Student Policies Handbook:  
Years 3 & 4

This student policy handbook is intended to provide policy information that contains the most current information available at the date of publication. The University of Arizona reserves the right to modify, deviate from or make exceptions to the provisions of this handbook at any time and to make such deviation or exception applicable to any student without regard to date of application, admission or enrollment. Every student is responsible for the knowledge of the regulations and information contained in this handbook as well as for changes or addenda.

A comprehensive listing of policies can be found on the College of Medicine website.
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Attendance and Absence

Attendance/Absence Policy for Clerkships

Tucson and Phoenix
Approved by EPC September 12, 2011
Amended: September 18, 2013
Wording edited: 10-15-13

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Rationale for Attendance Policy for Clerkships

The following policies were drafted to provide students with clear expectations about absences from required rotations and to provide consistent policies between the Phoenix and Tucson campuses.

Policies have been stated explicitly and precisely, whenever possible. In some instances, however, the policies needed to be broad to account for unique features that differ among clerkships including the clerkship structure, duration, clinical sites, and curricular needs.

1. Policies regarding attendance

- All clerkship experiences are mandatory and any absence must be recorded.
- Excused absences will be remediated as deemed appropriate by the clerkship director.
  - To demonstrate that a student has remediated an absence, students will be expected to know the information and follow the requirements found in each clerkship manual as presented by the clerkship directors during orientation.
- For each campus, the Associate Dean of Student Affairs, in consultation with the clerkship directors, is responsible for establishing a procedure for adhering to this policy.

2. Excused absences

An excused absence may be granted for one or more of the following reasons:

- **Presentation at a Professional Conference or Leadership Activity (e.g., as an AMSA Committee Member) on behalf of the University of Arizona College of Medicine**. The number of days excused will be decided in consideration of the student’s role and duties at the conference and the requirements and experiences of the clerkship that would need to be remediated.
- **Religious observance**. Students may request an excused absence for religious observances, which will be considered in accordance with law and University policy.
- **Extenuating Personal Circumstances**. Extenuating personal circumstances may include, without limitation, significant family or personal events that acutely disrupt the student’s ability to attend to clerkship responsibilities. However, extended periods of absence may result in a student’s inability to successfully complete the clerkship, as remediation of such absences, as outlined below, may not be possible.
• **Health Care Maintenance Appointments.** Students may request an excused absence for health care maintenance appointments such as annual physical examinations with a primary care physician or a routine dental appointment.

• **Personal Illness, injury or disability.** In the case of a student’s own illness, injury or disability, it is the student’s responsibility to ensure that the appropriate parties, including both the site and the home clerkship office (typically, the departmental office) are informed of the absence in a timely manner. If the student is seriously ill (injured, etc.), a family member or friend can inform the appropriate parties. Please see the Procedures section for each campus for the appropriate parties who must be informed.

### 3. Remediation of excused absences

- The clerkship directors will establish guidelines for implementation of remediation plans that are specific for the unique requirements of their clerkship. The implementation guidelines will apply for students at all sites within that clerkship.
- In the case where (1) an absence is requested 30 days in advance and (2) the clerkship director is unable to arrange an alternate remediation plan because of a student’s prolonged absence or the clerkship director’s inability to recreate the needed clinical or didactic material, the clerkship director may deny approval for the requested absence.
- In the case where (1) an absence due to illness or unanticipated events (i.e., 30 days advance notice is impossible) and (2) the clerkship director is unable to arrange an alternate remediation plan because of a student’s prolonged absence, or the clerkship director is unable to recreate the needed clinical or didactic material, the clerkship director, in consultation with the Associate Dean for Student Affairs, may require the student to repeat the entire clerkship.

### 4. Unexcused Absences and Consequences of Unexcused Absences

- Any non-emergency absence that is taken without prior notification by the student or the student’s designee, as set for the below, or permission of the clerkship director is considered an unexcused absence and will be treated as an act of unprofessional behavior, which will be included in the student’s final assessment.
- An unexcused absence from the clerkship didactics may be noted in the final assessment and may affect the student’s final grade.

### 5. Holidays

- Following the college-wide policies approved by the Educational Policy Committee, students will observe the holiday schedule of the University of Arizona. A student may request to work on a day designated as a holiday by the University of Arizona. Upon approval by the clerkship director in advance, the holiday day may be substituted for a regular non-holiday work day.

### 6. Inability to Participate in Clerkship

1. If a student is unable to participate in a clerkship because of his or her own serious illness, injury or disability, or other personal reasons, he or she should be apprised of the College of Medicine’s leave of absence policy and the University’s withdrawal policies.
2. Students with disabilities who require reasonable accommodation(s) must register with the University’s Disability Resource Center in accordance with procedures outlined at [http://drc.arizona.edu/](http://drc.arizona.edu/), and work with that office to effect such accommodations.
Tucson Procedure for Requesting and Tracking Absences

1. Requesting an excused absence

- To request an excused absence, except in cases of personal illness, injury, disability or emergency, students must send an email request to the Associate Dean for Student Affairs 30 days in advance of the anticipated absence. The reasons for the absence and the date(s) of the absence must be included in the request.
- Students will also inform their clerkship director/clerkship coordinator by email or telephone that they have submitted a request.
- If a student requests an excused absence due to illness or injury, he or she will contact the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator that day, unless unable to do so because of such illness or injury. In the alternative, the student will provide a note from either his or her health care provider or Campus Health at the earliest possible opportunity.
- The Associate Dean for Student Affairs will notify the student and the clerkship director/clerkship coordinator of his/her decision regarding the requested absence.

2. Tracking absences

- It is expected that regular communication will take place between the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator to ensure student absence reports are up-to-date and accurate.
- The following indicates the maximum number of excused absences for clerkships of various lengths.

  - 1.5 days for a 3-week rotation
  - 2 days for a 4-week rotation
  - 3 days for a 6-week rotation
  - 6 days for a 12-week rotation

- The Associate Dean for Student Affairs will review the student absence reports, and if a student exceeds the limits above in two clerkships, the student will be required to meet with the Associate Dean of Student Affairs to explain the reasons and discuss a plan for improvement in attendance.
- The Associate Dean for Student Affairs shall present the data from student absence reports to the Tucson Clinical Curriculum Subcommittee (TCCS) on an annual basis so that trends in the data can be noted and discussed.
- These procedures will be modified as necessary.
POLICY STATEMENT

The University of Arizona College of Medicine (both Tucson and Phoenix Campuses) (hereafter COM) promulgates this policy to ensure that all requests for leaves of absence are considered in a uniform and consistent manner. The COM recognizes that, at times, students require leaves of absence either to address their own medical needs (including mental or physical illness or injury or disability), to take advantage of additional educational or research opportunities outside of the COM, or to address other matters of a personal nature, including, but not limited to, maternity or paternity, caring for a family member with a serious medical condition, military obligations, or academic enrichment opportunities (such as special training, research, or fellowship opportunities). Students requesting leaves of absence must comply with this policy, both in making requests for such leaves, and prior to returning from approved leaves of absence.

Medical Leagues of Absence

Students requesting leaves of absence because of their own physical or mental illness or injury or disability must complete The University of Arizona College of Medicine Leave of Absence Request Form. The student must obtain medical documentation from a licensed health care provider, or a letter on that health care provider’s letterhead, which contains the following information:

- The approximate date of onset of the mental or physical illness or injury or disability giving rise to the circumstances surrounding the request for leave of absence, and the dates through which such condition is anticipated to continue;
- The general nature of the mental or physical illness or injury or disability that prevents the student from continuing his or her education at the present time;
- The date on which the student anticipates being able to resume his or her education.

The student must provide the letter and supporting documentation to The University of Arizona Campus Health Service to the attention of:

Executive Director, Campus Health Service
1224 E. Lowell Street, Building 95
Tucson, AZ 85721
FAX: 520-621-8412

Campus Health Service will review the documentation and, if it supports a medical leave based upon the student’s own mental or physical illness or injury or disability for the time period indicated by the health care provider, it will issue a “Verification of Health-related Reasons for Request for Leave of Absence” form to the student (hereafter “Verification form”). The Verification form will include the dates of onset.
of the condition and the dates through which such condition is expected to continue, but will not include information related to the nature of the condition. The student must attach the Verification form to his or her Leave of Absence Request Form and return them to the appropriate Associate Dean for Student Affairs, who will approve the leave on behalf of the COM. The Associate Dean for Student Affairs will advise the Student Progress Committee of all approved medical leaves of absence and their duration, which may not exceed one year.

Returning from a Medical Leave of Absence

Prior to the expiration of a medical leave of absence and resuming medical studies at the COM, the student must 1) provide the COM’s current Essential Qualifications to his or her licensed health care provider; 2) obtain medical documentation from his or her licensed health care provider, or a letter on that health care provider’s letterhead, certifying that he or she is able to return to the educational program and perform the Essential Qualifications; 3) present the health care provider’s certification to Campus Health Service; 4) receive a Verification form from Campus Health Service that he or she is able to return to medical school based upon that certification; and 5) present the Verification form to the appropriate Associate Dean for Student Affairs. The Associate Dean for Student Affairs will provide the Verification form to the Student Progress Committee, which will meet with the student to determine the appropriate manner in which he or she will reintegrate into the COM.

If a student requires reasonable accommodation for a disability under the Americans with Disabilities Act Amendments Act upon a return from a medical leave of absence, he or she must register with the University’s Disability Resource Center as soon as practicable to discuss any such reasonable accommodation that may be necessary and provide the Disability Resource Center with a current copy of the COM’s Essential Qualifications.

If a student is unable to return to the COM at the expiration of a medical leave of absence, he or she may seek a medical withdrawal under existing University policies. If a student seeks to resume his or her medical studies at the College of Medicine after a medical withdrawal, he or she may apply to the COM by submitting an appropriate application through the COM’s Admissions Office. If readmitted, the student will be required to appear before the Student Progress Committee to determine the appropriate manner in which he or she will reintegrate into the COM.

Requests for Non-medical Leaves of Absence -- Procedure

Students requesting leaves of absence for reasons other than their own mental or physical illness or injury or disability must submit a Leave of Absence Request Form to the Associate Dean for Student Affairs, along with a separate Personal Statement, which addresses the following:

1. The reason(s) the student is requesting the leave of absence, the length of the proposed leave, and the anticipated return date.

2. How the student anticipates reintegrating into the COM upon return from the leave of absence.

The student also must attach additional written documentation, such as: 1) an invitation to participate in an internship, externship, research-related endeavor or fellowship and the goals the student plans to achieve while on leave; 2) a statement from a health care provider related to the student’s need to care
for another person; 3) a statement from the military requiring the student’s attendance; 4) police reports; 5) an obituary or death certificate; or 6) court documentation or a letter from an attorney or other professional detailing the reasons for the student’s request for a leave of absence. If the student is unable to provide supporting documentation, then the student must state the reason he or she is unable to do so. Upon receipt of the student’s non-medical leave of absence request, the Associate Dean for Student Affairs will present it, along with the supporting documentation, to the Student Progress Committee for review and approval. The Student Progress Committee may request the student to appear before it to provide information in support of the request. The Student Progress Committee’s decisions regarding non-medical leaves of absence are not subject to review or appeal.

Students on non-medical leaves of absence must submit a written report to the Student Progress Committee at the end of the leave of absence regarding their progress toward the reintegration goals set forth prior to the leave. The Student Progress Committee may require the student to appear before it upon return from an approved leave of absence to determine the appropriate manner in which he or she will reintegrate into the COM.

**Duration of Leaves of Absence**

Leaves of absence, for either medical or non-medical reasons, are granted for up to one year.

**Failure to Return from Approved Leave of Absence**

An Associate Dean for Student Affairs will maintain a list of students on approved leaves of absence, and will provide that list to the University’s Registrar. An Associate Dean for Student Affairs will advise the University Registrar if a student fails to return from an approved leave of absence, whether for medical or non-medical reasons. The COM also will disenroll the student from the college. If a student seeks to resume his or her medical studies at the College of Medicine, he or she may apply to the COM by submitting an appropriate application through the COM’s Admissions Office. If readmitted, the student will be required to appear before the Student Progress Committee to determine the appropriate manner in which he or she will reintegrate into the COM.

**Leave of Absence Request Form**

Download the Leave of Absence Request form using the pdf link below:

[Request for LOA COM](#)

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**Medical Student Duty Hours Policy**

Approved by the EPC, June 20, 2012
Amended, June 20, 2013
This policy is in effect beginning AY 2012-13

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.
Relevant Accreditation Standard:

ED-38. The committee responsible for the curriculum at a medical education program, along with program’s administration and leadership, must develop and implement policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clinical clerkship rotations.

Rationale: This duty hour policy is created to parallel ACGME standards, with the understanding that medical students are supervised in all patient care activities and do not make independent patient care decisions. As a result, the duty hour policy for medical students follows ACGME stipulations for a PGY 2 resident and will support maximum educational benefit for students. The specifics of the PGY 2 duty hour time limits have been changed in the most recent ACGME iteration and are reflected in this policy change. This policy was modified to include new ACGME language recognizing the potentially impairing effects of sleep deprivation particularly in the area of student safety while driving home.

1. Duty hours for medical students must be limited to 80 hours per week, averaged over the clerkship period, inclusive of all in-house call activities.

2. Duty periods of students may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
   - Clerkship co-directors must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and medical student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
   - Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty, but may remain for required formal learning activities such as noon conferences, scheduled didactic sessions, etc.
   - In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
   - Medical students must have eight hours between scheduled duty periods. They must have at least 14 hours free of clinical duty after 24 hours of in-house duty.

3. Medical students must be scheduled for in-house call no more frequently than every-fourth night (when averaged over the clerkship period).

4. Medical students must be scheduled for a minimum of one day free of all duty every week. This can be averaged over 4 weeks only if there is a compelling educational need that has been approved by the CCS. At-home call cannot be assigned on these free days.
5. The sponsoring institution must have a process in place to allow for adequate sleep facilities or suggestions for alternate transportation if the medical student feels like driving home would dangerous. The College of Medicine must:

- Educate all students to recognize the signs of fatigue and sleep deprivation;
- Educate all faculty members and students in alertness management and fatigue mitigation processes; and,
- Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care, learning and personal safety, such as strategic napping and personal strategies for safe transportation home.

Documenting Duty Hours

Students are expected to record their duty hours. Students are exempted from this requirement while participating in clerkships that do not require call of any type.

Required Clerkships:

1. Students must complete recording of their duty hours by the last day of the clerkship.

   - Clerkship co-directors or clerkship coordinators will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with the stated duty hours policy.
   - Where students report a violation of duty hour limits, they will indicate the reason for that violation with the report.
   - Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations.
   - Duty hours reports will be retained in the electronic database systems.
   - Grades will not be released until duty hours are reported by the student.

2. Where a breach of duty hours is noted in a student’s report, the clerkship coordinator will report that violation and its explanation to the clerkship co-director.

   - The co-director will make a determination as to whether the breach is acceptable per the guidelines set above.
   - Where reasons indicate an unacceptable violation of the duty hour limits per the guidelines set above, the co-director will contact the site co-director, or student’s supervisor to investigate and remediate those conditions leading to the violation.

3. Clerkship co-directors/coordinators will be asked annually by the Educational Policy Committee to report on compliance with the duty hour policy.

   Additional duty hour information may be provided by the individual clerkships.
Year IV Electives Attendance and Absence Policies (COM)

ArizonaMed Electives Policies
Approved by the Educational Policy Committee – December 14, 2011

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

1. Attendance is required at all activities identified for an elective course. The student must complete the amount of work in the course that matches the number of credit hours established for the elective course.
   
   a. The electives course director must approve an absence. The student should contact the electives course director in advance of the absence whenever possible.
      
      i. Even if a request is made in advance, approval of an absence is not guaranteed. The elective course director may refuse to excuse an absence in the case where alternative experiences/work cannot be arranged such that the student cannot accomplish the course objectives.
   
   b. If a student has an excused or unexcused absence, the student must arrange with the course director to complete an equivalent amount of work at an alternative time.
   
   c. Unexcused absence(s) may result in a failure of the course at the discretion of the course director. The criteria for failure due to unexcused absence(s) will be communicated to students and written in course materials.

2. Acceptable reasons for excused days of absence include the following:

   Note: Regardless of the reason, a student must follow the policies above for obtaining an excused absence and arranging for the work to be completed.

   • **Interviews for residency.** It is expected that students use discretionary days to schedule interviews. However, circumstances may occur such that an interview is unavoidable during an elective (particularly for the months of Nov, Dec and Jan).

   • **Presentation at a Professional Conference or Leadership Activity (e.g., as an AMSA Committee Member) on behalf of the University of Arizona College of Medicine.**

   • **Religious observance.** Students may arrange for an absence for religious observances, which will be considered in accordance with law and University policy.

   • **Extenuating Personal Circumstances.** Extenuating personal circumstances may include, without limitation, significant family or personal events that acutely disrupt the student’s ability to attend to rotation responsibilities. The student should contact the electives course director as soon as possible.
• **Personal Illness, injury or disability.** In the case of a student’s own illness, injury or disability, it is the student’s responsibility to ensure that electives course directors are informed of the absence in a timely manner. If the student is seriously ill (injured, etc.), a family member or friend can inform the electives director.

• **Holiday schedule.** Fourth-year students participating in electives will observe the holiday schedule of the institutions of their elective rotations.

Diversity

**Diversity Statement**

**College of Medicine Diversity Statement**

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

The UA College of Medicine is privileged to be located in Arizona, a land of rich cultural traditions and heritage. Respect for diversity, defined with regard to race, ethnicity, culture, physical abilities, talents, language, spiritual practices, sexual orientation, gender identity and life experiences, is essential to the successful attainment of our mission to promote health and improve the prevention, diagnosis and treatment of disease for all the people of Arizona and beyond, through education, research and patient care.

The UA College of Medicine expresses its commitment to diversity by:

- Educating, training and employing diverse faculty, staff and student body,
- Fostering the development of personal attributes in its employees and students that are necessary to achieve its mission,
- Encouraging and supporting culturally relevant scholarly activities, that acknowledge and respect systems of healing that emerge from different traditions, and
- Providing a culturally competent, inclusive and respectful environment.

This commitment to diversity enables us to provide state of the art education, deliver the highest quality health care, critically address health care inequities, and perform leading edge research to benefit all our communities.

*Approved by the College of Medicine Faculty*
*November, 2010*
Non-Discrimination and Anti-Harassment Policy

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Policy Number: (to be assigned)
Contact: The Office of the Vice President for Human Resources
Effective Date: June 1, 2012
Approved By: University President

POLICY

The University of Arizona is committed to creating and maintaining an environment free of discrimination. In support of this commitment, the University prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information. The University encourages anyone who believes he or she has been the subject of discrimination to report the matter immediately as described in the section below on Reporting Complaints to University Offices. All members of the University community are responsible for participating in creating a campus environment free from all forms of prohibited discrimination and for cooperating with University officials who investigate allegations of policy violations.

UNIVERSITY OBLIGATIONS

The University will take prompt and appropriate action to: (1) thoroughly investigate complaints of discrimination described in this policy; and (2) prevent, correct and, if necessary, discipline individuals who engage in behavior that violates this policy in accordance with existing University policies.

APPLICABILITY AND ENFORCEMENT OF POLICY

This policy applies to:

- All University employees in all aspects of their employment relationship with the University;
- All University students in all aspects of their participation in the University’s educational programs and activities;
- All University applicants, whether for employment or for admission to educational or University-sponsored programs, activities, or facilities;
- All persons or groups participating in or accessing University-sponsored programs, activities, or facilities; and
- All vendors or contractors in all aspects of their relationship with the University.

Enforcement of this policy is subject to constitutional protections related to freedom of speech, association, and the press.
PROHIBITED DISCRIMINATION, INCLUDING HARASSMENT AND RETALIATION

Discrimination

Discrimination occurs when an individual, or group of individuals, is treated adversely because they belong to a classification of individuals that is protected from discrimination by a federal or state statute or University policy as set forth above. The failure to provide reasonable accommodations required by law or University policy based on disability or religious practice may constitute discrimination.

Harassment

Harassment is a specific form of discrimination. It is unwelcome behavior, based on a protected classification that a reasonable person would perceive to be sufficiently severe or pervasive to create an intimidating, hostile, or offensive environment for academic pursuits, employment, or participation in University-sponsored activities. Additionally, sexual harassment, whether between individuals of the same or different sex, includes unwelcome conduct of a sexual nature that is made, either explicitly or implicitly, a condition of an individual’s education, employment, or participation in a University program or activity, and/or when the submission to or rejection of such conduct is a factor in decisions affecting that individual’s education, employment, or participation in University-sponsored activities. Harassing conduct may take many forms, including verbal acts and name calling, as well as nonverbal behavior, such as graphic, electronic, and written statements, or conduct that is physically offensive, harmful, or threatening.

Retaliation

Retaliation occurs when an adverse action is taken against an individual for engaging in protected activity. Protected activity consists of: (1) opposing conduct reasonably believed to constitute discrimination, including harassment, which violates a nondiscrimination statute or which University policy prohibits; (2) filing a complaint about such practice; or (3) testifying, assisting, or participating in any manner in an investigation or other proceeding related to a discrimination complaint. Adverse actions that are reasonably likely to deter a complaining individual or others from engaging in protected activity are prohibited.

SUPERVISORY RESPONSIBILITIES TO PREVENT AND REPORT DISCRIMINATION, HARASSMENT AND RETALIATION

Employees or agents of the University who (a) supervise other employees, graduate or undergraduate students, contractors, or agents; (b) teach or advise students or groups; or (c) have management authority related to a University-sponsored program or activity are required to:

• Engage in appropriate measures to prevent violations of this policy; and
• Upon receiving a report or having a reasonable basis to suspect that potential discrimination, harassment, or retaliation has occurred or is occurring, promptly notify and provide all available information and documentation either to the Dean of Students Office if the alleged policy violator is a student, or to the Office of Institutional Equity for all other matters.

The Dean of Students Office will promptly notify the Office of Institutional Equity of all reports of potential discrimination, harassment, or retaliation that it receives.
REPORTING DISCRIMINATION, HARASSMENT, OR RETALIATION

Reporting Complaints to University Offices

An individual who believes that he or she has been subjected to discrimination, harassment, or retaliation in violation of this policy should report the matter immediately as set forth below to obtain information about resolving concerns, including complaint-filing options and procedures, and to enable the University to take prompt remedial action. If the alleged policy violator is a University student, the individual who has been the subject of discrimination, harassment or retaliation in violation of this policy should contact:

Dean of Students
Dean of Students Office
Old Main 203
P.O. Box 210021
Tucson, AZ 85721-0021
(520) 621-7057
dos-deanofstudents@email.arizona.edu

For all other instances, the recipient of the alleged conduct should contact:

Director
Office of Institutional Equity
University Services Building, Rm. 217
P.O. Box 21058
Tucson, AZ 85721-0158
(520) 621-9449
equity@email.arizona.edu

If the alleged policy violator is employed by the Dean of Students Office or the Office of Institutional Equity, then the individual who has been the subject of discrimination, harassment or retaliation in violation of this policy may contact the Executive Vice President and Provost. See http://provost.arizona.edu/provosts_office online for contact information.

Good Faith Allegations

Because of the nature of discrimination, harassment, or retaliation complaints, allegations often cannot be substantiated by direct evidence other than the complaining individual’s own statement. Lack of corroborating evidence should not discourage individuals from seeking relief under this policy. No adverse action will be taken against an individual who makes a good faith allegation of discrimination, harassment, or retaliation under this policy, even if an investigation fails to substantiate the allegation. However, individuals who make dishonest statements or make statements with willful disregard for the truth during an investigation or enforcement procedure under this policy may be subject to disciplinary action in accordance with existing University policies.
Anonymous Inquiries and Complaints

Members of the University community may contact the Office of Institutional Equity or the Dean of Students Office at any time to ask questions about discrimination, harassment, retaliation, or complaint-filing procedures and may provide information without disclosing their names. This provision does not relieve managers, supervisors, instructors, or advisors of their responsibility to promptly report under this policy.

Reporting Complaints to Outside Agencies

University employees and students have the right to file discrimination, harassment, and/or retaliation complaints with outside agencies as well as with the University’s Office of Institutional Equity or the Dean of Students Office. If an individual files a complaint with an external agency, the filing will not affect the University’s investigation concerning the same or similar events.

CONSEQUENCES OF POLICY VIOLATIONS

Members of the University community who violate this policy will be subject to disciplinary action that could include reprimand, demotion, denial of promotion, termination from employment or from educational programs, or other appropriate administrative action.

AFFILIATED ENTITIES

University employees or students who work or study at a worksite or program of an institution with which the University has entered into an Affiliation Agreement (Affiliate) are subject to this policy while at such worksite or participating in such program. Similarly, Affiliates are obligated under agreements with the University to comply with all applicable state and federal statutes and regulations regarding equal employment opportunity and nondiscrimination. If a University employee or student believes that he or she has been subjected to discrimination, harassment, or retaliation while working at or participating in a program of an Affiliate in violation of this policy, he or she should contact the Office of Institutional Equity or the Dean of Students Office in accordance with the reporting provisions of this policy.

CONFIDENTIALITY

Employees of the Office of Institutional Equity, employees of the Dean of Students Office, and all responsible administrators who receive reports of discrimination, harassment, or retaliation shall maintain the confidentiality of the information they receive, except where disclosure is required by law or is necessary to facilitate legitimate University processes, including the investigation and resolution of discrimination, harassment, or retaliation allegations.
Disability Resources

Disability Resource Center

Disability is an aspect of diversity that is integral to our society and to the University of Arizona campus community.

The Disability Resource Center collaborates with students, faculty and staff to create educational environments that are usable, equitable, sustainable and inclusive of all members of the university community. However, if you encounter academic or physical barriers on campus, DRC staff is available to partner with you in finding good solutions or to implement reasonable accommodations.

DRC works proactively with instructors in reimagining the design of their courses. Our goal is to encourage faculty to think broadly about all the different characteristics students may bring to the classroom and to create educational experiences that will be meaningful to each of them. When we are successful in this partnership, you may not need to use the individual classroom accommodations you have used before. An example is note-taking. When an instructor posts class notes on an open Website for all students, the individual accommodation of ‘note-taking’ may not be required.

Additional information can be obtained regarding the University of Arizona Disability Resource Center online.

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ  85721

Electives

Electives Block Schedule Template (Tucson)

Electives Block Schedule Template
Passed by TEPC, December 5, 2012

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.
Rationale:
In order to facilitate fourth year medical student scheduling in an orderly, timely, and transparent manner, and in anticipation of implementing an electronic scheduling system, the current scheduling template for elective blocks in Year 4 is problematic and overly complex. The current scheduling template must account for a mix of 2, 3 and 4 week electives. Limiting elective blocks to 2 and 4 weeks is preferable, because 2 weeks are an even derivative of 4, thus all scheduling would fall within the framework of a single calendar. Further, many other schools follow the 2/4 format and so scheduling away rotations may integrate more easily for our students, as well as for visiting students. In addition the 2/4 format will be much simpler to program into an electronic scheduling system.

Policy:
a. The Year 4 template for scheduling electives will default to elective periods of 2 and 4 weeks.
b. The first elective period for any academic year will begin with the first week of the first month for that year.
c. Students who seek to schedule 3-week elective periods may apply to the Office of Student Affairs. Exceptions will be granted for compelling reasons, but any 3-week elective must fall within a 4-week block.
d. Year 3 students who use their 3-week elective period to take an elective, rather than a 3-week surgical subspecialty rotation, must choose an elective from among those designed specifically for the 3-week, Year 3 experience.
e. This policy is in effect with the Class of 2014.

Policy on International Electives

Passed by the EPC on 2/19/14
Policy Effective Date: Academic Year 2013-2014

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Rationale:
It is the responsibility of the University of Arizona College of Medicine to assure that any of its medical students participating in international electives do so under the guidance and direction of the college to provide as much oversight and safety precautions as feasible.

Policy Statement:
COM students may participate in international electives. Participation is contingent upon compliance with campus-specific approval and oversight processes.

Tucson Campus Process:
The following steps are necessary to be completed prior to any University of Arizona College of Medicine-Tucson Campus student to participate in an international elective:
- Tucson students may apply only for international electives associated with LCME-accredited institutions or courses offered in the COM student electives catalog. Any exceptions will require approval by the Dean for Student Affairs as well as the Global and Border Health Program co-director before enrolling in an international elective.
- The first step is for the student to complete the Student Elective Selection form electronically through OASIS.
- The student must confirm that a current affiliation agreement exists with the elective course institution by consulting the database located on the Arizona Health Sciences Center (AHSC) Office of Research and Contract Analysis website and document such on the Student Elective Selection form. If an affiliation agreement exists, the appropriate COM clinical department can initially approve the student’s enrollment in the international elective.
- If there is no current affiliation agreement, a copy of the affiliation agreement request form is forwarded to the AHSC Office of Research and Contract Analysis by the associated UA COM department to begin the process of executing an affiliation agreement. At this point, the department can approve the elective request, pending successful completion of the affiliation agreement.
- Once the appropriate UA COM clinical department has approved the international elective request and the affiliation agreement exists or is in the process of being prepared, the elective request will be routed to the Global and Border Health Program for secondary approval.
- Once the international elective has been reviewed by the co-director of the Global and Border Health Program, the request is routed to the main campus University of Arizona International Travel Safety Oversight Committee (ITSOC) in conjunction with the University of Arizona Office of Study Abroad and Student Exchange.
- If the international elective is deemed acceptable in terms of the student’s health and safety by the above two offices, the elective will be then be officially approved by the co-director of the Global and Border Health Program.
- The co-director of the Global and Border Health Program has the ability to cancel or deny any international elective at any time based on the requested country’s current circumstances in respect to the medical student’s health and safety.

### Years III & IV Elective Enrollment Policies (COM)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**Approved by the Educational Policy Committee – December 14, 2011**

1. Clerkships and the Intersessions course will NOT be postponed.

Any exceptions regarding postponement of clerkships or the Intersessions course require the prior approval of the Associate Dean for Admissions & Student Affairs/Vice Dean for Academic Affairs (EPC – Nov. 20, 2008).

2. Policies for Electives
   
   a. There is a period during Year 3 that is designed for students to complete an elective.
i. A student will enroll in a designated Year 3 elective course during the Elective Period of Year 3. Each track determines the characteristics and scheduling of the Year III elective courses.

ii. Students are strongly encouraged to complete their Year 3 elective at their home institution (defined as the campus at which the student is taking his/her clerkships).

iii. Completion of the Year 3 elective course will not be delayed to Year 4.

iv. The third year elective period will not be used for vacation or for discretionary time.

v. Students from schools other than the UA College of Medicine may not enroll in Year 3 elective courses.

vi. Year 4 requirements will not be met in the Year 3 Elective Period (EPC- Feb. 4, 2009), unless satisfying the exception herein:

   i. Exception: A student in the Tucson Program may enroll in a Surgical Subspecialty during the Year 3 Elective Period.

viii. Exceptions to the policies regarding the Year 3 elective must be approved by the Associate Dean for Admissions & Student Affairs/Vice Dean for Academic Affairs. (August 19, 2009).

b. A student must complete a course within each of the following categories of electives:

   i. Subinternship (Due to prerequisites, a student can only be enrolled in Year 4)

   ii. Selective in Emergency Medicine and/or Critical Care (Due to prerequisites, a student can only be enrolled in Year 4)

   iii. Surgical Subspecialty (For Tucson track, a student may meet this requirement by enrolling in a surgical subspecialty during the Year 3 elective Period)

c. A student is required to earn 24 units of Year 4 curricular credit in elective courses of his/her choice, in addition to the requirements in (b).

d. A student must obtain approval of his/her plan for courses in Year 4 from an advisor; the advisor and the process for guidance is determined by each campus.

e. Specific requirements within these policies are determined by each program (Tucson and Phoenix).

Other Enrollment Guidelines

- Students may use discretionary time available as they wish for such activities as vacation, residency interviewing and other non-credit activities. Students may take additional electives
during the discretionary time at no extra tuition charge, and may continue to participate in elective experiences that are interrupted by graduation.

- Elective course listings indicate the maximum number of weeks the elective may be taken for credit. Students may enroll in electives supervised by University of Arizona faculty only during the time periods specified in the Electives Manual. However, students may enroll in an elective at another medical school for a period that does not correspond to the periods specified in the Electives Manual; for example, they may arrange to take a four-week elective elsewhere from July 12 through August 20 using vacation time before and after the elective.

IV. EPC Year 4 Required Rotations and Electives Policy
Amendment – 9-18-2013
Policy Effective Date: Academic Year 2013-2014

The following policy guides enrollment in Year 4 electives for the University of Arizona. See Year 4 Curriculum and Scheduling Requirements for the complete policy governing the MS 4 curriculum.

Any exceptions to the limitations below must be pre-approved by the Electives Director (Phoenix) or the Associate Dean of Student Affairs (Tucson).

Limitations on Elective Weeks by Experience

1. Limitation on the number of weeks in any one subspecialty field: The maximum number of weeks allowed during the fourth year in one subspecialty field is 12. “Subspecialty field” is defined as any field in which subspecialty board certification is possible. A caveat to this policy will be that students may take multiple rotations within a broader discipline’s umbrella, as long as they do not substantively overlap in curricular content. For example, a student may take multiple pediatric electives, so long as no more than 3 electives are in any one particular subspecialty (e.g., a student may take a variety of pediatric subspecialty rotations, but no more than 3 general pediatric rotations or 3 pediatric cardiology rotations). Another example is general surgery, where a student may take multiple surgical subspecialty rotations, such as urology, otolaryngology, etc., but may not take more than 12 units of credit in general surgery or any one subspecialty.

2. The maximum number of weeks allowed for rotations completed at institutions and sites not directly supervised by University of Arizona COM faculty or directly affiliated with the University of Arizona COM – PHX during the fourth year is 16.

   i. For a directly supervised course, the course director is a UA COM appointed faculty member who has ultimate responsibility for the design, Implementation, and assessment of the course. The course director may hold any faculty title, including a volunteer clinical position, lecturer, adjunct, as well as assistant, associate or full professor.

3. The maximum combined number of independent study units (including reading rotations) for which credit will be allowed is 8.
Grading and Progression

Assessment of Student Performance in a Clerkship

(October 28, 2009)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

The Years 3 and 4 curriculum is program-wide, meaning that the same clerkship blocks are offered at both the Phoenix and Tucson campuses. Because students may enroll in clerkship experiences at either campus, standards for student performance evaluation in clerkships must also be equivalent at both campuses.

The Assessment Form for Student Performance in a Clerkship is designed as a core assessment form for all clerkships. However, each clerkship may append additional assessment items, if desired.

Educational Program Objectives (EPOs)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

EDUCATIONAL PROGRAM OBJECTIVES

for the Program Leading to the MD Degree

As approved by the General Faculty, the Educational Policy Committee has established the following educational program objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following:

COMPETENCY: PATIENT CARE (PC)

Graduates obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. They develop appropriate differential diagnoses and patient care management plans. They recognize and understand the principles for managing life-threatening situations. They select, perform and accurately interpret the results of laboratory tests and clinical procedures in making patient care decisions, and use appropriate diagnostic and treatment technologies in providing patient care.
Measurable Objectives for the Patient Care competency

Graduates will be able to:
- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Interpret the results and perform commonly used diagnostic procedures
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, and those requiring short- and long-term rehabilitation
- Provide appropriate care to diverse* patients
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial therapy
- Outline an initial course of management for patients with serious conditions requiring critical care
- Effectively work with health care professionals, including those from other disciplines, to provide patient-focused care

COMPETENCY: MEDICAL KNOWLEDGE (MK)

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.

Measurable Objectives for the Medical Knowledge competency

Graduates will demonstrate their knowledge in these specific domains:

Core of Basic Sciences
- The normal structure and function of the body as a whole and of each of the major organ systems
- The molecular, cellular and biochemical mechanisms in understanding homeostasis
- Cognitive, affective and social growth and development

Application to Patient Care
- The altered structure and function (pathology & pathophysiology) of the body/organs in disease
- The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
- Information on the organization, financing and distribution of health care
- The influence of human diversity* on clinical care
- The legal, ethical issues and controversies associated with medical practice
Critical Thinking

- The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
- The use of computer-based techniques to acquire new information and resources for learning

COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT (PLI)

Graduates are prepared to practice medicine within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate experimental and patient care information. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities.

Measurable objectives for the Practice-Based Learning and Improvement competency:

At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:

- Evaluating his/her own patient care practices, using systematic methodology
- Comparing own patient outcomes to larger studies of similar patient populations
- Using information technology to learn of new, most current practices on national and international levels
- Using quality assurance practices
- Pursuing continuing education to remediate or improve practice
- Attending (and presenting at) conferences relevant to his/her patient care
- Using on-line resources for most current information and education
- Using an evidence-based approach to decide or reject new experimental findings and approaches.
- Understanding and critically assessing articles in professional journals
- Understanding the requirements and steps for approval of new medicines and techniques

COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS (IPS)

Graduates must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients’ families, and professional associates. They promote health behaviors through counseling of individual patients and their families, and through public education and action.

Measurable Objectives for the Interpersonal and Communication Skills competency:

Graduates will demonstrate:

- The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
• Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
• Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
• The ability to encourage patients’ health and wellness through appropriate patient education

COMPETENCY: PROFESSIONALISM (PRO)

Graduates are committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations. They are altruistic and compassionate in caring for patients and at all times act with integrity, honesty, and respect for patients’ privacy and for the dignity of patients as persons. Graduates are advocates for improving access to care for everyone. They are committed to working collaboratively with the health care team, and acknowledge and respect the roles of other health professionals. Graduates recognize their limitations and seek improvements in their knowledge and skills.

Measurable objectives for the Professionalism competency:

Graduates will exemplify a professional character that exhibits:

• Compassionate treatment of patients
• Respect for patients’ privacy, dignity and diversity*
• Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
• A responsiveness to the needs of patients and society that supersedes self-interest.
• The skills to advocate for improvements in the access of care for everyone, especially those traditionally underserved
• A commitment to excellence and on-going learning, recognizing their limitations of knowledge, and the skills to effectively address their learning needs
• Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
• An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

COMPETENCY: SYSTEMS-BASED PRACTICE AND POPULATION HEALTH (SBP)

Graduates demonstrate awareness of and responsiveness to the large context and system of health care. They are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, diagnosing illnesses, making treatment plans and considering the public health implications of their work.

Measurable objectives for the Systems-Based Practice and Population Health competency:

Graduates will evince:
• An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
• Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
• The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
• An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
• The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance
• An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
• The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
• How to appropriately mobilize community-based resources and services while planning and providing patient care

* “Diversity” is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.

**Essential Qualifications for Medical Students (COM)**

To ensure that incoming medical students are able to complete the entire curriculum established by the College of Medicine, the College requires that each student be able to meet the technical standards defined in this document.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**Essential Qualifications for Medical Students**

All students must possess the capability to complete, with or without reasonable accommodations, the entire curriculum established by the College of Medicine, which is required to achieve an M.D. degree. The medical school curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, communicative, and interpersonal skills. To achieve these proficiencies, the College of Medicine requires that each student be able to meet the following technical standards.

**Motor Skills**

A student should have sufficient motor function to execute movements required to provide general care and treatment to patients in all health care settings. Students must be able to elicit independently information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A
student must be able safely to execute motor movements reasonably required to provide general care and emergency treatment to patients.

Sensory/Observation

A student must be able to acquire the information presented through demonstrations and experiences in the basic and clinical sciences. S/he must be able to observe a patient accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing clinical assessment and intervention or administering medications. The student must be capable of perceiving the signs of disease and infection as manifested through physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and tissues, and information communicated by patients and body functions. The student must be able to adhere to the standards of patient assessment and standards of care, including the use of technological equipment.

Communication

A student must communicate effectively, sensitively and rapidly with other students, faculty, staff, patients, family, and other healthcare professionals. S/he must demonstrate a willingness and ability to give and receive feedback. A student must be able to: convey or exchange information at a level allowing development of a health history; identify problems presented; explain alternative solutions; and give directions during treatment and post-treatment. The student must be able to process and communicate information on the patient’s status with accuracy in a timely manner to members of the healthcare team. A student must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications.

Cognitive

A student must be able to problem solve rapidly. This critical skill demanded of physicians requires the ability to learn and reason, and to integrate, analyze, and synthesize data concurrently in a multi-task setting. In addition, the student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. A student must be able to measure, calculate, reason, analyze, integrate and synthesize in the context of the study of medicine. The student must be able to comprehend extensive written material. S/he must also be able to evaluate and apply information and engage in critical thinking in the classroom and clinical setting. The student must be able to consider alternatives and make decisions for managing or intervening in the care of a patient.

Behavioral/Social

A student must possess the ability to exercise good judgment, and to complete all responsibilities attendant to the diagnosis and care of patients and families. In addition, s/he must maintain mature, sensitive, and effective and harmonious relationships with patients, students, faculty, staff and other professionals under highly stressful situations. The student must have the ability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must be able to exhibit empathy, integrity and concern for others.
Professional Conduct

The student must abide by professional standards of practice. The student must be able to engage in patient care delivery in diverse settings and be able to deliver care to all patient populations.

Disability Resources

If you have a disability that might limit your ability to meet these essential qualifications, please contact the Disability Resource Center to explore whether reasonable disability accommodations may be available to you:

- phone: 520-621-3268 (voice/TTY)
- email: drc-info@email.arizona.edu.

Grading and Progression Policy for Academic Years 3 & 4

Approved by the EPC June 15, 2011
Revised and approved February 15, 2012
Amended and approved June 20, 2013
Policies are effectively immediately.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

A. Grading Policies for Clerkships

1. The grade in a clerkship is based on a student’s performance in the competencies.

2. The grade will be a composite grade, using the common assessment form, test scores, and other evaluation tools that are approved by the EPC.

3. The composite grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F).
   a. The test will account for 25-30% of the composite score.
   b. The test can be a shelf exam or self-designed.
   c. Each clerkship will determine its own formulas for determining the composite score and will use the same formula at all sites (Tucson & Phoenix) of the clerkship. The formula must be documented and communicated to faculty and students.
   d. The clerkship director is responsible for final determination of each student’s grade
   e. Honors will be awarded to students with composite grades in the top 20-30% of all student scores, and High Pass will be awarded to students with the next highest 20-30% of scores. Clerkships will annually review procedures for determining Honors and High Pass and revise as needed.
f. A student must achieve Satisfactory assessment in every competency to receive either a P, HP, or H for the clerkship. Unsatisfactory in any competency will result in a failing grade in the clerkship.

g. High pass indicates a student who has excelled in either the exam or the clinical grade but not in the other, or who is outstanding in all areas and is close to an Honors score, but does not achieve it.

h. Each clerkship will set the minimum passing score on its exam.

4. If a student fails the exam, the student will be given one opportunity to complete a Retake Exam.
   a. If a student needs to schedule a retake exam during Year III, it must be scheduled at the next academic break.
   b. These are the Winter and Spring breaks. The ‘next’ break will be determined by the timing of the results of the 1st exam and the time it takes to order a new exam.
   c. The retake exam cannot be scheduled during a clerkship or Intersessions or the third year elective block.
   d. If a student needs to schedule a retake exam during Year IV, the student will arrange his/her schedule to accommodate a week without curricular requirements and will schedule the Retake Exam at the end of that week.
   e. A student who fails a second clerkship exam before completing the Retake Exam for a previous failure must stop his/her academic progress and meet with the Student Progress Committee to agree on a plan for the student to complete the Retake Exams. If a student must schedule multiple Retake Exams, s/he must pass all of them before resuming his/her clinical training.

5. A student who retakes an examination because of failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass.

6. If a student fails the clerkship, the student will be required to repeat the course. This means that the student must complete all components and requirements for the clerkship course (for example, completion of exam and of clinical requirements).

7. A mid-clerkship assessment for each student is required, and the Mid-Clerkship Formative Feedback form approved by the EPC will be used for this. The student’s performance must be reviewed in a face-to-face meeting with a clinical teacher, and the student and clinical teacher must sign the Mid-Clerkship Formative Feedback form. The signed forms must be stored and available for review.

• Grading Policies for Intersessions (EPC 12-15-2010)

1. Intersessions is a single course consisting of one or more weeks that are distributed through the year(s). Student performance in the weeks of the course is combined into a single grade that is recorded on the transcript at the end of the course.
   a. The grade can be either Pass or Fail.
   b. Assessment is based on performance in each competency.
   c. The final grade in each competency is awarded at the end of the course.
d. If a student receives an Unsatisfactory in any competency, the student has failed the course.

c. Each student’s current performance in the competencies will be posted in ArizonaMed or E*Value, so that at the end of a week, the student can be informed of his/her status in the course.

f. If a student’s performance in an Intersessions week is unsatisfactory, the student must meet with the course director to plan for improved performance in the next Intersessions week.

2. Attendance is required at all activities.
   a. The campus Associate Dean for Student Affairs, in consultation with the course director, must approve any absence.

   b. If a student has an excused absence for a session, the student must arrange with the course director to make up the session.

   c. An unexcused absence can result in a failure of the course at the discretion of the course director.

3. The MK competency is based on exams, administered at the end of Intersessions week(s).
   a. If there is more than one exam, each exam will contribute equally towards the final MK grade.

   b. If at the end of the course, the student has not met the criteria for satisfactory performance in MK, s/he will be offered one opportunity to take another examination, called a retake exam.

   c. The retake exam will be comprehensive, covering Intersessions material addressed across the week(s).

   d. The retake exam will be scheduled by the course director in consultation with the Associate Dean of student Affairs. The retake exam will be scheduled within 4 weeks after the end of Intersessions.

   c. Passage of the retake exam will result in satisfactory performance in the MK competency.

   f. Failure of the retake exam will result in unsatisfactory performance in MK and therefore failure of the Intersessions course.

4. If a student fails the Intersessions course, the student must repeat the Intersessions course in Year IV.
   a. The student will designate week(s) in his/her 4th year that is/are equivalent to the duration of the Intersessions course. During that time, the student cannot be enrolled in other medical curriculum courses.

   b. The student will be required to submit one to three papers on topics decided by course director. The topics will cover broad integrative content areas from the Intersessions course.

   i. The student will be expected to review relevant podcasts, ArizonaMed posted materials from the Intersession course, as well as the student will be required to research additional information from literature sources (articles, textbooks, etc.).

   ii. The paper will be evaluated by relevant faculty and given a grade of Pass/Fail. The paper(s) should be scholarly and include references.
iii. The student will also be required to discuss and defend the ideas in each of his/her papers to the faculty who graded the paper in an oral examination. The grade for the oral examination will also be Pass or Fail.

iv. The student can receive either a Pass or Fail grade for the repeat of the Intersessions course and must pass both the written and oral presentations.

v. If a student fails the repeat of the Intersessions, it will be a second failure of the same course and the student would be automatically dismissed, following the policies established by EPC 7/1/10.

- **Grading Policies for Transitions Course**
  1. The two grades available for this course are Pass and Fail.
  2. The student's grade is based on his/her attendance and participation.
  3. The Attendance Policy must be followed, which means a student must receive approval from the campus Associate Dean of Student Affairs for any absence in the course.
  4. If a student has an excused absence for a session, the student must arrange with the course director to make up the session.
  5. An unexcused absence can result in a failure of the course at the discretion of the course director.
  6. A student may not progress in Year III until s/he passes the Transition course.

**III. Timing of USMLE Examinations**

**NOTE: Students who have made a first attempt of the USMLE Step I exam prior to May 1, 2012 meet the following policies concerning the USMLE examination.**

**A. Timing of First Attempt at USMLE Step 1 Exam**

The student must take the USMLE Step 1 exam for a first time promptly after the end of the academic activities for Year II. Typically, this means that the USMLE Step 1 exam will be scheduled before June 30th of Year II.

1. In the case of a student who is continuing in the M.D. program without interruption, s/he must take the Step 1 exam before starting his/her first clerkship.
2. In the case of a student in a dual-degree program, s/he must take the Step 1 exam before starting any additional work toward the non-M.D. degree.
3. In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the Step 1 exam by the June 30th following the end of Year II or at another time determined by the Student Progress Committee.

**NOTE: The following policy applies to any student who has not yet attempted the USMLE Step 1 exam by May 1, 2012.**
• **First Attempt At USMLE Step 1 Exam**

1. A student must complete the USMLE Step 1 exam before starting any clerkship or elective for third- or fourth-year credit.

2. A student in a dual-degree program must complete the Step 1 exam no later than 6 weeks after the end of Year 2 courses.

3. A student may delay taking USMLE Step 1 exam only if the Associate Dean of Student Affairs has approved the delay. Conditions for which the Associate Dean of Student Affairs may approve a delay in scheduling the Step 1 exam are:
   a. The student is taking a leave of absence or has an extraordinary life event.
   b. The student is required to remediate a failed block from Year 2. The student must complete any block remediation before taking USMLE Step 1. The student may delay the date of his/her Step 1 exam no later than 8 weeks after the block remediation is completed.
   c. Other special circumstances, at the discretion of the Associate Dean of Student Affairs.
   d. The Associate Dean of Student Affairs will notify the Student Progress Committee about any student who is approved to delay taking the USMLE Step 1 exam.

4. Enrollment in courses after first attempt
   a. A student may not begin any clerkship rotation or any medical school course for continuation of a dual degree program until s/he has taken the USMLE Step 1 exam.
   b. A student who has completed the Step 1 exam may begin his/her first clerkship rotation while his/her result is pending.

5. The student must **pass** the USMLE Step 1 before taking the USMLE Step 2 Clinical Knowledge (CK) exam.

6. It is recommended that a student take the USMLE Step II CK exam for a first time by November 30 of his/her senior year.
   a. In the case of a student taking a leave of absence that has been approved by the Student Progress Committee, s/he must take the Step II exam by another time determined by the Student Progress Committee.
   b. The student must pass the USMLE Step 1 exam before entering his/her last academic year (Year IV).
   c. If a student wishes to take the USMLE Step II CK exam after November 30, the student must obtain approval from the Student Progress Committee.

7. Students are strongly advised to take USMLE Step 2 CS no later than December 31 of their final academic year.

8. Every student must have passed the USMLE Step 2 CK exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.
   a. The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one-year deadline. No further attempts after the one-year deadline will be allowed.
b. The one-year clock will be stopped for a student who has an approved leave of absence. The clock will resume once the leave of absence is concluded.

• **Non-Progression Following Failure Of First Attempt At USMLE Step 1 Exam**

1. A student who does not achieve a passing score on his/her first attempt at the USMLE Step 1 exam may not enroll in any medical school curricular course, including any course for any dual-degree program, until after s/he has taken the Step 1 exam a second time. The sole exception is that the student may enroll in courses that are approved by the Office of Student Development (Tucson) or Office of Learning Resources (Phoenix) and that serve to prepare for another attempt at Step 1.

2. If a student learns of a failure on his/her first attempt while in clinical training, the student must stop clinical training at the end of the block (up to 2 rotation periods) s/he is then enrolled in. If a student is enrolled in a course, the student may complete the course, but then must stop.

3. After completing a second attempt at USMLE Step 1, the student may seek approval from the Student Progress Committee to enroll in a new clerkship rotation while awaiting his/her score on the second attempt. The student may not enroll in any course contributing to a dual-degree program, however, until a passing score has been posted.

4. If the student learns of a failure on his/her second attempt while in clinical training, the student will cease progress in the clerkship immediately upon learning of the failure, and may not enroll in a subsequent clerkship rotation until a passing score has been posted.

5. The student is expected actively to engage in remedial efforts to improve his/her performance on the USMLE Step 1. For example, the student may enroll in a Step 1-preparation course offered by the University or outside the University. If needed, the student will be enrolled in an independent study and will be supervised by the Office of Student Development (Tucson) or Office of Learning Resources (Phoenix). As part of the independent study, the student will be required to meet weekly and have his/her study supervised by the Office of Student Development or Office of Learning Resources.

• **Limitations On Multiple Attempts At USMLE Step 1 Exam (Epc 04-20-2011)**

1. A student must obtain approval from the Student Progress Committee before scheduling a third or any additional attempts at the USMLE Step 1 exam.

2. The Student Progress Committee will consider the following criteria in deciding whether to approve a request:

   a. scores on the student’s previous attempts
   b. progress of scores on previous attempts
   c. recommendations of the staff of the Office of Student Development (Tucson) or the Office of Learning Resources (Phoenix) who have supervised the student
   d. the history of the student’s efforts to remediate, including what courses s/he has taken
   e. for the Tucson track, the student’s participation in the PASS Step 1 course offered during years 1 & 2

3. If an additional attempt is approved, the Student Progress Committee will review and approve the student’s study plan.
4. Every student must have passed the USMLE Step 1 exam within one calendar year (12 months) after the date of his/her first attempt. A student who has not passed one year after his/her first attempt will be automatically dismissed.

   a. The exact deadline for a calendar year will be postponed only until a pending score is posted for an exam that was taken before the one-year deadline. No further attempts after the one-year deadline will be allowed.

   b. The one-year clock will be stopped for a student who has an approved leave of absence. The clock will resume once the leave of absence is concluded.

IV. Dismissal from the College of Medicine

A. New policy approved February 15, 2012

1. The following new policy was approved February 15, 2012 – effective immediately. A student who meets any of the following conditions will be automatically dismissed from the Doctor of Medicine degree program. The Associate Dean for Student Affairs will notify both the student and the Student Progress Committee of the criteria that triggered the automatic dismissal.

2. The student fails the same course twice. This includes any course in the curriculum, including for example blocks, longitudinal, clerkships, electives, and intersession courses.

3. The student fails three different courses. This includes any combination of failures of courses in the curriculum, including for example blocks, longitudinal, clerkships, electives, and intersession courses.

4. The student has not passed the USMLE Step 1 exam within one calendar year (12 months) after the date of his/her first attempt.

5. The student has not passed the USMLE Step 2 CK exam within one calendar year (12 months) after the date of his/her first attempt.

6. (In effect beginning with the Class of 2016) The student must complete all the requirements for the M.D. degree within six years from the date of matriculation. Leaves of absence for any reason are included and count towards the maximum time of six years.

7. (In effect beginning with the Class of 2016) The student in a dual degree program (e.g., MD-PhD, MD-MPH, etc.) may exceed the six year limitation in satisfying the requirements of both degrees, but must take no more than three years from the date of matriculation to complete satisfactorily Years I & II courses and no more than three years after beginning the required Year 3 clinical experiences to complete satisfactorily required clinical experiences and electives.

• Policies concerning requests for reinstatement

Policies concerning requests for reinstatement following automatic dismissal are established by the Student Progress Committee.
Grading Policies for Electives

Approved by the Educational Policy Committee, December 14, 2011

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

- In order to explain the rationale for grading in electives it is helpful to consider their unique educational purpose and format. Their purpose is to enable a student to pursue areas of interest, which is quite different than other courses, which are designed to teach fundamental skills, that all students are expected to master.

- Each student’s Year IV curriculum is individualized to meet his/her educational and career needs. An advisor designated by each campus will approve the specific selection and enrollment of electives.

- An elective period has been scheduled during Year III to provide students with an early experience within a specialty that the student may be considering for a career.

- A “clinical” or “patient-care” elective is a medical training experience that involves direct patient contact, and is expected to provide the student with structured, individualized education, training, or experience in some branch of medicine. These electives require, at a minimum, 40 hours per week commitment.

- A “non-clinical” or “non-patient-care elective” is any course that does not involve direct patient care and may include research, independent study, seminars or on-line courses.

1. The grade in an elective course is based on a student’s performance in all of the competencies.

   a. A student must achieve satisfactory performance in every competency, as a minimal requirement, to receive a “Pass” for the elective. Unsatisfactory performance in any competency will result in a failing grade in the elective.

      i. All electives must complete a final grade report form that includes the Final Report of Faculty Assessment of Student Performance in an Elective at the end of the elective. Additional information may be added to the final grade report for each program (Tucson and Phoenix)

         The grading forms used by the Tucson and Phoenix programs can be found at the following links: Phoenix Forms; Tucson Forms

      ii. The form is stored by the Department and a copy is submitted to Student Affairs for recording the final grade on the student’s transcript and is included in the student’s file.

      iii. Information on the form will be used in the Dean’s letter.
2. There are three possible grades that are recorded on the transcript: Honors, Pass, or Fail, which is identified on the form described above.

   a. The grade will be a composite grade, using the standard form (mentioned above), and other evaluation tools that are approved by the Electives Subcommittees.
   b. An elective will determine its own formulas for determining the composite score. The formula must be documented and communicated to students in the orientation materials for the elective.

3. A failure in an elective course is recorded on a student’s transcript and its units do not accrue toward graduation requirements.

   a. If a student fails a selective that is required for graduation (e.g., Surgery Subspecialty or Subinternship) the student must pass a selective in the same subspecialty that fulfills the specific requirement. However, the remedial selective rotation may be taken at a different site from the original selective.
   b. If a student fails an elective that accrues generally towards the total number of units needed for graduation, the student must complete and pass another elective to meet the required number of units.

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**Grading Policy for the End-of-Year III Objective Structured Clinical Exam (OSCE) (COM)**

Approved by the Educational Policy Committee
March 17, 2010; amended June 20, 2012
Effective June 20, 2012

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

In order to have the end-of-Year 3 OSCE exam results more closely reflect potential performance on USMLE Step 2-CS and to assure an appropriate level of clinical competence, the EPC examined changing the grading for the University of Arizona College of Medicine end-of-Year 3 OSCE exam. Grading of the exam was discussed and the following policies regarding grading of the end-of-Year 3 OSCE exam were approved by the committee:

Starting with the Class of 2011:

- Students must independently pass the Arizona Clinical Interview Rating (ACIR) and Database Development components of the end-of-Year 3 OSCE exam. The passing score on each component shall be 65.0%. (approved by EPC 6/20/12)

- Students are strongly advised to take USMLE Step 2-CS no later than December 31 of their final academic year. (approved by EPC 3/17/10)
Introduction

Due to the professional nature of the study and preparation for medicine, the College of Medicine (also referred to as the “COM”) adopts these Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals, (hereafter “Procedures”), which supersedes all previous policies and procedures addressing the same or similar issues, including the Policies and Procedures for Student Progress and Appeals of Academic and Disciplinary Decisions. Medical students also are required to follow policies and codes of conduct governing all students at the University of Arizona, violations of which may result in the University taking action independent of action the COM may take. Such policies include, but are not limited to the Arizona Board of Regents Student Code of Conduct (ABOR Policy 5-308), which is applicable to all students at the University of Arizona, and which the University’s Dean of Students Office enforces.

Medical students also are bound by the COM’s Code of Conduct and Procedures for the Honor Code Committee and its Educational Policies, which govern educational and graduation requirements for its students. Because it is the COM’s mission to train medical professionals, the COM also requires that medical students abide by the professional standards required of physicians under Arizona law, as described in A.R.S. § 32-1401, et seq.

Decisions regarding grade appeals must be made on an accelerated basis, and therefore, the provisions regarding grade appeals for undergraduate and graduate students at the University of Arizona do not apply. Therefore, the process for appealing a grade at the COM will be handled in accordance with these Procedures.

Procedures

I. Definitions. Under these Procedures, the following terms will have the meanings set forth below:

A. “Automatic Dismissal” has the same meaning as described in the Program-wide Grading and Progression Policies of the COM, as amended. Either the Deputy Dean, Education or designee or Vice Dean, Academic Affairs or designee may order an automatic dismissal in accordance with those policies.

B. “Advisor” means a faculty or staff member or other individual selected by a student to advise him or her during a meeting or a hearing conducted by the Student Progress Committee or Honor Code Committee. Unless the advisor is a licensed attorney, the advisor may provide assistance to the student during a meeting or hearing, but may not speak on his or her behalf.
C. “Assistant Registrar” or “Registrar” means an individual who holds that title at either the COM-Tucson Campus or the COM-Phoenix Campus. This individual will prepare and supply the Student Progress or Student Appeals Committee with relevant records of each student at such Committee reviews and prior to meetings or hearings under these Procedures.

D. “Attorney” means an individual licensed to practice law in the State of Arizona.

E. “Dean” means the Dean of either the Tucson or Phoenix Campus of the University of Arizona College of Medicine.

F. “Dean, Student Affairs” means either an Associate Dean, Student Affairs holding that title at either the Tucson or Phoenix Campus of the University of Arizona College of Medicine, or his or her designee. The Associate Dean may advise students about their rights and obligations under these Procedures, may present relevant information related to students at a SPC meeting if requested, and may attend SPC meetings, but will not vote on any matters before those Committees.

G. “Deputy Dean, Education” or “Vice Dean, Academic Affairs” means the individual holding such title at either the COM-Tucson Campus or the COM-Phoenix Campus, or his or her designee. Such individual or designee will issue notices of automatic dismissal or dismissals based either on lack of academic progress or for disciplinary reasons, subject to students’ rights to seek a hearing or appeal those decisions, and will present evidence on behalf of the COM at any hearings initiated under these Procedures.

H. “Dismissal” or “Dismiss” means termination of a student from the COM.

I. “Graduation Requirements” means those requirements established by the Educational Policy Committee (EPC), as described in its Program-wide Grading and Progression Policies, as amended from time to time. Those requirements are incorporated into these Procedures by reference.

J. “Honor Code Committee” means a Committee established pursuant to the Bylaws of the University of Arizona College of Medicine.

K. “Notice” or “notify” means providing written notification within the time limits specified in these Procedures 1) by hand-delivery or U.S. mail to the student’s last known address as reflected in University records; 2) to an address to which the student has specifically requested such notices be sent; or 3) to the student’s official University e-mail address.

L. “Preponderance of the evidence” means that quantity and quality of evidence which, when fairly considered, produces the stronger impression, and has the greater weight, and is more persuasive regarding its truth than the evidence presented in opposition.

M. “Student Appeals Committee” means a Committee established pursuant to the Bylaws of a University of Arizona College of Medicine. The Student Appeals Committee may
consider appeals of decisions of the SPC when an appeal is permitted by these Procedures.

N. “Student Progress Committee” or “SPC” means a Committee established pursuant to the Bylaws of a University of Arizona College of Medicine, which will function as described below.

O. “Quorum” will mean two-thirds of the members of a Committee described above. If a member of either a SPC, Honor Code Committee or Student Appeals Committee is unable to attend a meeting or hearing required by these procedures, or believes he or she will be unable to review a matter objectively or to participate in a meeting or hearing required under these Procedures, then the member may recuse himself or herself from the matter under consideration and will explain the reasons for such recusal to the Chair of the appropriate Committee reviewing the matter. Similarly, if a Committee member directly participated in a matter that is the subject of review before such Committee, that Committee member will be disqualified from participating in the matter that is the subject of review before the Committee. If a Committee member recuses himself or herself from a matter, then a quorum for the meeting or hearing will be two-thirds of the membership remaining. To conduct business under these policies, a quorum must be present at the beginning of any meeting or hearing and must remain throughout the meeting or hearing until the Committee reaches a decision.

II. Functions of the Student Progress Committee (SPC)

A. The SPC will conduct the following reviews of students’ progress:

1. Students in Years 1 and 2: At the end of each semester, the Associate Dean, Student Affairs will report to the SPC concerning the performance of all first- and second-year students during that semester.

2. Students in Year 3: At the beginning of the second semester of the third year, the SPC will undertake a complete review of all third-year students.

3. Students in Year 4: Following a meeting with each fourth-year student in preparation for his or her Dean’s letter and a complete review of the students’ academic records, an Associate Dean, Student Affairs will verify students’ eligibility to participate in the National Residency Match Program (hereafter “Match”), and notify the Committee if any student is not eligible to participate in the Match.

B. The SPC may review the performance or professional conduct of any student who is brought to the Committee’s attention by any Dean or faculty member, or another student who is concerned about the progress or conduct of a student.

C. A student may also request to meet with the SPC in person to discuss his or her own academic progress or professional conduct by communicating directly with the Chair of the SPC in writing, and requesting to meet with the SPC.
D. If students fail to progress in accordance with the requirements established by the EPC’s Program-wide Grading and Progression Policies, the SPC will consider the circumstances surrounding and determine appropriate remedial measures, or order that the student be dismissed.

E. The SPC will conduct hearings permitted under these Procedures on dismissals, including automatic dismissals ordered by a Deputy Dean, Education or a Vice Dean, Academic Affairs in accordance with the EPC’s Program-wide Grading and Progression Policies.

F. The SPC will consider requests for non-medical leaves of absence and determine any conditions upon which students will be permitted to return from such leaves.

G. The SPC will review the status of students who are either admitted to the college as a result of transfer from another school of medicine, or who are readmitted to the COM following withdrawal to determine the student’s placement in the curriculum and timing of admission.

H. The SPC will consider recommendations for remedial or disciplinary action by the Honor Code Committee regarding a student’s violation of either the COM’s Code of Conduct or ABOR Policy 5-308 or conduct a hearing on such recommendations as outlined below.

I. The SPC will make final decisions regarding grade appeals when a student appeals a failing grade.

J. The SPC will review and suggest revisions to its procedures to the Student Affairs Committee from time to time in accordance with the COM Bylaws.

III. Student Progress Committee Procedures Regarding Academic Matters other than Appeals from Dismissals

A. When an administrator recommends that the SPC take academic action regarding a student, the Chair of the SPC will notify the student in writing within five (5) working days of proposing such action. The notification will describe the proposed action and the basis for proposing such action.

B. The student may respond to such notice in writing to the Chair of the SPC no later than ten (10) working days following receipt of the notice unless the student seeks from the Chair of the SPC and is granted an extension of time to respond based upon good cause.

C. Upon receipt of a response (or following the date on which such response could have been submitted but was not), the Chair of the SPC will notify the student of the time and date for a meeting with the SPC to discuss the matter, and will direct the student to attend the meeting.

D. If a student fails to attend a meeting of the SPC at which he or she was directed to be present, the Committee may proceed in the student’s absence, unless the student provides the Chair of the SPC good cause for not appearing and the Chair grants an
exception. The SPC may consider a student’s failure to attend a meeting for which a good cause exception has not been granted when finalizing any decision regarding the student.

E. Meeting Process.

1. A student may be assisted at a meeting by one non-attorney advisor, as defined in Section I.B. above. If a student brings an advisor to a meeting, he or she will notify the SPC Chair prior to the meeting of the advisor’s name. No other individuals will be permitted to accompany the student to a meeting unless requested to attend by the SPC.

2. At the meeting, the SPC will receive information from an Associate Dean, Student Affairs, a COM faculty member, or other administrator about the subject matter of the meeting, and from the student. If the SPC requires further information, it may request additional information either during or after the meeting. The Committee may ask questions of all individuals who appear at a meeting before determining what appropriate action it will take.

3. Following the meeting, the Chair of the SPC will prepare a letter to the student regarding the course of action prescribed and will notify the student and the Associate Dean, Student Affairs in writing of its action no later than ten (10) working days following the meeting.

4. A student is not entitled to appeal a decision of the SPC under this section.

IV. Student Progress Committee Procedures Regarding Dismissals and Recommendations for Disciplinary or Remedial Action by an Honor Code Committee.

A. Dismissals

A Deputy Dean, Education or a Vice Dean, Academic Affairs may automatically dismiss a student based upon lack of academic progress or for disciplinary reasons. The notification from the Deputy Dean or Vice Dean will include a statement that the student may request a hearing before the SPC in accordance with these Procedures and will include either a copy of these Procedures or a link to them on the COM website.

1. If a student desires a hearing, he or she must submit a written request for a hearing to the Chair of the SPC no later than five (5) working days after receipt of notification of the action for which a hearing is permitted. A student may request an extension of time to make a request for hearing only for good cause, which must be presented to the Chair of the SPC prior to the expiration of time to request such hearing.

2. When the student submits a request for a hearing, he or she also may submit a written response to the proposed action to the Chair of the SPC outlining his or her reasons that the proposed action should not be taken.
3. If a student fails to respond to the proposed action or fails to request a hearing within the prescribed time for doing so (or an extended time if permitted), then the proposed action will become effective at the end of the last business day on which the student could have requested a hearing. In such event, a student would not be entitled to an appeal of the decision to dismiss him or her or to take disciplinary action.

4. Pre-hearing Matters.

a. When a student requests a hearing, the Chair of the SPC will notify the student of the date, place and time of the hearing at least ten (10) working days prior to the hearing date unless the parties mutually agree to a different date or disposition of the matter. The notice will contain: 1) a statement of the action to be taken; 2) the student’s right to be represented by an attorney at his or her own expense or to bring a non-attorney advisor; 3) the names of the members of the SPC who will be hearing the matter; and 4) a copy of these Procedures or a link to the Policy on the COM website.

b. If a student engages an attorney to represent him or her at a hearing, the student will notify the Chair of the SPC of the name and contact information for that attorney at the time he or she requests a hearing. If the student is represented by an attorney, either the Deputy Dean, Education or Vice Dean, Academic Affairs who is presenting the matter to the SPC may also be represented by an attorney selected by the University’s General Counsel. A representative of the University’s Office of the General Counsel will attend the hearing and advise the SPC throughout the proceedings. The date on which the hearing will occur may be adjusted at the request of an attorney representing either party to the proceedings for good cause.

c. If the student is not represented by an attorney, he or she may be assisted throughout the hearing by an advisor as described in Section I(B) above.

d. A student may challenge the participation of any member of the SPC on the grounds of personal bias by submitting a written statement to the Chair of the SPC setting forth the basis for the challenge no later than five (5) working days after receiving notice of the individuals who will serve on the SPC for the hearing. The Chair will determine whether to sustain or deny the challenge. If the Chair sustains the challenge, the challenged member will not participate in the hearing.

e. Members of the University Community are expected to comply with any request by the Chair to appear at a hearing and/or to provide information or evidence to the Committee in connection with a hearing under this Policy unless compliance would result in significant personal hardship or substantial interference with normal University functions.
f. No later than five (5) working days prior to the scheduled hearing, the parties will exchange 1) a list of the names and addresses of the witnesses who may be called to provide evidence at the hearing, and 2) a list of all documents or statements that will be presented at the hearing.

g. The student and the Deputy Dean, Education or Vice Dean, Academic Affairs, or their attorneys if represented by counsel, will make copies of all documents they wish to present at the hearing in sufficient numbers so that each SPC member, the attorney advising the SPC, the other party, and the court reporter has a copy.

5. Conduct of the Hearing.

a. These proceedings are confidential and the information provided during a hearing will not be shared with anyone outside the hearing. Hearings before the SPC will be closed to everyone except the student, the SPC members, the Associate and/or Assistant Deans, Student Affairs, either the Deputy Dean, Education or Vice Dean, Academic Affairs, the witnesses during their testimony, attorneys for the parties, if any, an attorney from the Office of the General Counsel who is advising the SPC, the student’s advisor, if the student is not represented by counsel, and the court reporter.

b. Prior to the hearing, the Assistant Registrar for the COM will provide the SPC with copies of the student’s entire academic record.

c. The Chair will preside at the hearing and will rule upon all procedural matters and ensure that the parties have a fair opportunity to present their evidence. The formal rules of evidence that apply to legal proceedings will not apply, although objections to the introduction of evidence may be considered by the Chair. The Chair may exclude irrelevant, immaterial, privileged or unduly repetitious evidence. Information regarding prior actions taken by the SPC or an Honor Code Committee may be presented at the time of the hearing. The Chair may establish reasonable limits upon the time allotted to both the student and the Deputy Dean, Education or Vice Dean, Academic Affairs for oral presentation, presentation of evidence, and examination and cross-examination of witnesses.

d. A court reporter will make a verbatim record of the hearing, and will administer an oath to witnesses before they testify. The court reporter also will mark documents or other evidence presented during the hearing.
e. The Associate Dean, Student Affairs or designee will provide a narrative description to summarize the student’s academic record, if requested by the Chair to do so at such hearing.

f. The Deputy Dean, Education or the Vice Dean, Academic Affairs or their attorney will then present evidence to the SPC related to the dismissal, and may present witnesses and evidence in support of that action. The student or his or her attorney may then present evidence why the student should not be dismissed and may present witnesses and evidence in support of his or her position. Each party will have the opportunity to cross-examine the other party’s witnesses.

g. SPC members may ask questions of the student and any other witness called to provide evidence at a hearing.

h. At the conclusion of the presentation of evidence to the SPC, each party will be permitted to summarize his or her position to the SPC prior to the SPC’s deliberations.

6. Deliberations and Decision by Student Progress Committee.

a. Following the hearing, the SPC will discuss the evidence and decide whether the student should be dismissed or whether other action is more appropriate.

b. Any decision under this section requires a majority vote of the SPC.

c. The SPC will issue its written decision within ten (10) working days after the conclusion of the hearing, which will be founded solely upon the evidence presented at the hearing. The Committee’s decision will include a summary of the evidence on which the decision was based, its findings of fact and conclusions, and a statement that the decision is supported by a preponderance of the evidence.

c. The Chair of the Committee will sign the decision on behalf of the SPC and will provide a copy of the decision to the student, the Deputy Dean, Education or Vice Dean, Academic Affairs, the Associate Dean, Student Affairs, the Dean of the COM, the attorneys representing the parties, if any, and the attorney advising the SPC. The decision will include information about the student’s right to appeal an adverse decision to the Student Appeals Committee.

d. Unless a student appeals the decision to the Student Appeals Committee as provided below, the decision of the SPC is not subject to further review and becomes final upon the date such appeal could be filed.
B. Actions Taken Following a Recommendation by an Honor Code Committee for Discipline or Other Remedial Action.

1. When the Honor Code Committee submits a report to the Chair of the SPC finding that a student violated either the COM’s Code of Conduct or ABOR Policy 5-308, and recommends that the student should receive either remedial or disciplinary action, the SPC will schedule a meeting with the student who is subject to the charge of an Honor Code violation and the Chair of the Honor Code Committee.

2. Prior to such meeting, the SPC will receive all evidence presented to the Honor Code Committee at its formal hearing, including the transcript of those proceedings.

3. At the SPC meeting, the Chair of the Honor Code Committee will describe the process it followed to investigate and conduct the hearing regarding the alleged violation, and explain the Honor Code Committee’s decision and recommendations to the SPC and to the student. The student also may make a statement to the SPC, but will not present additional evidence at the meeting.

4. After meeting with the student and the Honor Code Committee Chair and considering the evidence and recommendations of the Honor Code Committee, the SPC may adopt the Honor Code Committee’s recommendations, unless it determines that the evidence presented at the Honor Code Committee hearing was insufficient to support the Honor Code Committee’s recommendations. In that event, the SPC will either conduct a hearing in accordance with the procedures set forth above or remand the matter to the Honor Code Committee with specific instructions.

5. If the SPC adopts the Honor Code Committee’s recommendations, it will issue a written decision containing its findings of fact and conclusions to the student who is subject to the charge of an Honor Code violation within ten (10) working days after the date of its meeting with the student and the Honor Code Committee Chair.

6. If the SPC determines that it must conduct a hearing on the matter, it will notify the student and the Honor Code Committee Chair that it rejected the Honor Code Committee’s recommendations and will schedule a hearing in accordance with the hearing procedures set forth in section IV.A.6 above.

7. A student may appeal a decision resulting in disciplinary or remedial action to the Student Appeals Committee, as set forth below.

V. Student Appeals Committee.

A. A student may appeal a decision by the SPC to dismiss him or her from the COM only on the following grounds:
1. Irregularities in the proceedings, including but not limited to any abuse of discretion or misconduct by the SPC or by a party to any proceedings under these Procedures that deprived the student of a fair and impartial hearing process.

2. That the dismissal was excessively severe under the circumstances.

3. That the decision was not supported by the evidence presented or is contrary to law.

B. A student may appeal a decision by the SPC to take remedial or disciplinary action against the student following a finding by the Honor Code Committee that the student violated the COM’s Honor Code of ABOR Policy 5-308 only on the following grounds.

1. A formal hearing by the Honor Code Committee was not conducted in a manner substantially consistent with the procedures set forth in the Honor Code.

2. The finding that the student violated either the Honor Code or ABOR Policy 5-308 is not supported by a preponderance of the evidence.

3. The student’s conduct does not constitute a violation of the Honor Code or ABOR Policy 5-308.

4. The process for making a determination that the student violated the Honor Code or ABOR Policy 5-308 violated the student’s constitutional rights.

5. The sanction imposed by the SPC is arbitrary or capricious.

C. Procedure and Disposition

1. The student must deliver his or her written notice of appeal, which will include the grounds for appeal, to the Chair of the Student Appeals Committee no later than ten (10) working days after the student receives a decision from the SPC that is subject to appeal.

2. Upon receipt of a notice of appeal, the Chair of the Student Appeals Committee will determine whether the notice of appeal sets forth grounds for appeal as required in paragraph V.A. or V.B. If the Chair determines that the student failed to establish an appealable issue, then the Chair will reject the appeal and notify the student that the appeal fails to meet the requirements set forth above. The student will have one opportunity to amend the notice of appeal. If the student fails to do so or again submits an appeal that does not meet the above grounds for appeal, then the Chair of the Student Appeals Committee will inform the student that the SPC’s decision is final and not subject to appeal.

3. If the Chair of the Student Appeals Committee determines that the student stated grounds for appeal according to paragraph V.A. or V.B., the Chair will notify the student that the Student Appeals Committee will review the record, including the transcript of the proceedings and render a decision.
4. The record, including the transcript of the proceedings subject to appeal, will be delivered to the Chair of the Student Appeals Committee.

5. Upon receipt of all the documents set forth in paragraph V.C.4., the Chair of the Student Appeals Committee will set a time for that Committee to meet to review the entire record, which will take place no later than twenty (20) working days from the date on which the Chair of the Student Appeals Committee receives the record. The Student Appeals Committee will consider no new evidence or information nor hear additional testimony during its deliberations. A University attorney from the Office of the General Counsel will assist the Student Appeals Committee.

6. The Student Appeals Committee will make a determination by majority vote whether to uphold the decision or to reverse the decision of the SPC, and will prepare the Committee’s written decision and deliver it to the Chair of the SPC, the Associate Dean, Student Affairs, the Office of the General Counsel, and the student no later than ten (10) working days after it meets. The decision will articulate the basis for 1) affirming the SPC’s decision; 2) reversing the decision if it finds that, under the facts, a reasonable decision-maker could not have come to the same conclusions reached by the SPC; or 3) remanding the matter to the SPC for further proceedings.

7. If the dismissal or other disciplinary action was based upon a finding that the student violated the COM’s Honor Code or ABOR Policy 5-308, the Associate Dean, Student Affairs will also provide a copy of the Student Appeals Committee’s decision to the University’s Dean of Students Office, which may take additional action against the student under the University’s Code of Conduct.

VI. Grade Appeals

If a student believes that he or she has been awarded a final grade for a course, block, elective or clerkship (hereafter “course”) that does not adequately represent his or her performance in the course, the student may appeal the grade under these Procedures.

A. Process for Appeals of Non-failing Grades Involving a Clerkship or Elective in Years Three and Four

1. Within ten (10) working days of receipt of his or her grade in a clerkship or elective, the student will confer with the clerkship or elective director (hereafter “director”), stating the basis upon which the student believes he or she should have been awarded a higher grade. The director will review the grading process with the student and determine that the grade was appropriate or change the grade.

2. If the student and director are unable to agree during this meeting that the grade should be increased, the student may appeal the grade in writing to the Dean, Curricular Affairs, stating the basis for changing the grade. The Dean,
Curricular Affairs will meet with the director and the student separately within five (5) working days of receipt of the appeal and review any documentation the student or director provides. Within five (5) working days after conferring with the director and the student, the Dean, Curricular Affairs may make a decision or may create an *ad hoc* Committee comprised of at least two other clerkship or electives directors or faculty who have not been involved in the student’s initial assessment to advise the Dean, Curricular Affairs in determining whether the student’s grade should be changed.

3. After such meeting or if no meeting is necessary, the Dean, Curricular Affairs will write a decision advising both the student and the director whether the grade should stand or that the grade should be increased. The Dean, Curricular Affairs will also provide a copy of the decision to the appropriate Associate Dean, Student Affairs and the Deputy Dean, Education or the Vice Dean, Academic Affairs, as appropriate.

4. The decision of the Dean, Curricular Affairs is final and no further grade appeal is permitted.

B. Process for Appeals of Failing Grades Involving either a Course or a Clerkship

1. Review by the Student Progress Committee.
   a. If a student receives a failing grade in a course or clerkship, the student first must proceed as set forth in Section VI.A. to resolve the issue.
   b. If the student is unsuccessful in resolving the issue, then the student may appeal the grade to the SPC by requesting a meeting with the Committee. The student’s appeal must be in writing and state the basis upon which he or she believes the previous decisions were erroneous.
   c. The SPC will schedule a meeting within ten (10) working days after receiving the appeal.
   d. Prior to the meeting with the student and course or clerkship director, the SPC will review any prior decisions reached in the matter.
   e. At the scheduled meeting, the SPC will first meet separately with the student and the course or clerkship director. After meeting separately with the student and the course or clerkship director, the SPC may request both the student and the course or clerkship director to join the SPC meeting for further discussions in an attempt to settle the dispute.
   f. Following that meeting, the SPC will prepare a written decision and will provide copies of the decision to the student, the course or clerkship director, the Dean, Curricular Affairs, the Associate Dean, Student Affairs and the Deputy Dean, Education or the Vice Dean, Academic Affairs.
Affairs, as appropriate, within five (5) working days of the meeting described above.

2. The SPC’s decision will be final and not subject to further appeal by either the student or the course or clerkship director.

Separation of Academic Assessment and Provision of Health Services to Students

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Separation of Academic Assessment and Provision of Health Services to Students
Approved by Student Affairs Committee
Approved by TEPC, December 5, 2012
Educational Policy Committee June 19, 2013

Relevant Standard:

MS-27-A. The health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

Policy

Accreditation standard MS-27-A requires that health professionals at a medical education program who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services. In order to meet this standard the following policy will be implemented at the College of Medicine:

Health professionals who provide psychiatric/psychological counseling or other sensitive health services to University of Arizona medical students will not be involved in the academic assessment or promotion of the medical student receiving those services. Health professionals may give lectures in a large class setting but they may not facilitate small group discussions; serve as clinical preceptors, course/block/clerkship directors; or serve on the student progress or appeals committees.

Procedures by which this policy is implemented include:

1. Health professionals from the University of Arizona Campus Health Service or the Arizona State University Healthcare who serve as instructional faculty in a block/course/clerkship in which the faculty member is expected to participate in academic assessment or promotion decisions for students may not provide health care to COM students. When a COM student requires urgent or
emergency health services, the student should be referred to another physician who has no involvement in the academic assessment or promotion of the medical student unless either a delay in referral would cause harm to the student, or no other healthcare provider is available to provide such care.

2. At the beginning of each block of small group sessions, each faculty member who serves as a facilitator in small group learning sessions will be asked to review the students assigned to his/her group and assure that he/she has not provided psychiatric/psychological counseling or other sensitive health services to any of these students. If a faculty facilitator has provided such services, the block/course/clerkship director will reassign the student or the faculty member to a different group.

3. In the event that faculty with appointments at the College of Medicine practice at a facility where students seek health services or counseling, students will not be assigned to those providers to receive care.

4. Students who determine that a faculty member from whom they have received psychiatric/psychological counseling or sensitive health services might be involved in assessment of their performance should notify the block/course/clerkship director or the Office of Student Affairs immediately; the director will reassign the student or the faculty member.

5. When students who are participating in a preceptorship or a rural health professions placement located distant from Tucson or Phoenix require urgent or emergency health services, their preceptors will refer the student to another member of the practice or another physician in the community or neighboring community who can competently care for the student and who has no involvement in the academic assessment or promotion of the medical students. The preceptor will retain the authority to countermand this provision if the student requires more immediate attention than would be possible through a referral for care.

6. If a health professional who has taught in the medical student curriculum receives a student performance assessment form to complete regarding a student to whom they have provided psychiatric/psychological counseling or sensitive health services, he/she will check the box at the top of the assessment form and return the blank form:

- **Pursuant to accreditation standards, I will not participate in assessment of this student’s performance.**

### Teacher-Learner Compact

The teacher-learner compact was developed around the professional attributes to outline the responsibilities of the faculty, fellows, residents, and staff (teachers) toward our medical students and the medical students’ (learners’) professional responsibilities toward the faculty, fellows, residents, and staff. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such
activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

University of Arizona College of Medicine Teacher - Learner Compact

Approved by the Educational Policy Committee 10/17/12

Preamble

Faculty, whether employed by the University of Arizona College of Medicine or affiliated through agreements with the University as community faculty, and medical students (who for purposes of this policy also include residents and fellows and hereafter are referred to as “learners”) are obligated under a variety of policies and standards, both at the College of Medicine (COM) and within the University of Arizona, to interact with one another in a professional manner. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

Professionalism Attributes

These attributes of professional behavior describe those behaviors that are expected from all members of the University of Arizona College of Medicine to include the faculty, residents, fellows, students, staff, and community preceptors. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies. COM faculty at both the Phoenix and Tucson campuses approved the statement of professionalism attributes by a vote conducted in May of 2012.

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine.
- Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
- Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
• Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on the College of Medicine.
• Promote wellbeing and self-care for patients, colleagues, and self.
• Be responsive to the needs of the patients and society that supersedes self-interest.

Responsibilities of the College of Medicine Faculty and Administrators to Learners

Faculty members and administrators of the University of Arizona College of Medicine shall provide:

• An environment that is physically safe for learners.
• A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner’s educational experience.
• Support for the learner’s professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
• An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
• Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
• Opportunities for learners to participate in decision-making in the COM, including participation on committees that design and implement the curriculum and tools for student performance assessment in accordance with COM bylaws and other governing documents.

Responsibilities of Learners to Faculty and Administrators of the College of Medicine

Learners at the University of Arizona College of Medicine shall:

• Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
• Meet the educational goals and objectives of the curriculum to the best of their abilities.
• Take an active role with the faculty regarding the refinement and evaluation of the curriculum.
• Support their colleagues in their professional development.
• Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.
Amending of Education Records by Student

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Students who believe their University of Arizona education records are incorrect, misleading or in violation of the student's rights of privacy due to errors in processing should pursue the normal channels within the University to effect the necessary corrections. If these normal channels do not result in the desired corrections, or if the request to amend the records is not to correct processing errors or question the appropriateness of the grade awarded, then the procedure for amending records is as follows:

A. Process for Amending Education Records

1. Submit an Amendment Form (Appendix II.4) to the designated records keeper.
2. All data available on the case shall then be affixed and forwarded to the University Registrar, who may request additional information from the student if deemed necessary.
3. The Registrar, in conjunction with the recommendation of the records keeper, shall decide whether or not to amend the record.
4. The Registrar shall inform the student of the decision.
5. The decision must be issued to the student within a reasonable period of time and no more than forty-five (45) days from the date of the receipt of the Amendment Form.

B. Right to Hearing

If the student disagrees with the decision regarding the amending of the education record, he or she may request a hearing to be scheduled by the University Registrar by filing a Petition for Hearing Form (Appendix II.5). The University Registrar shall refer the request to a University hearing officer. The formal hearing shall be conducted according to the following procedures.

1. Within fifteen working days following the receipt of the petition for a formal hearing, unless the parties mutually agree to a continuance, the hearing officer shall give notice to all concerned parties of the date, place, and time, of a hearing. Such hearing should be scheduled within forty-five days of the receipt of the petition, unless the parties agree to a continuance. The hearing officer may upon request of the student close the hearing in whole or in part.
2. The student may be assisted or represented by individuals of his or her choice at his or her own expense, including an attorney.
3. The hearing officer may receive all relevant evidence and testimony, orally or in writing, relevant to the student’s challenge to the content of the record. Each party may call and cross-examine witnesses. The hearing officer may question the parties and witnesses, request witnesses or documents, and otherwise develop facts relevant to the issues. The hearing officer shall not be bound by the rules of evidence applicable in courts of law, but may permit the introduction and
receipt of such evidence as in his or her judgment would be relevant to the consideration of prudent persons in the management of their own affairs.

4. The hearing officer shall make a decision within fifteen working days after the conclusion of the hearing in writing based solely upon the evidence presented at the hearing and shall include therein a summary of the evidence and the reasons for the decision. The student shall receive a copy of the decision.

5. If the hearing officer decides that amendments should be made to the record, he or she shall recommend such amendments to the President of the University or designate.

6. If the hearing officer decides that amendments should not be made to the records, the hearing officer shall inform the student of the right to place in records a statement commenting upon the information in the records and/or setting forth any reasons for disagreeing with the decision of the hearing officer.

C. Letter of Disagreement

If, as a result of the hearing, the University decides that the information in the education record is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the student, it shall inform the student of his/her right to place permanently in his or her appropriate file a statement known as a Letter of Disagreement (Appendix II.6). If the record is disclosed thereafter, a copy of this rebuttal will be sent with the contested record.

Graduation Requirements

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Policy on Curricular Change

Rationale:

Medical curricula are different in structure and delivery than those experienced by students in the larger university. Whereas students with a declared major are largely free to take courses in any order, the medical curriculum is characteristically a strict sequence of offerings to which students have very little discretion. Thus, when aspects of the medical curriculum need to be modified, those modifications and their effects on requirements cannot be avoided by ongoing medical students because no alternative can be offered. Thus there is no possibility that medical students can be assured the curriculum or the graduation requirements in place upon their entry will be exactly those they will experience throughout their entire programs.

Policy:

The Educational Policy Committee (EPC) and its track-specific subcommittees, the Phoenix EPC (PEPC) and the Tucson EPC (TEPC), may modify aspects of the curriculum, graduation requirements, and educational or student progress policies at any time before a student completes the requirements for graduation. Approved change(s) will designate an effective date or affected student cohort, but may affect all students. This policy is effective beginning June 15, 2011.
Other Policies:

Note: The ArizonaMed curriculum is a single program with two tracks; one based in Phoenix, the other in Tucson. There are program-wide requirements that all students must meet, regardless of their home track. However, there are other requirements and curricular features that apply only to the Phoenix or Tucson tracks. Students are responsible to know and meet both the program-wide requirements, as well as those established for their home tracks.

ArizonaMed Graduation Requirements

Reaffirmed by the Educational Policy Committee – February 15, 2012

Every student must meet the following requirements in order to graduate:

1. The student must pass all required courses.
   - Students are responsible for reading, understanding and following the requirements for grading and progression. Those policies and procedures are included in the ArizonaMed Grading and Progression Policies.
   - The current course requirements for Years 1 & 2 are established individually by the Phoenix Years I & II and Tucson Years 1 & 2 programs.
   - The current course requirements for Year III may be reviewed through the webpages for the Phoenix Year III and Tucson Year 3 programs.
   - The current course requirements for Year 4 may be reviewed through the webpages for the Phoenix Year IV and Tucson Year 4 programs.

2. The student must take and pass the requisite number of electives as set forth by the EPC and reflected at the EPC website.
   - Students are responsible for reading, understanding and following the requirements established in the Policies for Electives.

3. The student must pass both USMLE Step 1 and Step 2 Clinical Knowledge (CK) and must take Step 2 Clinical Skills (CS) prior to graduation.
   - Students are responsible for reading, understanding and following the requirements for scheduling, taking and retaking the USMLE Step examinations. Those policies and procedures are included in the ArizonaMed Policies on USMLE Step Exams.

4. The student must pass the third-year OSCE exam, including any necessary remediation, prior to graduation.
   - Students are responsible for reading, understanding and following the requirements established in the Policy Regarding Grading of End-of-Year III OSCE Exam.

5. The student must complete any other academic or non-academic requirement established by the EPC for the program or through his/her respective Phoenix and Tucson tracks. These are:
Year III Tucson MD Curriculum Structure (COM)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

The class is divided such that 1/8 of the class begins any one of the 8 clerkships.

Transition to Clinical Medicine (1 week before first clerkship rotation)

Intersession 1*

Internal Medicine (12 weeks)
  (Outpatient 6 weeks)
    Office-based acute, continuing and chronic care
    Office geriatrics and selected sub-specialties
  (Inpatient 6 weeks)
    Acute care
    Elder care
    End-of-life care
    Radiology: Chest Imaging

General Surgery (6 weeks)
  Anesthesiology
  Radiology: Abdominal Imaging

Obstetrics and Gynecology (6 weeks)
  Radiology: Pelvic imaging

Pediatrics (outpatient and inpatient - 6 weeks)
  Neonatology
  Adolescent care
  Office-based acute, continuing and chronic care
  Radiology: Pediatric imaging

Family Medicine (6 weeks)
  Office-based acute, continuing and chronic care

Psychiatry (6 weeks)

Neurology (3 weeks) paired with Elective or Surgical Subspecialty - Student’s choice (3 weeks)
  Pain Management
  Rehabilitation
  Neurosurgery
• **Intersession 2***

Total: 51 weeks

*Intersessions: content to be determined by design committee; some ideas include:

- Longitudinal/chronic care experiences
- Integration of basic science and clinical science
- Thread activities (Aging, Gender-specific Medicine, Behavioral Health and Humanism, Health and Society, EBDM, Interprofessional Education)
- “Lost” clinical objectives (nutrition, counseling skills, exercise prescriptions, disability, substance abuse, etc.)
- Clinical decision-making exercises
- Simulation exercises and clinical labs
- Societies activities: peer counseling, reflections

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**Year IV MD Curriculum Structure (COM)**

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**Year 4 Curriculum and Scheduling Requirements**

Adopted by the EPC July 22, 2009
Revised by the EPC Dec. 11, 2009
Revised by the EPC Aug. 10, 2011
Year 4 requirements for **PHOENIX YEAR 4**

**Effective AY 2012-13, Year 4 requirements are as follows:**

Program-Wide Year 4 required units include at a minimum:

- 4 weeks **Core Subinternship** (02-20-2013 EPC Effective beginning AY 2013-14)

- 4 weeks Selective in Emergency Medicine or Critical Care

- 3 weeks Surgical Subspecialty (unless completed in Year 3*)

- 24 units Elective, Selective or other required course units as distributed by PEPC and TEPC for their respective curricula.

**35 Total Year 4 Required Units**

Remainder weeks are of discretionary time**

**42 Total weeks of Year 4 Instructional Time**
* If the surgical subspecialty is taken in Year 3, that requirement is satisfied. However, students must still enroll in 35 total units in Year 4.

** Discretionary time is available for such activities as vacation, residency interviewing and other non-credit activities. Additional electives may be taken during Year 4 discretionary time at no extra tuition charge.

**Year 4 Holiday Policy**

- MS4s participating in electives will observe the holiday schedule of the institutions of their elective rotations.

**Professionalism and Integrity**

**Attributes of Professional Behavior (COM)**

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

These Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

Attributes:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals’ diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one’s own limitations.
- Uphold and be respectful of the privacy of others.
• Consistently display compassion, humility, integrity, and honesty as a role model to others.
• Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
• Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
• Promote wellbeing and self-care for patients, colleagues, and one’s self.
• Be responsive to the needs of the patients and society that supersedes self-interest.

The model below serves to link the various attributes ascribed to Professionalism.


The blocks at the base of the model above represent knowledge and skills that serve as foundations for developing professionalism.

COMMUNICATION: Communicate in a manner that is effective and promotes understanding, inclusion and respect for individuals’ diverse characteristics.

ETHICAL & LEGAL UNDERSTANDING: Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research and patient care including advances in medicine.

HUMANISM & CULTURAL COMPETENCE: Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, culture background, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

KNOWLEDGE: Demonstrates understanding of basic sciences (biological and social sciences) and application to patient care, including skill in critical thinking and problem solving.
EXCELLENCE: Strive for excellence and quality of care in all activities and continuously seeking to improve knowledge and skills through life-long learning while recognizing one’s own limitations.

ACCOUNTABILITY: Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability. Maintain a professional appearance and demeanor, and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.

RESPECT: Uphold and be respectful of the privacy of others. Consistently display compassion, humility, integrity, and honesty as a role model to others.

ALTRUISM: Promote well-being and self-care for patients, colleagues, and one’s self. Be responsive to the needs of the patients and society that supersedes self-interest.

Professional Conduct Comment Form

The Professional Conduct Comment form provides a process for faculty, residents, fellows, medical students, and staff to comment upon either exemplary professional behavior OR lapses in professional behavior demonstrated by faculty, residents, fellows, medical students, or staff in the learning environment at the University of Arizona College of Medicine, to the Professionalism Program, through the mechanism outlined below.

The purpose of the Professionalism Program, which will be composed of key administrators and faculty and staff representation, is to promote and reward excellence in professional behavior and ensure both compliance with policies and procedures addressing professional conduct, as well as to address inappropriate conduct.

The comment form is a mechanism created to allow follow-up on a concern of a lack of or a departure from professionalism standards, or to commend an individual for exemplary professional behavior. Submitting a comment about a lack of professionalism will start a process to address a concern, which may or may not result in disciplinary action against the individual about whom the comment was submitted.

Any constituent will be able to access the comment form via the UA COM Internet site and submit a report. While not completely anonymous, the COM will strive to maintain the privacy of the individual who submitted the comment to reduce the “chilling” effect that making public comments would create. However, in the interest of fairness to the individuals charged with unprofessional conduct as well as other persons who may be asked to provide additional information, neither confidentiality nor anonymity can be guaranteed. Retaliation of any kind against individuals providing comments or others whose information may be required to substantiate a charge is prohibited and will be treated as a violation of the Student Code of Conduct or of other applicable University and ABOR policies.
After receiving a comment, the Professionalism Program will distribute it to the appropriate administrators for acknowledgement or action as deemed necessary.

**Code of Academic Integrity**

*February 2009*

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

**PRINCIPLE**

Integrity and ethical behavior are expected of every student in all academic work. This Academic Integrity principle stands for honesty in all class work, and ethical conduct in all labs and clinical assignments. This principle is furthered by the student Code of Conduct and disciplinary procedures established by ABOR Policies 5-308 through 5-404, all provisions of which apply to all University of Arizona students. This Code of Academic Integrity (hereinafter "this Code") is intended to fulfill the requirement imposed by ABOR Policy 5-403.A.4 and otherwise to supplement the Student Code of Conduct as permitted by ABOR Policy 5-308.C.1. This Code of Academic Integrity shall not apply to the Colleges of Law or Medicine, which have their own honor codes and procedures.

**PROHIBITED CONDUCT**

Students enrolled in academic credit bearing courses are subject to this Code. Conduct prohibited by this Code consists of all forms of academic dishonesty, including, but not limited to:

1. Cheating, fabrication, facilitating academic dishonesty, and plagiarism as set out and defined in the Student Code of Conduct, ABOR Policy 5-308.E.6, E.10, and F.1.

2. Submitting an item of academic work that has previously been submitted or simultaneously submitted without fair citation of the original work or authorization by the faculty member supervising the work.

3. Violating required disciplinary and professional ethics rules contained or referenced in the student handbooks (hardcopy or online) of undergraduate or graduate programs, or professional colleges.

4. Violating discipline specific health, safety or ethical requirements to gain any unfair advantage in lab(s) or clinical assignments.

5. Failing to observe rules of academic integrity established by a faculty member for a particular course.

6. Attempting to commit an act prohibited by this Code. Any attempt to commit an act prohibited by these rules shall be subject to sanctions to the same extent as completed acts.
7. Assisting or attempting to assist another to violate this Code.

STUDENT RESPONSIBILITY

Students engaging in academic dishonesty diminish their education and bring discredit to the academic community. Students shall not violate the Code of Academic Integrity and shall avoid situations likely to compromise academic integrity. Students shall observe the generally applicable provisions of this Code whether or not faculty members establish special rules of academic integrity for particular classes. Students are not excused from complying with this Code because of faculty members’ failure to prevent cheating.

FACULTY RESPONSIBILITY

Faculty members shall foster an expectation of academic integrity and shall notify students of their policy for the submission of academic work that has previously been submitted for academic advancement, as well as any special rules of academic integrity or discipline specific ethics established for a particular class or program (e.g., whether a faculty member permits collaboration on coursework; ethical requirements for lab and clinical assignments; etc.), and make every reasonable effort to avoid situations conducive to infractions of this Code.

STUDENT RIGHTS

Students have the right to a fair consideration of the charges, to see the evidence, and to confidentiality as allowed by law and fairness to other affected persons. Procedures under this Code shall be conducted in a confidential manner, although a student has the right to an advisor in all procedures under this Code. The Dean of Students serves as advisors to students on any questions of process related to this Code.

ACADEMIC INTEGRITY PROCEDURES

I. Faculty-Student Conference

The faculty member of record for the course (i.e., responsible for signing the grade sheet) conducts these procedures and is responsible for ensuring that they are followed. If faculty allege a violation of this Code has occurred they shall make sure that students receive written notice in advance of the conference within a reasonable timeframe, detailed reason for the conference and fair consideration of the charges against them. The faculty member must confer with the student within 15 academic days (hereinafter referred to as “days”) of receiving evidence of a suspected violation of this Code, unless good cause is shown for an extension of no more than 30 days. Such an extension must be approved by the Dean of the College. After 15 academic days the faculty member may proceed with imposing decision and sanction for an alleged violation if the student has not responded to reasonable attempts for the conference to take place. If the faculty member has not acted on the alleged violation after 15 academic days, then the student shall not be subject to this code for the alleged violation in question. The faculty member shall confer with the student in private, explain the allegations, present any evidence, and hear the student’s response. If more than one student is involved in an incident, separate conferences are recommended but not required. When dealing with students who are unavailable for the conference, students not enrolled in the class, or graduate students, refer to the General Provisions.
After the conference the faculty member shall decide, by a preponderance of the evidence, whether or not the student has committed an act prohibited by this Code. “Preponderance of the evidence” means that it is more likely than not that a violation of this Code occurred. If the evidence does not support a finding of a violation, the University will make no record of the incident in any University files. The student may continue in the class without prejudice.

If the evidence supports a finding that the student has engaged in misconduct, the faculty member shall impose sanctions after considering the seriousness of the misconduct, the student's state of mind, and the harm done to the University and to other students. In addition, the faculty member shall consider mitigating and aggravating factors in accordance with the provisions of ABOR Policy 5-308.H. A faculty member may impose any one or a combination of the following sanctions: a written warning, loss of credit for the work involved, reduction in grade, notation of the violation(s) on the student’s transcript, a failing grade in the course, or revocation of a student’s degree. The faculty member may also impose a sanction of suspension or expulsion from the program, department, college, or University. When appropriate faculty members may also assign students to participate in educational sanctions that address the violation of this Code. If the faculty member assigns a notation on the transcript, suspension or expulsion from the University or revocation of a degree as a sanction, the student is automatically granted an appeal to the Dean of the College. Within 10 days of the conference, the faculty member shall prepare a written decision outlining the charges, evidence, findings, conclusions and sanctions imposed. The faculty member should use the standard form entitled “Record of Faculty-Student Conference,” and furnish copies to the student (as provided in the “Notice” section under General Provisions) and to all others as noted on the form, including the Dean of Students Office. When possible, the faculty member should have the student sign the “Record of Faculty-Student Conference.” See the General Provisions section for Grade Before Appeals.

II. Additional Sanctions for Multiple Violations

Multiple violations of this Code may subject students to additional sanctions, including suspension or expulsion at the discretion of the Academic Dean or his/her designee. Upon receiving the Record of Faculty-Student Conference, the Dean of Students Office will notify the student and the Academic Dean of the existence of multiple violations. The Academic Dean will decide within 20 days if any additional sanctions are to be imposed on the student as a result of multiple violations. The Academic Dean shall not revisit the decisions made in previous violations of the Code. The Academic Dean will notify the student, the Dean of Students Office and the Dean of the College where the violation occurred as provided in the "Notice" section under General Provisions within 20 days of receipt of notice of multiple violations from the Dean of Students Office in writing of any additional sanctions and related information. The Academic Dean should use the form entitled “Sanctions for Multiple Violations,” and outline the findings and conclusions supporting his/her decision for any additional sanctions. Except in cases where the sanction for multiple violation results in suspension or expulsion from the University, a notation on the student’s transcript or revocation of a student’s degree the additional sanctions imposed by the Academic Dean for multiple violations of this Code shall be final. If the case is appealed as set forth below, the Academic Dean will present the case for the additional sanction.

III. Appeal to Dean of the College

The student may appeal the faculty member’s decision and sanctions to the Dean of the College or his/her designee. The student shall deliver the form entitled “Request for Appeal of the Code of
Academic Integrity” to the Dean of the College within 10 days of the date on which the “Record of Faculty-Student Conference” is postmarked electronically or via postal mail. The Dean of the College may extend this filing period if the student shows good cause for the extension. If a student does not appeal within the time provided, the decision and sanctions of the faculty member will be final. Within 15 days of receiving the appeal, the Dean of the College shall schedule the appeal hearing for this specific case only. The appeal hearing must be concluded within 30 days of receiving the appeal. Upon appeal, the Dean of the College shall review the faculty member’s decision, sanctions and supporting evidence and any evidence provided by the student, and shall confer with the faculty member and the student. The Dean of the College shall have the authority to uphold, modify, or overturn the faculty member’s decision and sanctions. If the Dean of the College finds:

1. that the conclusion of a violation is not supported by the evidence, then he/she shall render a finding of no violation and that the sanction(s) imposed be overturned.

2. that the conclusion of a violation is supported by the evidence and the sanction imposed is appropriate, then he/she shall uphold the faculty member's decision and sanction(s).

3. that the conclusion of a violation is supported by the evidence, and the sanction(s) imposed are inadequate or excessive, then he/she shall modify the sanction(s) as appropriate.

The Dean of the College shall notify the student, the faculty member and the Dean of Students in writing of his/her decision as provided in the "Notice" section under General Provisions. The Dean of the College should use the form entitled "Record of Appeal to Dean of the College" for this purpose. If the Dean of the College decides no violation occurred, all reference to the charge shall be removed from the student’s University records, and the student may continue in the class without prejudice. If the semester has ended prior to the conclusion of the appeal process, the faculty member shall calculate the grade without the sanction. If work was not completed due to the academic integrity allegation, the faculty member and the student shall confer and a grade of "I" shall be assigned. If a grade of "I" is assigned, the student shall have the opportunity to complete any remaining work without prejudice within the timeframe set forth in the student’s academic catalog.

If the alleged academic integrity violation and subsequent appeal process continues past a student’s graduation date, the Dean of the College should make every reasonable attempt to hear the appeal in an expedited manner. If the Dean of the College is unable to hear the appeal in an expedited manner the Vice President for Instruction will hear the appeal according to the procedures set forth above.

IV. Interim Action

1. The Dean of the College involved may suspend the student from one or more classes, clinics or labs for an interim period prior to resolution of the academic integrity proceeding if the Dean of the College believes that the information supporting the allegations of academic misconduct is reliable and determines that the continued presence of the student in classes or class-related activities poses a significant threat to any person or property.

2. The Dean of the College must provide a written notice of the interim suspension to the student, with a copy to the Provost and the Dean of Students Office. The interim suspension will become effective immediately on the date of the written notice.
3. A student who is suspended for an interim period may request a meeting with the Provost or his/her designee to review the Dean of the College’s decision and to respond to the allegations that he or she poses a threat, by making a written request to the Provost for a meeting. The Provost or his/her designee will schedule the meeting no later than five (5) days following receipt of the written request and decide whether the reasons for imposing the interim suspension are supported by the evidence.

4. The interim suspension will remain in effect until a final decision has been made on the pending academic misconduct charges or until the Provost, or his/her designee, determines that the reasons for imposing the interim suspension no longer exist or are not supported by the available evidence.

V. Appeal to University Hearing Board

The student may appeal to a University Hearing Board any decision of the Dean of the College or the Academic Dean that imposes suspension or expulsion from the University, provides for a notation on the student’s transcript, or revokes a student’s degree. The student may also appeal to a University Hearing Board if the Dean of the College failed to act on a request for an appeal of a faculty member’s decision within the 30 day period. The Dean of the College may grant the student the option to appeal to a University Hearing Board if the sanction of a failing grade is imposed and the Dean of the College believes reasonable persons would disagree on whether a violation occurred. The appeal must be filed within 10 days from receipt of the decision or the Dean of the College’s failure to act, by providing written notice of appeal to the Dean of Students Office. The student should use the form entitled “Request for Appeal to a University Hearing Board” for this purpose. If a student does not appeal within the time allowed, the most recent decision of record shall become final. The University Hearing Board shall follow the procedures set forth in ABOR Policy 5-403.D with the following modifications:

1. The Hearing Board shall be composed of three faculty members and two students and shall convene within 30 days of the time the student files the appeal.

2. Wherever the term Vice President of Student Affairs appears, it shall be replaced with Senior Vice President for Academic Affairs/Provost. The Provost is empowered to change grades and the Registrar shall accept the Provost’s decision. The Provost shall also notify the parties of the final decision. The Provost may designate a Vice Provost or other Vice President to act on his/her behalf.

3. Wherever the Dean of Students is indicated as presenting evidence or witnesses, it shall be replaced with the faculty member who made the charges or his/her representative. Additionally, the Academic Dean or designee may also present evidence to support sanctions for multiple violations.

4. The student may be assisted throughout the proceedings by an advisor or may be represented by an attorney. If the student is represented by an attorney, the faculty member may also be represented by an attorney selected by the University’s Office of the General Counsel.

5. The faculty member has the same right as students to challenge the selection of any Board member, as noted in the Student Disciplinary Procedures (5-403.D.3.f).
6. The Board may, in its recommendation, address any egregious violations of process.

7. Sanctions for multiple violations will be recommended and presented to the Board by the Academic Dean or his/her designee

GENERAL PROVISIONS

Academic Days
"Academic Days" are the days in which school is in session during the regular fall and spring semesters, excluding weekends and holidays. If possible, Faculty-Student Conferences and appeals may be heard during the summer or winter break. The Dean of the College or Dean of Students may extend these time limits when serving the interests of a fair consideration or for good cause shown. Alleged violations of the Code during Pre-Session, Summer Sessions, or Winter Session shall proceed according to the timeline for the faculty-student conference set forth above. Appeals from an alleged violation during Pre-Session, Summer Sessions, or Winter Session shall proceed at the availability of the Dean of the College or if unavailable, the Dean’s designee. If the appeal process cannot proceed during Pre-Session, Summer Sessions, or Winter Sessions the student shall continue in the class without prejudice and the timeline for the appeal process shall continue at the start of the next regular fall or spring semester. Appeals involving a student who has graduated shall follow the expedited process set forth above.

Academic Dean
The Academic Dean is the Dean of the academic college where the student’s major is housed. In the case of dual degree students, the Dean of the student’s primary major college will hear the appeal under this Code the Academic Dean may designate another member of the college administration to act on his/her behalf.

Advisor
An individual selected by the student to advise him/her. The advisor may be a faculty or staff member, student, attorney, parent or other representative of the student. The student will be responsible for any fees charged by the advisor. The advisor may confer with the student during any proceedings provided by this Code, but may only speak during a University Hearing Board. The advisor may be dismissed from the hearing if University Hearing Board Chairperson finds that the advisor is disruptive. If the advisor is dismissed from the meeting, the student has the right to end the meeting and reschedule when a new advisor can be present.

Dean of the College
The Dean of the College is the Dean of the faculty member’s academic college where the alleged violation occurred. In the cases where the alleged violation is initiated by the Graduate College or the Honors College, the Deans of those Colleges will hear the appropriate appeal. Under this Code, the Dean of the College may designate another member of the college administration to act on his/her behalf.

Dean of Students
The Dean of Students serves as administrators of this Code and advisors to students and faculty when questions of process are raised by either party.
**Grade Before Appeals**

Students must be allowed to continue in class without prejudice until all unexpired or pending appeals are completed. If the semester ends before all appeals are concluded, a grade of "I" shall be recorded until appeals are completed.

**Graduate Students**

In cases involving graduate students, faculty shall follow the procedures outlined for undergraduate students except that in all cases where the student is found to have violated this Code, the faculty member (and in the case of appeals, the Dean of the College or Hearing Board) shall notify the Associate Dean of the Graduate College.

**Notice**

Whenever notice is required in these procedures it shall be written notice delivered by hand or by other means that provides for verification of delivery including email delivery to a secure University email account.

**Record**

Whenever a sanction is imposed, the sanction and the rationale shall be recorded in the student's academic file as appropriate. It is recommended that the forms entitled "Record of Faculty-Student Conference" and "Record of Appeal to Dean of the College" be used. These forms are available from the Dean of Students Office website.

**Rights and Responsibilities of Witnesses**

Witnesses from within the University community are expected to cooperate in any proceedings under this Code. The privacy of a witness shall be protected to the extent allowed by law and with consideration to fairness to the students charged and other affected persons. Retaliation of any kind against witnesses is prohibited and shall be treated as a violation of the Student Code of Conduct or of other applicable University rules.

**Students or Faculty Not Available For Conference**

In cases where the student is not available, e.g., out of the area after final exams, the faculty member shall make every reasonable effort to contact the student through personal contact, telephone, University email, or mail to inform the student of the charges. If the faculty member is able to contact the student, the Faculty-Student Conference shall be scheduled as soon as both parties are available, e.g., at the beginning of the next semester. The student shall be given the grade of Incomplete until the conference is held. If either of the parties will not be available for an extended period, the Faculty-Student Conference shall be held via telephone. If after several efforts, contact cannot be established, the faculty member may impose sanctions but must send a letter or copy of the "Record of Faculty-Student Conference" form via certified return receipt requested mail to the student's last permanent address outlining the charges, findings, conclusions and sanctions.

**Students Not In Class**

If students not enrolled in the class are involved in a violation of this Code, faculty shall file a Student Code of Conduct complaint with the Dean of Students Office.

**Role of the Department Head**

Academic Department Heads serve a consultative role for faculty members working with matters of academic integrity since Department Heads are not part of the appeal process.
Policy and Guidelines for Interactions Between The University of Arizona College of Medicine and Commercial Interests (“Industry”)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Purpose of Policy

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of The University of Arizona College of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies; training for newly purchased devices; the development of new devices; educational support of medical students and trainees; and continuing medical education. Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the College of Medicine. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the College of Medicine or its personnel.

Definitions

Conflict of interest: That situation which exists when a faculty, staff, student or trainee of The University of Arizona College of Medicine may have a significant financial or other personal consideration that may compromise, or have the appearance of compromising, their professional judgment or integrity in clinical responsibilities, teaching, conducting or reporting research, or performing other College obligations.

Commercial interests (Industry): any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies.

Statement of Policy

It is the policy of The University of Arizona College of Medicine that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

Scope of Policy

This policy incorporates the following types of interactions with industry:

I. Gifts and compensation

II. Site access by sales and marketing representatives
III. Provision of scholarships and other educational funds to students and trainees

IV. Support for educational and other professional activities

V. Disclosure of relationships with industry

VI. Oversight of Conflict of Interest Policy

VII. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

I. Gifts and Compensation

A. Personal gifts from industry may not be accepted anywhere at The University of Arizona College of Medicine or clinical facility operated by the College. In addition, University of Arizona College of Medicine faculty, staff and trainees may also not accept gifts at any non-College-operated clinical facility such as other hospitals, outreach clinics and the like. Non-faculty medical staff are strongly discouraged from accepting gifts at non-College-operated clinical facilities but are not proscribed by this policy from doing so.

1. It is strongly advised that no form of personal gift from industry be accepted under any circumstances. Individuals should be aware of other policies, such as the AMA Statement on Gifts to Physicians from Industry (http://www.ama-assn.org/ama/pub/category/4001.html) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support (www.accme.org), which apply by reference to faculty, staff and trainees under this Policy.

2. Individuals may not accept gifts or compensation for listening to a sales talk by an industry representative.

3. Individuals may not accept gifts or compensation for prescribing or changing a patient’s prescription.

4. Individuals may accept product samples from commercial interests only for patient use.

B. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any commercial interest. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

C. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

D. Faculty, staff, students and trainees are discouraged from participating in Speaker’s Bureaus. Financial compensation to faculty from Biomedical Companies such as Consulting Fees or Speaker’s Bureaus compensation must be approved by the Department and reported to the College of Medicine.
II. Site Access by Sales and Marketing Representatives

A. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:

1. In-service training of College personnel for research or clinical equipment or devices already purchased.

2. Evaluation of new purchases of equipment, devices, or related items.

B. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

III. Provision of Scholarships and Other Educational Funds to Students and Trainees

A. Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:

1. The College of Medicine department, program or division selects the student or trainee.

2. The funds are provided to the department, program, or division and not directly to the student or trainee.

3. The department, program or division has determined that the funded conference or program has educational merit.

4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a “quid pro quo.”

IV. Support for Educational and Other Professional Activities

A. ACCME Standards for Commercial Support bind all such activities at the College of Medicine. They provide guidelines for evaluating all forms of industry interaction, both on and off campus and including both University of Arizona College of Medicine events, as well as other events. The Standards are found at www.accme.org.

B. All educational events offered by The University of Arizona College of Medicine must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.

1. Educational grants that are compliant with the ACCME Standards may be received from industry but must be placed in a general designated account, and administered by departments or divisions and not by individual faculty.
2. Divisions and departments must maintain records of compliance with the ACCME Standards.

C. Meals or other types of food or drink directly funded by industry may not be provided at University of Arizona College of Medicine activities or at associated clinics.

D. Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially supported or run by industry because of the high potential for perceived or real conflict of interest.

E. This provision does not apply to faculty attending meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.

F. Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:

1. Financial support by industry is fully disclosed prior to the activity and at the beginning of the presentation by the meeting supporter.

2. The meeting or lecture content is determined by the speaker and not the commercial supporter.

3. The lecturer is expected to provide an impartial and objective assessment of therapeutic options and to promote objective scientific and educational activities and discourse.

4. The College participant is not required by the commercial supporter to accept advice or services concerning speakers, content, etc., as a condition of the commercial supporter’s contribution of funds or services.

5. The lecturer makes clear that content reflects individual views and not the views of University of Arizona College of Medicine.

6. The use of The University of Arizona College of Medicine name in a commercially supported event is limited to the identification of the individual by his or her title and affiliation.

V. Disclosure of Relationships with Industry

A. Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.

B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (http://www.icmje.org).
C. Faculty with supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty’s conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member.

D. Individuals having a direct role making institutional decisions regarding equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest that might substantially benefit either the Department or the individual by making the decision. The purchasing unit will decide whether the individual must recuse him/herself from the purchasing decision.

1. This provision excludes indirect ownership such as stock held through mutual funds.

2. The term “immediate family” includes the individual’s spouse or domestic partner or dependent children.

E. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (www.accme.org).

F. Faculty, staff and trainees who are engaged in teaching, research, administration or business operations in the College of Medicine also must comply with the University’s Individual Conflict of Interest and Conflict of Commitment Policy. (See http://orcr.vpr.arizona.edu/COI-policy.) In addition to the annual reports required under that policy, faculty, staff and trainees must annually report all grants, contracts, speaker’s bureaus, consulting arrangements, gifts, or financial interests they may have with biomedical companies.

VI. Oversight of Conflict of Interest Policy

A. Faculty and staff will complete disclosure reports during their annual evaluations. Department Heads are responsible for assuring that all faculty complete a yearly Conflict of Interest form. Failure to complete a disclosure form may result in adverse action by the Department and Dean’s office.

B. Disclosure reports will be kept on file in the Faculty Affairs Office and will be made available to students and trainees.

C. Students, trainees, staff and faculty are encouraged to report any violation of this Conflict of Interest Policy or concerns about educational conflicts to the Dean’s office. Any concern about a possible Conflict of Interest Policy violation will be investigated by the Dean’s Office. Corrective action will be taken when necessary to assure compliance with the Policy.
VII. Training of Students, Trainees, and Staff Regarding Potential Conflict of Interest in Interactions with Industry. All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry. Conflict of Interest education will be part of the New Faculty Orientation. Faculty will receive yearly reminders with a link to the Conflict of Interest Policy. Education of the College of Medicine trainees will be coordinated through the GME Office; education for medical students will be coordinated through the Office of Medical Education.

Professional Conduct Policy

Policy Regarding Professionalism and Reporting Misconduct for Faculty and Learners

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Section 1: Preamble, Policies, Responsibilities

I. Preamble.

Faculty, whether employed by the University or affiliated or associated through agreements with the University to act as volunteers, and medical students (who for purposes of this policy also include residents and fellows and hereafter are referred to as “learners”) are obligated under a variety of policies and standards, both at the College of Medicine (COM) and within the University of Arizona, to interact with one another in a professional manner. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation or other inappropriate conduct.

All faculty and learners are governed by University, COM, and Arizona Board of Regents policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action will be imposed, if appropriate, under existing policies of the University and COM.

The COM recognizes that one of its most important missions is to educate learners to become physicians and to provide exceptional Graduate Medical Education programs. It further recognizes that physicians have been entrusted by society to carry out vital responsibilities, including maintenance of health and the prevention, diagnosis and treatment of disease. In accepting this trust, society expects members of the medical profession to act honorably in all of their endeavors. This responsibility applies to practicing physicians and faculty members in academic medical centers and to the learners with whom they work.

The COM requires its faculty and learners to conduct themselves in a manner that demonstrates respect for others. As an institution, the COM recognizes the right of faculty members and learners to express their ideas, values and religious beliefs and to practice them within the confines of the ethics and acceptable standards of the medical profession and within the constraints of the law. Learners and faculty should consider that each individual has particular strengths and limitations. Faculty members
are expected to treat learners as developing professionals and future colleagues. Learners are expected to be respectful of one another and to treat each other and the faculty in the same professional manner.

The COM recognizes that learners may be subject to undue influence by faculty and other employees. Therefore, the COM has, by adopting this Code of Conduct, recognized that such influence should not impact the ability of a learner to complete his or her training, and that any undue influence or attempt to exercise such influence by a faculty member or other employee within the COM is prohibited by this Code of Conduct. In addition to this Code of Conduct, faculty and learners are governed by all other policies promulgated by the Arizona Board of Regents, the University of Arizona and the COM. To the extent that this Code is not inconsistent with other University of Arizona or Arizona Board of Regents policies or rules, it shall apply to faculty and learners alike. Other University policies and procedures govern conduct and grievances arising from misconduct that affect other University staff.

II. Providing Information about Policies.

The University of Arizona and its COM are obligated to provide information to its faculty, professional staff and learners related to policies governing their conduct. To ensure faculty members, professional staff and learners are aware that myriad policies govern their conduct, the following non-exhaustive list of policies is included in this policy for reference. These policies are subject to change without notice, which will not affect the remainder of this policy.

Policies related to all faculty, learners and staff

- University Handbook for Appointed Personnel’s Statement on Professional Conduct
- Policy for Management of Personal Conflicts of Interest for the University of Arizona
- University of Arizona Student Code of Conduct
- Attributes of Professional Behavior
- Nondiscrimination and Anti-harassment Policy
- Workplace Violence Policy
- Policy on Disruptive Behavior in the Institutional Setting
- Disruptive and Threatening Student Guidelines
- ABOR Policy on Protection of Employees from Reprisal for Whistleblowing

Policies related exclusively to medical students

- Policies and Procedures for Student Progress and Appeals of Academic and Disciplinary Decisions
- Institutional Objectives: Educational Competencies for the Program leading to a M.D. Degree
- Code of Conduct and Procedures for the Honor Code Committee
- Code of Academic Integrity

Policies related exclusively to medical residents

- Due Process Guidelines for Residents and Fellows
III. **Institutional Responsibilities of Faculty Members and Members of COM Administrators to Learners.**

Faculty members and COM administrators shall provide:

1. An environment for learners that is physically safe for those individuals.

2. A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the individual’s educational experience.

3. Support for the learner’s professional development. This support should include a carefully planned and well-articulated curriculum. Administrators should facilitate the progress of learners through this curriculum. Faculty and administrators should support learners in their personal development as they deal with the various adjustments to the profession and the difficulties they may encounter in their lives outside of the institution.

4. An understanding that each learner requires a certain amount of free time for self-care, social and family obligations, and recreation.

5. Accurate, appropriate and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators should act in a manner that is consistent with the stated goals of the educational activity, which should, in turn, be meaningful for future medical practice. In addition, faculty should provide learners feedback during an educational activity or during their training program, as well as at the end of a course or the completion of the training program, in a professional and respectful manner.

6. Opportunities for learners to participate in decision-making within the COM, including participation on committees that design and implement curriculum, assessment tools, etc., in accordance with COM bylaws and other governing documents.

IV. **Responsibilities of Learners to Faculty and Administrators of the COM.**

Learners shall:

- Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.

- Meet the objectives of the curriculum to the best of their abilities.

- Take an active role with the faculty regarding the refinement and evaluation of the curriculum.

- Communicate to the faculty regarding the refinement and evaluation of the curriculum.

- Support their colleagues in their professional development.
• Assume an appropriate level of responsibility on healthcare teams and execute these responsibilities to the best of their abilities.

Section 2: Report Form (exemplary or lapses), Definitions, Reporting Misconduct, Remedies, Confidentiality

V. Preamble

Section 1 provides expectations and policies for professional behavior. At times, behavior occurs that is commendable over and beyond the everyday expectations, or behavior occurs that is a lapse in the everyday expectations. This section (Section 2) provides the definitions and procedures to follow in these types of circumstances.

VI. Report Form (The online report form is in development)

The Professionalism Report Form provides a process for faculty students, residents, fellows and staff to anonymously and/or confidentially report exemplary professional behavior OR lapses in professional behavior, demonstrated by faculty, residents, fellows, and students.

Reports will be reviewed by a Professionalism Committee, who will direct the report to the appropriate person or office (i.e., act as a triage stage). Reports are submitted electronically such that only a numerical code is associated with the report.

Charges and Purview of the Professionalism Committee:

• Maintain anonymity and confidentiality
• Refer reports of professional behaviors to the appropriate person or office, based on definitions and reporting policies outlined in Policy Regarding Professionalism and Reporting Misconduct for faculty and learners at the University of Arizona College of Medicine.
• If a member is the (or one of the) designated personnel to address a professionalism issue, the member will recluse him/herself from any discussion of that case.

Members of the Professionalism Committee:

• The members include Dean-appointed faculty, and a legal representative
• The members represent both campuses of the College of Medicine, including members from Tucson and Phoenix.

VII. Nondiscrimination and Anti-harassment Policies at the University of Arizona.

The University of Arizona has promulgated a Non-discrimination and Anti-harassment Policy, which prohibits discrimination, harassment and retaliation on the basis of race, color, religion, sex, national
origin, age, disability, veteran status, sexual orientation, gender identity, and genetic information in its admissions, employment and educational programs or activities. University policy also prohibits sexual harassment. Should learners or faculty believe they have been discriminated against because of these characteristics, they may file a complaint with the Office of Institutional Equity, located at University Services Building, 888 N. Euclid, Tucson, AZ 85724. That office shall provide the exclusive forum for filing complaints regarding unlawful discrimination, harassment or retaliation as described in that policy.

VIII. Definitions. In this Code, unless the context otherwise requires:

1. “Abuse” or “abusive behavior” means, with respect to a learner, conduct that results in the infliction of, or allows another person to inflict or cause physical pain or injury, wrongful confinement, impairment of bodily function, disfigurement or that would cause a reasonable person emotional damage. To constitute abuse, the inappropriate conduct need not be physical, but also may include verbally threatening or mistreating an individual. It shall also constitute abuse for a faculty member or other employee of the COM to solicit a learner to provide medication, write a prescription or procure medication, of whatever kind, for the faculty member or other employee or a member of that individual’s family or other person. Abuse, including sexual abuse or misconduct, also may be defined by other established University policy or by law, as it may be modified from time to time. To the extent that another University policy also defines this term, the term shall include those definitions. Nothing in this policy shall require that, if the conduct about which an individual complains constitutes criminal conduct, the procedures under this policy shall foreclose making a criminal complaint to appropriate law enforcement authorities.

2. “Board” means the Arizona Board of Regents and is sometimes referred to herein as ABOR.

3. “Faculty” means all employees of the Arizona Board of Regents in teaching, research, or service, whose notice of appointment is as lecturer, instructor, assistant professor, associate professor, professor or otherwise designated as faculty on the notice of Appointment or Notice of Reappointment. Faculty also include volunteers who sign an associate or affiliate agreement with the University and who are involved in the teaching, research or service mission of the University. Although not designated as faculty, graduate students who serve as assistants, associates or otherwise, are bound to follow the same governing policies related to faculty at the University of Arizona.

4. “Harass” shall mean actions of a repeated nature that, either intentionally or unintentionally, could reasonably cause another individual to suffer either emotional or physical pain or anxiety. Persistent and unwarranted criticism that takes on the form of personal attacks shall also constitute harassment. “Harass” shall not include “sexual harassment,” or other unlawful harassment defined under the University’s Nondiscrimination and Anti-harassment Policy. Any complaints related to allegations of harassment addressed by the Nondiscrimination and Anti-harassment Policy shall be filed and investigated exclusively with the Office of Institutional Equity.

5. “Learner” shall mean any individual who is registered or enrolled in one or more classes as a student. A faculty member or full-time employee who takes any course as a privilege of employment is not a learner under this definition. Graduate students who serve as assistants,
associates or otherwise, and all other students employed part-time are classified as learners rather than faculty or other university employee. Residents and fellows who are employees of the Arizona Board of Regents and who are participating in a graduate medical education training program at the COM, and whose employment is governed by an employment agreement under the provisions of the University Handbook for Appointed Personnel, Chapter 4, and the Arizona Board of Regents Policy Manual, also are considered “learners” for purposes of this policy.

6. “Misconduct” is an act that violates this Code or any other University policy governing conduct of faculty or learners.

7. “Records” shall mean any written documentation that is made prior to or as a result of a complaint.

8. “University” means The University of Arizona.

IX. Professional Misconduct Prohibited.

Physician faculty members and learners are expected to conduct themselves in accordance with the professional standards required of members of the medical profession as prescribed in A.R.S. § 32-1401, et seq. (allopathic physicians), and A.R.S. § 32-1800, et seq. (osteopathic physicians). Those who violate either University or ABOR policy or the professional standards set forth above will be subject to disciplinary action.

Additionally, the following behavior is proscribed by this Code of Conduct:

1. Verbally abusing another individual associated with the COM or its affiliated entities, whether or not that individual is a faculty member, administrator or learner.

2. Committing a criminal act, whether in connection with the individual’s participation in an educational program or activity or otherwise that reflects adversely on the individual’s honesty, trustworthiness or fitness as a faculty member or learner in other respects.

3. Engaging in conduct involving dishonesty, fraud, deceit or misrepresentation.

4. Knowingly making a false allegation or accusation or statement in connection with a complaint, whether made under this Code or another University, COM or Board Policy.

X. Reporting Misconduct.

Every faculty member or learner who has knowledge that another faculty member or learner has violated this Code or other University policy or has committed an act that raises a substantial question regarding that individual’s honesty, trustworthiness or fitness as a faculty member or learner in other respects, or that substantially affects the educational process at the COM, is expected to report that conduct to an appropriate office at the University of Arizona. It is expected that the recipient of a complaint will refer a faculty member or learner to the “Professionalism for All” website (which includes the report form) or to the appropriate office if a complaint is required to be filed in a particular University office. Those offices may include:
1. The University of Arizona Dean of Students’ office (complaints of discrimination, harassment and retaliation that fall under the Nondiscrimination and Anti-harassment Policy, where both the alleged policy violator and the person who is the subject of the potential discrimination, harassment, or retaliation are students, then the person who is the subject of the conduct should contact the Dean of Students).

2. The University of Arizona Office of Institutional Equity (complaints of discrimination, harassment and retaliation that fall under the Nondiscrimination and Anti-harassment Policy, in all cases that do not fall under paragraph VIII.1. above);

3. The COM Office of the Deputy Dean for Education (if the complaint involves a violation of professionalism, mistreatment or abuse by either a faculty member or learner);

4. An individual’s department head if the misconduct relates to an appointed person for which another policy does not provide a complaint mechanism;

5. To the Arizona Medical Board or the Board of Osteopathic Examiners if the individual is a licensed physician and has engaged in professional misconduct as defined by Arizona law;

6. To the University of Arizona Human Resources department, the University of Arizona Dean of Students’ office, or law enforcement officials if an individual believes he has been subjected to workplace violence;

7. To a law enforcement officer if the misconduct appears to be criminal in nature; or

8. By calling the University’s Ethics and Compliance Hotline (866) 364-1908 if the individual is not sure to which office a complaint most appropriately should be addressed.

The Deputy Dean for Education or his or her designee may conduct an investigation to determine whether a complaint of abuse or mistreatment of a learner warrants disciplinary action; otherwise, all other complaints will be investigated by the University office charged with investigating complaints of misconduct under existing University policies. The COM may request updates from the offices charged with investigating such complaints to ensure that faculty and learners’ concerns have been appropriately addressed.

Failure to report misconduct or unprofessional behavior described in this Code or in other University policies may result in disciplinary action under applicable policies. Retaliation against anyone who makes a good faith complaint under this Code or other University policies prohibiting misconduct will constitute misconduct that will be addressed under existing University policies.

XI. Confidentiality.

Employees of the Office of Institutional Equity, the Dean of Students’ office or other responsible administrators to whom complaints have been made related to violations of this Code or other University policies are required to maintain the confidentiality of the information they receive, except where disclosure is required by law or is necessary to facilitate legitimate University processes, including the investigation and resolution of the complaint.
XII. Remedies.

1. If the subject of a complaint is a faculty member or administrator, the University officer who has investigated a complaint related to a violation of this Code or other University policy will provide a summary of the investigation to individual’s supervisor, along with recommendations, which the supervisor will take into consideration in determining whether disciplinary action is appropriate.

2. If the subject of the complaint is a student, the University officer who has investigated a complaint related to a violation of this Code or other University policy will provide a summary of the investigation to the University of Arizona Dean of Students’ office if the investigator determines that the misconduct violated the Student Code of Conduct and to the Associate Dean for Student Affairs at the COM. The University of Arizona Dean of Students’ office may take appropriate disciplinary action against such student if his or her conduct also violates the ABOR Code of Conduct.

3. If the subject of the complaint is a learner at the COM whose conduct is alleged to have violated the professionalism standards at the COM, and the Deputy Dean for Education determines after investigation that the conduct warrants further review, it will refer the matter to the COM’s Student Progress Committee, which will take appropriate action.

4. If the subject of the complaint is a faculty member or administrator whose conduct is alleged to have violated the professionalism standards at the COM, and the Deputy Dean for Education determines after investigation that the conduct warrants further review, it will refer the matter to the faculty member’s or administrator’s department head (if a faculty member) or the COM Dean (if an administrator), who will take appropriate action under existing University policies related to disciplinary action.

5. If the subject of the complaint is a resident or fellow who is participating in a GME program at the COM, whose conduct is alleged to have violated the professionalism standards at the COM, and the Deputy Dean for Education determines after investigation that the conduct warrants further review, it will refer the matter to the GME Office, which will initiate appropriate disciplinary action in accordance with the Due Process Guidelines for Residents and Fellows.

6. If disciplinary action is undertaken as a result of a complaint, all records prepared in the investigatory process will be made available to the appropriate administrator or body for such disciplinary process.

XIII. Records Retention.

If a University officer, after investigating a complaint under this policy, determines that the individual against whom a complaint was made did not violate either this Code or any other University policy and that there is no basis to recommend disciplinary action, all materials gathered throughout the complaint and investigation process will be kept separate from the individual’s employment or student file, but shall be retained in the Associate Dean for Student Affairs’ office (if it relates to a student), and in the Deputy Dean for Education’s files if the individual against whom the complaint was filed is a faculty member or administrator, for future reference should additional similar complaints be made regarding the individual about whom the complaint was made.
1. INTRODUCTION

The University of Arizona (UA) is committed to protecting the privacy, confidentiality, and security of Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act (2010). These are federal laws that, in part, protect the privacy of individually identifiable patient information and provide for the electronic and physical security of health and patient medical information. Privacy and security are addressed separately in HIPAA under two distinct rules, the Privacy Rule and the Security Rule.

The Privacy Rule sets the standards for how PHI should be controlled. Privacy standards define what information must be protected, who is authorized to access, use, or disclose this information, what processes must be in place to control the access, use, and disclosure of information, and to ensure patient privacy rights.

The Security Rule sets the standards that require covered entities and business associates to implement basic security safeguards to protect electronic PHI. Security standards specify who has access to electronic health information and how to protect it from accidental or intentional disclosure to unauthorized persons. The standards include administrative, technical, and physical safeguards.

The University of Arizona identifies itself as a “hybrid entity” as defined in the HIPAA Privacy Rule. A HIPAA hybrid entity is a single legal entity that is not fully a healthcare provider, clearinghouse or insurer, but has one or more units that perform one or more of these HIPAA-covered functions. Only the HIPAA-covered functions of the hybrid entity are subject to the HIPAA Privacy and Security Rules. Under the hybrid entity designation, the UA must define and designate its covered healthcare component(s). The UA covered healthcare component(s) must comply with the HIPAA Privacy and Security Rules. Currently the UA has designated the following covered healthcare component(s) under its HIPAA hybrid entity status:

- Recovery Through Integration, Support and Empowerment (RISE) center in the UA College of Medicine Family & Community Medicine Department

The Privacy Officer will periodically review the status of UA units to determine whether this list of covered healthcare components of the UA hybrid entity should be revised.
Additionally, certain University units are considered Business Associates of a HIPAA-covered entity such as UA Healthcare; thus, these UA units as Business Associates are responsible for compliance with HIPAA, as required by the HITECH Act.

This policy will be reviewed periodically to ensure compliance with HIPAA, HITECH and other applicable laws and appropriately update its content to address relevant changes in operations or UA’s covered entity status. Additionally, all University centers, clinics, departments or programs that provide health-related services or conduct health-related activities shall notify the Privacy Officer before engaging in any HIPAA standard transactions or other electronic transactions in order for the Privacy Officer to conduct an analysis to determine whether the proposed electronic transactions would trigger identification as a covered entity under HIPAA.

2. DEFINITIONS

Authorization: An authorization is a written permission for a defined use and/or disclosure of an individual’s PHI for purposes other than treatment, payment or other healthcare transactions. An authorization must contain specific elements required by HIPAA and be approved by the Institutional Review Board (for any disclosures related to research) or the Privacy Officer, as appropriate.

Business Associate: A Business Associate is an external person or entity that performs certain functions, activities, or services on behalf of a HIPAA-covered unit when that function, activity or service involves the use and/or disclosure of PHI.

De-identified PHI: De-identified PHI is information that has been stripped of its identifiable information and meets the HIPAA criteria for de-identification. In order for PHI to be considered “De-Identified,” it must NOT include any of the following elements:

- a. Names
- b. All geographic subdivisions smaller than a state including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
- c. All element of dates (except year) for dates directly related to an individual, including birth date, admission/discharge dates, date of death, and, for persons over 89 years of age, all dates including year indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
- d. Telephone numbers
- e. Fax numbers
- f. Electronic mail addresses
- g. Social Security numbers
- h. Medical record numbers
- i. Health plan beneficiary numbers
- j. Account numbers
- k. Certificate/license numbers
- l. Vehicle identifiers and serial numbers and license plates
- m. Device identifiers and serial numbers
n. URLs
o. IP addresses
p. Biometrical identifiers, including voice and finger prints
q. Full face photographic images and any other comparable images
r. Any other unique identifying number, characteristic, or code except for secure re-identification or data matching codes that are not derived from information about the individual.

Minimum Necessary: The “minimum necessary” standard applied when using or disclosing PHI or when requesting PHI from another covered unit or external entity. A covered University unit or one serving as a business associate of a covered entity must make reasonable efforts to limit access (both internally and externally) to PHI to the minimum necessary to accomplish the intended purpose of the use or disclosure.

Protected Health Information (PHI): PHI, as defined by HIPAA, means individually identifiable health information that, except as provided in part (g) of this definition, is transmitted by electronic media, maintained in electronic media or transmitted or maintained in any other form or medium and includes the following:

a. A subset of health information, including demographic information collected from an individual; and
b. Is oral or recorded in any form or medium; and
c. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
d. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
e. That identifies the individual; or
f. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
g. PHI does NOT include the following:
   1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;
   2. Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and
   3. Employment records held by a covered entity in its role as employer.

Research: Research is a systematic investigation designed to develop or contribute to generalizable knowledge. The use of PHI in a research study requires a signed authorization from the patient or waiver issued by the Institutional Review Board (see Human Subjects Protection Program policies and procedures at [http://orcr.vpr.arizona.edu/irb](http://orcr.vpr.arizona.edu/irb)) or Privacy Board, as applicable. (See also, “HIPAA and Research” on the University's HIPAA website: [http://orcr.vpr.arizona.edu/hipaa](http://orcr.vpr.arizona.edu/hipaa))

3. SCOPE

This policy applies to all members of UA faculty, staff, students, and volunteers who work or train in units that serve as Business Associates for a covered entity or are identified as engaging in HIPAA standard transactions. Additionally, the Privacy Officer is responsible for establishing and enforcing this policy and the HIPAA Compliance Program as described in “Additional Policy Components” of this Policy. All Vice Presidents, Deans, Directors, and Department Heads have the management authority and are
expected to take appropriate actions to comply with this policy and supporting procedures and standards where applicable.

4. PHYSICAL AND ELECTRONIC SECURITY

HIPAA requires physical and electronic security measures to maintain the privacy of PHI. This requirement includes limiting physical and electronic access to PHI in all forms, including written, spoken, pictorial, electronic recording, or printed. See security requirements contained in the UA Information Security Policy at http://security.arizona.edu/policy.

5. PRIVACY AND SECURITY BREACHES

If any UA employee or contractor becomes aware of an actual or alleged breach of this policy, the employee or contractor is required to report the actual or alleged breach to the UA Privacy Officer or UA Information Security Officer. Additionally, the Privacy Officer may receive reports from anyone else regarding an actual or alleged breach.

UA will mitigate, to the extent practicable, any violation of this policy or any other applicable requirements of HIPAA.

Faculty and staff members found to have violated this policy will be subject to disciplinary action, up to and including dismissal, under the applicable UA disciplinary policies. Students in violation of this policy will be subject to disciplinary action under the applicable student policies and procedures. In addition, individuals who are in violation of HIPAA may be subject to civil and criminal penalties as provided by law.

Additional Policy Components

HIPAA Compliance Program

The HIPAA Compliance Program (HCP) will be documented on the UA HIPAA website. The Privacy Officer is responsible for maintenance and updates to this website. The HCP will encompass HIPAA training requirements, compliance reviews, and privacy complaint and breach investigation processes, as well as other components the Privacy Officer deems necessary.

Investigation of Possible Breaches

When notified of a potential privacy or security breach, the Privacy Officer and/or the Security Officer, will conduct an investigation. Additionally, the Privacy Officer may coordinate such investigation with representatives from other units, as appropriate, including but not limited to the Information Security Advisory Committee (UA-ISAC) (see, http://security.arizona.edu/isac).

All UA faculty, staff, students and volunteers are required under the conditions of their employment or status to cooperate in all investigations and to respond to inquiries from the Privacy Officer and Security Officer in a prompt manner. Failure to cooperate with a privacy or security breach investigation may result in disciplinary action by the University, in accordance with applicable policies. See the HCP for more information regarding breach investigations.
Coordination with UA Healthcare

UA Healthcare and the UA may coordinate activities to assist both organizations with training, PHI access and use and disclosure, electronic security, and other HIPAA-related processes.

Administrative, Physical and Technical Safeguards

Each department or unit that accesses or maintains PHI is required to develop procedures to safeguard the security of the PHI. Examples may include locked files with access limited to those who require the information to perform their jobs, fax machines that receive PHI must be placed in a non-public location, and protection of computer screens on which PHI is displayed from being viewed by passers-by.

The electronic transmission of PHI should employ the encryption techniques described under the UA Information Security Policy: http://security.arizona.edu/policy.

Disposal of PHI in paper format or computer diskettes must be discarded in designated shred bins. For PHI in other formats, follow the University of Arizona procedures for destruction.

Student Health Information

Student health information obtained or created as part of the student’s academic career is normally covered under the privacy provisions of the “Family Educational Rights and Privacy Act” (FERPA). This policy in no way affects the applicability of FERPA regulations to student records, including student health records created as a result of healthcare services provided by UA Campus Health Service or other campus clinics, programs, or centers. For more information on student privacy, see www.registrar.arizona.edu/privacyguidelines.htm.

Training

The Privacy Officer, in conjunction with the Security Officer and other training staff, will identify and develop content and educational programs as appropriate. Specific training requirements and opportunities will be set forth in the Privacy Officer’s HCP.

Training for UA employees who have access to electronic health records or other electronic systems may be coordinated with UA Healthcare or other organizations that are responsible for granting access to and monitoring the security of their data.

Social Media Guidelines

Social media offer opportunities to interact, build relationships and enhance interpersonal and professional connections. As members of the University of Arizona (hereafter “University” or “UA”) community, we must be aware of the ways social media content may affect our personal and professional reputation and credibility and the way others perceive the University. These guidelines govern students, staff, faculty and others affiliated with the College of Medicine.
The following guidelines have been established to protect your interests as well as the College of Medicine’s interests when individuals use social media for either professional or personal purposes. UA External Relations has established more extensive guidelines for those who use social media to represent their colleges and departments.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

1. PROTECT YOURSELF:

a. Use appropriate privacy settings to reduce the chances that your personal information and the content you post are accessible to unintended audiences.

b. Consider the safety risks of tagging your location.

c. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched and may be required to be saved and retrieved under certain circumstances.

d. Review and comply with the user agreements of the social media you use, with particular attention to directives that prohibit harassment, threats of violence, discriminatory statements, and personal slurs or attacks.

e. Regularly monitor social media sites to ensure that others have not included you in images depicting unprofessional conduct. If you discover such images, make reasonable efforts to remove them. Typing your name into a search engine (“Googling yourself”) is an easy way to see what others can see about you.

f. Consider the impression that may be created when posting content frequently during the work day.

2. PROTECT THE PRIVACY OF OTHERS:

a. Use sound judgment when using social media to forge connections with members of the UA community. It is generally best to connect with students on sites such as Facebook only after they are no longer members of your class or under your direct supervision. Likewise, consider the potential impact of having access to personal information about your employees through certain social media venues.

b. If you wish to communicate professional content through Facebook, consider creating a professional page or a fan page rather than asking individuals to link to your personal account.

c. It is never appropriate to use social media to engage in personal communications with individuals with whom you are currently involved in a healthcare provider-patient relationship. Unless specifically permitted by a research sponsor, it is never appropriate to use social media to engage in personal communication with individuals who are in a researcher-patient or researcher-research subject relationship or who are being recruited to participate in research.

d. Ensure that student privacy rights are protected as required by the Family Educational Rights and Privacy Act (FERPA). Do not describe student behavior, report grades, or provide personally identifiable information.

e. In order to protect the privacy rights of patients and research subjects as required by state or federal privacy laws, including the Health Insurance Portability and Accountability Act and its amendments, do not discuss or describe patients or research subjects or share content that might be personally identifiable.
f. Protect confidential or personal information you may have acquired as part of your work as a University employee and abide by University policies regarding confidentiality of personnel information.
g. Request permission before posting photos of work friends or colleagues.

3. PROTECT THE UNIVERSITY’S ASSETS AND REPUTATION:

a. While you have rights of free expression as a private citizen, remember that others may also view you as a member of the UA community. Before posting social media content, consider the impact it may have on the University’s reputation.
b. When your online posting suggests that you are affiliated with the UA, include a statement that the content of your posting reflects only your personal views and not those of the UA, its colleges or affiliates.
c. Adhere to all University policies regarding the use of computers and other technology.
d. Remember that state law prohibits University employees from using their UA affiliation to influence electoral and legislative outcomes. If you use social media to express a political position, make sure that you do so as a private citizen rather than as a UA representative. Failure to make this distinction may violate state law and trigger a host of consequences for the University if the comments are deemed to be lobbying under federal and state statutes. See the University’s Political Activity Fact Sheet for more information.
e. Use a personal email address to register on social networks, blogs or other online tools utilized for personal use.
f. Respect intellectual property rights, including copyrights, trademarks, trade names and trade secrets, of others and of the University. Always give other people proper credit for their work, and make sure you have the right to use something with attribution before you publish.
g. Remember that use of University or college-owned logos requires written approval by the University’s Department of Trademarks and Licensing.
h. Keep in mind that established workplace channels are available (and often superior to social media outlets) for resolving work-related complaints.

Society Mentors – Policy on Conflict of Interest

(Effective 12/12/2013)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Background: Societies Program mentors have a unique role at the College of Medicine (COM) in which they maintain multiple responsibilities for their students including education, career advising and mentoring. Societies Program mentors are among the COM’s best clinical educators and frequently serve in other leadership roles in the curriculum or administration of the COM. The purpose of this policy is to clarify the COM’s position when there may be a perceived or real conflict of interest between a mentee and his/her mentor’s other educational roles.

- Societies Program mentors may not grade their own students in the Doctor and Patient course, which is administered by Societies
Program mentors. Rather, the grade in this course is determined by the student’s score on the year 2 Clinical Thinking OSCE, which is observed and graded by a Societies Program mentor different from the student’s designated mentor (this policy has been in place since the Societies Program was initiated in 2006).

- Effective immediately, the Societies Program mentors who currently serves as a block director may tabulate and report grades based on students’ performance in Case-based Instruction (CBI), Team-based Learning (TL) and exams but may not independently assess individual students. A block director who is also a Societies Program mentor may not function as a regular CBI facilitator for his or her assigned mentees, because serving as a CBI facilitator requires assessment of the performance of students in their CBI group. Additionally, if a mentee challenges the overall block grade, the matter will be referred to a co-Block Director and/or the Associate Dean for Medical Student Education rather than the block director who is the mentee’s designated mentor.

- Effective fall 2013, new Societies Program mentors may not serve as block directors.

- Effective immediately, a Societies Program mentor may not function as a regular CBI facilitator for his/her assigned mentees.

- Effective immediately, current clerkship directors who are Societies mentors (of which there currently are two) may continue in both roles, because clerkship directors may collect, tabulate and report composite grades based on clinical performance and the clerkship final exam but may not independently assess individual students. The clerkship co-director or another faculty member heavily involved in the clerkship will compile the summary narrative and final grade for those students who are the mentees assigned to the clerkship director. Additionally, if a clerkship director’s mentee challenges an overall clerkship grade, the matter will be referred to a clerkship co-director and/or the Associate Dean for Medical Student Education rather than the clerkship director.

- Effective fall 2013, new Societies Program mentors may not serve as clerkship directors.

- Effectively immediately, a Societies Program mentor may not officially provide a performance assessment of his or her assigned mentees within the clerkships.

- A Societies Program mentor may be a member of COM administration (exception as below). However, if an administrative issue that falls under his/her area of responsibility arises with one of his/her mentees, the matter will be referred to the administrator’s direct supervisor.

- A Societies Program mentor may not be employed in the Office of Student Affairs.

- A Societies Program mentor may not be the director of a graduate medical education (GME) program.

- Until the end of academic year 2013-2014 if a Societies Program mentor is a member of the Student Progress Committee (SPC), he/she must continue to recuse him/herself from the proceedings in the event that one of his/her mentees appears before the SPC.

- Effective July 1st 2014, Societies Program mentors may not serve on the SPC.

- Societies Program mentors, as their students’ primary advisor, have access to his/her mentee’s grades for the sole purpose of facilitating academic support when needed; Societies Program mentors will have access to the grades of only their assigned mentees and to no other students. Access to the mentees’ grades is granted by the Office of Student Records only after mandatory Family Educational Rights and Privacy Act (FERPA) training is completed by the Societies Program mentor and verified by Office of Clinical and Professional Skills.
Supervision of Medical Students in Clinical Learning Situations

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

Purpose

The University of Arizona College of Medicine Phoenix and Tucson campuses recognize and support the importance of graded and progressive responsibility in medical student education. This policy outlines the requirements to be followed when supervising medical students. The college’s goal is to promote safe patient care and maximize students’ development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Relevant LCME Standard

ED-25A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety. The accountability of physicians and non-physicians who supervise medical students in clinical learning settings will be clearly described in the program’s policies and procedures. The level of responsibility delegated to the student by the supervisor will be appropriate for the student’s level of training, and the activities supervised will be within the scope of practice of the supervising health professional.

Distribution

This policy is distributed to all faculty within the University of Arizona College of Medicine at both the Phoenix and Tucson campuses, including clerkship directors, residency program directors, fellowship directors, and community/rural faculty preceptors.

Supervising Physician Definition

An attending physician employed by the College of Medicine; a community/rural attending physician with an associate faculty appointment at the College of Medicine; a resident or fellow physician training in a graduate medical education program at or associated with the College of Medicine.

Responsibility

It is the responsibility of the supervising faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of the University of Arizona College of Medicine.
**Allied Healthcare Providers**

When a medical student is participating in a private practice setting in which allied healthcare providers are present, it is the responsibility of the supervising faculty physician to assure that the allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.

When a medical student is participating in a hospital-based practice, it is assumed that all allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.

**Supervision Levels**

- **Direct Supervision With Supervising Physician Present**: The supervising physician is physically present with the medical student and the patient and is prepared to take over the provision of patient care if/as needed.

- **Direct Supervision With Supervising Physician Available**: The supervising physician is on-duty and is available to provide direct supervision.

**Clinical Supervision**

- In the clinical setting (in-patient or out-patient), MS 1 and 2 students will be **directly supervised with the supervising physician present or with the supervising physician available** and MS 3 and MS 4 students will be **directly supervised with supervising physician available**.
- Faculty physicians will identify those patients for whom initial medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations.
- Year 3 and year 4 medical students may enter findings in the medical record of the patient with the approval of the patient’s supervising physician.
- The supervising physician will review medical student documentation and provide feedback for educational purposes.
- Clinical decisions and orders are never formulated or enacted by medical students without a supervising physician’s input.
- All on-call experiences in which medical students participate are subject to the supervision rules described above.

**Procedure Supervision**

- Medical students may be assigned and directed to provide additional patient care services under the direct supervision of a supervising physician.
- A supervising physician is required to directly supervise (physician present or available) all procedures (clinical, in-patient bedside, emergency department, and/or operating room) in which a medical student is involved.
- The degree of supervision (direct supervision with supervision physician present or available) will take into account the complexity of the procedure, potential for adverse effects, and the
demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient.

- The supervising physician must have privileges or authorization to perform the procedure being supervised.

**Student Health**

**Mandatory Health Insurance Policy**

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

The University of Arizona College of Medicine-Tucson requires that all medical students maintain health insurance throughout their educational career. Students may obtain health insurance either through the commercial health insurance plans offered by Campus Health Service or through their own health insurance carrier.

Students will be required to demonstrate proof of insurance as a condition of enrollment and may be required to provide proof of insurance again prior to participating in clinical rotations at the University’s affiliated training facilities. Students who do not maintain health insurance may be unable to fulfill their academic requirements at the UA College of Medicine and therefore may not be able to complete their educational program.

Students may contact Campus Health Service at 520-621-6487 regarding health insurance coverage, or may visit [www.health.arizona.edu](http://www.health.arizona.edu).

**Student Health & Safety**

The safety and security of our students is of utmost importance. Students should review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures at assigned locations. Emergency contact information for the student and for the facility that they are attending should be distributed to each party and maintained in a previously identified location.

**Urgent/Emergent Health Care Services**

Preceptors should relay the following information to any student on site. “If a medical student is participating in a rotation at a site distant from Tucson/Phoenix and is in need of urgent or emergent medical or mental health care services, contact your preceptor/supervising attending. He/she will assure that the medical student is directed to services in a timely manner.”
In the event of any emergency related to the student from the University of Arizona College of Medicine, the Office of Student Affairs should also be contacted at the appropriate campus:

**Tucson**
Office of Student Affairs  
Dr. Violet Siwik, Interim Associate Dean  
Contact number that can be reached 24/7 is (520) 237-5726.

**Phoenix**
Office of Student Affairs  
Dr. Karen Restifo, Associate Dean  
Contact number that can be reached 24/7 is (602) 827-9997

**Student Safety**

Below are the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas.

Student Occupational Exposure Policy

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.
It is the policy of The University of Arizona Health Sciences Center (AHSC) that all students who are exposed (i.e. needle stick, inhalation, mucus membrane or skin exposure or percutaneously to infectious agents and/or hazardous materials including blood/body fluids) while engaged in a University-sponsored educational program seek and obtain prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary.

PURPOSE

The purpose of this document is to establish policy and procedures for student occupational exposure to potentially infectious agents and/or hazardous materials.

DEFINITIONS

Students: University of Arizona students who are currently enrolled in one of the AHSC colleges or a non U of A student on an approved clinical rotation as a visiting student with an AHSC college

Occupational exposure to potentially infectious agents and hazardous materials: An exposure by skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties or exposure by inhalation, skin, eye, or mucous membrane to substances defined as hazardous chemicals present in the training site

STUDENT OCCUPATIONAL EXPOSURE PROCEDURE CARDS (Card)

Student Occupational Exposure Procedure Cards (hereafter referred to as “Card”) are developed for and distributed to AHSC students by their respective college’s Office of Student Affairs. Cards are also available at AHSC Student Affairs offices and posted online to all AHSC Student Affairs websites.

Students must keep this Card readily available. Students must refer to and present the Card to the health care provider in the event of an exposure during training. AHSC periodically revises student occupational exposure policies and procedures and will distribute updated Cards as applicable.

Because students utilize many facilities for their training, it is important to note the Cards are intended to be general instructions on how to proceed in the event of an exposure. The Cards DO NOT take the place of IMMEDIATE evaluation and treatment.

PREVENTION EDUCATION FOR STUDENTS

In addition to education built into each college’s curriculum, students must complete required chemical safety and blood borne pathogens training as outlined by The Department of Risk Management Services (RMS). This training is required by Occupational Safety and Health Administration (OSHA) standards and includes information on hazard recognition, exposure prevention, and post-exposure procedures.

FINANCIAL RESPONSIBILITY:

After the student’s insurance has paid the claim, the college will reimburse the student for the amount he/she paid for the initial assessment, prophylactic treatment, and necessary tests including labs related to the exposure. See Reimbursement Procedure.
Visiting students are not eligible for reimbursement.

The student maintains financial responsibility for medical costs beyond the care outlined above.

Students are not eligible for worker’s compensation benefits.

**TRAINING INSTITUTIONS AND SITE AFFILIATES**

All contracts with training institutions and site affiliates will include a provision that requires the training institutions and site affiliates to provide or make available assessment of an exposure to determine exposure significance and the necessity for treatment, if applicable. Provision will also require the training institution and site affiliate to ensure any required assessment and treatment will be within the time limits articulated, as set forth in the most recent protocols of the Centers for Disease Control (CDC) and consistent with the Occupational Safety and Health Administration (OSHA) Standards.

**STUDENT OCCUPATIONAL EXPOSURE PROCEDURE (Card)**

In the event of an exposure, students must follow the following procedure.

1. Remove soiled clothing and wash the exposed area with soap and water, if appropriate. Administer first aid as appropriate to the exposure*
2. Immediately notify attending physician/supervisor of exposure
3. Students shall present at the Affiliate’s Employee Health, ER, or Urgent Care for assessment and initial prophylactic treatment if applicable
4. Students should present the Card to treating health care provider
5. For Blood/Body Fluid Exposures: Following the incident, the Affiliate shall immediately make available to the affected student a copy of all the student’s records relating to the treatment and follow up, and if and when available, results regarding the HIV, HBV, and HCV status of the source, to the extent permitted by law.
6. Following the incident, the student must download and complete the Non-Employee Incident Report Form from the UA Risk Management website and send to BOTH of the departments listed below.

   **University of Arizona Campus Health**
   (Attn: Dr. Maureen Oskandy)
   Highland Commons
   1224 E. Lowell Street
   PO Box 2710095
   Tucson, AZ 85721
   Fax (520) 626-4301

   **Risk Management Services**
   (Attn.: Herb Wagner)
   220 W. 6th Street
   P.O Box 210300
   Tucson, AZ 85721 · 0300
   Fax (520) 621-3706

7. Within 5 days of the exposure, the student must follow up with Campus Health
   TUCSON: University of Arizona Campus Health 520-621-6493
   PHOENIX: ASU Downtown Campus Health 602-496-0721
**FOR TREATING PHYSICIAN:** If consultation is needed, treating physician may contact the on-call infectious disease physicians at UA via the Physician’s Resource Line at 520-694-5868 or 800-777-7552 to discuss recommendations for tests and/or medications related to the student’s exposure.

Arizona Poison and Drug Information Center (24/7): 1-800-222-1222

Post-exposure testing and further prophylactic drug treatment of AHSC students will be performed in Tucson or Phoenix.

**REIMBURSEMENT PROCEDURE**

**For UA AHSC Students Only**

Colleges cannot process a payment to a health care facility on a student’s behalf. Therefore, all claims will be processed as reimbursements.

In order to receive reimbursement, the student must first bill his/her health insurance. Then, the student must pay the remaining balance and submit the following documents to the student’s respective college’s Office of Student Affairs in order to have the claim reimbursed.

In order to have the claim reimbursed, the student must submit:

1. Student Occupational Exposure Reimbursement Claim Form
2. An itemized bill
3. Explanation of Benefits (EOB) from insurance company
4. Paid receipt

**RESOURCES AND REFERENCES**
Student Participation Requirements

COM Requirements for Student Participation in Years III & IV

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in Years III and IV. This requirement will be completed during Transition to Clerkships in Year 3. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs Office and kept in the student record.

2. **Mask Fit Testing:** Prior to beginning Year 3 Transition to Clerkship course, students must have been fitted for respirators that fit tightly to face in accordance with OSHA protection standards. The University of Arizona (UA) Risk Management Services administers the UA Respiratory Protection Program. Proof of certification must be submitted to the Student Affairs Office and kept in the student record.

Fingerprinting and Background Checks (COM)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be online.

Prospective students are advised that some hospitals and outpatient clinics require medical students (and residents) to submit to fingerprinting and criminal background checks and receive appropriate clearance before they will be permitted to participate in clinical rotations at those institutions. Students (and residents) who do not submit to fingerprinting and/or receive appropriate clearance may be unable to fulfill their academic requirements at the UA College of Medicine and, therefore, may not be able to complete their educational program. Unless otherwise paid for by the hospitals or outpatient clinics, students will be required to bear the expense of such screening. Neither the University of Arizona nor the UA College of Medicine pays or reimburses for the expenses related to background checking or fingerprint clearance.