation, or any clinical site affiliated with any of the above), and “away” electives.

During the course of the 4th year, students have the option to complete their Sub-Internship at any of the UCR affiliated hospitals (Riverside University Health Systems Medical Center, Riverside Community Hospital, Parkview Hospital, Corona Regional Medical Center, Kaiser Fontana, and Kaiser Riverside) as well as at UC-affiliated hospitals and clinics throughout the state.

Each student will be required to take at least one “Sub-Internship” from a “Core” subject. At least one of these “Sub-I’s” must be taken as one of the first four blocks. Core subjects are: Pediatrics, Family Medicine (inpatient and/or outpatient), OB/Gyn, Medicine, Surgery, and Psychiatry. We prefer core sub-i’s to be taken at a UCR-affiliated hospital or outpatient facility, a UC Medical Center, or a UC-affiliated hospital. Exceptions will be entertained when there is an educational rationale.

Fourth year medical students will complete 5 blocks of electives. Most away rotations will be discovered on the VSAS web page. Up to two rotations can be taken at non UC-affiliated institutions or clinics. Exceptions will be granted when there is an educational rationale. Away rotations in excess of two and all non-VSAS away rotations require approval from the UCR SOM year 4 clinical director.

During the 2nd half of the 4th year, students take a 4-week required course to prepare the student for post-graduate training. This low-stress course will allow the students to use basic science concepts in the pursuit of clinical outcomes. Hands-on scenarios will be mixed in with problem-based learning.

A Critical Care rotation must be completed. This can be done in a medical, surgical, or Pediatric ICU.

A rotation in basic radiology will be required. This will be done at UCR. This course will focus on the basic utilization of imaging services. The student will learn which test to order, why it is ordered, and how the results are interpreted. This is not a shadowing experience or a sub-i in radiology.

Students sometimes forget that outpatient visits outnumber inpatient visits by over 20 to 1. There are rotations available at community based centers and sites that serve the disadvantaged and underserved populations of our nation. Students can work with multiple populations in an acute care setting, or to promote healthy lifestyles and practice preventative medicine. Areas of interest can include: Indian Health, maternal/child health, mental health, woman’s health, geriatrics, and others.

Scheduling vacation blocks should be done strategically. Interviews for residency general occur between October and January. It takes time to interview, especially when cross-country travel is involved. Saving a vacation block is also a good idea if you are taking 2 or 3 sub-i’s in a row.

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## UNITED STATES MEDICAL LICENSING EXAMINATION

An important series of events in your medical school educational experience will be taking Steps 1 and 2 of the United States Medical Licensing Examination (USMLE). These exams are taken nationwide by students at all of the medical schools in the U.S. All students each year receive exactly the same exam questions, and thus it is possible to carefully carry out a detailed statistical evaluation of the results in relation to national norms.

It is a requirement of the UCR School of Medicine that every student takes and passes both Step 1 and Step 2 of the USMLE to qualify for graduation; these exams are also used as a vehicle towards medical licensure.

The USMLE Step 1 exam is taken at the end of the second year of medical school and consists of seven separate areas of evaluation; these are biochemistry, physiology, anatomy, pathology, behavioral sciences, pharmacology, and medical microbiology. It also includes pathophysiology of disease, doctoring, and physical diagnosis. All students must pass the USMLE Step 1 prior to entry into the third year of medical school.

The USMLE Step 2CK and Step 2CS exams are required and focus on six clinical topics. The Step 2CK focuses medicine, surgery, obstetrics/gynecology and preventive medicine, while the Step 2CS exam focuses on pediatrics and psychiatry. The UCR SOM official deadline to sit for Step 2CK is September 30<sup>th</sup> and for Step 2CS is December 31<sup>st</sup> of the last academic year of medical school.

**You must sit for USMLE, Step 1 before starting your third year clerkships. You must pass both Step 1 and Step 2 to be eligible to graduate.**

Clinical Performance Examination (CPX):

Late in your third year, you are required to complete a Clinical Performance Examination (CPX) which consists of nine clinical cases portrayed by standardized patients. Each case requires a focused work up and is followed by a written exercise. Performance is observed by a clinical faculty member and taped. Individual feedback is provided for purposes of improving history taking, physical examination, counseling, and patient/doctor relationship skills. Poor performance will require remediation.

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### **CONFIDENTIALITY AND ACCESS TO STUDENT RECORDS**

The UCR School of Medicine considers confidentiality of student records very important and they are secured and closely guarded. Faculty (other than the admissions committee members and select research and evaluation faculty) are not permitted to view a student's Admission File without permission from the student or the Senior Associate Dean for Student Affairs. Students are able to request in writing that their folder be shared with a particular faculty member and administrator for the purpose of drafting letters of recommendation. No faculty member may see a student's administrative file without permission from the student or approval from the Senior Associate Dean for Student Affairs and/or Senior Associate Dean for Medical Education, the latter given only with an appropriate academic or administrative need to know. No faculty member may see a student's financial aid file.

UCR School of Medicine students may view their evaluations and records in person at any time via the online New Innovations system. For evaluations that are stored on paper, students may view their records within five (5) business days of the request by contacting the appropriate person (e.g., Registrar, pre-clinical or clerkship director) for assistance. The student paper records must be reviewed in the Office of the Registrar as these records are not permitted to be removed from the office where it is safely secured. Students requesting paper copies of their records need to make their request in writing. This request will be granted within a period of 45 days as per FERPA regulations.

If a student believes his or her record is inaccurate, he or she will first review the record with the Registrar and, if validated, have the record corrected. If students wish to challenge a grade or course evaluations, they may appeal directly to the block director or clerkship director. Appeals of any decision are reviewed by the Senior Associate Dean for Medical Education. If a remedy is not forthcoming, an appeal can be made to the medical school Progress and Promotions Committee, followed by an appeal to the FEC, and with a final appeal made to the Dean.

# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL GRADING AND PROMOTIONS PROCEDURES

### Grading Policy

The integrated human disease-based curriculum for years one and two is divided into “blocks” of instruction, with one or more Director(s) responsible for each block.

Each block will conclude with the following:

- A comprehensive final exam integrating all aspects of the course. This may include a laboratory practical component that is appropriate to the objectives of the course.
- Individual clinical skills assessment (e.g. patient interviewing and/or physical examination). It is expected that the students’ skills will grow throughout the year. Criteria for acceptable performance in each course will be published in advance.
- During the course of each block, students are required to participate in problem-based learning (PBL) sessions. Their performance in these PBLs will be evaluated by the faculty/clinician facilitator. In addition, students must complete the assigned number of required assignments.
- Longitudinal Ambulatory Care Experience (LACE) – Students must complete the assigned number of office sessions and assigned deliverables.

In addition, there will be weekly on-line "self-assessments" (i.e., quizzes with scores that are not factored into the student’s final grade). Their primary purpose is to provide a “low stakes” method that will allow students to evaluate progress and will allow faculty to identify students who may need individual assistance. In order to accomplish these purposes, students are expected to complete each quiz in the prescribed timeframe. Although not counted into the course grade, first year students are required to complete every assessment. For second year students, these assessments are optional; however, students are encouraged to complete all self-assessments as an additional means to track their progress. The Student Affairs Office will be provided these scores weekly in order to monitor the feedback process and student progress throughout the year.

The UCR School of Medicine grading policy has been established using competency-based criteria. For the first year, the minimum passing score for all blocks, including Didactic and Lab exams, Clinical Skills, Doctoring, Problem-Based Learning and LACE is 70%.

For second year, the minimum passing score for Didactic and Lab exams is 65% or two standard deviations below the class mean (whichever is lower), and the minimum passing scores for Clinical Skills, Doctoring, Problem-Based Learning and LACE is 70%.

Students who do not achieve the minimum passing score will be tracked using an internal failing grade. Unsatisfactory performance in one block will require remediation of the block. Normally, remediation would occur after the end of the academic year, following a time period of study determined in consultation with the responsible block directors, but with no less than two weeks of study before the re-examination. Following consultation and approval by the appropriate block directors, a remediation re-examination for either block 1, 2, 6, or 7 may be held during the first or second week of January. Regardless of when the re-examination occurs, an unsatisfactory performance on the re-examination will require repetition of the entire academic year. Two unsatisfactory block performances in one academic year (even if one block has been remediated) will necessitate repetition of the entire academic year. Students will not be allowed to advance to the next instructional year until all blocks have been successfully completed.

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A comprehensive OSCE will be held at the end of the first and second years. Students must pass each of these tests with an overall examination score of 70%. If a failure occurs in the Doctoring and Clinical Skills OSCE, remediation will occur during the summer.

Only two grades are possible in each pre-clinical block: Pass (Satisfactory) or Fail (No Credit). All block grades will be recorded internally as in progress (IP) until the end of the academic year. If a student fails one block, it will be recorded as IP-F. The student will be allowed to complete the academic year provided no additional failures occur. If more than one IP-F occurs within the academic year, the student must repeat the entire year, including all blocks previously passed.

In order to receive a Pass for each block, students must complete each of its components in a satisfactory manner. In order to advance to the next year of instruction, students must satisfactorily complete all blocks during the academic year. Grades for preclinical years must be posted by the Friday of the week following finals, or prior to the start of the next block, whichever occurs first.

During the third and fourth clinical years, students may receive an Honors grade for exceptional work, in addition to the Pass/ Fail designation. Students will be provided both written and verbal feedback at week seven and fourteen of the clerkships and additional feedback will be provided in the case of suboptimal performance. Students will be allowed to remediate any minor deficiencies at the end of each clerkship block. Students who do not meet satisfactory performance criteria will be remediated prior to advancing to the next year.

Block grades consist of a clinical evaluation, an end-of-block OSCE and a shelf examination (if applicable). A passing score is 70% of the total available points for the first two components, and the minimum acceptable shelf exam score is the 6<sup>th</sup> percentile (nationally normed).

Failure of the shelf examination will require a satisfactory repeat of the shelf examination. The repeat is expected to occur within three weeks following the completion of the 21<sup>st</sup> week of the block; however the timing may be modified with prior approval of the Block Director and Senior Associate Dean for Education. Failure of a single discipline will require completion of an Advanced Clinical Selective with a minimum of three weeks duration. Remediation of disciplines not completed in the third year will require Advanced-Clinical Selectives (4 weeks duration) to be scheduled at the beginning of the fourth academic year.

Faculty and residents involved with medical student education will be encouraged to provide real time feedback to medical students in the office regarding their clinical performance. Students should understand that, in isolation, the feedback provided either orally or in writing should not be interpreted as being representative of an expected clerkship grade.

### **Feedback to Students**

The course coordinators and instructors are responsible for providing students with meaningful written assessment and performance descriptions evaluating progress in the course and in various course components, including PBL, Doctoring, Clinical Skills, and LACE. These performance descriptions should be consistent with the course format and goals, and should include, in so far as feasible, information on the student's (a) fund of knowledge, (b) critical thinking skills, (c) communication skills and (d) professionalism. Comments on other categories measuring the core competencies and on the student's commitment to learning are encouraged.

In the case of failing or marginally passing performance, written and verbal feedback is required. A description of the nature of the concern must be reported to the student and to the Chair of the Medical School Progress and Promotions Committee. Students should be informed by the course instructors of difficulties as soon as they arise, so that they have an opportunity to improve their performance. The

## MEDICAL STUDENT HANDBOOK

Chair, Student Affairs Deans, and/or course instructors should meet with students whose performance is marginal or failing. In these meetings, the student's problems should be discussed and plans for improvement developed. Students may also be referred to Ms. Hall, our Learning Skills Specialist.

### Evaluation, Promotion and Graduation Standards for the UCR School of Medicine

#### Graduation Requirements

- Successful completion of each year of the four-year medical school curriculum;
- Annual recommendation for promotion by the Medical School Progress and Promotions Committee;
- Passing of the USMLE Step 1, Step 2 CK and Step 2 CS examinations;
- Successful completion of a Clinical Performance Examination (CPX) at the end of the third year and;
- Satisfactory professional conduct

All students will be evaluated by the faculty on the basis of their academic performance, as well as their capacity to assume responsibility for care of patients. Each of the instructional blocks and components of these blocks in Years 1 and 2 of the medical curriculum will be graded as either Pass or Fail. However, students will be graded as Pass / Fail / Honors during the clerkships in Years 3 and 4 of the medical school curriculum. Students will receive written performance descriptions for most courses which will include information on the students' fund of knowledge, critical thinking, and communication skills within six weeks.

A "Fail" performance will be required to be made up by repeating the course, by special examination, or by remedial work, at the discretion of the course coordinator and the medical school Progress and Promotions Committee. The means by which the course is to be successfully remediated shall be determined by the course instructor following discussion with the student.

Each clinical clerkship committee will determine its own criteria for receipt of Honors in the clerkship. Clerkship honors should be based on the extraordinary quality of the student's performance, irrespective of other students in the clerkship. Only truly remarkable performance will be recognized; merely performing ahead of peers and being the best competitor should not suffice. Twenty percent of students in each clerkship may receive honors.

No student will be advanced from one academic year to the next unless he or she is in good academic standing. Thus, status in any academic year presumes the successful completion of all work in the previous year. When a student is required to repeat the first or second year, an unsatisfactory performance in any repeated course will be sufficient cause for consideration of dismissal from medical school. Advancement from one year to the next will be determined by the medical school Progress and Promotions Committee, based on performance in course work, performance on United States Medical Licensing Examinations and factors indicating not only the student's mastery of academic material, but further demonstration of a professional attitude and the ability to assume responsibility for patient care. All student recommendations made by the Progress and Promotions Committee are then forwarded to the Faculty Executive Committee for final decision.

Unsatisfactory performance(s) will be communicated in writing to the Office of Education as well as the Office of Student Affairs by the appropriate course Director at the earliest possible time. Instructors, in collaboration with the Senior Associate Dean for Education, the Senior Associate Dean for Student Affairs, and the Learning Skills Specialist, will work closely with students to institute remediation measures. It is the function of the Office of Student Affairs to determine whether academic problems are related to financial or other personal problems and to assist the student in every way possible.

## MEDICAL STUDENT HANDBOOK

### Handling of Students' Unsatisfactory Performance

The medical school Progress and Promotions Committee is appointed by the Faculty Executive Committee and is composed of at least six members plus a Chair. The members are typically chosen from those who serve as pre-clerkship course coordinators or clerkship directors, with representatives from both Division of Biomedical Sciences and Clinical Sciences faculty, with the Senior Associate Dean for Education as ex officio. The Committee normally meets at the end of the academic year to discuss each student's performance. As needed, this Committee will be convened during the academic year to discuss individual students who may be experiencing academic difficulty. It will be the responsibility of the medical school Progress and Promotions Committee to determine whether each student has progressed satisfactorily in all academic and clinical work. All medical school Progress and Promotions Committee recommendations are reviewed by, and are subject to approval by, the Faculty Executive Committee (FEC).

Alternate courses of action to promotion of a student can be:

- remediation of the course/clerkship in which unsatisfactory performance was attained
- repeating all courses/clerkships of the year
- a definite period of leave
- dismissal

The following will be established as necessary steps in the procedure for considering repetition of a year of study or dismissal of a student for unsatisfactory academic performance. The student will be informed that his/her academic standing is in question and will be asked to meet with the Senior Associate Dean for Education. The student will then be notified of the time and place of the appropriate medical school Progress and Promotions Committee meeting and will be invited, but not required, to present his/her case prior to the Committee's deliberations as well as to be available subsequently for questions from the Committee. Course/clerkship directors sitting on the medical school Progress and Promotions Committee involved in any adverse grading of a student shall recuse themselves from discussion and vote on the student matter in question. As soon as practical after the committee meeting, the student will be informed verbally of the recommendation and written notification will be sent within 72 hours. The student will be allowed to inspect all of the material in his or her file related to academic performance and evaluation in accordance with the Family Educational Rights and Privacy Act, and may read that portion of the minutes of the committee responsible for the recommendation which pertains to him or her.

To appeal a recommendation of the medical school Progress and Promotions Committee regarding a student, such student shall submit a written statement describing the specific reasons for appeal, including any special or mitigating circumstances which he/she feels should be considered, and any other relevant information. Such statement should be signed by the student and submitted to the Office of the Senior Associate Dean for Education. Such statement shall be submitted no later than 15 calendar days after the Progress and Promotions Committee's recommendation is made known in writing to the student. An appeal will be considered only if based upon appropriate cause, such as allegations of (1) procedural error, (2) personal bias, including but not limited to allegations of discrimination on the basis of race, sex, or handicap, or (3) specific mitigating circumstances contributing to the student's performance. An alleged error in academic judgment or evaluation will not be considered an appropriate basis for appeal. The appeal will be heard, if practical, at the next monthly meeting of the FEC, but in any event no later than the second regularly scheduled monthly meeting of the FEC after the date the written notice of appeal is submitted. The student will be notified of the time, place, and date in advance of the meeting at which the appeal will be considered. The student will be entitled to bring a representative to the meeting to support his/her presentation. A decision will be rendered by the FEC and communicated to the student in writing within 15 calendar days after the date the appeal is heard.

## **MEDICAL STUDENT HANDBOOK**

In the event of an adverse determination, the student will have the option of final appeal to the Dean of the School of Medicine. Such an appeal will be in writing and will include a copy of the original grievance and all pertinent materials to date, such as a copy of the written notice of the FEC's decision, plus a signed statement by the student explaining the reason(s) he/she is appealing the decision. Such statement shall be submitted no later than 15 calendar days after the student is notified of the FEC's decision. The student will be notified within 45 calendar days of the Dean's final decision.

### **DEGREE COMPLETION TIME LIMIT**

All requirements for the degree of Doctor of Medicine must be completed within six years of matriculation into the UCR School of Medicine. This six year maximum time of completion is inclusive of any remediation or leave of absence that has been granted. Students who are obtaining an additional degree(s) other than that of Doctor of Medicine will be given additional time and consideration for the completion of the non-MD degree. Exceptions to the completion time rule will only be provided in extraordinary circumstances and with the approval of a majority vote by the Progress and Promotions Committee.

### **POLICY ON PLANNED AND EMERGENCY ABSENCES**

In order to request a short term emergency or other planned absence, students should first contact the course instructor and block director, who will approve or disapprove the request on a case-by-case basis. The block director will sign the Request for Approved Absence form, which the student will then submit to the Senior Associate Dean of Student Affairs for final review and approval. All requests for planned absences should be submitted at least two months prior to the absence. The Senior Associate Dean of Student Affairs will make the final decision to approve or disapprove the request. While it is not possible to delineate how each request will be decided, every effort will be made to make decisions consistent with UCR policies. Students will not be allowed to miss scheduled exams, labs, and clerkship responsibilities unless approved by the Senior Associate Dean of Student Affairs. If the request is approved, the student must work with the appropriate course instructor(s) and block director(s) to determine the times and dates of the rescheduled examinations and/or required educational experiences. All rescheduled examinations will occur after the scheduled exam, not before.

In order to request an extended leave of absence, students should complete the Request for Leave of Absence (LOA) form or the Request for Medical Leave of Absence (MLOA) form and follow the instructions provided. Once the form is submitted, the student should meet with the Senior Associate Dean of Student Affairs to discuss details of the requested leave. The Senior Associate Dean of Student Affairs will make the final decision to approve or disapprove the request.



# MEDICAL STUDENT HANDBOOK

## POLICY ON UNEXCUSED ABSENCES

### YEARS 1 AND 2:

The UCR School of Medicine has reviewed and updated its policy on unexcused absences. The Medical Education Committee (MEC) has determined that students *should attend* all scheduled educational activities, but will be *required to attend* all sessions labeled as mandatory. Required sessions include, but are not limited to, laboratory sessions, problem-based learning (PBL) modules, clinical skills, doctoring, and longitudinal ambulatory care experiences (LACE). Block Directors may designate additional sessions as required in the course syllabus.

The Year 1 and 2 curriculum is designed to have on average a maximum of 24 hours total contact time per week – this includes both required and recommended educational activities. Efforts are made to provide one or more unscheduled afternoons within each 2-week period for self-study. With this scheduling strategy, students should be able to plan their appointments outside of required educational experiences.

Attendance will be taken at all required educational activities. Any absence from a required session must be excused *in advance* by both the Block Director and the Dean of Student Affairs (see the Request for Approved Absence form for details). Typical excused absences may include religious holidays, weddings, illness, death of an immediate family member, or presentation or leadership position at a national conference. Unexcused absences will be reported and may result in a professionalism referral by the Senior Associate Dean of Student Affairs.

## POLICY ON UNEXCUSED ABSENCES

### YEARS 3 AND 4:

#### Attendance and Scheduling

The Clerkship Program is a full-time commitment and 100 % attendance at all assigned learning experiences is expected. This is to include all scheduled clinical assignments, didactic sessions, evening, weekend, and overnight call, and associated lectures.

#### School Holidays

Students are required to work on official UC school holidays as indicated on the Academic Calendar if their clinical site is on service on the date of the holiday.

#### Anticipated Absences

Students may be allowed up to 2 calendar dates of anticipated absences per 6-month block during the 3<sup>rd</sup> year.

All anticipated absences must be approved by the UCR SOM 30 days prior to the start of the requested time off.

Students may request time off for anticipated absences by submitting a Request for Approved Absence to the Clerkship Director at least 30 days prior to the start of the anticipated absence. The Clerkship Director may require additional documentation before considering approval of absences.

Once approved by the Clerkship Director, the request will be forwarded to the Senior Associate Dean of Student Affairs for final review and approval, at which point the student will be notified of the decision.

Submission of a request does not constitute approval. Unexcused absenteeism can be cause for disciplinary action and may affect your final clerkship grade.

# MEDICAL STUDENT HANDBOOK

## Unanticipated Absences

All unanticipated absences (illness, personal emergency) will be considered on a case-by-case basis.

Students needing to miss duty hours for unanticipated reasons must notify their preceptor and either the Clerkship Director or Clerkship Coordinator immediately.

## DRESS CODE

When students participate in the clinical setting, it is recommended that they adhere to the dress code described below, as this reflects the dress code standards at our affiliated hospitals and clinics. These guidelines should be followed in all encounters with patients, standardized or real.

You should convey professionalism with both your dress and grooming. It is important to remember that patients and hospital personnel come from many backgrounds, so conservative attire is most appropriate in the clinical setting. Attire typically worn to class or lecture will in many cases not be appropriate.

### ➤ Badges

- \* Each student should wear an identification badge at all times while on duty, except if restricted from wearing the badge while working in a sterile environment.
- \* The badge should be worn above the waist so that it can be easily read, and should be placed in an easily viewable location (collar of coat, top, or dress).
- \* Stickers, emblems and/or pins may only be worn if they are professional association or UCR SOM related or if required by the clinical site. They should not cover the student name or other pertinent information. All pins containing slogans, messages other insignias or emblems should not be worn.

### ➤ Personal hygiene

- \* Students should be clean and maintain appropriate personal hygiene with regard to his/her body, hair and nails. Body odor, smoke, etc. should not be detectable.
- \* Hair and nails should be clean, neat and of a reasonable length so as to not interfere with the student and/or patient's safety or the student's ability to perform his/her duties. Hair longer than shoulder length should be tied back off the shoulders if working with patients.
- \* Artificial fingernails and cologne are not allowed when working with patients.

### ➤ Clothing and accessories

- \* Your coat should be clean, pressed and worn at all times.
- \* Tattoos should be covered to the fullest extent possible either by clothing or make-up.
- \* Body piercing jewelry (tongue studs, eyebrow rings, etc.) should not be worn. Some affiliates do not allow nose studs.
- \* Clothing should not have rips, tears or frayed edges.
- \* Midriffs may not be exposed, even if under your coat.
- \* Clothing should allow for an appropriate range of movement, and should not be flashy or draw attention.
- \* Dress shirts (with or without tie), professional tops, or blouses should be worn and low-cut necklines are not acceptable.
- \* Tank tops, T-shirts, and thin or "spaghetti-style" straps on tops are not acceptable.
- \* Pants, slacks, khakis, skirts, or dresses are appropriate.
- \* Skirt and dress length should be conservative. One local health system states dress length should be no more than 2" above the knee. Jeans and shorts are not acceptable.
- \* Undergarments should never be visible.
- \* Dress shoes, low heels, or flats should be worn, and should be closed-toe.
- \* Flip-flops, and porous shoes are not acceptable.

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- \* Hats, earphones or other headgear, except as required by religious belief, are not acceptable.
- \* Clothing or accessories bearing pictures or writing that states or implies unprofessional, illegal, distasteful or suggestive language/activities. Students are required to adhere to the dress code policies at the affiliate sites to which they are assigned.

### ➤ **Violations**

- \* Any violation of the dress code may cause a student to be directed to leave the premises to change their attire.
- \* Violations of the dress code may be reported as a deficiency in Professionalism.
- \* Repeated violations of this policy will be addressed by the course/clerkship director and may lead to discipline up to and including failure of the educational experience.

## FINANCIAL AID INFORMATION

### **UCR School of Medicine Financial Aid Office**

Kathleen Buckner, Director  
951-827-7343, Email: [kathleen.buckner@medsch.ucr.edu](mailto:kathleen.buckner@medsch.ucr.edu)

Theresa Luther, Financial Aid Counselor  
951-827-7856, Email: [theresa.luther@medsch.ucr.edu](mailto:theresa.luther@medsch.ucr.edu)

### **UCR Financial Aid Office**

Jose Aguilar, Director  
951-827-7249, Email: [jose.aguilar@ucr.edu](mailto:jose.aguilar@ucr.edu)

Medical students are considered professional students. Consequently they should all apply for financial aid by the March deadline.

The Federal Direct loan program is available to all medical students. In addition, we have a limited number of need-based Professional School Fee Offset Grants to assist medical students in paying for the annual Professional School Student Fee. Eligibility for these grants is based upon student and parent income/asset information. Lastly, there are several scholarships offered in a number of categories, including diversity, specific program areas, service learning, honors, financial need, and more.

### **Professional School Fee Offset Grants**

As a medical student, we are aware that you will be facing many exciting challenges as you work your way towards a medical degree. Among these challenges are the additional costs that you will incur to meet your educational expenses. Therefore you will be pleased to know that there is a limited number of need-based Professional School Fee Offset Grants (PF) to assist medical students in paying for the annual Professional School Student Fee. Eligibility for these grants is based upon student and parent income/asset information. Priority will be given to students who have completed their regular financial aid application by the published deadlines. All students will receive a letter with an enclosed Medical Student Professional Fee Grant application prior to the academic year. Students wishing to be considered for a PF grant **must** return the PF grant application and required income tax forms regardless of the student's financial aid status.

For additional valuable information on financial planning during the Medical School Years, see "(MD)<sup>2</sup>: Monetary Decisions for Medical Doctors," published by the Association of American Medical Colleges on their website at <https://www.aamc.org/services/first/>

## MEDICAL STUDENT HANDBOOK

### STUDENT BUDGET: MEDICAL SCHOOL YEAR 1 AND 2

#### 1st Year Medical Students

July 31, 2017 to June 15, 2018  
(44 weeks)

	With Parents	On Campus	Off Campus
<b>Tuition and Fees</b>	\$39,060.00	\$39,060.00	\$39,060.00
<b>Room/Board</b>	\$7,450.00	\$15,900.00	\$20,800.00
<b>Books/Supplies</b>	\$4,331.00	\$4,331.00	\$4,331.00
<b>Transportation</b>	\$1,750.00	\$1,550.00	\$1,550.00
<b>Personal Costs</b>	<u>\$1,950.00</u>	<u>\$2,000.00</u>	<u>\$2,000.00</u>
<b>Total</b>	<u>\$54,541.00</u>	<u>\$62,841.00</u>	<u>\$67,741.00</u>

#### 2nd Year Medical Students

August 7, 2017 to June 15, 2018  
(42 weeks)

	With Parents	On Campus	Off Campus
<b>Tuition and Fees</b>	\$39,060.00	\$39,060.00	\$39,060.00
<b>Room/Board</b>	\$7,300.00	\$15,500.00	\$20,300.00
<b>Books/Supplies</b>	\$2,081.00	\$2,081.00	\$2,081.00
<b>Transportation</b>	\$1,700.00	\$1,500.00	\$1,500.00
<b>Personal Costs</b>	<u>\$1,900.00</u>	<u>\$2,000.00</u>	<u>\$2,000.00</u>
<b>Total</b>	<u>\$52,041.00</u>	<u>\$60,141.00</u>	<u>\$64,491.00</u>

**Non-Resident Tuition  
and Fees:**

**\$51,305 Medical students (\$17,239 Fees + \$21,821 medical and professional fees  
+ \$12,245 Non-Resident Tuition)**

**MEDICAL STUDENT HANDBOOK**

**STUDENT BUDGET: MEDICAL SCHOOL YEAR 3 AND 4**

**3rd Year Medical Students**

June 12, 2017 to June 15, 2018  
(52 weeks)

	<b>With Parents</b>	<b>On Campus</b>	<b>Off Campus</b>
<b>Tuition and Fees</b>	\$43,439.00	\$43,439.00	\$43,439.00
<b>Room/Board</b>	\$8,800.00	\$18,800.00	\$24,550.00
<b>Books/Supplies</b>	\$3,555.00	\$3,555.00	\$3,555.00
<b>Transportation</b>	\$2,100.00	\$1,800.00	\$1,800.00
<b>Personal Costs</b>	<u>\$2,300.00</u>	<u>\$2,400.00</u>	<u>\$2,400.00</u>
<b>Total</b>	<u>\$60,194.00</u>	<u>\$69,994.00</u>	<u>\$75,744.00</u>

**4th Year Medical Students**

July 3, 2017 to May 31, 2018 (46 weeks)

	<b>With Parents</b>	<b>On Campus</b>	<b>Off Campus</b>
<b>Tuition and Fees</b>	\$43,439.00	\$43,439.00	\$43,439.00
<b>Room/Board</b>	\$7,700.00	\$16,600.00	\$21,710.00
<b>Books/Supplies</b>	\$669.00	\$669.00	\$669.00
<b>Transportation</b>	\$1,850.00	\$1,600.00	\$1,600.00
<b>Personal Costs</b>	<u>\$2,000.00</u>	<u>\$2,100.00</u>	<u>\$2,100.00</u>
<b>Total</b>	<u>\$55,658.00</u>	<u>\$64,408.00</u>	<u>\$69,518.00</u>

**Non-Resident Tuition and Fees:**

**\$51,305 Medical students (\$17,239 Fees + \$21,821 medical and professional fees + \$12,245 Non-Resident Tuition)**

**Summer session fees for Year 3 and Year 4: Add \$4,379 to AY Tuition and Fee amounts**

# MEDICAL STUDENT HANDBOOK

## POLICY ON RETURN OF TITLE IV AID AND REFUNDS

### UCR Refund Policy

In compliance with federal regulations, UCR establishes fair and equitable refund policies for all students. For Title IV aid recipients who withdraw completely on or after the first day of classes during the enrollment period for which they are charged, the school bases the amount of unearned tuition, fees, room and board, and other charges that must be refunded on the refund schedules below.

Refund and repayment requirements do not apply to students who withdraw from some classes, but continue to be enrolled in other classes. These policies apply when a student fails to register for the period of enrollment for which he or she was charged or when he or she withdraws, drops out, takes an unapproved leave of absence, fails to return from an approved leave of absence, is expelled, or otherwise fails to complete the period of enrollment for which he or she was charged.

Any unearned aid, which UCR returns to federal aid programs, will be deducted from the amount of your tuition, fee and/or housing refund. In most cases, the amount of your fee refund will be less than the amount of unearned aid that UCR must return to federal programs. When this is true, the amount of federal aid reversed on your student account will result in a balance due to UCR. You are responsible for repaying this balance by the payment deadline on your billing statement.

**Refunds of unearned aid will be returned to financial aid programs in the following order by UCR:**

1. Federal Direct Unsubsidized Stafford Loan
2. Federal Direct Graduate PLUS Loan
3. Other federal programs

Any amount that UCR must return to federal loan programs will reduce the amount you are required to repay to the Direct Loan Servicing Center after your grace period begins and you enter repayment.

Funds are returned in full to each aid program sequentially until the amount received from that program has been fully cancelled for the applicable term in accordance with the amounts computed by the R2T4 software. The refund cannot exceed the amount of assistance the student received from each Title IV program.

### Policy Dissemination

UCR publishes its refund policies in the *UCR General Catalog*, the *UCR Schedule of Classes*, and is also posted on the Office of the Registrar's website.

## MEDICAL STUDENT HANDBOOK

### UCR Tuition and Fee Refund Policy for New Students

For students who are Title IV aid recipients who are enrolled for the first time at UCR, tuition and fee refunds are calculated up through the 60% period of enrollment in the term. UC Systemwide Fees, UCR Campus Fees and Nonresident Tuition Fee are refundable depending on the date of withdrawal. Eligible University fees are refunded on a prorated basis according to the following Schedule of Refunds:

#### Instruction Elapsed Time

Any time prior to and including the first day of instruction	100%
10% elapsed	90%
20% elapsed	80%
25% elapsed	70%
30% elapsed	70%
40% elapsed	60%
50% elapsed	50%
60% elapsed	40%
61% to 100%	0%

### UCR Tuition and Fee Refund Policy for All Other Students

For all other students (i.e., students who are Title IV aid recipients who are not enrolled for the first time at UCR and for students who are not receiving any Title IV aid), tuition and fee refunds are computed up through the 50% period of enrollment in the term. UC Systemwide Fees, UCR Campus Fees and Nonresident Tuition Fee are refundable depending on the date of withdrawal. Eligible University fees are refunded on a prorated basis according to the following Schedule of Refunds:

#### Instruction Elapsed Time

Any time prior to and including the first day of instruction	100%
10% elapsed	90%
20% elapsed	50%
25% elapsed	50%
30% elapsed	25%
40% elapsed	25%
50% elapsed	25%
60% elapsed	0%
61% to 100%	0%

### Institutional Housing Refund Policy

Students who are not federal aid recipients are subject to the provisions on the housing contract. The residence hall contract is an academic year contract and thus it may not be terminated after the specified date on the contract or after the scheduled move-in date for applicants entering anytime during the academic year, except as specifically provided for in the contract. The provisions of the contract and any refund policies are available to the student via the on line housing contract at [www.housing.ucr.edu](http://www.housing.ucr.edu).

## MEDICAL STUDENT HANDBOOK

Refunds from housing for financial aid recipients are always returned to financial aid programs. Refunds are also issued by housing for students who do not withdraw, but who move out of University housing. For students who complete an academic quarter and have a housing refund, the refund is returned to the student unless he or she has a financial aid over award, in which case the refund will be returned to financial aid funds. Other debts to the University may reduce the refund.

### **Identifying Date of Student Withdrawal for Return of Title IV funds**

In compliance with federal regulations, the date to be used in determining the amount of any Return to Title IV aid funds is the date on which the student began the withdrawal process, which may be by telephone or e-mail to the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs, or in writing on UCR's official "Application for Withdrawal." Unless there is a documented last date of class attendance/activity which differs from the date on which the student signed the "Application for Withdrawal" form, the date the student signed the form is the date to be used for calculating the amount of federal aid funds which must be returned.

### **Effective Date of Student Withdrawal for Receipt of Tuition/Fee Credit**

The effective date of withdrawal for purposes of determining any institutional tuition or fee credit is determined at the discretion of the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs. This may be the date the student submitted the form to the senior associate dean, the student's last day of class attendance, or another date determined to be appropriate by the senior associate dean. The schedule of days in the quarter on which a student may qualify to receive a refund of tuition and/or fees are published in the UCR General Catalog, the Schedule of Classes, and the Office of the Registrar's website. These dates are identified above.

### **Military Withdrawals**

Students who are activated for military service are generally granted a full cancellation from the term in which they are called up for duty. The Registrar's Office and/or Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs will set the effective date of the withdrawal to the first day of the term, so that the student will receive a 100% refund of tuition and fees. However, the student is entitled to retain federal financial aid for the duration of the term in which he or she was actually in attendance. If the student is unable to complete the institutional withdrawal process, this date will be the date on which the student provides notification or documentation to the institution of his or her withdrawal. If this information is received via telephone or e-mail, the senior associate dean's office will generally submit an "Application for Withdrawal" to the Registrar's Office on the student's behalf without requesting the student's signature. In general, the Registrar will request copies of the student's military activation orders as documentation for granting a full tuition and fee refund. In cases where the campus was not previously notified by the student of their withdrawal, the date this documentation is received by the Registrar's Office will become the effective date of withdrawal.

Financial aid funds disbursed to students who withdraw due to military activation will be returned to federal and state funds as described below. If the amount that must be returned to federal and/or state funds exceeds the amount of the student's tuition/fee refund, the case should be referred to the Director for review. It may be possible to replace the amount that would remain as a balance due on the student's account with institutional funds. If the 100% refund of fees would result in the student having a credit balance on his or her student account, any remaining fee credit would be returned to institutional grant funds, if the student's award includes any.



## MEDICAL STUDENT HANDBOOK

### **UCR Official Withdrawals**

On the “Application for Withdrawal”, students are requested to report the last day on which they attended class or used any university facilities. The Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs reviews this information, together with the date on which the “Application for Withdrawal” is submitted, and determines the official UCR withdrawal date, which is entered in the “Effective Date” field on the withdrawal form. This date is used for purposes of determining the applicable UCR refund percentage (i.e., the amount of the student’s tuition/fees credit). It may differ from the date used for federal Return of Title IV funds.

### **Unofficial/Administrative Withdrawals**

Students who unofficially withdraw by ceasing to attend classes, but who never complete the University’s official withdrawal process (i.e., submitting the “Application for Withdrawal”), will generally receive failing grades in all courses in which they initially enrolled. This may also result in the student being academically dismissed. The effective withdrawal date is set to the last day of the quarter for the applicable term (i.e., the term in which the student received all failing grades). Students who wish to clear their academic records must complete the official withdrawal process, submit the “Application for Withdrawal,” and document their last date of attendance or use of university facilities and the reason for requesting retroactive establishment of an earlier withdrawal date.

Federal regulations require the Financial Aid Office to verify whether students who received all "F" or "NC" grades for a quarter dropped out before completing the term. No federal financial aid adjustment is required for students who are in attendance past the 60% point in the term. However, for students who have unofficially withdrawn (dropped out without completing the withdrawal process), the Financial Aid Office must verify the last date of class attendance. If the last date of attendance cannot be confirmed, federal regulations require the Financial Aid Office to recalculate eligibility for financial aid based on attendance through only the midpoint of the quarter. In general, this results in the student being billed for financial aid previously disbursed.

Administrative withdrawals may be processed for students who are dismissed from the University for disciplinary reasons involving student conduct, academic dishonesty, or other issues. The date of withdrawal is subject to the discretion of the Faculty Executive Committee.

### **Retroactive Withdrawals**

Retroactive withdrawals are processed solely at the discretion of the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs. If extenuating circumstances, such as illness, emergency, family tragedy, or disaster, prevent a student from completing the official withdrawal process, the student may appeal to the senior associate dean to have academic records cleared by replacing grades of “F” with grades of “W” and establishing an official withdrawal date with an earlier effective date. In rare cases, a senior associate dean may approve a retroactive withdrawal for a student who unsuccessfully completed a term of attendance under stress of illness or other extenuating circumstances. At the discretion of the senior associate dean, the entire quarter of attendance may be cancelled. The senior associate dean determines the effective date of withdrawal for all retroactive withdrawals.

In most cases, the effective date of a retroactive withdrawal assigned by the senior associate dean will be after the date on which the student would qualify for a refund of UCR tuition or fees. It is usually also after the date on which there is a requirement to return funds to federal or state programs. However, if there is a case on which the retroactive withdrawal date is set prior to the 60% point on which there would normally be a requirement to return aid to federal programs, the institution is permitted to use the date the

## MEDICAL STUDENT HANDBOOK

student signed the “Application for Withdrawal” for purposes of determining any Return to Title IV Funds.

If the senior associate dean establishes an effective date for a retroactive withdrawal that would result in a full cancellation of fees, any tuition/fee credit must be returned to federal and/or state funds. If there would still be a credit on the student’s account after funds have been returned, any remaining credit would be returned to institutional funds, if they are included in the student’s award.

### **Dismissals**

Decisions regarding academic dismissals are made by the Faculty Executive Committee. In general, due to the timing of the receipt of grades for the prior quarter, decisions on dismissals at the end of fall and winter quarters may not be finalized until one to three weeks into the quarter, during which time, the student may have enrolled and attended classes. Students who are academically dismissed receive a full refund of tuition and fees and have their exit date set to the last day of the most recent quarter completed (or to the last date of attendance if the student withdrew in the prior quarter). Because a dismissed student has never met the eligibility requirements to receive financial aid, 100% of all funds disbursed to the student must be cancelled. This would include both any portion applied to tuition and fees, as well as any amount disbursed to the student as a refund in a direct deposit or refund check, which will result in a billing on the student’s account.

### **Lapse of Status**

Students who do not complete the entire registration process, including enrollment in courses and payment of tuition and fees in full, are subject to lapse of status at the end of the third week of the quarter. Although the exit action date for the lapse of status will be set for the last day of the third week of the quarter, the student’s enrollment is completely cancelled for the quarter. Registration records appear as if the student never enrolled. The student’s last date of attendance is set to the last day of the most recent quarter completed (or to the last date of attendance if the student withdrew in the prior quarter). These students receive a full refund of tuition and fees previously assessed.

### **Leaves of Absence**

Students who have completed at least one quarter of course work at UCR and are in good academic standing may apply for the Planned Educational Leave Program (PELP) for periods of one year or less. Students who wish to interrupt their education at the University of California in order to study at another academic institution may contact the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs regarding participation in the Planned University Leave Program (PULP). Students on approved leaves of absence are not subject to the readmission process. Their matriculations will remain open for up to three quarters. Federal regulations limit leaves of absence to 60 days for purposes of not being subject to federal refund and repayment requirements and for retaining eligibility for in-school deferment of loans. UCR does not process leaves of absence under these provisions. Therefore, for purposes of reporting a student’s last date of attendance, the last day of the most recent quarter completed (or the last date of attendance if the student withdrew in the prior quarter) is used. Students on approved leaves of absence are not subject to the federal refund and repayment requirements, since they do not begin their leaves in the middle of a term.

### **Credits of refunds to Financial Aid Programs**

Refunds from tuition and fees and housing for financial aid recipients are always returned to financial aid programs first; if any remaining credit exists after all financial aid disbursed has been adjusted or

## MEDICAL STUDENT HANDBOOK

cancelled according to federal requirements, the remaining balance will be returned to the student. Federal laws and regulations supersede all other requirements. If the student is a Title IV aid recipient, the amount of any required federal aid reduction under the Return of Title IV Aid regulations will be computed using the R2T4 software, and the applicable amount returned to each federal aid program.

If the amount required to be returned to federal aid programs is less than the amount of the refund from institutional charges, remaining credits are returned to state aid programs first, then to institutional aid programs, and finally to the student only if funds remain after refund obligations have been satisfied.

### **Calculation of Return of Title IV Aid**

Title IV aid is awarded to a student under the assumption that the student will attend school for the entire period for which the assistance is awarded. When a student withdraws, the student may no longer be eligible for the full amount of the Title IV aid that the student was originally scheduled to receive. If a recipient of Title IV aid withdraws from a school, the amount of Title IV aid earned by the student must be determined. The amount of federal aid earned is calculated by multiplying the total amount of aid disbursed by the percentage of the term completed as of the date of withdrawal. The difference between the amount of federal financial aid earned and the total amount disbursed is defined as “unearned” aid. The R2T4 software computes a daily percentage of aid eligibility based on withdrawal date, and this percentage is applied to the student’s entire disbursement, without a separate calculation of the amount that must be returned based on institutional charges refunded and an amount to be returned for any repayment owed.

Under the federal aid computation, a separate amount is calculated that must be returned by the institution and an amount that must be returned by the student. In general, the school must return the lesser of the total amount of Title IV aid that must be returned or the percentage of unearned Title IV aid (based on length of attendance) multiplied by institutional charges for the period. The difference between the total amount of Title IV aid that must be returned and the share returned by the institution is the amount that must be returned by the student. Calculated amounts that the student must return to federal loan programs may be repaid according to the terms of the promissory note (e.g., over a ten year repayment schedule after any applicable grace period), so they are not immediately due and repayable.

### **Refunds to Institutional Aid Programs**

If any of the credit from the tuition and fee or housing refund(s) remains after funds has been fully returned to any applicable federal and/or state aid programs, the refund will next be applied to any institutional programs. Funds are recovered first into the Professional School Fee Grant program, then into other University grant or scholarship programs. Professional School Fee Grant program for students without any federal or state aid will be reduced by the amount of the student’s tuition/fee credit.

### **Refunds to Outside Agency Programs**

If the student is receiving an award from an outside agency, the University will comply with the requirements of the donor for returning funds, if any apply.

## MEDICAL STUDENT HANDBOOK

### GRADUATE STUDENT HEALTH INSURANCE PLAN (GSHIP)

As a professional/graduate student you are required to have health insurance. All UCR students are automatically assessed for and enrolled in the UC Graduate Student Health Insurance Plan (GSHIP) as a condition of registration at UCR. The Student Health Services (see <http://studenthealth.ucr.edu>) is the primary healthcare provider for GSHIP and is where all non-emergency medical care must be initiated for GSHIP claim payment consideration.

Students who can demonstrate comparable insurance coverage from another source may apply to be exempted from the mandatory plan; this waiver process must be completed annually. However, you should be aware that if you waive out and have an HMO provider, psychological counseling services may not be covered. If a student is required to obtain psychological counseling without appropriate insurance coverage, the student will be responsible for the full cost of the recommended treatment(s). The student may utilize his/her own HMO coverage/services if available; however, keep in mind that parents may receive billing statements when psychological services are rendered. This generally occurs when the parent is the primary carrier of the insurance.

**Please note that continued enrollment in a qualified medical/health insurance plan must be maintained during all registered terms.**

For additional information regarding policy benefits, comparable coverage exemptions and optional dependent coverage, please contact: Student Health Insurance, Veitch Student Center, (951) 827-5683

### LONG TERM DISABILITY INSURANCE

All medical students are covered for long term disability insurance with the Guardian Blanket Insurance Plan. This coverage is mandatory.

#### **Policy No: 320714**

Monthly Benefit: \$2,000/month

Integration: Policy will not integrate with CA State disability, Social Security or Workers Compensation.

Elimination: 90 Days

Length of Coverage: To age 65 whether disabled by sickness or accident.

Pre-existing Conditions: Full coverage after 30 days as a medical student.

Loan Pay-off provision: \$200,000 maximum

Lump Sum Benefit: \$5,000

Survivor Benefit: 6 months net

Cost of Living Adj.: 3%; 48 month delay

Conversion Option: Guaranteed conversion to an individual policy upon Graduation of medical school.

Company: The Guardian (A+ rated by A.M. Best)

Cost: \$41.00 per student per year

#### **If you should have any questions, please contact:**

Health Professionals Insurance Services

David Washkowiak

6265 Greenwich Drive Suite 250

San Diego, CA 92122

Toll Free (800) 628-2861 Office (858) 404-0782 Fax (858) 546-9023

davidw@hpis.biz

# MEDICAL STUDENT HANDBOOK

## COMPUTER REQUIREMENTS AND HARDWARE/SOFTWARE MINIMUM STANDARDS

We require that all students own a laptop computer. A laptop computer is very handy for taking notes in class, carrying to the library or taking to a remote clerkship location, and will be required that you bring a laptop for many in-class exercises. Computers need to have high enough resolution to support images that are delivered during exams and courses (Anatomy & Histology). Depending on the options you choose below, be sure that your laptop has a way (HDMI preferred or buy an adapter that has an output to HDMI) to connect to large displays and projectors at times to show your work. Most people will also benefit from adding a mouse to their laptop package.

Students living in private housing can access all the University's network-based services such as E-mail, Web, and reference systems remotely. Many medical students find a high speed Cable Modem or DSL connection is a necessity in order for multimedia files to load quickly. A DSL or Cable Modem connection will cost \$30-\$50 per month, but it can be used at the same time by several roommates. Additionally, you will probably want to purchase a printer to make your work easier. Basic color inkjet printers are available for less than \$150, and sometimes are bundled with new laptops. Most medical students buy a tablet while in medical school for their own personal use, but it is neither a requirement nor a substitution for the laptop.

**While many students may find a tablet useful, it does not replace the functionality of a laptop.**

### Minimum Windows Configurations

Type:	Ultrabook	Laptop
Processor:	Intel Core i7	Intel Core i7
Memory:	8 GB RAM	8 GB RAM
Storage:	500 GB hard drive	500 GB hard drive

### Minimum Mac Configurations

Type:	MacBook Air	MacBook Pro
Processor:	Intel Core i5	Intel Core i7
Memory:	8 GB RAM	8 GB RAM
Storage:	500 GB hard drive	500 GB hard drive

# MEDICAL STUDENT HANDBOOK

## Recommended Software to Install

The following list highlights most of the standardized supported software usable in the School of Medicine. Many times new computers come packaged with all the software you will need. However, if you need to purchase software we'll be able to help you choose one of the packages below.

We require that all students install Microsoft Security Essentials and Windows Defender, which is available at no charge from UCR through the link (<http://cnc.ucr.edu/security/windowsdefender.html>).

Make sure Automatic updates for both products is turned on.

- Productivity: Microsoft Office is provided through School of Medicine through the link ([Portal.office.com](http://portal.office.com)) after signing in with your Med School account.
- Browsers: Mozilla Firefox and/or Google Chrome
- PDF: Adobe Acrobat Reader

Faculty frequently distribute documents as Microsoft Word and PowerPoint files, so you will need a way to open or view these files. You can either download Microsoft Office from the instructions above, or use free alternatives to MS Office listed below.

- [Google Docs](#). This web based account includes a word processor, spreadsheet, presentation package, and reads and writes Word, Excel, and PowerPoint files.
- A free option for Windows is [OpenOffice](#), an open source free Office suite alternative that works well. It includes a word processor, spreadsheet, presentation package, database, and drawing package and it reads and writes Word and PowerPoint files with few problems.
- [NeoOffice](#) for Mac is based on Open Office, and has been modified to work well with Mac OS X. It offers a word processor, spreadsheet, presentation package, database and drawing package, and reads and writes Word and PowerPoint files with few problems.

Please visit the following website: <http://medschooltech.ucr.edu/> for additional direction.

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### HOUSE RULES FOR SCHOOL OF MEDICINE STUDENTS

1. **MAILBOXES** are located in the ground floor lounge. You have a mailbox assigned to you. Mailboxes must be kept clear and open to receive class notes, notifications and other information on a daily and/or weekly basis.
2. **LOCKER ROOMS** are located on the ground floor to store books, personal items, clothes, etc. Items unsecured in the locker room or lounge spaces will be disposed of. **BE SURE TO SECURE YOUR LAPTOP** in your possession, or in your locker. **THE UNIVERSITY IS NOT RESPONSIBLE FOR THE LOSS OR THEFT OF YOUR LAPTOP COMPUTER** or any other possessions.
3. **CLASSROOM AND PBL ROOM USE:** Food and drinks will NOT be allowed in the instructional space. We ask that you take care to keep the classrooms clean and presentable for all concerned. The Staff Workroom/Kitchen area is off limits to students due to confidentiality concerns.
4. **STUDENT LOUNGES AND STUDY AREAS:** There are three (3) areas available to study, relax and dine during the day and after hours: the first floor open lounge (between the PBL rooms); the ground floor lounge; and the Medical Student Center (Unit II). Both the Ground floor lounge and Medical Student Center are equipped with refrigerators and microwave ovens, and all three areas have adequate seating for relaxation and study time. Groceries are not to be stored in the refrigerators. Refrigerators are for daily use only. Kitchen areas are to be kept clean. Everyone is responsible for washing his or her own dishes and disposing of his or her own garbage. If dishes are left in the sink dirty, they will be disposed of.
5. **ROOM SCHEDULING:** Reserving of rooms in the School of Medicine Education Bldg. and/or the Orbach Science Library can be done by e-mailing [scheduling@medsch.ucr.edu](mailto:scheduling@medsch.ucr.edu). Please note that education courses and all other instructional activities will take priority. Reservations for individual/group study, will only be allowed for requests after 5pm. Reservations for Student Organization meetings and events will only be accepted for the lunch hour (12pm-1pm) and after 5pm, Monday through – Friday, or all day on Saturday and Sunday, when facilities are not in use for administrative purposes.
6. **BUILDING ACCESS:** All medical students will be issued a School of Medicine ID badge to access the School of Medicine Education Building and the Medical Student Center located on the south side of School of Medicine Education Building. For first year students, the Anatomy professor will advise you regarding access to the Gross Anatomy Lab (starting in October). Otherwise your badge will only give you access to the buildings and main classrooms.
7. **PHOTOCOPIES OF LECTURE NOTES:** All students are responsible for printing out their lecture notes, if desired, in advance of each lecture or accessing the lecture materials on the UCR Blackboard iLearn instructional website. Hardcopies will not be provided.
8. **PHONE CALLS:** Please do not ask to use the staff office phone as it creates a major disruption.
9. **PARKING** in the School of Medicine Complex parking lot is prohibited 24 hours a day, 7 days a week and will be enforced by UCR Parking Services. No exceptions will be granted, and parking citations will be issued to violators.

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10. **CLASS REPRESENTATIVES:** Each medical school class is expected to have two (2) official representatives to carry out various functions throughout the academic year. These individuals will be responsible for organizing student activities for the class and acting as liaisons between the Student Affairs staff and faculty. Class representatives should best represent the interests of the class as a whole. This responsibility can become quite time-consuming and at times, demanding; therefore, once class representatives are selected, please make every effort to support them in their efforts. Note: Students may only serve as class representatives as long as they maintain satisfactory academic progress.
11. **E-MAIL:** Remember to check your @medsch.ucr.edu e-mail regularly, as many important announcements from UCR faculty and staff will be delivered to this e-mail address.

### E-MAIL PRIVACY AND SECURITY POLICY

The privacy and security of protected health information (PHI) is a fundamental obligation that we take seriously as active protectors of patients' rights. In keeping with that obligation, the UCR School of Medicine created and uses the *medsch* email network in order to ensure the integrity of electronic communications and to comply with federally-mandated security specifications for covered entities. Maintenance of the *medsch* network requires system administration and secure housing, which represents a significant investment of resources on the part of the SOM.

Please be advised that under no circumstances can users set *medsch* email to auto-forward to a third-party email provider (i.e. Gmail, Yahoo!, etc.). Sending or receiving PHI outside of the encrypted *medsch* network is at least a Class II offense under the SOM Sanctions Policy, resulting in appropriate disciplinary action.

### SAFETY, SECURITY AND VISITOR POLICY

#### Introduction:

For security purposes and based on safety measures outlined by the Occupational Safety and Health Administration (OSHA), the following Safety, Security and Visitor Policy shall be enforced for the SOM Education Building. Access by visitors shall be regulated by the Visitor Policy as a measure of security and safety.

#### Safety Policy:

The evacuation of buildings at the University of California, Riverside is everyone's responsibility. However, we need to have several people assume responsibilities to help make an emergency evacuation safe for all the occupants and visitors to our building. The title that will be given to these individuals will be Building Supervisor for Emergency Conditions (BSEC), Alternate Building Supervisor for Emergency Conditions, and Building Emergency Staff (BES). Their responsibilities will be as follows:

#### Building Supervisor for Emergency Conditions (BSEC): Chris Miller

The BSECs are specific staff members from major campus buildings who serve as the lead contact for all emergency program activities within their buildings. The intent is for all major normally occupied campus buildings to have one primary BSEC and at least one alternate. BSEC responsibilities include:

- Participating in emergency preparedness training – <http://ehs.ucr.edu/training/online/emergencystaff/indexlms.html>
- Encouraging departments to complete Department Emergency Operations Plans that will aid in emergency response
- Ensuring the safe and expedient evacuation of their building.



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- Know the location of the designated **Emergency Assembly Area (EAA)**, and emergency exits for their building.
- Distribute information concerning evacuation plans, and evacuation drills to all building departments.
- Ensure clear access to exits and fire safety equipment in their building.
- Initiating a roll call and accounting of building occupants in the Emergency Assembly Area (EAA) during emergency evacuations
- Reporting missing or injured persons to Public Safety /SEOC or other emergency personnel.

### **Alternate Building Supervisor for Emergency Conditions: Tammy Clawson**

The Alternate Building Supervisor is a Building Emergency Staff member (BES) who will be responsible for:

- Assuming responsibilities of the Building Supervisor for Emergency Conditions in their absence.

### **Building Emergency Staff (BES): Wes Lockhart, Lily Ramos**

The role of the BES is to support the BSEC in his/her emergency preparedness activities before, during and after an incident. Each building on campus should have an adequate number of trained BES personnel to assist in these activities. Wherever possible, a minimum of four (4) Building Emergency Staff members per department, per floor is desired. Some of the responsibilities of the BES include:

- Participating in emergency preparedness training:  
<http://ehs.ucr.edu/training/online/emergencystaff/indexlms.html>
- The safe and expedient evacuation of the floor in the building to which they are assigned.
- Accounting of occupants on their floor, at the assembly area.
- Report missing persons to the Building Supervisor for Emergency Conditions or Alternate BSEC.
- Ensuring assistance is provided to those with disabilities that may impede their safe egress.

### **Security Policy:**

All access points to the building will remain locked with the exception of the two main entrance points on the North and South sides of the first floor. These two main entrances will be open Monday through Friday, from 8:00 a.m. to 5:00 p.m. All access points will be accessible with the use of an SOM ID Card that has been coded to our building.

All regular “tenants” of the SOM Education Building are now required to wear their SOM Identification badge at all times while in the building. Any and all suspicious activity within the building should be immediately reported to UCR campus security.

### **Visitor Policy:**

Visitors include all persons other than employees, or persons under contract to the SOM in possession of a valid UCR SOM Identification Badge.

All visitors are required to enter the building via either of the two main entrances and report to the Visitors Reception Desk. There they will be greeted by our Building Receptionist who will inquire and note whom they are visiting, their arrival time, and ask them to sign in. The Receptionist will then issue the guest a Visitor Badge and contact the point person for the meeting. Every visitor will need to exit via the main entrance to sign out and return their Visitor Badge.

### **After Hours and Weekend Access:**

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After hours and weekend access to the building is prohibited to visitors with the following exceptions:

- Meetings/Events have been vetted/approved in advance by the Administrative Operations Manager
- Rooms have been scheduled and reserved appropriately
- A “tenant(s)” of the SOM Education Building is accompanying the visitors at all times and is responsible for the security/closing of the building

## MEDICAL STUDENT HANDBOOK

### BEST PRACTICE GUIDELINES FOR SOCIAL MEDIA\*

The UCR School of Medicine encourages the use of social media to connect to the broader campus community and the general public around the world. The long-term success of any social media community depends on a mutually shared philosophy of respectful behavior. Toward this end we offer the following **best practice guidelines** in keeping with the standards of the UCR School of Medicine and the medical profession at large.<sup>1-3</sup>

**Be respectful:** Refrain from posting material that is profane, hateful, threatening, abusive, harassing, obscene, pornography, nudity, libelous, defamatory or embarrassing to another person or entity. Be respectful of the rights and opinions of others.

**Be honest and transparent about who you are:** While you may certainly acknowledge that you are a student of the UCR School of Medicine, unless you have been authorized by University Public Relations, you should not portray yourself as a spokesperson or even an unofficial spokesperson. Avoid the use of official School or University logos, insignias, banners, badges, emblems, brands, etc. that may mistakenly give this impression to others or the public. If you are using social media for your profession identity and use, consider a separate venue for your personal and private life.

**Respect confidentiality:** Refrain from discussing private conversations other than with those directly involved. Never discuss patient care details or post pictures or images that may identify individuals.

**Live by the law:** Do not post content that violates any state or federal laws, most notably those applicable to patient confidentiality and privacy (i.e. HIPAA). Always obtain written permission to use or reproduce copyrighted material or proprietary information.

**The Internet is a public space:** Remember that social media sites are public, no matter what privacy settings may be in place. Consider, in most cases, everything you post online will be seen by a public audience. Assume everyone is reading your post, no matter how obscure or secure the site to which you are posting may seem.

**Use the “pause-before-posting” approach<sup>1</sup>:** Reflect on how the general public may perceive the content about to be posted. While you speak for yourself, the public will often perceive your actions reflecting UCR and the medical profession at large. Have you listened carefully? Is your post adding value to the discussion? Is the post helpful? Have you been courteous, sensitive and respectful?

\*These guidelines apply to personal use of social media. Social Media is defined as any electronic communication through which users create online communities to share information, ideas, personal messages, and other content.<sup>1</sup> These include social networking sites (e.g. Facebook, Twitter), media-sharing sites (e.g. Flickr, YouTube), blogs, wikis, and podcasts among others. Use of official School of Medicine or UC Riverside social media sites are governed by existing policies by UCR public relations and university Administration. These guidelines are not intended to supersede existing related policies within the University or School of Medicine (e.g. Student Handbook), or pertinent local, state or federal regulations (e.g. the Health Insurance Portability & Accountability Act - HIPAA).

### Safety Tips for Online Social Media & Networking: Self-Reflective Questions

**1) Did I set my privacy setting to help control who can look at my profile, information, and photos?** While you can limit access somewhat, it is by no means complete. You have no control over what someone else may share about you.

**2) How much information about yourself do you want people to know about you?** With whom will your “friends” share this information? Not everyone will respect your personal or physical space.

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**3) Would I post this material on a roadside billboard or a television commercial?** What would a stranger think about my post? What about my parents?

**4) What image am I projecting about me? My School? My University? And the medical profession at large?** Remember that what you post leaves a “digital footprint” that is both public and can last in perpetuity.<sup>1</sup> What might a patient think about my post? What would a future employer or residency program director think after seeing this post?

**5) Have I asked permission to post someone else’s image or information?** Am I infringing on someone else’s privacy? Could I be hurting someone? Could I be the subject of a judiciary hearing? Could I be the subject of a libel or legal suit?

**6) Does my equipment have the proper spyware and virus protection installed?** Many social networking sites collect profile information to SPAM you. Others contain links that can infect your equipment with viruses that potentially can destroy data and infect others with whom you communicate.

### **Cited References:**

- 1) Federation of State Medical Boards: Model policy guidelines for the appropriate use of social media and social networking in medical practice. 2012. Accessed at <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf> on 3 July 2013.
- 2) Farnan JM, Sulmasy LS, Worster BK, et al.: Online medical professionalism: patient and public relationships: policy statement from the American College of Physician and Federation of State Medical Boards. *Annals Intern Med* 2013;158:620-7.
- 3) American Medical Association. AMA Policy.: Professionalism in the use of social media. Accessed at <http://www.ama-assn.org/resources/doc/code-medical-ethics/9124a.pdf> on 3 July 2013.

## MEDICAL STUDENT HANDBOOK

### RESOURCES FOR MEDICAL STUDENTS

#### UCR Counseling Center

The UCR Counseling Center is available to all UCR students on a no cost or low cost basis. Students may be referred off-campus by first going through the Counseling Center.

Elizabeth Mondradon, Psy.D., Interim Director	827-5531
Ted Swigart, Ph.D., Assistant Director	827-5531
Loretta Mead, Psy.D., Counseling Psychologist	827-5531

Veitch Student Center, North Wing  
Monday – Friday: 8:00am - 6:00pm

After hour Emergencies: UCR Police 9-911

Web Page: <http://counseling.ucr.edu/Pages/default.aspx>

#### Off-Campus Counseling

UCR SOM has contracted with Riverside Psychiatric Medical Group to provide counseling services to UCR medical students. Students may receive a direct referral from the Counseling Center or can self-refer. All counseling meetings are absolutely confidential and the information disclosed during sessions is not disclosed at any time to ANYONE outside of the Riverside Psychiatric Medical Groups. Students are encouraged to seek counseling with the intent of maintaining good mental health and/or for help in addressing general life issues.

Ronald Offenstein, M.D.  
Riverside Psychiatric Medical Group  
5887 Brockton Avenue  
Riverside, CA 92506  
Phone: (951) 275-8500 (ask for Lety)  
Hours: Monday –Thursday: 7:45 .am – 8:30 pm  
Friday – Saturday: By appointment

## MEDICAL STUDENT HANDBOOK

### **UCR Campus Health Center**

Veitch Student Center (west of Lot 15)

[www.campushealth.ucr.edu](http://www.campushealth.ucr.edu)

Monday-Friday: 8: am. – 4:30 pm, except Thursday: 9 am -4:30 pm  
Appointments (951) 827-3031 or online [www.campushealth.ucr.edu](http://www.campushealth.ucr.edu)

### **After Hour Care (if you have UCR insurance)**

#### **Urgent Care**

Riverside Medical Clinic  
6405 Day Street  
Riverside, CA 92507  
(951) 782-5454  
[www.riversidemedicalclinic.com](http://www.riversidemedicalclinic.com)

#### **Emergency Care**

Riverside Community Hospital  
4445 Magnolia Avenue  
Riverside, CA 92501  
(951) 788-3000  
[www.rchc.org](http://www.rchc.org)

### **Riverside Community Crisis Intervention**

24 hours Crisis Hotline: 951-686-4357  
Off-Campus Emergency: 911

### **Orbach Science Library**

Coordinator of Medical Library Programs  
Tiffany Moxham  
827-6440  
[tiffany.moxham@ucr.edu](mailto:tiffany.moxham@ucr.edu)

Medical Librarian  
Angela Lee  
827-6454  
[angela.lee@ucr.edu](mailto:angela.lee@ucr.edu)

Online Medical Databases and Resources:  
<https://library.ucr.edu/collections/medical-education>

## MEDICAL STUDENT HANDBOOK

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## MEDICAL STUDENT HANDBOOK

### MEDICAL SCHOOL BLOCK DIRECTORS

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Byron Ford, Ph.D.	951-827-2473	951-827-5504	<a href="mailto:byron.ford@ucr.edu">byron.ford@ucr.edu</a>
<b><u>MDCL 235 (Block 5)</u></b>			
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<b>MEDICAL SCHOOL YEAR 2</b>			
<b><u>MDCL 236 (Block 6)</u></b>			
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<b><u>MDCL 237 (Block 7)</u></b>			
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## MEDICAL STUDENT HANDBOOK

### MEDICAL SCHOOL BLOCK DIRECTORS

COURSE	PHONE	FAX	E-MAIL
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##### **Block A (MDCL 241A/B and MDCL 242A/B)**

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##### **Block C (MDCL 246A/B/C/D and MDCL 247A/B/C/D)**

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##### **LACE (MDCL 248A/B/C/D)**

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#### MEDICAL SCHOOL YEAR 4

##### **Year Four Director**

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### CLINICAL THREAD DIRECTORS

COURSE	PHONE	FAX	E-MAIL
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#### Doctoring Directors

##### **Year 1**

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##### **Year 2**

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#### Clinical Skills Directors

##### **Year 1**

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##### **Year 2**

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## MEDICAL STUDENT HANDBOOK

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## MEDICAL STUDENT HANDBOOK

### SCHOOL OF MEDICINE SCIENCE AWARDS AND SCHOLARSHIPS

Opportunities are given to first-year medical students to apply for the following awards and scholarships. These awards and scholarships can be beneficial for students as a means of reducing fees or as supplemental income.

- Ernst A. Noltmann Memorial Award (Cash Award)
- Carl Fuglie Award (Fee Deduction)
- Celso Gonzalez/Lopo Family Medical Student Endowed Fellowship (Fee Deduction)
- Robert M. Zweig, M.D. Award (Cash Award)
- Bryant/Small Scholarship (Fee Deduction)
- Janice Rock Leong Endowed Student Award (Cash Award)
- Paul and Marian Trotta Endowed Fellowship (Fee Deduction)
- Kaiser Merit Scholarship (Fee Deduction)
- First Five Pediatric Service Scholarship (Fee Deduction)
- David W. and Nina P. Mitchell Service Scholarship
- UC Riverside School of Medicine Mission Scholarships
- Berger Foundation Scholarships
- Founder's Scholarships
- Regional Properties Mission Scholarship
- Beaver Medical Clinic Foundation – School of Medicine Annual Scholarship

#### **Ernst A. Noltmann Memorial Award**

The Ernst A. Noltmann, M.D. memorial award is given to a first-year medical student in the UCR School of Medicine who intends to spend the summer between the first and second years of medical school in medical service and/or research. The annual recipient is selected by a committee of School of Medicine faculty based on an essay describing how the summer's work will fit in with his/her overall career goals. The overall excellence of the student will also be considered although there are no formal GPA requirements

Dr. Noltmann (1931-1986), was Founding Director of the UCR/UCLA Thomas Haider Program in Biomedical Sciences. His research career at UCR was largely dedicated to the biochemical and physical characterization of a key enzyme in glycolysis, phosphoglucose isomerase, as well as its compatriot, phosphomannose isomerase.

#### **Carl Fuglie Award**

The Carl Fuglie Award is a scholarship fund for First Year Medical Students enrolled in the UCR School of Medicine. It is dedicated to the memory of Dr. Carl Fuglie (1939-1977), who was a graduate of UCR in 1961. Upon graduation from medical school at UCLA in 1965, he completed his residency in pathology at the University of Colorado Medical School, followed by private practice in Los Angeles. His untimely death from cancer in November 1977 shortened the career of a brilliant young physician. The annual recipient is selected in the Spring Quarter by a committee of School of Medicine faculty based on a consideration of the nominee's academic excellence and leadership qualities.

#### **Celso-Gonzalez/Lopo Family Medical Student Endowed Fellowship**

Dr. Alina Lopo was an Assistant Professor of Biomedical Sciences at UCR who taught Microanatomy from 1985 through 1990. Dr. Lopo was a very popular professor with the students and, through her closeness with them, decided to continue on to medical school herself. Alina Lopo received her M.D.

## MEDICAL STUDENT HANDBOOK

from UCLA in May of 1994 and currently enjoys a successful career in internal medicine. Celso Gonzalez was Alina Lopo's grandfather. Dr. Lopo established the fellowship to honor her grandfather as well as other members of her family who have contributed to her education. The establishment of this award exemplifies Alina's commitment to serving the needs of ethnically underrepresented women in higher education.

The award is to be given to an outstanding student from the first-year medical school class. The annual recipient is selected by a committee of School of Medicine faculty on behalf of Dr. Alina Lopo.

### **Robert M. Zweig, M.D. Award**

The Robert M. Zweig, M.D. Award is a scholarship fund for First Year Medical Students. It is dedicated to the memory of Dr. Robert Zweig (1924-2002), who was a clinical faculty member in the Biomedical Sciences Program. The annual recipient is selected by a committee of School of Medicine faculty, on behalf of the Zweig Family, based on an essay describing their interest in medical problems accruing from air pollution.

Dr. Zweig was instrumental in organizing Clean Air Now (CAN), a volunteer organization committed to addressing issues arising from air pollution. He was a world-renowned advocate for society's transition to a renewable hydrogen energy economy. His interest in working on behalf of activities that would facilitate clean air stemmed from his concern about the high incidence of pulmonary and respiratory ailments he encountered in his patients here in the Inland Empire. As a member of the Biomedical Sciences Clinical Faculty, Dr. Zweig taught the "Introduction to Patient Exam" course to second year medical students. He was a favorite of the students, who loved his passion and embraced his overriding concern for the patients he served.

### **Bryant/Small Scholarship**

With the creation of the Bryant/Small Scholarship Fund, Dr. Richard C. Small wishes to honor the contributions that Dr. Fred Bryant has made to UCR for more than five decades. This award will be given to a second year medical student who has demonstrated leadership, special aptitude for and a deep commitment to the study of medicine.

Dr. Small is a UCR alumnus, class of 1961, who received his BA in Zoology. While at UCR, he played on the baseball team and is a member of its permanent roster. After graduating from UCR, he had a successful practice as a Radiation Oncologist. Dr. Small assisted Dr. John W. "Fred" Bryant to raise funds for the Carl Fuglie Scholarship; the late Dr. Fuglie was a classmate of both men.

### **Janice Rock Leong Endowed Student Award**

The Poorman-Hoyt Stratford Foundation, in the name of Janice Rock Leong, established a student assistance fund for the education of future physicians who are students in the UCR School of Medicine and California residents. Award recipients must be in good academic standing.

Janice Rock Leong grew up in Riverside and was associated with UCR through her parents, Joy and Bob Rock, a former member of the faculty. Jan graduated from Poly High School in 1970. She attended U.C. Davis and UCR, graduating with a degree in Nursing. Jan was dedicated to her profession and to her family; she is survived by mother, Joy Rock, her children, Tristan and Dana Leong, and by their father, Dr. Albin Leong.

## MEDICAL STUDENT HANDBOOK

### **Paul and Marion Trotta Endowed Fellowship**

Paul and Marian Trotta established a student assistance fund for the education of future physicians who are students in the UCR School of Medicine. The recipient of this award must be a medical student in good academic standing. It is at the discretion of the School of Medicine faculty and administration to select the student.

Paul (1926-2014) and Marion Trotta are both natives of Riverside and strong supporters of the Riverside community. Dr. Trotta graduated from UCSF Medical School in 1950 and became an Air Force Flight surgeon. He practiced for over 40 years in Riverside as a general, thoracic and vascular surgeon. He also served as a member of the UC Foundation's Board of Trustees. The scholarship is awarded by the School of Medicine faculty to a medical student in good academic standing.

### **Kaiser Permanente Merit Scholarship**

In partnership with Kaiser Permanente, UCR School of Medicine has been given the opportunity to select eight medical student awardees to receive up to \$45,000 the Kaiser Permanente Merit Program. The selected students will receive \$20,000.00 per year for two years to offset student tuition and educational expenses. This scholarship also provides an optional \$5000.00 for a summer project that will serve to benefit to our community. Recipients are selected by special committee.

### **First Five Pediatric Service Scholarship**

First 5 Riverside (F5R) has launched a service award program that provides an additional incentive for students who have a commitment to practice primary care pediatrics in Riverside County. Each student awardee – one each year during the four-year program funding period – will receive a scholarship (up to \$35,667 annually) to cover all required university fees not covered by other need-based financial aid sources for all four years of medical school. Students who complete five years of general pediatric practice in Riverside County will have completed their service commitment. Recipients are selected by special committee.

### **David W. and Nina P. Mitchell Service Scholarship**

In partnership with David W. and Nina P. Mitchell, UCR School of Medicine has been given the opportunity to select one medical student awardee to receive a four year scholarship in the amount of \$150,000.00. The award recipient will receive a scholarship (up to \$35,667 annually) to cover all required university fees not covered by other need-based financial aid sources for all four years of medical school. The David W. and Nina P. Mitchell scholarship will be awarded to one eligible student from an educationally and/or socioeconomically disadvantaged background, based on a holistic profile that takes into account academic accomplishments, cultural competency and a commitment to practice Family Medicine in Riverside County. Recipients are selected by special committee.

### **UC Riverside School of Medicine Mission Scholarships**

UC Riverside, School of Medicine has launched the Mission Award Scholarship which provides an additional incentive for students who receive their medical degree from UCR School of Medicine to remain in Inland Southern California and practice medicine. It is anticipated that at least six students awardees–will receive a scholarship to cover all required university fees not covered by other need-based financial aid sources for all four years of medical school. UC Riverside, School of Medicine Mission Award Scholarship will be awarded solely to students with a commitment to practice medicine in Inland Southern California (i.e. Riverside, San Bernardino and Imperial Counties) for a period of five years following residency training – awardees must practice medicine in one of the following disciplines-

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Pediatrics, Family Medicine, General Internal Medicine, OB/GYN, General Surgery or Psychiatry. Recipients are selected by special committee.

### **Berger Foundation Mission Scholarship**

UC Riverside - School of Medicine in partnership with the Berger Foundation has launched the Berger Foundation Mission Scholarship which provides an additional incentive for students who receive their medical degree from UCR School of Medicine to practice medicine in Coachella Valley.

One student will be selected to receive a scholarship to cover all required university fees not covered by other need-based financial aid sources for all four years of medical school. The Berger Foundation Mission Scholarship will be awarded solely to students with a commitment to practice medicine in Coachella Valley for a period of five years following their residency program. Recipients are selected by special committee.

### **Founder's Scholarships**

Recipients of these scholarships will be selected exclusively at the discretion of Dr. Neal L. Schiller, Senior Associate Dean for Student Affairs for the purpose of recruiting the best applicants in the current School of Medicine admission's applicant pool. The Founder's Scholarship Award Program provides an extra incentive for heavily recruited applicants to attend UCR's School of Medicine. The recipients of these scholarships are chosen each year between January and May. Students will be notified via e-mail by the SOM Financial Aid Coordinator and through their financial aid award letter. If a scholarship is awarded after the original award letter, students will be sent a revised award letter.

### **Regional Properties Mission Scholarship**

UC Riverside - School of Medicine in partnership with Mark Rubin has launched the Regional Properties Mission Scholarship which provides an additional incentive for students who receive their medical degree from UCR School of Medicine to practice medicine in Inland Southern California.

One student will be selected to receive a scholarship to cover all required university fees not covered by other need-based financial aid sources for all four years of medical school. The Regional Properties Mission Scholarship will be awarded solely to students with a commitment to practice medicine in Inland Southern California for a period of five years following their residency program.

### **Beaver Medical Clinic Foundation – School of Medicine Annual Scholarship**

The fund provides an annual scholarship in an amount determined the amount contributed by the annual contribution by the Beaver Medical Clinic Foundation. The award should be specified for tuition/fees for a UCR Medical Student as follows:

A first or second year medical student in high academic standing. The student should have strong ties to the Inland Empire, either having been raised here, have family here, and/or attended high school and/or college here. The student should express a desire to practice medicine in the Inland Empire upon completion of medical training. The student should possess leadership skills and outstanding attendance.

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### **SUMMER EXTERNSHIP PROGRAM**

Medical School Year 1 (MS-1) students are offered the opportunity to apply to a summer externship program held at various local hospitals and clinics. This summer program lasts approximately six weeks and allows students to rotate through a variety of medical specializations, such as family practice, internal medicine, general surgery, orthopedics, pediatrics, emergency medicine and research opportunities (these areas vary depending on the externship site). The program is quite flexible, considering the interest of the individual student involved.

The program carries a stipend for the majority of the externship opportunities. Applications will be solicited during the Winter Quarter and reviewed by the Student Externship and Clinical Research Committee. The committee normally makes its selections at the beginning of the Spring Quarter of each year. Please note that a student must be in good academic standing to participate in the program.

Students should be aware that, in order to participate in the Summer Externship Program, you must be in good academic standing and enrolled in MDCL 290 in order to be covered by the University's liability insurance. Questions regarding this policy should be directed to the Director of Student Affairs.

Note: Additional summer opportunities are expected to be available (in progress).



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## APPENDIX

### UCR PHYSICIANSHIP – REPORTING FORM

Students are expected to exhibit professional behavior throughout their medical school training. It is recognized that this almost always occurs. However, there are occasionally some students whose actions are clearly unprofessional. The student named below has exhibited one or more unprofessional behavior(s) that need improvement in order to meet standards of physicianship.

*This form is for a faculty member to report concerns to a Clerkship or Course Chair/Director. The Chair will determine whether submission to the Dean is appropriate. This report is not automatically sent to the Dean nor become part of the student's academic file. After meeting with the student, the Course Chair will determine what action is necessary. The Chair may develop a plan for remediation and forward the report, regardless of action, to the Senior Associate Dean of Student Affairs or Associate Dean.*

Student's Name \_\_\_\_\_ MS \_\_\_\_ Class \_\_\_\_\_

Faculty or Chair Name \_\_\_\_\_ Course \_\_\_\_\_

**The following are expectations of professionalism and examples of unprofessional behavior. Faculty or chairs must indicate which problem(s) with behavior(s) are being reported. Commentary on the nature of the problem(s) is required. Additional pages maybe added, if needed.**

- 1. Reliability and Responsibility:** Fulfills responsibilities to peers, instructors, patients, other health professionals, and oneself. Provides accurate, non-misleading information to the best of one's abilities.

Examples of unprofessional behavior in this area include:

- The student cannot be relied upon to complete tasks including evaluations in a timely manner
- The student does not seek assistance when needed to handle a clinical situation.
- The student does not function cooperatively within a health care team or other educational setting
- The student does not attend Required Educational Sessions, repeatedly

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- 2. Self-Improvement and Adaptability:** Accepts constructive feedback, and incorporates this feedback when making changes in his/her behavior. Accepts responsibility for own failures.

Examples of unprofessional behavior in this area include:

- The student is resistant to or overly defensive in accepting criticism.
- The student is unable to recognize his/her own inadequacies and limitations.
- The student is resistant to seek help when a problem is identified.
- The student resists considering or making change(s).
- The student does not take responsibility for his/her errors.
- The student consistently fails to prepare for specific course or patient care activities.

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- 3. Relationships with Patients and Families:** Establishes rapport and demonstrates sensitivity in patient care interactions. Maintains professional boundaries with patients or members of the families.

Examples of unprofessional behavior in this area include:

- The student inadequately establishes rapport with patients and families.
- The student is often insensitive to patients' or families' feelings, needs, wishes, or beliefs.
- The student uses his/her professional position to engage in romantic or sexual relations with a patient or a member of the family.
- The student shows inadequate commitment to honoring the patient's wishes.
- The student does not protect patient confidentiality or privacy.

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- 4. Relationships with Peers, Faculty, and Other Members of the Health Care Team:** Relates well to fellow students, faculty or staff. Demonstrates sensitivity to other members of the health care team.

Examples of unprofessional behavior in this area include:

- The student relates poorly to fellow students, faculty and staff in the educational environment.
- The student is insensitive to the needs, feelings, and wishes of members of the health care team or educational group.
- The student does not establish and maintain appropriate boundaries in work and learning situations.

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- 5. Professional Behavior:** Respects diversity in patients and colleagues. Resolves conflicts professionally. Dresses and acts in a professional manner.

Examples of unprofessional behavior in this area include:

- The student does not respect diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status.
- The student does not resolve conflicts in a manner that respects the dignity of every person involved.
- The student uses unprofessional language that is not appropriate to the setting.
- The student is abusive or hypercritical, including in times of stress.
- The student demonstrates arrogance.
- The student misrepresents or falsifies information and /or actions.

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The student performs patient care while in an impaired state.

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**Action to be taken by FACULTY member:**

1. Document concerns / issues above.
2. Preferably discuss the problems / issues with the medical student.
3. Forward the completed form to the Course Chair for review and determination of action.
4. *Check one:* The issue in this evaluation was  was not  discussed with the student
5. The following is recommended.
  - No further action.
  - Remediation as follows: \_\_\_\_\_

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**Faculty Member** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signature* *Date*

*Forward this form to Course Chair for review and action.*

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**Action to be taken by COURSE CHAIR:**

1. Discuss this evaluation with the reporting faculty member(s).
2. Discuss the form with the student.
3. Following discussion with the student/faculty member, the following was agreed upon.
  - No further action; file form in Physicianship folder.
  - Remediation as follows:

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**Course Chair** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signature* *Date*

**MEDICAL STUDENT HANDBOOK**

**Student comments** (*optional*)

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**Student** \_\_\_\_\_  
*Signature* *Date*

*Send to the Senior Associate Dean of Students for filing and or disciplinary action.*

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**Action taken by the Dean/Associate Dean**

1. Review form with Clerkship or Course Chair and **return without filling.**
2. Place form in Physicianship folder; no further action at this time.
3. Following discussion with the student, the following action will be taken.
  - Remediation
  - Place Physicianship Form in Student academic folder.
  - Mention in Dean's Letter (MSPE).
  - Use for Conduct Violation.

**Dean/Senior Associate Dean Comments**

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**Senior Associate Dean** \_\_\_\_\_  
*Signature* *Date*

**Student** \_\_\_\_\_  
*Signature* *Date*