



Medical Student Handbook
2015 - 2016



MD Class of 2017
MD Class of 2018
MD Class of 2019

MEDICAL STUDENT HANDBOOK

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UC RIVERSIDE SCHOOL OF MEDICINE 2014 – 2015

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 and students 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, to research, and to 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 qualified 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.

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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.

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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.

1. Policy Summary

The purpose of this policy is to provide a process for informing students and the UCR medical community of their rights and responsibilities, and providing guidelines for the reporting of student mistreatment complaints. The mission of the medical school of UCR 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 for behavior that undermines that mission and must encourage respect for human dignity at every level both within and outside of the institution. A committee will be charged to maintain the integrity of the learning environment for students attending the UCR SOM by (1) educating students, residents, fellows, faculty and staff to prevent mistreatment, (2) providing a mechanism for reporting alleged violations, and (3) providing clear, consistent guidelines and oversight for student mistreatment via a trained and representative advisory oversight committee.

2. Definition

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, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.¹

3. Policy

- A. The purpose of this policy is to provide procedures for reporting alleged mistreatment and informing students of their rights and responsibilities, and processing student mistreatment complaints through an oversight committee. This committee will be primarily educational, informative and preventative, but will also have an investigative role. Education for all constituents will be conducted via lectures, videos (some of which are available from existing UCR entities), workshops with scripted scenarios, emails, websites and/or annual quizzes.
- B. All policies will be consistent with those of the UCR Academic Senate's policies and procedures. In the presence of conflicting outcomes, the Academic Senate has precedence.

4. Responsibilities

The UCR SOM Student Grievance Committee will be appointed by the Dean of the School of Medicine to assist with the vetting of complaints or inquiries by students and others in the medical learning environment. This committee will provide clear, consistent guidelines with oversight for non-compliance. It will serve as the advisory body for investigations and recommendations of resultant actions for student mistreatment. The committee will be composed of the chair and up to eleven members including:

Two Biomedical Sciences Faculty members
Four Clinical Sciences Faculty members
One 3rd and one 4th year medical student
One PhD student
One Counseling Center/mental health representative
One Special Advocate

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The Dean of the School of Medicine will be responsible for appointing the committee and the chair. Terms of service for the inaugural committee members shall be staggered in an effort to maintain continuity. Half of the members of this group will be appointed for one year and the other half for two years. Subsequent terms of service will be two years, with the option of a one-time renewal of appointments. The chair's appointment will last for three years.

The Student Grievance Committee serves as an informal and formal committee for oversight of student mistreatment. This committee will set policies and protocols that address and support students to assure an optimal learning environment. These policies/protocols will be reviewed and distributed each year at the beginning of medical and graduate student orientation. Constant refreshers and additional training will be provided throughout the year in an effort to prevent mistreatment.

The Student Grievance Committee will initially meet monthly and on an as-needed basis for more urgent matters. Training by campus-based offices (i.e. Student Conduct, Title IX, Ombuds) as well as experts in the prevention of medical student mistreatment will be provided for the committee members during those meeting times, as necessary. A quorum will be made up of 70% of committee members (including virtual representation). Members will be replaced for not meeting the benchmark of 75% of the meetings annually.

5. Procedures

A. Initiation of Complaint

Students, or any person affiliated with UCR, will be allowed to submit a complaint or allegation anonymously. There are multiple mechanisms for students to report problems of mistreatment. Students can report via the Student Affairs Office, via New Innovations on a secured website, through their class representatives, to the Student Grievance Committee via a dedicated 24 hour phone number, to the UCR Ombudsperson or via other faculty or staff. Investigations may occur at institutions that are affiliated with or involved in medical student education.

B. Notification

Students will be notified of their complaint's entry into the system within 72 hours of receipt of the complaint. All correspondence will occur using a UCR-based secure email.

C. Investigation/Procedure

1. Formal Grievance Procedure

Most of the complaints are expected to be able to be resolved or mediated via information and consultation with either the Ombudsperson or via informal consultation with a committee member. If unable to come to an agreement through these initial steps, they will need to proceed to the formal mechanism (**See Chart**) and confidential hearing before the committee. Students may request the option to delay the reporting (i.e. after grades have been assigned or after match results are available), with strong advisement by a committee representative. However, depending on the nature of the incident, the investigation may or may not be delayed. Given the distributive model of our educational and training program, the Student Grievance Committee will likely require extra time for investigation and may need up to 60 days to come to the final conclusion. As soon as formal reporting has occurred, the accused will be notified that a formal complaint has been lodged.

2. Informal Grievance Procedure

An informal 'notification of grievance' may be sent to the identified person and the Division Chair (or Chair's designee) if the student declines to formally pursue an investigation. The identified person can request a conversation with the Division Chair (or Chair's designee) and notes of the meeting will be kept in a secure folder by the Division Chair (or Chair's designee) as long as the student is matriculated at the UCR SOM. After graduation the notes will be expunged. No other actions result from this mechanism.

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3. The Student Grievance Committee will report directly to the Dean of the UCR SOM. Confidential reports will be delivered to the Dean (hard copy) after every meeting or action taken. The committee may make recommendations to the Dean regarding disciplinary actions.
4. The Dean will review the report and has the final authority on all cases. She/he will be responsible for delivering the findings and results and recommendations in writing to the respondent including situations where the complaint was found to be baseless. Appeals of the Dean's determination may be made within two weeks of notification. If there is still no satisfactory resolution, final appeal can be made to the Chancellor of the University of California, Riverside within two weeks after written notification by the Dean of the School of Medicine to the respondent regarding the final determination.

D. Monitoring

An annual survey will be distributed to all students to determine their perception of the learning environment/climate of the UCR SOM. A summative report of the Student Grievance's activities will be provided on a yearly basis to the Dean of the School of Medicine.

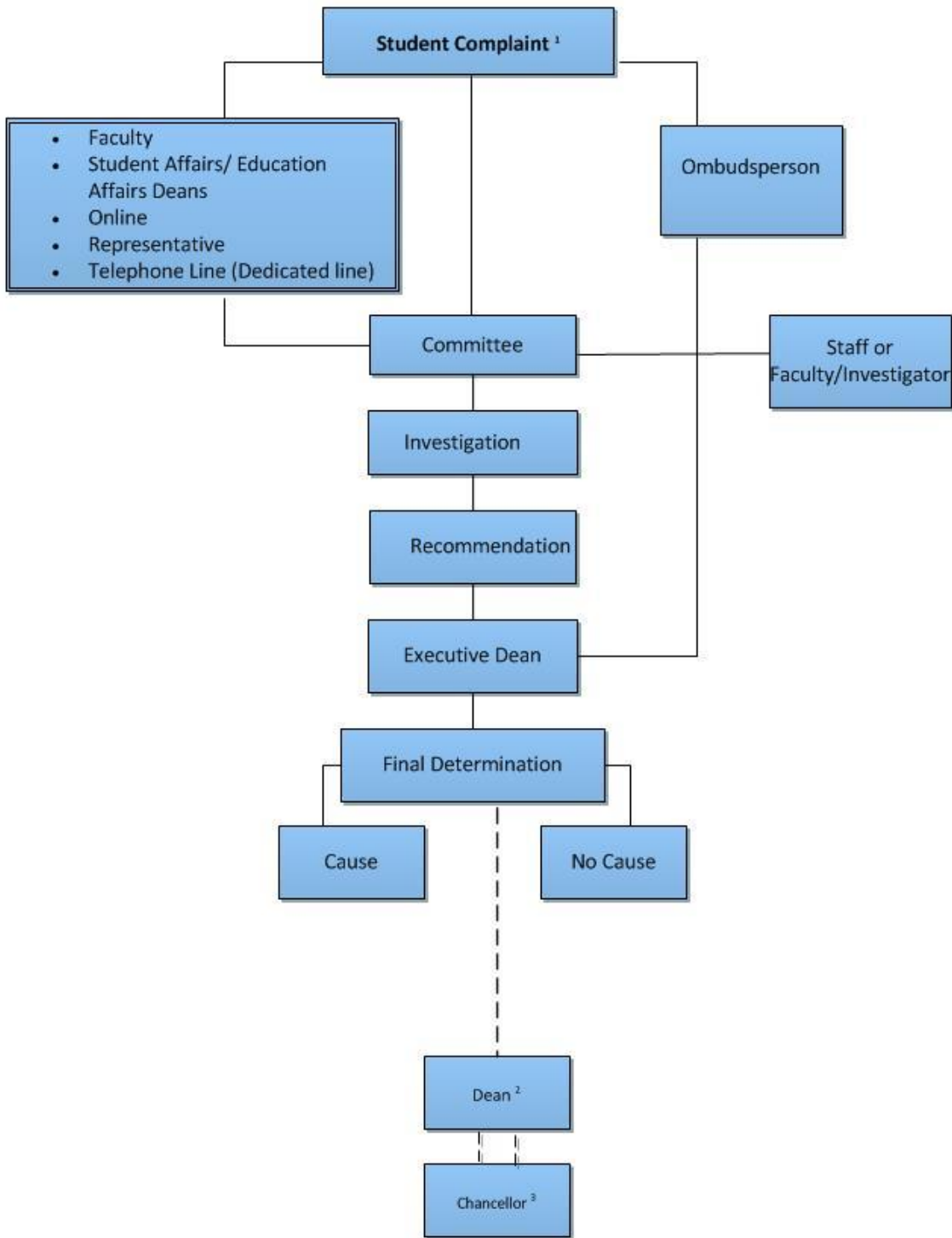
E. Exceptions

Title IX cases will be referred immediately to the title IX officer and will not be under the purview of this committee.

- (1) AMA. Section on Medical Schools. Presentation Summary. June 17-18, 2011. Washington, D.C.

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Reporting Mechanism



¹ Serious or sexual incidents referred immediately to appropriate entity (TITLE 9)

² ----- Appeal

³ ===== Terminal Appeal

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TECHNICAL, NON-ACADEMIC, STANDARDS

Essential Abilities and Characteristics Required for Completion of the MD Degree

The MD 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 MD 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 and emotional stamina 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. 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 physician.

- I. **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 functional use of vision, hearing, and touch.
- II. **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.

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- III. **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.
- IV. **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 in diagnosis and treatment of patients in a variety of clinical settings.
- V. **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.
- VI. **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 of Students 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.

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 MD 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

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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. 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.

It is the responsibility of a student with a disability, or a student who develops a disability, and who wants an accommodation to notify the Senior Associate Dean of Student Affairs of the disability, preferably in writing, and to 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.

The Dean's Office will work in conjunction with the School's Office of Students with Disabilities in evaluating and responding to all requests. In the event that additional documentation is required regarding the nature and extent of a disability, the School of Medicine may require that a student undergo an evaluation by experts for purposes of determining whether the candidate, with or without accommodation, is able to meet these technical standards.

Reminder to All Students

If at any time you require a reasonable accommodation to obtain equal access to the School of Medicine's educational program, as stated above, it is your responsibility to notify the School of Medicine of the disability, preferably in writing, and to provide adequate documentation of the nature and extent of the disability and the functional limitations to be accommodated. All requests are to be directed to the Senior Associate Dean of Student Affairs.

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HEALTH CLEARANCE

The Student Affairs Office must have your completed immunization records and health clearance before instruction begins and/or before you are allowed to see patients. The UCR School of Medicine will require that all incoming students obtain a health clearance from your physician or the UCR Campus Health Service for personal and public health protection. The health clearance requirements include a physical examination including diagnostic tests; positive hepatitis B antibody test; and demonstration of immunity to varicella, tetanus, diphtheria, rubella, measles and mumps (including re-immunization with measles, mumps, and rubella if the immunization occurred prior to 1980); and proof of a tetanus/diphtheria booster within the last 10 years. A pertussis vaccine with the tetanus/diphtheria booster Tdap is strongly recommended. In addition, all students must be monitored for tuberculosis (skin test) annually during all years. If the test is positive, the Campus Health Center evaluates for evidence of infection and need for therapy.

Students must have all immunizations other than the hepatitis B vaccines and titer completed by the first day of class, otherwise they may not be allowed to start classes. Additionally, if starting or continuing a hepatitis B series, this must be completed before the first day of the first year spring quarter or s/he will not be eligible to continue their academic coursework. During the 3rd and 4th year, students must adhere to health clearance requirements (drug screening, TB testing, Mask fit testing etc.) as required by UCR affiliated hospitals and /or away institutions.

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BLOOD/NEEDLESTICK POLICY

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.

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. Students may also seek immediate treatment at the UCR Campus Health Center (during business hours). 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.

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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.

Medical Knowledge-Based (MK) Competencies

Physicians must be knowledgeable about the scientific basis of medicine and be able to apply that knowledge to clinical problem-solving and the practice of medicine. They must engage in independent learning to remain current in their knowledge. Students are expected to:

- Recall and apply basic issues for promoting health and preventing disease, including nutrition; exercise; psychological health; preventive pharmacology; genetic predisposition to disease; sanitation; environmental and workplace hazards; lifestyles; and immunizations, and apply this understanding to patient management.
- Recognize the impact of chronic disease and disability on a patient's ability to function in society
- Recognize differences in cultures, belief systems, values, languages, religions, and health practices that impact the medical care of ethnically and racially diverse, medically underserved populations.
- Recognize disease and injury prevention practices in the care of individual patients and their families, and public health education
- Recall the various types of family planning and their potential impact on the patient, the family and the public
- Recall the physical and psychological aspects of aging and dying and demonstrate a commitment to support and appropriately counsel patients and their families
- Recall appropriate coping mechanisms for dealing with stress, intellectual uncertainty, interpersonal conflict, and issues related to power.
- Recognize incidents of domestic violence including child, elder, and spousal abuse.

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- Recall and apply the steps in obtaining informed consent from patients by clearly explaining the risks, benefits, and alternatives to common medical and surgical procedures in a culturally sensitive manner.

Patient Care Competencies

Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:

- Accurately perform and document both complete and focused histories and physical examinations that are based on the pathophysiology of presenting complaints and that address relevant psychosocial and family issues.
- Obtain an accurate, comprehensive medical history including issues related to age, gender, sexuality, and socioeconomic status as it relates to the patient's health status.
- Conduct a thorough and accurate physical exam, including psychiatric, neurologic, genital, and orthopedic examinations in adults and children.
- Prioritize patient's problems, formulate appropriate differential diagnoses, and develop appropriate plans for diagnosis and/or management, including initial appropriate therapy for pain, regardless of cause.
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with acute and chronic common conditions, including risk reduction, medical, psychiatric, and surgical conditions, those requiring short- and long-term rehabilitation, and those with serious conditions requiring critical care. All strategies are to be culturally sensitive and established within the context of patient preferences, and using evidence-based principles.
- Provide healthcare services aimed at treating acute and chronic conditions, preventing health problems and maintaining health including mental health and wellness.
- Plan for relieving pain and ameliorating the suffering of patients.
- Select, justify, and interpret the most frequent clinical, laboratory and radiologic manifestations of common maladies.
- Perform basic clinical procedures safely and effectively while respecting patient's needs and concerns.
- Communicate the principles of, as well as the relative advantages and disadvantages of, various therapeutic modalities.
- Use epidemiological principles and data to formulate measures for the care of individual patients and communities.
- Develop and implement individualized risk reduction plans based on a culturally-sensitive assessment of important medical and social conditions including sexually transmitted diseases, substance abuse, and interpersonal violence.
- Identify and apply preventive, curative, and palliative measures that appropriately utilize health care resources.

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Interpersonal and Communication Skills

Students must demonstrate interpersonal and communication skills that result in effective clinical care. Students are expected to:

- Demonstrate interpersonal skills that build rapport and empathic communication with patients and their families across socioeconomic, racial, and cultural boundaries.
- Demonstrate effective communication, both orally and in writing, with patients of all ages, patient's families, professional associates, and others.
- Make both complete and focused case presentations that are accurate and well-organized and prepare and maintain complete, accurate, well-organized medical records.
- Use effective listening skills.
- Function as a member of a team and work collaboratively, effectively, and respectfully with consultants, other members of the healthcare team, and health professionals from other disciplines.
- Address sensitive issues in an effective, compassionate, non-judgmental manner.
- Demonstrate appropriate confidentiality with regard to the communication of medical information.
- Describe and use best practice principles for addressing patients' behavior modification to promote and improve their health and wellness.
- Inform patients and their families about health and illness in a way that is culturally sensitive, jargon-free and appropriate to their needs, including counseling on prevention and psychosocial issues.
- Demonstrate the ability to communicate with individuals who either do not speak or have limited English comprehension and literacy.
- Demonstrate the ability to work effectively in various types of heterogeneous teams (e.g., multi-professional health care delivery teams, research teams, community action teams, and learning groups).
- Apply appropriate collaborative strategies in decision-making, taking into account the diverse attitudes and beliefs of those who will be affected.

Professionalism

Professionalism embodies the responsibilities of a physician that go beyond knowledge and technical skills and enables the delivery of high quality health care. It includes honesty, maintaining patient confidentiality and trust, mutual respect and commitment to the welfare of patients. Students are expected to:

- Demonstrate reliability, dependability, and integrity in interactions with colleagues and patients.
- Interact productively and respectfully with peers, supervisors, patients and their families, as well as colleagues in other disciplines.
- Demonstrate respect for patients' dignity, individuality, privacy and confidentiality in all verbal, written, and electronic communication.
- Treat all patients, their families and other members of the medical team with compassion and sensitivity, aware of the diversities of age, culture, race, ethnic and spiritual differences, disabilities and economic status.
- Demonstrate honesty and integrity in all professional interactions and deal with professional mistakes openly and forthrightly

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- Use basic ethical concepts and approaches to identify and analyze the ethical dimensions of common situations in medical practice, health policy, and research.

Practice-Based Learning/Improvement

Students must be invested in continuing professional improvement, based upon their assimilation of new knowledge, application of evidence-based medicine and thoughtful reflection and analysis of their prior and current practice patterns. Students are expected to:

- Recall and apply the importance of lifelong learning to adequately care for patients, to participate in patient education, and to pursue creative scholarly endeavors.
- Continuously pursue scholarly endeavors that allow them to apply contemporary knowledge and skills to patient care.
- Identify, appraise and assimilate evidence from scientific studies that relates to the care of their patients.
- Use computer-based techniques to access relevant databases to acquire new information and resources for learning and be able to identify and use reliable, authoritative sources of medical information.
- Use information technology to access and manage information.
- Describe, apply and practice the principles of evidence-based medicine and evidence-based medical care (EBM).
- Describe and assess common scientific methodologies used in clinically-relevant medical research and be able to advise patients concerning their participation in or interpretation of these.
- Utilize decision-support systems and guidelines for clinical decision-making, including an understanding of the roles of preferences and probabilities.
- Recall and use ongoing quality improvement practice.
- Apply data and benchmarks to identify patient needs and to improve patient care.
- Demonstrate an awareness of the relationship between emerging knowledge and current clinical practice.
- Assess one's personal strengths and limitations, relevant to one's practice of medicine and continued learning.
- Demonstrate their ability to enhance personal knowledge, commit to best practices and independent learning skills and professional development.
- Demonstrate a commitment to teaching medical students, colleagues, and other members of the allied health profession clearly and cogently, both verbally and in writing.
- Seek, and integrate feedback from others constructive criticism/feedback effectively.

Systems-Based Practice

Students must demonstrate a knowledge of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care. Students are expected to:

- Recall the structure and function of healthcare delivery and insurance systems currently used in the United States.
- Recall how payment systems for medical care affect decision-making and provision of care, and discuss strategies for delivering quality care in the face of reimbursement restrictions.

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- Apply cost-effectiveness analysis to specific instances of diagnosis and treatment of disease and of health promotion.
- Practice cost effective healthcare and resource allocation while maintaining a high quality of patient care.
- Recall the principles of medical record keeping and the use of electronic records.
- Use quality improvement techniques and know how to assess system processes and improvements to better deliver health care in a cost-effective manner.
- Identify and use resources and ancillary health care services for patients in situations in which social and economic barriers to access exist.
- Apply evolving technology (including telemedicine) to the solution of problems in health care delivery, access.
- Advocate for quality patient care and optimal patient care systems.

Scholarship

Students must demonstrate knowledge of and experience with the roles of scholarship in the ongoing practice of medicine. They must recognize that the existing medical knowledge base is both incomplete and evolving to meet ongoing needs and emerging medical issues. Students are expected to:

- Recall, communicate, and apply basic, translational, and health services research as necessary for the advancement of scholarship and healthcare.
- Recall the scope of appropriate methods for addressing gaps in clinical knowledge including basic, translational and health services research.
- Recall the basic principles and ethics of clinical and translational research, and how such research is conducted, evaluated and applied to the care of patients.
- Develop testable hypotheses about mechanisms of disease and/or the impact of social, political, and economic systems on health behaviors and outcomes.
- Analyze research data critically and understand how to interpret the results in regard to the individual patient as well as a population.
- Communicate results of scholarly activity effectively to peers and colleagues.
- Recall community-based participatory research as applied to healthcare equity and quality.
- Recognize the limitations of existing knowledge and the implications of these limitations for clinical practice.

Community and Population Health

The interrelationship of individual health with the health of populations and communities is fundamental to the mission of UCR SOM. Students must identify, experience and understand these relationships as well as the impact these relationships will have on future practice and research endeavors. Students are expected to:

- Recall and apply principles of effective leadership and analysis in addressing a variety of healthcare problems common in underserved communities.
- Recall the principles of epidemiology and population health that form the scientific basis for public health practice.

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- Demonstrate the ability to work effectively in partnership with community members in improving health care access and quality through needs assessment, program development, and advocacy.
- Demonstrate the ability to work effectively across disciplines, settings of care, and with public and private payers, and state and federal agencies to promote and accomplish improvements in access and quality of care for underserved populations.
- Evaluate the roles that unemployment, poverty, and lack of education play as obstacles to quality healthcare
- Assess the health status, demographics and socioeconomic characteristics of medically underserved populations and disparities in health outcomes.

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MEDICAL SCHOOL CURRICULUM

YEAR 1

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

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

Block 3: MDCL 233 Gastrointestinal, Endocrine, and Reproductive Health (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 Human Biology and Disease (14 units)

Block 7: MDCL 237 Gastrointestinal, Endocrine, and Reproductive Health II (13 units)

Block 8: MDCL 238 Clinical Neurosciences II (10 units)

Block 9: MDCL 239 Cardiovascular, Renal and Respiratory Sciences II (12 units)

Block 10: MDCL 240 Integrative Human Biology and Disease (4 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.

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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 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

Third Year Curriculum

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
Psychiatry (Longitudinal over the course of the entire 3rd year curriculum)
Emergency Medicine (Longitudinal over the course of the entire 3rd year curriculum)
Neurology (Longitudinal over the course of Block A curriculum)
LACE (Longitudinal over the first three years of the medical school curriculum)
CBE (Longitudinal during transitions 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

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Emergency Medicine, Psychiatry, and Neurology, and will run concurrently with Blocks A and B and will continue for the entire 48 weeks of Year Three. Each block is subdivided into three 7-week units and one 3-week “selective” unit.

LACE (Longitudinal Ambulatory Care Experience), excluding transition and selective weeks, 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, in part, as a continuity clinic that will contribute to each of the 8 learning objectives/competencies.

Schedule/Structure:

Block Thirds: Blocks will be divided into thirds. Every 7th week will consist of two activities: 1) formative evaluation, feedback and remediation and 2) community-based activities or psychiatry.

CBE (Community-Based Education) will occur during transition weeks and/or selective weeks (as assigned).

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

Transition Weeks: Every 7th week will consist of two activities: 1) formative evaluation, feedback and remediation and 2) CBE activities or Psychiatry.

Year 4 (Proposed)

Senior Sub Internship	4 Weeks
Intensive Care Unit	4 Weeks
Clinical Foundations IV	2 Weeks
Electives	22 Weeks
Community Based Learning	4 Weeks
Unassigned Time	8 Weeks
Total	44 Weeks

Fourth Year Curriculum

During the course of the 4th year, students have the option to complete their clinical rotations at any of the UCR affiliated hospitals, which are currently: Redlands Community Hospital, Riverside County Regional Medical Center, Riverside Community Hospital and Kaiser Riverside. Fourth year medical students can also choose to complete up to 20 weeks of their 4th year coursework at institutions other than UCR. Students interested in completing extramural (away) rotations must first get prior approval (before starting the rotation) from UCR School of Medicine, in order to receive credit for rotations completed.

Clinical Foundations IV

During the 2nd half of the 4th year, students take a two-week required course where students prepare presentations for their peers and faculty that integrate basic science and clinical science. The course also prepares the students for residency and provides them with an opportunity to obtain ACLS certification.

Senior Sub Internships

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Senior sub-internships may be taken for graduation credit within the specialties of Family Medicine, Internal Medicine, Pediatrics, or Surgery. When students are enrolled in the senior sub-internship, they will work the exact schedule as their team. Holidays, vacation days, etc. are not observed during this rotation.

Intensive Care Unit

Intensive Care Unit can be completed within the medical specialties of Medicine, Pediatrics, Surgery, and Anesthesiology.

Electives

During the 4th year students may take clinical rotations to fulfill the elective requirement, or students can also complete research electives (maximum of 8 weeks). Students interested in completing research electives must first get prior approval (before starting the rotation) from UCR School of Medicine, in order to receive credit for research completed.

Community Based Learning

Students complete rotations at community based centers and/or sites, working with multiple populations to help avoid the start of diseases and promote healthy lifestyles and decisions. Areas of interest can include: maternal/child health, nutrition, mental health, sexuality, aging, and etc. Students interested in fulfilling the community based learning requirement at an extramural (away) location must first get prior approval (before starting the rotation) from UCR School of Medicine, in order to receive credit for rotations completed.

Unassigned Time

Interviewing is a necessary component of the search for a residency program. Residency interviews should be scheduled during unscheduled time. Students are strongly encouraged to use unscheduled time in preparation for Step 2.

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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 2 exam is required to be taken no later than December 31st of the last academic year of medical school and focuses on six clinical topics. They are medicine, surgery, obstetrics/gynecology, preventive medicine, pediatrics, and psychiatry.

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 eight 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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MEDICAL SCHOOL GRADING AND PROMOTIONS PROCEDURES

Grading Policy

The integrated human disease-based curriculum is divided into “blocks” of instruction, with one or more coordinator(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, students are required to complete every assessment. 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. The minimum passing score for all blocks, including Didactic and Lab exams, 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 result in an end-of-year remediation period of a minimum of four weeks followed by re-examination. Unsatisfactory performance on the re-examination will require repetition of the entire academic year. Two unsatisfactory block performances in one academic year 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.

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.

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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 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 each third section 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 (50%), an end-of-block OSCE (30%) and a shelf examination (20%). A passing score is 70% of the total available points for the first two components, and the minimum acceptable shelf exam score is the 6th percentile (nationally normed).

Failure of the shelf examination will require a satisfactory repeat of the shelf examination. The repeat is expected to occur three weeks following the completion 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.

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 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 the 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;

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- 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. There will be no minimum or maximum number of honors awarded in any given clerkship, i.e., several honors or none may be awarded.

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 coordinator 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.

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

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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.

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.

MEDICAL STUDENT HANDBOOK

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 coordinator, who will approve or disapprove the request on a case-by-case basis. The block coordinator 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 either at a scheduled meeting or through e-mail. While it is not possible to delineate how each request will be decided, every effort will be made to make decisions consistent with UCR's 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 coordinator(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 either at a scheduled meeting or through e-mail.

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 Coordinators 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 Coordinator 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:

During the clinical years, students are expected to maintain a full-time commitment to all assigned learning activities, and will be required to work on official UC holidays as indicated on the Academic Calendar. Students will be allowed no more than 2 excused absences per 24-week block, which must be approved by the School of Medicine at least 30 days prior to the anticipated absence.

DRESS CODE

Students are to dress in a professional manner for all clinical activities. This is to include:

- Clean clothing and a clean white medical jacket with name tag.
- Students shall not expose their midriff, nor wear low-cut shirts or blouses with exposed cleavage (décolleté).
- Wear dress or skirts in which you can comfortably bend over without exposing areas that you wouldn't want to show (and others don't want to see).
- No tennis shoes/sneakers.
- No bare feet or ankles; e.g., all should wear socks.
- Men are to wear a shirt and tie.
- No shorts; no jeans.

These are consistent with the requirements for hospital staff at various community hospitals and clinics while in patient care areas or areas where you may come into contact with patients. The purpose of the dress code is to present yourself to the patient in a manner that shows respect and helps convey that you are there in a professional capacity to help deal with their needs.

MEDICAL STUDENT HANDBOOK

FINANCIAL AID INFORMATION

UCR School of Medicine Financial Aid Office

Kathleen Buckner, Financial Aid Counselor
951-827-7343, Email: kathleen.buckner@ucr.edu

UCR Financial Aid Office

Jose Aguilar, Director
951-827-7249, Email: 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 Stafford Loans are available for up to \$8,500 in subsidized and \$30,000 in unsubsidized loans. Medical students are not eligible for a Pell Grant or Cal Grant due to their enrollment status as a professional (graduate) student. They are not awarded UCR Grants by the Financial Aid Office, nor are they awarded Federal Work-study or Federal Perkins Loans as self-help funds. Medical students are able to add the cost of purchasing a microscope, stethoscope or other required equipment to their financial aid budget by simply submitting copies of their receipts for these purchases to the Financial Aid Office. Students who wish to include the purchase of a computer may also request loan aid for purchase of a computer through the Financial Aid Office.

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)²: 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

August 3, 2015 to June 2, 2016 (44 weeks)

Budget Code	4111	4121	4131
	With Parents	On Campus	Off Campus
Tuition and Fees	\$37,802.00	\$37,802.00	\$37,802.00
Room/Board	\$5,700.00	\$14,550.00	\$16,200.00
Books/Supplies	\$7,161.00	\$7,161.00	\$7,161.00
Transportation	\$2,000.00	\$1,050.00	\$2,000.00
Personal Costs	<u>\$2,500.00</u>	<u>\$2,400.00</u>	<u>\$2,400.00</u>
Total	\$55,163.00	\$62,963.00	\$65,563.00

2nd Year Medical Students

August 10, 2015 to May 29, 2016 (42 weeks)

Budget Code	4112	4122	4132
	With Parents	On Campus	Off Campus
Tuition and Fees	\$37,802.00	\$37,802.00	\$37,802.00
Room/Board	\$5,500.00	\$13,900.00	\$15,450.00
Books/Supplies	\$2,749.00	\$2,749.00	\$2,749.00
Transportation	\$1,950.00	\$1,000.00	\$1,950.00
Personal Costs	<u>\$2,400.00</u>	<u>\$2,250.00</u>	<u>\$2,250.00</u>
Total	\$50,401.00	\$57,701.00	\$60,201.00

MEDICAL STUDENT HANDBOOK

STUDENT BUDGET: MEDICAL SCHOOL YEAR 3

3rd Year Medical Students			
June 22, 2015 to June 17, 2016 (52 weeks)			
Budget Code	4113	4123	4133
	<u>With Parents</u>	<u>On Campus</u>	<u>Off Campus</u>
Tuition and Fees	\$42,142.00	\$42,142.00	\$42,142.00
Room/Board	\$6,800.00	\$17,200.00	\$19,150.00
Books/Supplies	\$945.00	\$945.00	\$945.00
Transportation	\$2,400.00	\$1,250.00	\$2,400.00
Personal Costs	<u>\$3,000.00</u>	<u>\$2,800.00</u>	<u>\$2,800.00</u>
Total	<u>\$55,287.00</u>	<u>\$64,337.00</u>	<u>\$67,437.00</u>

MEDICAL STUDENT HANDBOOK

GRADUATE STUDENT HEALTH INSURANCE (GSHIP)

As a professional/graduate student you are required to have health insurance. UCR will automatically provide the Graduate Student Health Insurance Plan (GSHIP) to all qualified students unless an acceptable waiver is obtained. The GSHIP is designed to supplement the outpatient care available to all registered students through Campus Health Services. Students who can demonstrate comparable insurance coverage from another source may apply to be exempted from the mandatory plan.

The implications for obtaining a waiver from GSHIP may not affect the majority of students; 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.

For additional information regarding policy benefits, comparable coverage exemptions and optional dependent coverage, please contact:

Campus Health Services
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

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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 it 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.

Recommended Windows Configurations

Type:	Ultrabook	Laptop
Model:	14.0-inch Dell XPS 14	15.6-inch Dell Latitude E5530
Processor:	2.6 GHz Intel Core i5	2.5 GHz Intel Core i5
Memory:	4 GB RAM	4 GB RAM
Storage:	500 GB hard drive	320 GB hard drive
Screen Resolution:	1600 x 900	1366 x 768
Weight:	4.6 pounds	5.25 pounds
Estimated Price Range:	\$999 - \$1,999	\$519 - \$903

Recommended Mac Configurations

Type:	Ultrabook	Laptop
Model:	13.3-inch MacBook Air	15.4-inch MacBook Pro
Processor:	1.8 GHz Intel Dual Core i5	2.3 GHz Intel Quad Core i7
Memory:	4 GB RAM	4 GB RAM
Storage:	256 GB flash storage	500 GB hard drive
Screen Resolution:	1440 x 900	1440 x 900
Weight:	2.96 pounds	5.6 pounds
Estimated Price Range:	\$1,199 - \$1,399	~\$1,799

MEDICAL STUDENT HANDBOOK

Recommended Software to Install

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

We require that all students install Sophos Antivirus, which is available at no charge from UCR.

Windows users should also install Windows Defender to block spyware. Automatic updates for both products should be turned on.

- Productivity: Microsoft Office
- AntiVirus: Sophos Virus / Spyware Protection
- Browsers: Mozilla Firefox and/or Google Chrome
- PDF: Adobe Acrobat Reader

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

- UCR Students receive a Gmail account with their UCR Net Credentials which can be utilized for [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.

NOTE: These applications are not officially supported, so you should be comfortable working with unique software should you like to avoid purchasing MS Office

Please consult the following website: <http://medschooltech.ucr.edu/students/pc.php> 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. Staff will be responsible for setting up and clearing sponsored activities during the academic year. 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. Please note that education courses and all other instructional activities will take priority. No reservation will be allowed for small study groups or individual purposes.
6. **KEYS:** All medical students will be issued a medical ID badge to access the School of Medicine Education Building and a key to access 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 keys will only give you access to the buildings and main classrooms. You will be required to leave a \$10 cash deposit, which will be refunded when you return your keys at the end of the year.
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. There are phones available for use in the Medical Student Center (Unit II) for placing campus calls.
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 act 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.

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.¹⁻³

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. HIPPA). 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” approach¹: 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.¹ 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.¹ 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.

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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

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UCR Campus Health Center

Veitch Student Center (west of Lot 15)

www.campushealth.ucr.edu

Monday-Friday: 8: am. – 4:30 pm, exception of Thursday: 9 am -4:30 pm
Appointments (951) 827-3031 or online 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

Emergency Care

Riverside Community Hospital
4445 Magnolia Avenue
Riverside, CA 92501
(951) 788-3000
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

Online Medical Databases and Resources:

<http://library.ucr.edu/view/find/medindexes.html>

MEDICAL STUDENT HANDBOOK

OFFICE OF STUDENT AFFAIRS STAFF

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827-7359
juliel@medsch.ucr.edu

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MEDICAL STUDENT HANDBOOK

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MEDICAL STUDENT HANDBOOK

MEDICAL SCHOOL BLOCK COORDINATORS

COURSE	PHONE	FAX	E-MAIL
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<u>MDCL 234 (Block 4)</u>			
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<u>MDCL 235 (Block 5)</u>			
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MEDICAL SCHOOL YEAR 2			
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<u>MDCL 240 (Block 10)</u>			
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MEDICAL STUDENT HANDBOOK

MEDICAL SCHOOL BLOCK COORDINATORS

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MEDICAL SCHOOL YEAR 4

[Text in development]

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Clinical Skills Coordinators			
<u>Year 1</u>			
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<u>Problem-Based Learning Coordinator</u>			
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<u>Psychiatry Coordinator</u>			
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MEDICAL STUDENT HANDBOOK

SCHOOL OF MEDICINE ADMINISTRATION

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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 Divisional 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 Divisional 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. from UCLA in May of 1994 and currently enjoys a successful career in internal medicine. Celso

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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 Divisional faculty in conjunction with 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 Divisional faculty, in conjunction with 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.

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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 Medical School 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.

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.

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.

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- Pediatrics, Family Medicine, General Internal Medicine, OB/GYN, General Surgery or Psychiatry.

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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.

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 the 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

- 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.

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: _____

Faculty Member _____ **Date** _____
Signature *Date*

Forward this form to Course Chair for review and action.

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:

Course Chair _____ **Date** _____
Signature *Date*

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Student comments (*optional*)

Student _____
Signature *Date*

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

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

Senior Associate Dean _____
Signature *Date*

Student _____
Signature *Date*