

Academic Policies and Procedures Manual

2025-26 Academic Year

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Academic Policies and Procedures Manual

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Section 1: Introduction – About the School

The University of Connecticut School of Medicine (SOM) is fully accredited by the Liaison Committee on Medical Education (LCME), the national accrediting body for medical schools. The UConn SOM was originally conceived in the early 1960's when there was a national shortage of healthcare providers and such opportunities for careers in medicine were not easily accessible for Connecticut residents. Today, the SOM continues to commit to this vision. The SOM is particularly proud of the many opportunities available to students who want to have a meaningful impact on the various communities in Connecticut and we encourage our students to investigate all areas of interest to them: clinical care, scholarly work and research, global health, community service, advocacy, medical education, and the humanities and medicine.



The SOM has several major affiliated hospitals including UConn Health, Hartford Healthcare (which includes Hartford Hospital and The Hospital of Central Connecticut), Saint Francis Hospital, Manchester Memorial Hospital/ECHN, Middlesex Hospital, and Connecticut Children's Medical Center, where students will find themselves interacting in the broader Connecticut medical community. Students work alongside residents and fellows throughout their training. We also have hundreds of community physicians who are dedicated to educating students in various clinical settings, such as in our Clinical Longitudinal Immersion in the Community (CLIC) program, and in our clerkships. Faculty on site and at our affiliated sites have diverse expertise and interests and enjoy teaching, mentoring, and working with students in the clinical realm, in research, and on other projects. Our educational staff is committed to providing support to students in partnership with the faculty. This team approach is carefully role modeled for our students as they advance in a team-oriented clinical environment.

The UConn SOM MDelta (Making a Difference in Education, Learning, Teaching and Assessment) curriculum promotes self-directed and active learning, early clinical exposure, integration of basic and clinical sciences with inclusion of the behavioral and social sciences and a focus on the healthcare system. The primary pedagogy is team-based learning and there is a focus on technology in education throughout the curriculum. Our students are trained to care for patients of the future and will develop an outstanding basic science foundation with superb clinical skills, with a commitment to scholarship, communities, and to public health.

We have a vast network of support for students to achieve personal and academic success. Students are provided ongoing guidance concerning their medical careers and/or personal challenges. The Office of Medical Student Affairs provides many resources to promote wellness and ensure a supportive learning environment for students to grow as future physicians. Students are active participants in the curriculum and work with course leaders to continuously improve the learning experience. Our staff is always welcoming to students. We strive to promote lifelong learning, collaborative team efforts, and collegial relationships among all of our students, residents, faculty, and staff.

1.a. Important Considerations

This Academic Policies and Procedure Manual (APP) is a manual that contains relevant policies, procedures and important student information. Over the course of the next academic year (2025-26), our policies and relevant procedures will be moved into the UConn Policy Manager system.

This Academic Policies and Procedures Manual (APP) is subject to review and change. The APP is reviewed and updated annually but there may be instances where updates are required during the course of the academic year*. We recommend checking the APP to confirm policies and requirements in effect at any given time. In general, newly updated or implemented policies are effective immediately. There are a few exceptions where a new policy may not apply to all currently enrolled students, i.e. students will be “grandfathered” to the old policy. Examples are not limited to but include the following:

1. Creation of new grade designations
2. Graduation requirements
3. Disciplinary procedures followed will be those in place at the time of the complaint.

Any policy that may not affect students currently enrolled at the time of the creation of the policy will be indicated as such within the policy.

*Any substantive changes to the APP occurring during the academic year will be communicated to students and faculty via email and require attestation.

Section 2: Student Life & Well-Being

UConn Health is comprised of the Schools of Medicine, Dental Medicine, The Graduate School, and Clinical Operations. Students enrolled in the School of Medicine are working towards the MD degree and those in the School of Dental Medicine work towards the DMD. In a unique fashion, medical and dental students are taught in an interprofessional environment with overlap in the first stage of the curriculum. The Graduate School offers Doctoral and Master's level degree programming. Some students pursue joint degrees across the schools at UConn Health as well as the other schools at the University of Connecticut. Clinical Operations includes the UConn Health John Dempsey Hospital, UConn Medical Group and University Dentists.

UConn Health is located on 180 acres in the Town of Farmington, five miles west of Hartford, Connecticut's capital city. Farmington is a residential suburb in the Hartford Metropolitan area that has retained its distinctive character through maintenance of its historic districts and careful land use planning for the future. Several office parks, large retirement communities and condominium developments contribute to an interesting economic and demographic mix.

UConn Health is an open, non-residential campus. As a leading research center and teaching hospital, many of its buildings are active on a seven-day, twenty-four-hour basis.

Policies included in this section:

2.a. Immunization Policy

2.b. Health Insurance Policy

2.c. Clinical Exposures and Injuries

2.c.1. Communicable Disease in the Clinical Learning Environment

2.d. Behavioral Health Services, Health Services, and Student Wellness

2.e. Student Behavioral Health Program Services Policy

2.f. Disability Policy

2.g. Technical Standards

2.h. Library Services

2.i. Email and Electronic Resource Procedures

2.j. Security and Public Safety

2.j.1. Emergency Notification

2.j.2. Policy on Alcoholic Beverage, Marijuana, and Illegal Drugs

2.k. Dress Code

2.l. Work Hours

2.m. Social Networking Policy

2.m.1. Copyright Policy

2.n. Tuition and Fee Adjustment Policy for Withdrawal from School of Medicine

2.o. Fragrance-Free Policy

2.p. Policy on Volunteer Activities for the School of Medicine

2.a. Immunization Policy

The Occupational and Environmental Medicine Clinic at UConn Health must obtain adequate documentation of students' immunity to communicable diseases in order to protect the health of all patients, students, staff and employees for the University of Connecticut School of Medicine/Capital Area Health Consortium. This in accordance with Connecticut State Law – Public Act 89-90, federal OSHA mandatory standard and Centers for Disease Control and Prevention (CDC) Guidelines.

Types of documentation required are:

Measles (Rubeola): one of the following must be submitted:

- a. Signed physician's record documenting immunization (2 doses of MMR or MMRV) at least one month apart

OR

- b. Laboratory report of immune serum antibody titer

Mumps: one of the following must be submitted:

- a. Signed physician's record documenting immunization (2 doses of MMR or MMRV)

OR

- b. Laboratory report on immune serum antibody titer

Rubella: one of the following must be submitted:

- a. Signed physician's record documenting immunization (2 doses of MMR or MMRV)

OR

- b. Laboratory report on immune serum antibody titer

Varicella: one of the following must be submitted:

- a. Signed physician's record documenting immunization (2 doses of Varicella or MMRV)

OR

- b. Laboratory report on immune serum antibody titer

Hepatitis B:

- a. Signed physician's record documenting primary immunization series

AND

- b. A titer indicating immunity after at least one month from the final vaccine dose

OR

- c. Laboratory report on immune serum antibody titer

Tuberculosis (TB) Screening: requires submission of:

- a. Two Tuberculin Skin Tests (TST) with negative results, by the Mantoux technique (with purified protein derivative, PPD, 5TU intradermally applied), within the past 12 months

OR

- b. One IGRA (QuantiFERON) blood test dated within the past 12 months

For those with a history of a **positive TST or treated TB:**

- a. QuantiFERON testing within the past 12 months

AND

- b. Chest x-ray results from after the most recent positive TST or QuantiFERON (written report is acceptable for an x-ray obtained in the US, otherwise copy of film from a radiography obtained abroad will be necessary)

Tetanus-diphtheria (Td) toxoid is highly recommended by the CDC to be given every 10 years. Td with **acellular pertussis** (Tdap) is recommended once in the adult life, 2 years from the last Td. Students are required to submit documentation of vaccination within 10 years at the time of matriculation, and remain up to date while enrolled in medical school.

Influenza Vaccine

As we work in a clinical environment with patients, it is all of our responsibility to maintain good health and not present a vector for disease. All medical students are required to get an annual influenza vaccine and comply with any site requirement for the flu shot unless there is an acceptable exemption. In addition, students must ensure documentation of influenza vaccination or exemption is submitted to Employee Health Services by the annual deadline.

COVID Vaccine

At the time of this publication, COVID vaccination is recommended but not required for medical students. Prior to the 2024-2025 academic year, medical students were required to have received the primary series of COVID vaccine (at least 2 doses of the COVID vaccine (Pfizer or Moderna) OR one dose of the Johnson and Johnson vaccine).

Additional Requirements

At times, due to emerging infectious diseases, such as SARS-CoV (COVID-19) an additional vaccination may be requested by the school and/or clinical sites. Students will be expected to receive these vaccinations unless an acceptable exemption applies.

Documentation

All students are required to provide complete immunization (or proof of exemption) documentation to be eligible to begin their training program. Students are expected to provide proof of immunization or obtain the required immunizations before the evaluation at Employee Health Services.

Various clinical sites have requirements for documentation of student immunization status and health. ***It is the student's responsibility to make sure that all required documents are received by any clinical site within the timeline requested. Failure to do so will be considered unprofessional behavior.**

2.b. Health Insurance Policy

Policy: UConn Health requires all enrolled students to have and maintain health insurance. This insurance must be comparable to the UCHC Student Health Insurance Policy for the entire period as a registered student at the University of Connecticut School of Medicine. If under age 26, a student may comply with the health insurance requirement by being on a family plan. Alternately, they can be covered by a significant other's policy. In both situations the coverage must be comparable to the UCH Student Health Insurance Policy.

Health Insurance Information for Students:

- Students at UConn Health are offered University of Connecticut's Student Health Insurance Plan (SHIP). The SHIP is administered Wellfleet Group, LLC, and has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers. Students covered by SHIP also have access to a vision discount program and travel assistance program.
- Details about these benefits can be found at <https://studenthealth.uconn.edu/fees-insurance/> under "University Insurance Plan"

For additional information, please contact:

Office of Medical Student Affairs

Attn. Lisa Francini

UConn Health

263 Farmington Avenue

Farmington, CT 06030-1905

Room Number: AG-0 060

Phone: 860-679-2986

Related to LCME element 12.6 Student Health and Disability Insurance

2.c. Clinical Exposures and Injuries

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

Workplace exposures and injuries (including needlestick injuries) are potential hazards of working in the healthcare setting. All students who experience a workplace exposure or injury, including slips and falls, should seek medical evaluation by occupational medicine at the site of the incident or through UConn Employee Health. Regardless of the initial site of treatment, you should report the incident to UConn Employee Health during normal business hours (see below).

Students are required to comply with all institutional and affiliate institutional policies and must undergo yearly bloodborne pathogen training. Students must always be alert to the hazards inherent in the use of sharps (needles, blades, etc.). Syringes and needles being discarded must be disposed of promptly in a sharps container. Individuals are responsible for always conducting their activities to minimize the risk of needlestick injuries. Safety needles/syringes that will become contaminated with human materials must be used, as feasible, to minimize risks of such needlestick exposures. Capping of used syringes/needles is against Hospital and UConn Health policy because of the increased risk of needlestick injuries. The clipping of needles is also prohibited because of the possible generation of aerosols. Sharps containers must be changed frequently enough that they never become overfilled.

Exposures to blood and bodily fluids need to be addressed and treated immediately. An exposure may be a percutaneous injury, such as a needlestick, cut with a sharp object or bite, contact of mucous membranes, contact of tissue, or of skin when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involving an extensive area with blood or tissue or body fluids.

All needlestick or exposure to bodily fluids **must** be reported to a supervisor and the student must seek immediate medical attention. In the event of a needlestick or puncture wound: immediately remove gloves and wash the contaminated area with an antimicrobial soap and water; apply an antiseptic, such as hydrogen peroxide and bandage. There are different instructions as to where a student should go depending on the location where the exposure occurred and the availability of services.

The key important fact is that students **MUST SEEK IMMEDIATE ATTENTION** and **MUST** always report any exposure or classroom/workplace injury to UConn Health's Occupational medicine. If the exposure or classroom/workplace injury occurs on the UConn Health campus the student should seek immediate attention from the UConn Health's Occupational Medicine (860-679-2893); if the exposure occurs outside the hours of 7:30 am – 4:00 pm, Monday through Friday, the student should report to the Emergency Department.

If the exposure occurs at other affiliated sites, the initial care will be provided at the site but the student **must** also notify Occupational Medicine and follow up care will be coordinated through Occupational Medicine. The need for immediate attention is based on evidence that appropriate evaluation and intervention can lead to strategies to minimize the exposure risk. Contact information for care related to clinical exposures and injuries at affiliated hospitals are detailed below. The student is responsible for letting the site Emergency Department know that they are a UConn Medical Student at the time of triage in order for appropriate billing to occur.

D=Day E=Evening W=Weekend

Backus Hospital

D/E/W: 860-823-6389

CCMC

D: 860-972-2175

E/W: 860-545-9205 (ED)

Bristol

D: 860 589-0114

E/W: 860-585-327

Hartford Hospital

D: 860-972-2175

E/W: 860-545-0000 (ED)

Hospital of Central CT

D: 860-747-9441

E/W: 860-224-5671 (ED)

JDH/UConn Health

D: 860-679-2893

E/W: 860-679-2588 (ED)

Manchester (ECHN)

D: 860-647-4796

E/W: 860-647-4777 (ED)

Middlesex

D: 860-358-2750

E/W: 860-358-8000

St. Francis

D: 860-714-4270

E/W: 860-714-4001 (ED)

St. Mary's

D: 203-709-3740

E/W: 203-709-6004 (ED)

St. Vincent's

D: 203-576-5333

E/W: 203-576-5171 (ED)

Waterbury

D: 203-573-7584

E/W: 203-573-6205 (ED)

Windham

D: 860-465-9116 x2834

E/W: 860-456-6715 (ED)

Education related to Needle Stick Policy

Policies and procedures involving student exposure to infectious and environmental hazards are discussed through lecture and a PowerPoint during new student orientation (Launch) following matriculation to UConn SOM. Policies and procedures are also reviewed and

discussed as part of the orientation students receive prior to clinical rotations. Policies and procedures with regards to infectious hazards and needlesticks are also posted on HuskyCT. Blood-borne pathogen/OSHA training is an annual compliance requirement for all students. A needlestick and exposure card with contact information for each clinical site is given to every incoming student and updated as needed throughout medical school.

If the exposure results in contraction of a communicable disease that may place other patients at risk, the student is required to report this to the assistant dean for medical student affairs, who refers the matter to the Communicable Disease Review Board. This body conducts a confidential review of the case to assess the risk posed to patients and makes a recommendation to the senior associate dean for medical education and the dean. This process is outlined in Policy 2.c.1. of the Academic Policies and Procedures (APP) Manual.

When a student is temporarily removed from clinical activities due to an infectious or environmental illness, the Office of Medical Student Affairs collaborates with the student to develop an individualized learning plan. This may include remote learning modules, case-based discussions, or rescheduling of clinical rotations to ensure continuity of education. Students are also offered academic advising and behavioral health support to minimize the impact on their progression through the curriculum and on their well-being.

In addition to infectious disease, the school recognizes that environmental exposures—such as air quality issues, chemical sensitivities, or heat-related illness—can also impact student health and learning. In such cases, appropriate adjustments to learning environments or schedules are made to protect student well-being while maintaining educational standards.

In situations involving disability, students have access to the Center for Students with Disabilities through the University of Connecticut Storrs campus. Appropriate accommodations are implemented in accordance with the Americans with Disabilities Act, as outlined in sections 2.f. and 2.g. of the APP Manual. These accommodations are designed to ensure equitable access to all learning activities, including clinical experiences, without compromising patient safety or educational outcomes.

Financial Responsibility:

Although all students are required to have health insurance that may apply for any visit, the SOM and/or the site where the injury occurred will be financially responsible for coverage of any unmet deductible or outstanding bill. The student will present the bill to the Student Affairs office, which will then facilitate coverage of the cost.

Visiting Students:

The home institution of each visiting student is required to verify compliance with blood-borne pathogen/OSHA training in compliance with UConn Health policy via VSLO. Visiting students will be registered via VSLO. As part of the application process, students will need to complete an attestation that they have reviewed the policy and this will be recorded in the OASIS database.

Related to LCME element 12.8 Student Exposure Policies/Procedures

2.c.1. Communicable Disease in the Clinical Learning Environment

Introduction

In the course of their educational program, students may participate in the care of infectious patients. Students must be aware of the risks stemming from contact with the blood or secretions of such patients and, if exposure occurs, must follow the SOM's Clinical Exposures and Injuries procedure set forth in policy 2.c.

Students who themselves have a communicable disease have a responsibility to patients, peers, staff and faculty to take appropriate steps to prevent the spread of disease. This policy is intended to assure that patients in a hospital or clinical setting are not at risk when cared for by students infected with communicable diseases.

Requirements for Students

All students are required to follow proper infection control procedures, including universal precautions. Training on universal precautions is provided to students annually. Following current guidelines on use of appropriate personal protective equipment (PPE) to minimize spread of communicable diseases is required.

SOM Communicable Disease Review Panel

The Review Panel will consist of a minimum of three individuals: the Assistant Dean for Medical Student Affairs (or their designee if necessary), one physician from Occupational Medicine, and at least one other faculty member or senior staff member with expertise in infectious disease and/or infection control. The Review Panel may consult with legal counsel, as it deems necessary.

Upon receipt of a report that a student is infected with a communicable disease, the Review Panel will conduct a confidential review of the student's condition, the student's clinical schedule, and the possible impact the condition may have on the student's patients and clinical work, in accordance with the following procedures:

- The student will be asked to identify in writing their treating physician, and to notify the Review Panel as to any change in treating physician. The student will be asked to authorize release of medical information to the Review Panel and to the hospital(s) or other clinical setting(s) where the student will be performing clinical work. The Review Panel will consult with the student's treating physician as part of its review process.
- The Dean's designee, in collaboration with the Office of Occupational Health and Medicine, will make recommendations on any restrictions that should be placed on the student's clinical activities and/or precautions that must be taken during clinical work. Such restrictions or precautions may include, for example that all Stage 2 or 3 rotations be done at a single hospital.

- The Dean's designee will check-in with the student periodically to assure that the student is complying with the restrictions placed on their clinical work, and to discuss any problems the student may be experiencing.

Each case will be considered on an individualized basis and, if needed, will be guided by the recommendations of the Centers for Disease Control and Prevention, the Connecticut Department of Public Health, the UConn Health Department of Infectious Diseases, and similar agencies/organizations with relevant expertise and authority.

Appeal Procedure

Following a decision of Dean's designee, a student may request reconsideration by submitting to the Review Panel, within five (5) working days of receipt of the decision, a written request for reconsideration. The student may appear before the Review Panel to present information, which the student deems relevant. The Review Panel may affirm its prior recommendations or modify them, and in either case will forward its recommendations following reconsideration to the Dean's designee, who may approve them as-is or with further modifications. The Review Panel will notify the student in writing of the decision following reconsideration.

If the student wishes to further appeal, the student must submit a written request for an appeal to the Dean of the SOM within five (5) working days of receipt of the reconsideration decision. The student may provide to the Dean information, which the student deems relevant. The decision of the Dean is final.

Confidentiality

The Dean's designee and Review Panel will hold in strict confidence all information in its possession relating to a student's disease status. Whenever possible, the Review Panel will not reveal the identity of the student but instead will discuss the matter anonymously. All records of the Review Panel will be stored confidentially and will not be part of the student's academic file.

The Review Panel (or its designee) may disclose information relating to a student's disease status as follows:

- To the Dean or Dean's designee, who must approve (as-is or with modifications) the Review Panel's recommendations under this policy;
- If applicable, to the Dean of the SOM making a decision on appeal under this policy;
- If the student violates this policy, to other administrators and/or faculty within the SOM in connection with disciplinary action.

The Dean of the SOM, Dean's designee, and any other SOM administrators or faculty receiving information about a student's communicable disease under this policy shall be bound by the same principles of confidentiality that apply to the Review Panel.

In addition, the Review Panel (or its designee) may disclose information relating to a student's disease status, to the extent necessary, to the appropriate individual(s) at the hospital(s) or other clinical setting(s) to which the student is assigned, so that the hospital(s) or clinical setting(s) can determine the precautions and restrictions, if any, that should be implemented during the student's clinical work at those sites. The Review Panel will advise the hospital(s) or clinical setting(s) on the highly confidential nature of the information disclosed. The student will be notified of any such disclosure.

Counseling

Students may obtain career counseling regarding their communicable disease status from the Review Panel, or from one or more faculty members or administrators of the SOM if the student wishes to divulge this information to those individuals. Mental health services are also available to students and are discussed in detail in policy 2.d.

Disciplinary Action for Policy Violations

Students who violate this may have a Professionalism Incident Report Triage (PIRT) filed and will follow the process for professionalism violations. (See Section 3. Professionalism). Violations include failure to report known infection with a communicable disease and failure to follow the restrictions and precautions prescribed by the Review Panel. Violations of this policy may also be reported to the Assistant Dean for Medical Student Affairs, who may take appropriate disciplinary action and/or refer the matter to the Academic Advancement Committee.

2.d. Behavioral Health Services, Health Services, and Student Wellness

Policy on Teaching Evaluation by Medical School Administration (see policy 4.r.):

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. Any faculty member who finds that they are providing sensitive health services (including mental health or other health services) to a student that they are academically assessing or promoting, **MUST** request that the student be reassigned, and that request must be brought to the Assistant Dean for Medical Student Affairs. If a student is seeing a faculty member for healthcare services (including mental health or other health services) and they are being supervised and/or academically assessed by that faculty member, the student may request immediate reassignment, if that has not occurred via the faculty member who has the primary responsibility to make sure this transition occurs. Any requests for reassignment should be brought to the attention of the Assistant Dean for Medical Student Affairs. As part of the annual review of this manual and the Compact Between Trainees and Their Teachers, faculty are made aware that they may not provide health services for students they are evaluating, except in a true medical emergency. (See policy 3.c.)

Various resources are available to students in need of behavioral health services. Confidential counseling services are provided to students in a private setting, off the main campus, at 195 Farmington Avenue or via telehealth through the Student Behavioral Health Service (see policy 2.e.), which is free to students in that it is covered by the UConn SOM and not through their health insurance. The school supports Medical and Psychotherapy Directors of Student Behavioral Health (see below), an APRN or MD mental health medication prescriber, and several PhD and PsyD clinical psychologists and licensed clinical social workers who do not teach or supervise students in an educational setting. In addition, the Student Behavioral Health Service has a committee structure that provides assistance with behavioral health problems, as well as alcohol and other forms of substance use disorders (see below). Students may directly contact the Directors of Student Behavioral Health. Additionally, students are allowed to seek care external to UConn, utilizing their health insurance. A list of providers can be found at: <https://hub.uconnhealth.org/academic/student-resources/student-wellness/psychological-wellness/individual-counseling>. The Office of Medical Student Affairs is available as well to give direction or guidance.

Contact Information for Student Behavioral Health Services:

UConn Providers and Contact Info:

Phone: 860-679-5434 (Jessica Meyer, PhD)

Email: studentclinic@uchc.edu

<https://health.uconn.edu/student-affairs/health-and-wellness/student-behavioral-health-service/>

Non-UConn Providers and Contact Info:

<https://hub.uconnhealth.org/academic/student-resources/student-wellness/psychological-wellness/individual-counseling>

Behavioral Health Committee

Mental health, substance use disorder and dual diagnosis services are combined for a single portal of entry for all student behavioral health services.

The Behavioral Health Committee consisting of faculty and students oversees Student Behavioral Health. Its voting membership consists of:

- The Behavioral Health Medical Director.
- Two faculty members from SOM/UME, one faculty member each from the Graduate School and SoDM.
- One student and one alternate student from each school with the goal of having one student representative from each school available to vote at any given meeting.
- The Employee Assistance Program (EAP) Program Director.
- The Director of the Student Wellness Program will be ad hoc member as necessary and as invited, and there could be invited guests for specific topics. The Behavioral Health Medical Director can help orchestrate the agendas and advise the Chair of the committee; however, the Chair should be an individual who does not serve in the role as director. The Chair will be elected annually by the entire membership (excluding alternates) and may be any of the four faculty members or the EAP director.

This committee's functions should include the following:

- Oversight of the delivery of behavioral health services in a broad, general fashion. De-identified data such as the unique (or unduplicated) number of students served (in whatever fashion), by broad clinical category, by year, by school; access to care; patient satisfaction; amount of care funded by school(s); ad hoc surveys.
- Review or development of educational information to be made available to students; linkages with community caregivers; interface with the Student Wellness Program; etc., will be collected, reviewed, forwarded to appropriate school administrators, and stored in a secure fashion.
- Individual students' situations could be discussed in an anonymous fashion for the express purpose of brainstorming further beneficial options.

Confidentiality will be assured to the extent possible given the size of the community.

Contact Information for Student Health Services:

Some students grew up close to Farmington, and already have a primary care physician (PCP). Others will want to seek out a new PCP. You can find this within or outside of the UConn Health system. Multiple offices offering internal medicine, family medicine, or ob-gyn are in the area, and may be affiliated with regional hospitals or with large or small multispecialty or single specialty groups. If you wish to use the UConn Health system, know that its physicians and mid-level practitioners are very happy to see students, and will often make accommodations to fit

them into their patient panels and schedules. Your care at any of these offices will be recorded in the health system's EPIC electronic record, and your health insurance provider will be billed for services.

The largest UConn Health primary care group is Internal Medicine Associates, with offices in Farmington (in the Outpatient Pavilion and South Road), East and West Hartford, Canton, Simsbury, Southington, and further afield. Family Medicine is located at our office in Canton.

UConn Providers and Contact Info:

Website: <https://health.uconn.edu/patient-services/primary-care8>

Internal Medicine: 860-679-4477

Family Medicine: 860-658-3444

Non-UConn Providers and Contact Info:

1. ProHealth Physicians, with offices in Farmington, West Hartford, and elsewhere.
<https://www.prohealthmd.com/>
2. Starling Physicians, with offices in Farmington, New Britain, and Newington.
<https://www.starlingphysicians.com/>
3. Hartford Health Care Medical Group, with offices in Farmington, West Hartford, and elsewhere.
<https://hartfordhealthcaremedicalgroup.org/specialties/primary-care>
4. Trinity Health – Primary Care, with offices in Farmington, Hartford, Windsor Locks, and Canton.
<https://www.trinityhealthofne.org/campaigns/primary-care/primary-care-hartford>

Urgent Care Services:

There are a variety of Urgent Care Services in the area. Employee Health at UConn in Farmington is often an option with same-day visit availability, as well as employee health locations at many of our partner organizations for when you are on clinical rotations.

UConn Contact Info:

UConn Employee Health & Occupational Medicine
Main Building, Ground Floor, Room CG228
300 UConn Health Boulevard
Farmington, CT 06030
Phone: 860-679-2893

UConn Urgent Care - Canton
117 Albany Turnpike
Canton, CT 06019
860-658-8750

Hours:

Monday to Friday, 8 a.m. to 8 p.m.

Weekends and Holidays, 9 a.m. to 5 p.m.

Hartford Hospital Urgent Care
336 N. Main St, Ste A
West Hartford, CT 06117
860-200-7701

<https://hartfordhealthcare.org/services/urgent-care/service-locations>

Trinity Health Urgent Care:

<https://trinityhealthofne.org/services/urgent-care>

Student Wellness

Student wellness is a major priority of the School of Medicine. The effort to promote wellness is engaged on a number of levels: programmatic, administrative, and individual. The School of Medicine has designated faculty to direct its wellness efforts on a programmatic level. The Director of Student Wellness is responsible for working with student groups to sponsor, orchestrate, and support activities designed to help students integrate the needs of their personal and social lives with academic demands. On an administrative level, the School of Medicine continues to work to foster an institutional environment that encourages a holistic approach to medical education; one that is sensitive to the intellectual and emotional needs of students; one that engages both mind and spirit by promoting early patient exposure, service-learning, and work with underserved populations. Additionally, the School of Medicine supports the efforts of individual students to conduct activities that enrich the culture of the School of Medicine such as yoga and meditation, sports clubs, and organizations that support creative expression in the arts.

The School of Medicine offers an onsite fitness center, officially called the Wellness Center, located just off the Academic Lobby in LM034. The Wellness Center is open 24/7 via badge access and is available at no cost to students. The center offers an array of cardio and resistance machines, free weights, two rooms for fitness classes, and shower facilities. Around the corner from the Wellness Center is the Husky Harvest food pantry. Launched in the Fall of 2023, the pantry is student-run and designed to provide ready access to free nutritious food, without stigma, to students experiencing food insecurity. The pantry, located in AM016, is open to all students with a valid ID during posted hours.

Related to LCME element 12.3 Personal Counseling/Mental Health/Well-Being Programs

2.e. Student Behavioral Health Program Services Policy

1. Program Access

- A. Voluntarily
Students who identify themselves as needing behavioral health treatment may voluntarily seek it through the Student Behavioral Health Program.
- B. By Referral
Students may be referred to the Student Behavioral Health Program by faculty, staff, peers or family. When a student is referred to the Student Behavioral Health Program, the referring individual must indicate the reasons for that referral.
- C. By Mandate
Senior school officials or the Academic Advancement Committee (AAC) may mandate that a student undergo evaluation and treatment for suspected behavioral health problems. These students are generally identified through academic and/or professionalism problems that are thought to be related to behavioral health issues.

2. Services Offered

- A. Mental Health: The Student Behavioral Health Program provides evaluation, crisis intervention, medication and short-term psychotherapy for mental health issues. Referrals to outside providers can occur when complex medication regimens and/or long-term psychotherapy is deemed necessary.
- B. Substance Use/Abuse: The Student Behavioral Health Program provides evaluation and referral for treatment for students with alcohol or drug use/misuse problems.

3. Problems/Impairments (Arrests or DUI) to be addressed

- A. The unlawful possession, use, or distribution of illicit drugs and alcohol by students on UConn Health's property or as part of any of its activities is prohibited (see section 8 of APP.).
- B. Mental Health: The student who suspects that a mental health problem exists, or has difficulty with the daily activities of life, or is observed to have difficulty or be unable to perform their academic duties, or is a danger to self or others, or is a disruptive influence in the clinical or academic setting, may voluntarily seek, be referred or be required to participate in mental health evaluation and treatment.

This may necessitate voluntary or enforced absence from the curriculum until the problem/impairment is resolved.

- C. Substance Use/Misuse: The student who suspects they have, or whom others suspect has a substance use/misuse problem, can voluntarily seek, be referred or be required to participate in substance misuse evaluation and treatment. The student who is suspected of or found to be impaired (having difficulty with the daily activities of life, having difficulty or unable to perform their academic duties, or is a danger to self or others, or is a disruptive influence in the clinical or academic setting) due to substance use/misuse must participate in substance use/misuse evaluation and treatment. This may necessitate voluntary or enforced absence from the curriculum until the problem/impairment is resolved.
- D. Any student who has a DUI or is arrested for behavioral, drug, or other issues will be required to notify the Assistant Dean for Medical Student Affairs and this will necessitate a mandatory behavioral health evaluation.

4. Confidentiality and the limits of confidentiality

- A. Confidentiality is always maintained in every eventuality to the extent possible. Privacy is essential and will always be maintained to the extent possible. The primary mission of the Student Behavioral Health Program is to assist students in achieving their academic objectives.

That said, there are times when the appropriate school administrator (generally the Assistant Dean for Medical Student Affairs) needs to be informed, usually regarding lack of progress in treatment. Lack of progress is determined by the provider(s) involved. The reasons for this could include, but are not limited to, refusal to participate in treatment; inability (for whatever reason) to address/control those conditions that continue unremitted and preclude successful participation in the curriculum; actions or activities that place self or others at risk; continued disruptive behavior in the academic or clinical setting to the point of seriously or habitually interfering with or jeopardizing the task at hand; and failure to continue in treatment after being returned to the curriculum with continuation in treatment having been stipulated as a condition of reinstatement. The right is reserved that other concerns may be identified that necessitate the need to break confidentiality and inform the appropriate school administrator. These will be addressed on a case-by-case basis. The appropriate disclosures need to be signed by the student.

2.f. Disability Policy

The University of Connecticut School of Medicine conforms to the [University of Connecticut Office of Institutional Equity Accessibility Policies and Procedures](#).

Any questions regarding a policy may be directed to the policy owner or the [Office of Institutional Equity](#) at 860-486-2943 or equity@uconn.edu.

The University of Connecticut is committed to achieving equal educational opportunity and full participation for persons with disabilities. It is the policy that no qualified person meeting the technical standards with or without reasonable accommodations be excluded from participating in the School of Medicine programs or otherwise be subjected to discrimination with regard to any University program or activity.

UConn SOM has an additional policy, known as the Technical Standards (next policy 2.g.) and all students must be able to achieve these Technical Standards with or without reasonable accommodations. Accordingly, all students must confirm that they are able to meet these standards with or without reasonable accommodations on an annual basis. Students requiring reasonable accommodations will be given direction for both support and to request accommodations and applicable services.

To request accommodations, students should contact the Center for Students with Disabilities (CSD). We recommend that a student seek accommodations well in advance of major exams, such as Step exams, as this process can take several months to finalize with the United States Medical Licensing Examination (USMLE).

UCHC Disability Service Professional:

Brooke Joyce

Email: Brooke.joyce@uconn.edu

CSD Main Office Contact Information:

Phone: 860-486-2020

Email: csd@uconn.edu

Website: <https://csd.uconn.edu/>

Related to LCME element 12.6 Student Health and Disability Insurance

2.g. Technical Standards

The education of a physician encompasses a preparatory phase in college, a rigorous undergraduate medical professional education leading to the MD degree, postgraduate or residency training and finally, lifelong continuing education after the conclusion of all formal training. The MD degree awarded at the completion of the undergraduate medical educational process certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine.

Toward this end, the School of Medicine requires that the educational process prepare an individual to be a physician. The educational process at the School of Medicine is structured to allow the student to achieve this general goal and is in accord with the objectives defined by the Liaison Committee on Medical Education (LCME), the established agency in the United States for accreditation of medical schools. Admissions standards of the School of Medicine, therefore, are rigorous and exacting.

Candidates for the MD degree must have abilities and skills in five domains: observation, communication, motor, conceptual/integrative and quantitative, behavioral and social. These requirements may be achieved with or without reasonable accommodations. The University is committed to excellence in accessibility and encourage students with disabilities to contact the Center for Students with Disabilities to begin a confidential conversation about possible accommodations necessary to meet these technical standards.

Observation: The candidate must be able to observe experiments and demonstrations in the basic sciences including, but not limited to, microbiologic cultures and microscopic studies of organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately and assess their relevant health, behavioral, and medical information through comprehensive assessments and the interpretation of data.

Communication: A candidate should be able to elicit information; describe changes in mood, activity and posture; and perceive nonverbal communications in interactions with patients. A candidate must be able to communicate effectively, professionally, and sensitively with patients and those supporting patients (i.e. caregivers) and all members of the multidisciplinary health team.

Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. A candidate should be able to perform investigative and evaluate diagnostic procedures and interpret imaging studies. A candidate should be able to provide general care and emergency treatment to patients by meeting all applicable safety standards and follow universal precaution procedures. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, and the opening of obstructed airways. Such actions require coordination of some gross and fine

muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual, Conceptual, Integrative and Quantitative Abilities: Candidates must effectively interpret, assimilate, and understand the complex information required to function within the medical school curriculum, including, but not limited to, the ability to problem solve, comprehend three-dimensional relationships and understand the spatial relationships of structures; effectively participate in individual, small group, and lecture learning modalities in the classroom, clinical, and community settings.

Behavioral and Social Attributes: Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and the development of mature, sensitive and effective relationships with patients. ***Candidates must be able to self-regulate and develop appropriate coping strategies when faced with potentially triggering and sensitive topics that are taught/discussed as part of being a future healthcare provider. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress.*** They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and education process.

Candidates for the MD degree must gather data from, communicate with, and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different from their own. Throughout the clinical curriculum, students must be able to consistently perform a complete history and physical exam on any patient regardless of the patient's race, color, national origin, marital status, military status, citizenship, disability, genetic predisposition, religion, ethnicity, socioeconomic status, gender, age, or sexual orientation.

Adherence to these technical standards is designed to ensure that the MD degree attests to the basic acquisition of general knowledge in all fields of medicine, as well as the acquisition of the basic skills necessary for medical practice.

2.h. Library Services

The UConn Health Sciences Library's mission is to provide information-based services and resources to UConn Health students, faculty, staff, and Connecticut residents. UConn Health students, faculty, and staff can access online books, journals, databases, and expert librarians from anywhere. The onsite library is open to anyone. Onsite visitors enjoy a large print collection, access to our online resources via computer workstations and Wi-Fi, landing stations, expert assistance, quiet study areas, and study rooms for group work. The Shafer study rooms to the right of the library main entrance are available 24-7 with UConn student IDs.

Library staff at the Information Desk can direct users to various resources and services. The Information Desk has laptops, laptop chargers, tablets, data projectors, earphones, and class reserves available for check out. There is also a charging station for handheld devices.

The Reference Services department are available in-person and virtually via chat, phone, email, and streaming video. Reference Services include answers to in-depth questions, research support, systematic review support and co-authorship, attending clinical rounds to teach how to locate and apply evidence at the point of care, curriculum support, and bibliographic instruction.

In addition to the thousands of full-text articles and textbooks on hand, the library can request materials from libraries all around the world. [Subject guides](#) for specific topics and specialties provide in-depth independent study and guidance. Nearly all library resources (books, journal, databases, etc.) as well as services (professional librarian instruction, reference, research support, digital inter-library loan and consultation) are available to UCHC students with UCHC login credentials wherever there is an internet connection. Students and faculty can access resources and personnel by phone or email.

Library staff welcome comments which contribute to the development of new services and resources.

Specific information about the library's policies can be found here:

<https://lib.uconn.edu/health/about/policies/>

Additional information can be found on the library's homepage: <https://lib.uconn.edu/health/>

Related to LCME element 5.8 Library Resources/Staff

2.i. Email and Electronic Resource Procedures

All students must use their UConn Health-assigned email address (name@uchc.edu). The use of an outside email address (e.g. gmail, yahoo) or the forwarding of email from a UConn Health account to an outside account is not recommended and has, in the past, resulted in students missing important emails concerning courses and grades.

The majority of UConn Health-related information is now sent electronically; therefore, students are expected to check their UConn Health email account at least once per day. It is considered a professionalism violation if a student misses critical information regarding a class, event or school requirements due to not having checked their email regularly.

UConn Health provides electronic resources to enable faculty, students and staff to accomplish work that is the mission of UConn Health. UConn Health computing and networking equipment and software are to be used for UConn Health business only. Electronic resources are not to be used to conduct private business or commercial activities or any other illegal or prohibited activity such as unlicensed and illegal copying or distribution of software that violates federal or state statutes or regulations or are in conflict with UConn Health's status as a public institution.

Other University policies concerning email and electronic resources are available at <https://uconn.ellucid.com/manuals/binder/368/4>.

2.j. Security and Public Safety

Students are expected to wear their UConn Identification (IDs) at all times while on campus and while visiting affiliated sites. Replacement badges can be obtained through [Parking, Transportation, and Event Services](#) for a fee.

Security measures are provided within the University of Connecticut School of Medicine, the sponsoring institution, as well as all of the major affiliated hospitals, including UConn Health, Hartford Hospital, St. Francis Hospital and Medical Center, Hospital for Central Connecticut, Connecticut Children's Medical Center and the Veterans' Administration. These include foot and vehicle patrol of the facilities and general response to problems that arise. Security also provides assistance with ambulance security, transportation of patients to and from aircraft sent to the hospital, unlocking doors, escorts to vehicles, and assistance with cars that will not start. Blue emergency phones located throughout the UConn Health campus dial directly into public safety dispatchers.

Public Safety Telephone Numbers

UConn Health - (860) 679-2121 or (860) 679-7777 (emergency)

Hartford Hospital - (860) 545-2147

St. Francis Hospital & Medical Center - (860) 714-4492

Hospital of Central Connecticut - (860) 224-5481

Connecticut Children's Medical Center - (860) 545-2147

UConn Health Uniform Campus Crime Report

All students are encouraged to read the complete UConn Annual Security and Fire Report. Additional information and resources on the Clery Act and Clery Compliance is available [here](#).

Clery Act: Overview

The "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998," commonly referred to as the "Clery Act," requires institutions of higher education receiving federal financial aid to report specified crime statistics on college campuses and to provide other safety and crime information to members of the campus community.

UConn Health provides crime information and statistics to the public in a variety of ways. In addition to the Clery Act, UConn Health provides to the United States Department of Justice crime statistics that are classified pursuant to the Uniform Crime Reporting (UCR) Program administered by the FBI. These statistics are reflected in the annual *Crime in Connecticut* publication, which is the annual report of the Uniform Crime Reporting Program of the State of Connecticut, Division of State Police, as well as the FBI *Crime in the United States* publications.

Reporting of Crimes or Emergencies

The university has its own emergency telephone number, 7777, which is answered at the Public Safety dispatch center. Emergency help—police, fire or medical—will be immediately

dispatched. Emergency phones are also located throughout the campus. If you are a victim of a crime or you have witnessed a crime, but there is no immediate danger or emergency, call UConn Health Police at 860-679-2121 (or 2121 from any university phone). Reports may also be made in person at the Police Department, LG 044, or to officers on patrol.

Timely Warnings

UConn Health Police Department issues Crime Alerts when deemed necessary to keep the campus community informed about security and safety matters. The decision to issue a Crime Alert is made on a case-by-case basis after reviewing all the facts, including the nature of the crime, the continuing threat to the campus community, and the risk of compromising law enforcement efforts. Notification may be made utilizing e-mail, text message, voice mail, and web page. These notifications are disseminated with the goal of notifying as many people as possible, as rapidly as possible. Further information and a registration link can be accessed at <http://alert.uconn.edu>. Testing of the notification system is done on an annual basis or more often if needs dictate.

Daily Crime Logs

The Police Department maintains a Daily Crime Log that records, by the date the incident was reported, all crimes and other serious incidents that occur within the department's patrol jurisdiction. This log is available for public inspection and includes the nature, date, time, and general location of each crime reported to the department.

Weapons on Campus

Possession and/or use of firearms, fireworks, dangerous weapons and hazardous chemicals is strictly prohibited and in many cases violates state law. This applies to students and employees except where authorized to handle weapons or chemicals.

Sexual Assault

The UConn SOM complies with all Title IX requirements. See policies 3.f and section 8.

- [Policy Against Discrimination, Harassment and Related Interpersonal Violence](#)

2.j.1. Emergency Notification

UConn SOM has the ability to notify students of critical events through the Everbridge Mass Notification System. Students must enroll in the Everbridge system when obtaining their UConn ID at the beginning of their matriculation at the medical school. In the event of an emergency situation, this system provides notification by both text and automated robo-calls to inform students of all campus disasters including serious weather concerns, school shut down, active shooter, or other emergency situations. Students who are on leave of absence or in special programs (e.g. MD-PhD) will continue to receive these notifications. Visiting students who are rotating at UConn Health are required to obtain a UConn ID for site access, and must enroll in the Everbridge system. The Office of Medical Student Affairs also sends emails for school shutdowns directly to students.

For weather related closings, students can also visit the 'Closings and Cancellations' website <http://health.uconn.edu/closing-and-cancellations> or can call the UConn Health operational status hotline 860-679-2001 which provides an official source of communication regarding delayed openings, class cancellations, or closings of the UConn Health nonessential service units due to weather or other circumstances. There are 30 dedicated lines operating 24 hours a day, 7 days a week. In the unlikely event that service to UConn Health Operational Status Hotline is disrupted, a back-up number is available: 860-486-9292.

2.j.2. Policy on Alcoholic Beverage, Marijuana, and Illegal Drugs

Students at UConn Health are expected to become aware of and abide by state laws and University regulations regarding use of alcohol and illegal drugs. The University alcohol beverage policy is designed to be consistent with the laws of the state of Connecticut, which, in general, prohibit the possession, consumption and serving of alcoholic beverages by and to persons less than 21 years of age.

State law prohibits possession, use, manufacture, or distribution of illegal substance or drug paraphernalia or of any illegal drug or narcotic, including barbiturates, hallucinogens, amphetamines, cocaine, opium, heroin, or any other substance not chemically distinguishable from them except as authorized by medical prescription.

Although state law allows for the possession and use of marijuana for medical and recreational purposes, UConn Health is regulated by federal law; therefore, **students are not permitted to possess and/or use marijuana on any UConn Health owned or leased property**, or as part of any UConn Health activity, even if such use is permissible under Connecticut State Laws. Students must adhere to the University of Connecticut Alcoholic Beverage Sales and Service Policy, which can be found here: [UConn Alcoholic Beverage Sales and Service Policy](#)

In addition, students may be required to undergo and pass a drug screening test prior to placement at certain clinical rotation sites. A refusal to undergo drug screening or a positive marijuana test (not as a result of marijuana use pursuant to a valid prescription from a licensed medical provider) may result in a delay in starting or inability to be placed at certain clinical rotations, triggering absences and any related academic or professional consequences. **UConn Health thus strongly recommends refraining from recreational use of marijuana altogether.**

2.k. Dress Code

Patients and colleagues expect students to be appropriately and professionally dressed. Appearance should conform to the standards/norms of the setting in which the student is working. The UConn/Institution ID badge should be worn and clearly visible while on campus, and for all clinical encounters.

2.I. Work Hours

Pre-Clerkship Curriculum:

The estimated student workload including (on average) 22 required contact hours in Stage 1 is approximately 50-60 hours per week. The UME Leadership team must review any request for additional contact offerings. CUME has delegated approval for up to 2 hours additional twice per block at the discretion of the UME team for necessary educational activities or assessment. Attendance is mandatory for all scheduled contact hours in Stage 1.

Third- and Fourth-Year Clinical Rotations:

Students are expected to be involved in the activities of the healthcare team to which they are assigned, carry out assigned patient care activities, and participate in required educational activities. The time needed to adequately meet these responsibilities will vary depending on the clinical rotation, and can include overnight call or night shifts. Nevertheless, students are expected to abide by the following duty hour restrictions:

1. Work hours are limited to 80 hours per week, averaged over a 4-week period.
2. Students must be provided with one day in seven free from all clinical and academic activities averaged over a 4-week period.
3. Students should have a 10-hour period of rest, but must have an 8-hour period of rest, between daily duty periods. A student who works 24 consecutive hours, must have a 14-hour free period.
4. In-house overnight call cannot occur more frequently than every third night. This does not apply to a week of night float or labor and delivery.
5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. However, students may remain on duty for up to four additional hours to participate in required educational activities, and ensure continuity of patient care.

2.m. Social Networking Policy

Social and business networking websites (i.e., Instagram, LinkedIn, Facebook, X (Twitter), Flickr, etc.), other internet sites such as YouTube and cell phone texting are increasingly being used for communication by individuals as well as businesses and universities. This section addresses the policy for proper use of these modalities by undergraduate medical education students at the University of Connecticut School of Medicine (UConn SOM).

Patient Information

Identifiable protected health information (PHI) should NEVER be published on the Internet. This applies even if only the patient is able to identify themselves from the posted information. Students must adhere to HIPAA principles at all times.

- All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
 - Privacy and confidentiality between physician and patient is of the utmost importance.
 - Texts may be intercepted and should not be considered secure communication unless using any approved system provided by UConn GME. Such as, Tiger-Text, Voalte, etc.
 - Texting about and posting of any sensitive, proprietary, confidential, private and PHI or financial information about UConn SOM or any affiliated site is prohibited. See also [UCHC policy #2002-43](#) (Confidentiality).
 - Obtaining cell phone photographs or videos of any patient is prohibited except as allowed in [UCHC policy #2014-03](#) (Visual, Audio or Recording of Patient Data Obtained Through Any Medium).
 - It is always inappropriate to “friend” or “follow” patients on any social networking site or to check patient profiles.

Professional Conduct on the Internet or Public Forum

Students must adhere to all principles outlined in the Academic Policies and Procedures Manual and Compact between Faculty and Trainees, and Student Honor Code at all times. Students should consider setting privacy at the highest level on all social networking sites. Please adhere to the following guidelines on the internet or in any public forum.

- The tone and content of all electronic communication must remain professional.
- The individual is responsible for the content of their own blogs/posts/texts/presentations.
- Any material posted on the Internet should be considered permanent and public information.
- Personal blogging, posting of updates, and other use of social media should not be done during required school activities or on institutional computers.
- Refrain from posting or texting any material that is obscene, defamatory, profane,

libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity. This includes, but is not limited to, comments regarding UConn Health or any other affiliated hospitals or employees of them.

- Respect all laws related to copyright and fair use.
- Any personal legal liability imposed for any published content will be the responsibility of the student. Texts are discoverable even if deleted from the cell phone.
- Unauthorized use of UConn SOM information is prohibited. No phone numbers, email addresses, web addresses, name of the department or UConn SOM may be posted without permission from an authorized departmental individual. For identification purposes, a student may list the affiliation with the UConn SOM.
- Unauthorized use of UConn or UConn Health trademarked material is prohibited, this includes the logos and Husky imagery.
- In all communication where a student is listed as being affiliated with the UConn SOM or a department of UConn, students are encouraged to include a statement that acknowledges statements and messages made from the account reflect their personal views only, and not those of the University.
- It is never appropriate to offer medical advice on a social networking site.
- If you have questions regarding your social media use in reference to UConn Health or you are interested in creating a UConn Health affiliated account, you should contact the UConn Health Social Media Specialist (rickart@uchc.edu).
- Social networking sites and texting can be the source of cyber bullying, harassment, stalking, threats or unwanted activity. Any issue of concern on social media (including threats, violence, suicide, slander, cyberbullying, etc.) should be reported immediately to the UConn Health Police Department (860) 679-2121, Office of Medical Student Affairs (860) 679-4713, and/or the Office of Academic Educational Affairs (860) 679-2385.

Concerns related to discrimination and harassment can be reported to the SOM and/or the Office of Institutional Equity (860) 679-3563 or equity@uconn.edu. The University's Policy Against Discrimination, Harassment, and Related Interpersonal Violence can be found in Section 8 of this manual.

Seek help or guidance from the Offices of Medical Student Affairs or Academic Educational Affairs if you have any questions.

Disciplinary Action

Violation of the aforementioned social networking policies will be treated as a possible violation in professionalism and could result in a PIRT (Professionalism Incident Report Triage, See 3.a).

Adapted from UConn SOM GME Policy

2.m.1. Copyright Policy

Unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject the offender to civil and criminal liabilities.

For more information see the links below:

Peer-to-peer file sharing on campus networks:

<https://edtech.uconn.edu/multimedia-consultation/collaboration-engagement/>

The Copyright Compliance Guidelines:

<http://policy.uconn.edu/2011/05/26/copyright-compliance-guidelines/>

The University Library provides general copyright guidelines:

<http://lib.uconn.edu/about/policies/copyright/>

2.n. Tuition and Fee Adjustment Policy for Withdrawal from School of Medicine

Students who withdraw from UConn SOM during an academic term will receive a tuition adjustment based on the institutional schedule. There are three terms: Fall, Spring and Summer that span the calendar year. All students who separate from the School of Medicine are subjected to the School's Withdrawal Tuition and Fee Adjustment Policy. Tuition adjustments will be calculated based on the date that all requirements are completed to finalize the withdrawal.

Withdrawal Schedule:

Withdrawal Period	Adjustment
Withdrawal through first calendar week of the term:	90%
Second week of the term:	80%
Third week of the term:	70%
Fourth week of the term:	60%
Fifth week of the term:	50%
Sixth week of the term:	40%
Seventh week of the term:	30%
Eighth week of the term:	20%
After eighth week of the term:	No Refund

Eligible Fees:

Fee Description	Eligible for Adjustment?
Medical School Tuition in State	Yes
Medical School Tuition out of State	Yes
Medical School Tuition New England Regional	Yes
Medical Professional Fees	Yes
Medical Student Activity Fee	No
Medical Laptop	No
Medical Laptop sales tax	No

No fees are eligible for adjustment after the 8th week of classes.

(Calendar weeks run Monday through Sunday. Regardless of the day of the week the semester begins, the following Sunday ends the first calendar week.)

Financial Aid is awarded to students contingent upon completion of the term. Federal financial aid recipients who withdraw prior to completing more than 60% of the term will have unearned aid that, by law, must be returned to the Federal Government. If more than 60% of the term has been completed prior to withdrawing, 100% of the federal aid for that term will have been earned and the financial aid package will remain in place.

Federal Direct Unsubsidized and Graduate PLUS Loans will be subjected to a calculation known as the Return of Title IV Funds calculation. This federal requirement determines the amount of federal funds that a student is entitled to by calculating the number of calendar days completed up to the withdrawal date, divided by the total number of calendar days in the term or Title IV eligibility period (less any scheduled breaks that are at least five days long). For example, if a student completes 30% of their payment period, they earn 30% of the assistance they were originally scheduled to receive, meaning that portion would remain credited to the student's account. The amount the student is **not** entitled to (unearned aid) will be returned to the lender. This is required regardless of other grants or scholarships that have been awarded and used to pay for tuition and fees. Students who owe a balance to the school are billed after funds have been returned to the lender. The net amount owed on the student's account after all applicable charges, returns, refunds, and credits will be billed to the student. Other financial aid may be adjusted based on your withdrawal date. For more information, please contact the [Office of Student Financial Aid Services](#).

Students are advised to carefully consider the above tuition information as withdrawing after the first week of class may create a financial obligation which, if not cleared by the end of the academic year, will be referred to an outside collection agency and subject to State Income Tax Refund offset.

In addition, financial obligations which are past due will receive a 'Bursar hold' on the student account, preventing future registration and accessing services such as, obtaining transcripts and diplomas. This hold will remain on the account until the balance is paid in full. The University may decline to issue a certified copy of my academic transcript unless and until any past due balance owed is paid.

In certain other instances, including illness, full refunds or cancellations of charges may be made at the discretion of the Dean of the School of Medicine, provided that the interruption or termination of the student's program takes place prior to the start of classes. A student inducted into military service will receive a prorated adjustment or cancellation of charges based on the student's date of separation. The student in this situation must furnish the Offices of the Registrar and the Bursar with a copy of the orders to active duty, showing this to be the reason for leaving the School of Medicine.

2.o. Fragrance-Free Policy

Scented or fragranced products are prohibited at all times in academic classrooms and spaces.

This includes the use of:

- Incense, candles, or reed diffusers
- Fragrance-emitting devices of any kind
- Wall-mounted devices, similar to fragrance-emitting devices, that operate automatically or by pushing a button to dispense deodorizers or disinfectants
- Potpourri
- Plug-in or spray air fresheners
- Urinal or toilet blocks
- Other fragranced deodorizer/re-odorizer products

Personal care products used for the primary intention of fragrance or aroma should not be applied at or near classrooms, restrooms or in our academic spaces. These may include but are not limited to colognes, perfumes, essential oils, fragranced clothing sprays or laundry scent boosters/additives. In addition, the UConn SOM encourages staff, faculty and students to be as fragrance-free as possible when they arrive to the SOM and through the duration of their time on campus including refraining from applying perfume/cologne or fragranced skin or hair products. The use of some products with fragrance may be detrimental to the health of staff, faculty, students, and patients with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.

If any students, faculty, or staff have concerns or reports regarding non-compliance to this policy, please contact the Assistant Dean of Medical Student Affairs or the Senior Associate Dean of Medical Student Education.

2.p. Policy on Volunteer Activities for the School of Medicine

STUDENT CLINICAL AND NON-CLINICAL VOLUNTEER ACTIVITIES

The School of Medicine receives a number of requests for volunteers to assist with various community-based volunteer events, such as requests for health aides at marathons or walks, and to give flu shots at campus or community events. The professional liability coverage provided by state statute to UConn Health students is intended to cover only formal experiential training activities that are part of the curriculum and/or volunteer activities that are organized and conducted under the supervision of the School of Medicine to meet degree requirements (Connecticut General Statutes, Section 10-235). Students and personnel should not assume that the same professional liability insurance provides coverage for all volunteer or community outreach activities.

Clinical activities: Students are covered by professional liability insurance 1) any time they are enrolled in a clinical course for credit, 2) volunteering in the provision of care under the supervision of UConn Health or affiliated faculty and approved by the School of Medicine, or 3) under the supervision of faculty at other institutions as part of their UConn Health educational program. At all times, students must be under supervision of faculty in performing clinical service, and the performance of such services must be within the scope of the supervisor's training and certification. Students who provide clinical services outside the scope of the School of Medicine curriculum or with non-UConn Health faculty physicians are **not** covered by the statute. Students are advised not to engage in such activities unless other liability coverage is provided for them.

The School of Medicine may determine that a specific clinical volunteer opportunity qualifies for professional liability coverage. However, such a determination must be made in advance and any requests must be reviewed and approved before the activity may qualify for coverage. To request malpractice coverage for a new clinical volunteer opportunity or event, please email Dr. Kirsten Ek (ek@uchc.edu).

Non-clinical activities: While students are encouraged to participate in non-clinical volunteer opportunities in order to meet their volunteer and community service requirements, professional liability coverage does not extend to these opportunities. Medical students should recognize that there are potential risks involved in volunteering, including the chance that the student volunteer could be injured or contract a disease that may adversely impact the student. Students have the right to end volunteer activities at any time and choose a different opportunity. For volunteer opportunities independent of School of Medicine sponsored programs or events, the School of Medicine is not responsible for any medical costs incurred by a student volunteer that are not covered by a student's health insurance.

Section 3: Professionalism

Students are expected to maintain high standards of personal and professional integrity and conduct at all times. The Code of Professionalism Conduct for Medical Students (see 3.a.) addresses appropriate and acceptable behavior expected of medical students in their role as healthcare professionals. This document was created as a guide to help invoke appropriate behavior in all areas of professional conduct and outlines the expected student competencies in professionalism. This document also explains the process for submitting reports of praise or concern regarding professional behavior and the mechanisms used to investigate any adverse occurrence.

Other models for professionalism are found in several UConn Health and School of Medicine documents including the Student Honor Code (3.b.) and the Compact between Faculty and Undergraduate and Graduate Medical Trainees (3.c.). UConn Health also has [rules of conduct](#) which students are expected to uphold.

Policies included in this section:

3.a. Code of Professionalism Conduct for Medical Students

3.b. Student Honor Code

3.c. Compact Between Faculty and Undergraduate and Graduate Medical Trainees

3.d. Student Mistreatment and Standard of Conduct

3.e. Faculty, Staff, and Student Relations Policy

3.f. Prohibition of Discrimination and Discriminatory Harassment, Including Sexual Harassment and Sexual Assault, Intimate Partner Violence and Stalking Policy

3.g. Artificial Intelligence (AI) in Medical Education Policy

3.a. Code of Professionalism Conduct for Medical Students

Code of Professionalism

The Code of Professionalism (“the Code”) is a guide for appropriate and acceptable behavior and a model to uphold the standards of the healthcare professions. While this code cannot fully address every situation that may develop, it shall serve as a model to invoke appropriate behavior in all areas of professional conduct as well as to outline the expected student competencies in professionalism. The codes and policies listed in the Honor Code (policy 3.b.) provide additional guidance.

The concept of medical professionalism is both an acknowledgement of virtuous values expected in one’s role as physician and the implementation of appropriate behavior that embodies these values. These values can be categorized as follows:

Integrity:

- Display honesty and integrity with patients, families, the healthcare team, community members, faculty, and others
- Maintain appropriate professional boundaries and avoid exploitation of patients for any sexual advantage, personal financial gain, or other private purposes
- Be able to identify potential conflict of interest arising from the influence of marketing and advertising, as well as financial and organizational arrangements

Respect:

- Show respect for others, including appropriate grooming, punctuality, courtesy, non-derogatory backroom discussions, inclusiveness, and use of acceptable language and humor
- Recognize and be sensitive to culture, race, disabilities, age, gender, sexual orientation, religion, and other protected categories in order to prevent health care discrimination

Altruism:

- Demonstrate altruism and advocacy by a commitment to promote health care needs of patients and society
- Improve quality and access to care and a just distribution of finite resources
- Display compassion and empathy in words and deeds when dealing with patients, families, peers, the healthcare team, community members, faculty, and others

Duty / Responsibility:

- Avoid engaging in patient care responsibilities if emotionally or physically impaired
- Complete duties in a timely fashion, including responding to emails
- Maintain appropriate confidentiality
- Accept responsibility for errors and evaluate failures in education and patient care
- Recognize and accept personal limitations in knowledge, skill, and behavior, seeking guidance and supervision when appropriate
- Identify and appropriately respond to unprofessional behavior in others
- Participate in defining, organizing, and evaluating the educational process for current

and future students

- Be willing and capable to work collaboratively and resolve conflicts in a variety of settings to achieve optimal patient care and educational goals of all involved

Excellence:

- Commit to self-improvement, including being open and responsive to feedback, reflection, and self-evaluation, and actively setting and pursuing learning goals and applying knowledge gained
- Recognize the role of wellness in the practice of medicine
- Apply legal and ethical principles to patient care, clinical research, and the practice of medicine

Professional behavior in students is expected at all times, not just in the role of medical student while at UConn Health and affiliated teaching hospitals. Unprofessional behavior both in the personal and professional setting reflects poorly on the individual, the School of Medicine (SOM), and the University of Connecticut. All reports of unprofessional behavior, including arrests, will be referred to the SOM Professionalism Incident Report Triage (PIRT) Committee regardless of the location where it occurred (see section II and IV below).

Reporting Violations of Professionalism

Any individual should report misconduct including but not limited to medical and dental students, program directors, deans, faculty, residents and fellows, patients, or public person who has contact with the student. Moreover, it is expected that students will self-report unprofessional behavior. Self-reporting unprofessional behavior will be viewed favorably and can serve as an opportunity for self-reflection and improvement. Students must notify the school in the event they are arrested or cited for violation of UConn Health rules, or local, state, or federal laws (exceptions being traffic violations not involving impaired driving); failure to do so would be regarded as a professionalism violation.

All incidents of professional misconduct should be reported to the PIRT Committee. This is accomplished by completing a 'Professionalism Incident Report Triage Form' – PIRT Form (available at the end of this section and on the [Institution Page](#) under "UConn Health Links" on HuskyCT) and submitting the report by any of the following methods:

- E-mail to PIRT@UCHC.EDU and/or both PIRT Committee Co-chairs (See Professionalism Folder on HuskyCT)
- UConn Health campus mail to one of the PIRT Committee Co-chairs (MC-1831)
- USPS mail to "Attention: PIRT Committee Co-chairs" (MC-1831, Office of Academic Educational Affairs, University of Connecticut Medical School, 263 Farmington Ave., Farmington, CT 06030); receipt can be confirmed by email from co-chairs, **if requested**.
- Directly deliver to the Office of Academic Educational Affairs (AM-045) staff

An individual may not wish to personally submit an incident report and may decide to report the incident to a member of the Academic Integrity Board (AIB) or the Assistant Dean of Medical Student Affairs who will then be responsible for completing a 'Professionalism Incident Report Triage Form.' Although it is recommended that the reporting individual identify themselves

in case further details are needed, this is not required to submit a report, **except** in cases where special legal requirements apply which include, but are not limited to, sexual harassment, domestic violence, child abuse, and risk of suicide or serious harm to self. These issues are also not protected by confidentiality.

1. Formal Reports may be submitted as one of the following:
 - Totally anonymous: the name of the reporter will not be known to the accused or by the members of the PIRT Committee. Anyone wishing to file a PIRT totally anonymously can do so using the USPS address listed above or have the PIRT hand-delivered by a third party.
 - Partially anonymous: the name of the reporter will not be known by the accused, but will be known by the members of the PIRT Committee
 - Non-anonymous: the name of the reporter will be known to both the accused and the members of the PIRT Committee.
2. Totally and partially anonymous complaints are accepted but may not be triaged into a formal investigation unless the complaint contains sufficient information to justify an investigation. The PIRT Committee will vote as to whether or not they believe that an anonymous submission can be effectively investigated.

Findings of breach by the Professionalism Review Board (PRB) cannot be based solely on anonymous information contained in the initial anonymous complaint. Partially anonymous reporters may serve as a witness and in that capacity their name may be disclosed to the accused.

Reporting Exemplary Efforts in Professionalism

In order to fulfill the competency requirements in professionalism, all students graduating from the University of Connecticut School of Medicine are expected to demonstrate and maintain a high standard of personal and professional integrity as outlined in the University of Connecticut Medical School Code of Professionalism (see policy 3.b.). On some occasions, a student may demonstrate unusually meritorious behavior in professionalism deserving of distinctive praise. For these incidents of commendation, a report of 'praise' may be filed. Submission of these exemplary accounts can be filed by any individual.

It is encouraged that the behavior to be recognized by the PIRT form concern a specific event, or related events, pertaining to professionalism, and not be a list of general praiseworthy traits of the student. Reporting exemplary behavior is accomplished by completing a PIRT Form (see end of section) and submitting the report to Professionalism Incident Report Triage (PIRT) Committee by any of the following methods described above. All Praise PIRTS will be forwarded to the Assistant Dean of Medical Student Affairs for their discretion to include in the Dean's Medical Student Performance Evaluation (MSPE) letter.

Important Forms: Professionalism Incident Report Triage Form (PIRT form) This form is at the end of this section, but may also be accessed on HuskyCT under "UConn Health Links" on the Institution Page.

Professionalism Incident Report Triage (PIRT) Committee

Because of the varied categories of incidents that can occur, having one central depository for professionalism issues is ideal to decrease confusion regarding where to submit reports. The PIRT Committee serves as a central clearinghouse for any matter, either positive or negative, concerning professionalism at the University of Connecticut Medical School.

Membership

The PIRT Committee is composed of 5 individuals chosen for their experience in dealing with matters of professionalism. These members are:

- PIRT Committee Co-Chairperson
- PIRT Committee Co-Chairperson
- Assistant Dean of Medical Student Affairs
- Faculty Advisor, Academic Integrity Board
- Medical Student Chair, Academic Integrity Board or, if the Medical Student Chair is unavailable, another experienced member of the AIB (from either school) designated by majority vote of the AIB

The Co-Chairpersons shall be appointed by the Dean or Dean's designee. These two positions are held for a minimum of a two-year duration with re-appointments made at the discretion of the Dean or Dean's designee. The appointments will be staggered, with the re-appointment of Co-Chairpersons made on separate years. The immediate past Co-Chairs can serve as *ad hoc* consultants to the new Co-Chairs.

PIRT Reporting and Committee Procedures

If the individual submitting the formal incident report is a faculty member, a meeting between that faculty member and the student with the purpose of explaining the reason for the incident report is required unless such a meeting would risk causing harm. There may be some instances where a meeting may not be appropriate, and this should be indicated on the submission. If a meeting is not possible, then the student should at least be made aware regarding the PIRT and the reason for submission of the PIRT.

Incident reports filed can be of two different types: "For File Only" or "Referral to Triage"

For those reports of a positive nature, a meeting with the student by the person submitting the report and/or the PIRT Committee Co-Chairperson is encouraged but not required. These are typically submitted for file only and are forwarded to the Assistant Dean of Medical Student Affairs.

The following will take place once the PIRT Committee Co-Chairperson(s) receive a PIRT Form of a negative nature that is referred to Triage:

- A meeting between the student and a PIRT Committee Co-Chairperson will be held to ensure the student is aware of both the report and the process of addressing each report

- The student will be provided a copy of the Professionalism Section of the School of Medicine Academic Policies and Procedures manual and will also be sent the PIRT form that was submitted.
- The student will be informed that any additional information offered by them can be shared with other members of PIRT to assist in their decision, and may also be shared with any investigative body depending upon the disposition of the incident report
- The student will be given the opportunity to offer additional details regarding the circumstances of the incident report
- The student is expected to sign the PIRT form and provide additional comments in writing after meeting with the PIRT co-chairperson.

The PIRT Committee Chair(s), upon reviewing all reports, shall present these to the other members of the PIRT Committee. A majority consensus - defined as 3 or greater of the 5 PIRT committee members - will determine the final destination of each report. All efforts will be made to complete this process in a timely manner. The PIRT Committee will consider all relevant information including established criteria (i.e., Honor Code, Student Behavioral Health Program referral criteria, etc.) and information contained in a student's PIRT file when making this determination. The destination of each report may vary, but some examples are as follows:

- PIRT student file
- Academic Integrity Board (AIB)
- Student Behavioral Health Program
- Assistant Dean of Medical Student Affairs
- Academic Advancement Committee (AAC)
- Professionalism Review Board (PRB)
- Local Law Enforcement
- Course/Clerkship Director

Prior to the vote by the PIRT Committee, the designated Co-Chair for the particular case may initiate a preliminary investigation to determine if the reported breach of professionalism has merit for further investigation.

After the investigation, the Co-Chair will complete PIRT disposition form, which contains the information provided in the submitted PIRT form as well as summaries of the interviews with student, submitter and others, and background status (i.e., under the purview of the AAC, had a prior PIRT). The disposition form will be presented to the PIRT Committee for deliberation and vote. Prior to discussion by the full committee, the PIRT Co-Chair will email the name of the student to the committee asking for recusals.

If the complaint is determined to be **without merit** by the PIRT Committee following this preliminary investigation, both the student and the individual submitting the Professionalism Incident Report Triage Form will be notified of this determination in writing and informed that the process has been concluded. A notation regarding the dismissal of this report will be placed on the PIRT disposition form and placed in the confidential PIRT file. No record or note of the report will be submitted to the student's permanent file in the Office of Registrar.

If, after this preliminary investigation, the PIRT Committee determines that the complaint has merit, the PIRT Committee will then complete the incident report disposition form, with the decision and rationale. The PIRT Committee has the discretion to refer the PIRT to another body (e.g., AAC, PRB, Academic Integrity Board, Assistant Dean of Medical Student Affairs), and this decision will be noted on the PIRT disposition form. However, if the student has had a prior PIRT that was determined to be of merit, the PIRT Committee must notify the AAC for review of the student's record and consideration of possible further action. The PIRT disposition form will indicate the number of prior PIRTs.

For those instances where the situation only warrants placement in a student's PIRT file, the Co-Chair will use this opportunity to provide insight and education to the student regarding the incident.

Once the PIRT is resolved and when appropriate, the PIRT Committee may notify the person/committee that filed the PIRT and the student that it was reviewed and addressed (resolution might include: found without merit; triaged to file; forwarded to the AAC; or other disposition, but need not be specified).

For a negative PIRT submitted to file only, the PIRT co-chairs do not meet with the student or discuss the PIRT with the rest of the committee. The PIRT is saved to the student's PIRT file.

PIRT Committee Student Files

All PIRT Forms that are submitted to the PIRT Committee will remain confidential within the limits of the law. A copy of all negative incident reports submitted to the PIRT Committee will be placed in the PIRT student files. In addition, the student's name and triage decision will be added to an Excel file kept on a SharePoint site for use in future cases to determine if a prior PIRT was submitted. The SharePoint site also will include electronic files of the PIRT forms and other documents related to the incident. When a negative incident report is received, the PIRT student file will be reviewed to see if the report is an isolated event or indicative of a pattern of negative behavior. If the student has had a prior PIRT that was determined to be of merit, the PIRT Committee must notify the AAC for review of the student's record and consideration of possible further action. The PIRT student files will include notation of whether and where the PIRT Committee made a referral.

All positive/exemplary incident reports submitted to the PIRT Committee will be placed in the PIRT student files.

All PIRT files will be retained in the office of Academic Educational Affairs and will not be part of any permanent student record. Upon a student's graduation, all related PIRT student files will be archived as permitted by law.

Professionalism Review Board (PRB)

If a negative professionalism incident is determined to be of a serious and significant nature, but is deemed by PIRT to necessitate investigation beyond the purview or scope of the

Academic Integrity Board, the Assistant Dean of Medical Student Affairs, or other report destinations, then this significant incident will be referred to the Professionalism Review Board (PRB).

Membership

The PRB shall consist of 5 voting members, one non-voting member, and four alternate members who shall attend each meeting and who may be designated by the PRB Chair to vote in the place of absent member. These 'core members' are:

- PIRT Co-Chair – PRB Chair (voting)
 - PIRT Co-Chair – PRB Case Officer (non-voting)
 - Two (2) Student members (voting)
 - Four (4) Alternate Student member
 - Two (2) Faculty Member (voting)
 - Two (2) Alternate Faculty Member
1. PIRT Co-Chairs: The two Co-Chairs shall decide between each other who shall be PRB Chair and who shall act as PRB Case Officer. These roles should be alternated with each respective incident report. Whomever the PIRT Co-Chair is who reviewed the PIRT becomes the non-voting PRB Case Office.
 2. Faculty Members: Two members of the faculty will be appointed each year by the PIRT Co-chairpersons, with voting status alternating with each respective incident report. Each faculty member will serve a two-year term which is renewable.
 3. Student Members:
 - **First-Year:** One student is elected in October of M1 year to serve a four-year term, if possible.
 - **Second-Year:** Another student is elected in April (end of M2 year) to start serving on July 1 of their M3 year, continuing until graduation.
 - **Alternates:**
 - First- and second-year elected students serve as alternates.
 - One student from both the third- and fourth-year classes will be a voting member, and the other will be an alternate. Voting duties alternate between them for each incident report.
 - **Eligibility:** All students must remain in good standing to continue serving. If a student leaves the curriculum for a scholarly year or dual degree, the student may continue to serve as a member if desires. If not, a replacement election will be held.
 - **Vacancies:** If a student leaves before their term ends, a replacement election will be held.
 4. Additional Members: At the discretion of the PRB Chair, additional ad hoc 'non- core' members may be added to the PRB roster depending on the case being investigated and may be granted either voting or non-voting status.

PRB Procedure

- Any allegation that is brought before the PRB shall be treated as confidential by the

individual completing the formal Professionalism Incident Report Triage Form as well as by the members, alternate members, and ad hoc members of the PRB.

- The PRB Case Officer will be responsible for organizing the collection of material as well as contacting witnesses and other relevant individuals.
- The PRB Case Officer will be responsible for presenting a list of PRB members to the student for possible Conflicts of Interests (and perception thereof) and the reason for a requested recusal.
- The PRB Chair will solicit the PRB membership for possible Conflicts of Interests (or perception thereof) and the reason for a requested recusal.
- The PRB Chair will request self-recusals from the Board Members. Also, upon identification of possible Conflicts of Interest, the PRB Chair will organize a vote on recusal of these individuals from participating in the investigation.
- Recusal of each individual will occur with a simple majority vote of all PRB members.

PRB Investigative Hearing:

- A quorum to conduct business shall consist of 5 voting 'core members' of the PRB.
- The investigative hearing is scheduled by the PRB Chair at which a quorum of the PRB must be present.
- In the event of an absence of a voting member, the PRB Chair will determine the alternate faculty or alternate student member to serve as a voting member at the meeting.
- Legal counsel or other external parties will not be present during the hearing. However, the student being investigated may wish to invite a University of Connecticut Medical School medical student, faculty member, or staff member as a personal advisor. This personal advisor must agree to maintain strict confidentiality with regard to all aspects of the proceedings. Although the personal advisor will not be allowed to speak on the student's behalf at the hearing, the student can confer with the advisor at any time during the proceedings.
- PRB hearings are not recorded, but the student may request the hearing be recorded for good cause(s) shown, and provided that all parties consent to the recording. This request must be made 2 business days prior to the proceedings, and provided that the party making or requesting such recording bears the financial responsibility for such recordings. The contrary party is given reasonable opportunity to obtain a copy of such recording at their own expense, and any such recordings are maintained in strict confidentiality with respect to anyone not a party to the proceedings. The recordings would be stored in the access protected PIRT/PRB SharePoint.
- At the hearing, the PRB Case Officer will outline the reasons for the investigation, after which the student under investigation will be allowed to make a statement. The PRB Case Officer will then present any evidence or witnesses deemed integral to the investigation. Following this, the student being investigated will be given an opportunity to present any additional witnesses or evidence relevant to the case. It is the student's responsibility to select and coordinate the appearance of these additional witnesses or collect and present additional evidence. Both the student being investigated as well as members of the PRB will be allowed to examine the evidence and ask questions of any witnesses as directed by the Chair. At the end of the meeting, the student under investigation will be allowed to make a closing statement, after which the Chair will then

close the hearing.

- At the discretion of the PRB, a recess may be called at any time during the hearing. The recess may be brief for the members of the PRB to consult in closed session, or it may be to continue the hearing at a later date to allow for further investigation.
- With the formal closure of the hearing by the Chair, the PRB will meet outside the presence of all parties and witnesses to discuss the investigation and make a final decision.
- In order to find the student guilty of a breach in professionalism, a majority defined as 3 out of 5 voting members of the PRB must cast votes in favor of such a finding.
- At the investigation hearing, in order for there to be a finding of guilty, the case against the accused student must be proved by clear and convincing evidence. Clear and convincing evidence is defined as that evidence which convinces the PRB that the facts asserted are highly probably true, and that the probability they are true or exist is substantially greater than the probability that they are false or do not exist.
- If the evidence suggests that a violation of professionalism has occurred, the PRB Chair will be responsible for informing the student of the Board's final decision both verbally and in writing within seven (7) business days after the final PRB proceedings. Both the PRB Chair and another member of the PRB will be present when the student is verbally informed of this decision.

The PRB Chair is also responsible for advising all involved in the case that the PRB investigation proceedings are to be considered confidential. The PRB Chair will then be responsible for composing a synopsis of the investigation proceedings and conclusions and forwarding this document along with any recommended disciplinary actions to the AAC. The AAC will then determine final action. Within seven (7) days after receipt of written notification of the AAC's action, the student may submit an appeal of the decision; see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships and 5.g. Rules Concerning Appeals to AAC and SEARC.

If the evidence of the investigation does not indicate a violation of professionalism has occurred, a summary of the investigation will be placed in confidence in the student's PIRT file. No record or note of the incident will be submitted to the student's permanent file in the Office of Registrar. The PRB Chair will be responsible for informing the student of the PRB's final decision both verbally and in writing within 7 business days after the final PRB proceedings. Both the PRB Chair and another member of the PRB will be present when the student is verbally informed of this decision. The PRB Chair is also responsible for informing the witnesses and individuals involved that the case has been dismissed and that the PRB investigation proceedings are to be considered confidential.

Once the investigation is resolved and when appropriate, the PRB may notify the party(ies) that initiated the complaint that it was reviewed and addressed.

PROFESSIONALISM POLICY ISSUES

PIRT Committee: PIRT Committee serves both as the primary reporting destination for professionalism complaints as well as the means of delegating how the complaint will be addressed/ investigated.

1. COMPLIANCE ISSUES: Enrolled medical students need to comply with certain basic health requirements (BBP and HIPAA training, and Flu vaccines) as well as specific site requirements (Hep B vaccinations, PPD documentation as well as up to date physical exams). The Office of Curricular Affairs tracks these data through both the administrative officer and program coordinator in Medical Student Affairs and Admissions. Failure to achieve compliance will result in a Professionalism Incident Report Triage Form being submitted to the PIRT Committee.
2. COMPLIANCE VIOLATION SCALE: The PIRT Committee will take into account 'gradation' of certain compliance violations on the belief that certain compliance violations that put patients at risk (i.e. flu vaccines) are more serious than others (i.e. up to date student physical exams). The PIRT Committee will determine on a 'case by case' basis if any combination of violations warrant a referral to the AAC.
3. PIRT Committee ACCESS TO AAC FILES: When processing a professionalism incident report, PIRT will be allowed access to limited information in a student's AAC file. The information accessed will be kept in strict confidence by PIRT.
4. AAC ACCESS TO PIRT Committee FILES:
 - In general, PIRT Committee files are not accessible to the AAC;
 - An exception to this general practice applies to those students already "under the purview of the AAC," which includes any student or file previously brought before the AAC for academic, behavioral, or institutional difficulties;
 - The PIRT Committee Co-chair will inform the AAC of any incident report submitted to PIRT involving a student who is already under the purview of the AAC.
5. PIRT INCIDENT REPORT TRIAGE DECISION TREE: The following decision tree clarifies the options that are available to the PIRT Committee and the AAC when an incident report has been submitted.

PIRT/AAC DELEGATION DECISION for ALL INCIDENT REPORTS

1. No merit – notation made and placed in PIRT file
2. Merit – no additional action and placed in PIRT file
3. Merit – not referred to PRB/AAC but to other destination (e.g. Academic Integrity Board, Assistant Dean of Medical Student Affairs, Student Behavioral Health Services, etc.) and placed in PIRT file
4. Merit – referred to PRB
 - i. Investigation: No Merit. Brief summary to AAC and placed in PIRT file
 - ii. Investigation: Merit. Full summary to AAC with or without recommendations and placed in PIRT file
5. Merit – referred directly to AAC (with or without recommendations) and placed in PIRT file with note that it was referred to AAC
 - i. No action by AAC [possible referral to other destination]
 - ii. Student presents before AAC with no notation made in student MSPE
 - iii. Student presents before AAC with notation made in student MSPE and possible sanctions

- iv. Case sent to PRB for further investigation of facts

Professionalism Review Board (PRB): This board, along with the Academic Integrity Board, make up the two institutional committees at the UConn Medical School that investigate student violations in professionalism.

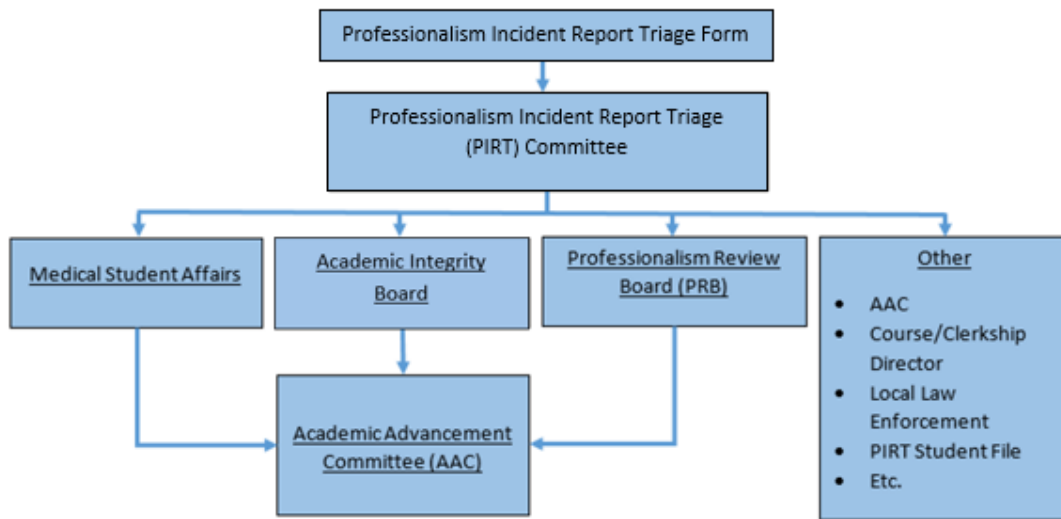
1. **PRB FUNCTION/UTILITY:** The PRB serves as an independent body established as part of the School of Medicine's focus on developing and monitoring professional behavior among students. However, it has a number of different roles that should be acknowledged.

- a. **Investigative Role:** The PRB serves as a resource for investigation and review of possible professionalism problems referred via the PIRT process or by the AAC. In that regard, it should be used to investigate a *possible* professionalism violation that is not deemed suitable for the Academic Integrity Board or other referral destinations. The PRB should also be utilized to further investigate reported professionalism violations that have *indeed* occurred but require more details to determine the degree of violation.

In either role the PRB would use the investigation and hearing procedures described in the PRB policy and then report results of its investigation/hearing to the appropriate authority. The results of the investigation would then be reported to the AAC.

OF NOTE: Most PRB investigations are expected to occur after an initial referral and review by the PIRT Committee, but a PRB investigation may also be initiated by a referral made directly from the AAC. This would occur when the AAC encounters a professionalism situation where more information is needed before a final decision is made by the AAC.

- b. **Advisory/Informative Role:** the PRB can review questions regarding the functions and actions of the PIRT Committee, PRB, PIRT files, etc., particularly during the overall development of professionalism education and monitoring at UConn Medical School. It can act as a discussion group for questions on policy, serve as an educational body for both faculty and student members, and also help in the dispersion of information regarding professionalism to the student body via its student members.
2. **PRB ACCESS TO AAC FILES:** Unlike the Academic Integrity Board, the PRB has access to AAC student files when conducting their investigation. Only information that is determined relevant to the investigation by the PRB Co-Chairs will be made available to the PRB.



List of Terms

PIRT Form = Professionalism Incident Report Triage Form

PIRT Committee = Professionalism Incident Report Triage Committee

PRB = Professional Review Board

AAC = Academic Advancement Committee

*University of Connecticut School of Medicine
Professionalism Incident Report Triage (PIRT) Form*

Date of Report: _____

Type of report (Select One): ☐ PRAISE ☐ CONCERN

Action Requested (Select One): ☐ For File Only ☐ Referral to Triage

Subject of Report (Student Name/Year): _____ Class of _____

Person Submitting Form (include title and/or role, and email address): _____

Date/Time of Incident: _____

(If longitudinal observations please provide the time period that you observed the behavior)

I. Statement summarizing the behavior being praised or raising concern:

II. Describe in detail the incident(s) which prompted the completion of this form (attach additional pages if needed).

III. Describe previous feedback and remediation which took place prior to the completion of this form (attach additional pages if needed) if applicable.

IV. Summary of attempts to resolve this current issue and report of outcome, if any.

NOTE: The following is to be completed by a member of the Professionalism Incident Report Triage Committee

Student Subject of report:

I have read this description and discussed it with the individual who filed the report, and/or a representative of the Professionalism Incident Report Triage (PIRT) Committee.

Signature: _____ Date: _____

Student signature on this form is intended only to verify that the student has reviewed the form with the individual who filed the report, and/or a representative of the Professionalism Incident Report Triage (PIRT) Committee.

Student Comments:

Professionalism Incident Report Triage Committee Member:

I have reviewed this evaluation.

Signature: _____ Date: _____

PIRT Member Comments:

~end of form~

Professionalism Categories

[NOTE: examples of behaviors deserving of recognition in each category are not all inclusive]

Professionalism Behavior deserving of special PRAISE:

Integrity

- Student is honest and shows great integrity
- Student significantly enhances the learning environment
- Student shows superb ability to resolve conflict, respecting the dignity of all those involved

Respect

- Student shows exceeding respect for peers and colleagues
- Student shows exceptional cultural sensitivity to race, gender, religion, sexual orientation, age, disability or socioeconomic status

Altruism

- Student shows great empathy
- Student has outstanding rapport with patients and/or families

Duty/Responsibility

- Student can be relied upon to complete tasks and consistently does significantly more than expected
- Student function as an invaluable team member
- Student demonstrates exemplary commitment to honoring patient's or family's wishes

Excellence

- Student seeks and incorporates constructive comments and criticism
- Student recognizes difficulties and effects self-improvement
- Student recognizes and accepts responsibility for errors or mistakes and makes great effort to rectify
- Student creates an excellent learning environment
- Student excels in communication either in writing (notes, e-mails, etc.) or verbally

Professionalism Incident warranting CONCERN:

Integrity

- Student misrepresents or falsifies information
- Student is abusive, angry, or disrespectful at times of stress
- Student uses their position to engage in inappropriate relationships with patients, families, or staff, and does not establish appropriate boundaries
- Student is dishonest
- Student does not contribute to a good learning climate
- Student is unable to resolve conflict, disrespects the dignity of all those involved
- Student does not use professional language or uses inappropriate language
- Student does not maintain patient confidentiality
- Student does not present in a professional manner by dress or demeanor

Respect

- Student lacks respect for peers or colleagues
- Student is insensitive to individual patient or family needs
- Student does not relate well to staff or teachers in the learning environment
- Student shows insensitivity to race, gender, religion, sexual orientation, age, disability, or socioeconomic status

Altruism

- Student is arrogant
- Student lacks empathy
- Student fails to take actions to protect others (eg. Failure to properly use PPE or social distancing when required)

Duty/Responsibility

- Student does not complete tasks in a timely manner
- Student needs constant reminders in order to fulfill responsibilities to patients and to school
- Student cannot be relied upon to complete tasks
- Student does not accept responsibility for errors or mistakes
- Student has inadequate rapport with patients and/or families
- Student demonstrates inadequate commitment to honoring patient's or family's wishes
- Student does not function as an effective team member

Excellence

- Student resists constructive comments or criticism
- Student remains unaware of inadequacies or difficulties
- Student resists change

University of Connecticut and UConn Health Codes and Policies

- [University of Connecticut Code of Conduct](#)
- [UConn Health Rules of Conduct](#)
- [Student Honor Code](#) – Policy 3.b. of this manual
- [Affirmative Action Policy Statement](#)
- [Conflicts of Interest in Research](#)
- [Drug Free Schools & Campuses Act and Drug-Free Workplace Act](#)
- [FERPA \(Family Education Rights and Privacy Act\)](#)
- [Policy on Alleged Misconduct in Research](#)
- [Sexual Harassment Prohibition Statement](#) – Policy 3.f. of this manual
- [Common Space Use Policy](#)
- [Workplace Violence Prevention](#)
- [Occupational Exposure to Bloodborne Pathogens](#)

Accessing Medical Records

Accessing your own medical record or those of friends/family via EPIC or any other electronic health system record is strictly prohibited. Students are only permitted to access their personal health information through MyChart. Accessing health records directly through EPIC or similar systems, whether for yourself or others not related to your clinical responsibilities, constitutes a violation of HIPAA regulations. Such actions are taken very seriously and may result in disciplinary measures. It is imperative to maintain the integrity of patient confidentiality and adhere to all regulatory guidelines.

3.b. Student Honor Code

A. The Honor Code

Students embarking on careers in medicine and dental medicine are expected to maintain high standards of personal and professional integrity. These standards involve such basic concepts as intellectual honesty and respect for the rights and well-being of others. Matriculation in the School of Medicine or Dental Medicine constitutes an obligation for students to act in a manner consistent with such standards. The primary source of these standards shall be this Honor Code and its application to the conduct of medical and dental students. The primary mechanism for the application and enforcement of these standards shall be the Academic Integrity Board (AIB). The Honor Code of the University of Connecticut Schools of Medicine and Dental Medicine comprises the following items:

- Prohibition of any act of intellectual dishonesty. Examples of intellectual dishonesty include (but are not limited to): cheating; plagiarism, use of ChatGPT or other large language model without appropriate citation*, copying, or any misrepresentation of work other than one's own; fraud in research; dishonesty in clinical care or documentation; and willful failure to comply with examination and evaluation policies. An example of academic dishonesty includes failure to adhere to the School of Medicine's or School of Dental Medicine's Policies on AI Usage as they apply to unauthorized use of generative AI tools and/or failure to appropriately cite use of generative AI tools.
- Prohibition of violations of the rights or well-being of members of the UConn Health community. Examples of such violations range from (but are not limited to): failure to comply with library regulations or intentional interference that denies other students access to educational materials, the willful mistreatment of colleagues, and stealing.
- Requirement of students, staff, and faculty to take positive action when there is a reason to believe that a breach of this Honor Code has taken place.

At the beginning of their careers at UConn Health and at the beginning of every subsequent academic year, all medical and dental students shall be required to sign an attestation of the principles contained in this Honor Code. The attestation shall be in writing and shall express the student's commitment to act in a manner consistent with the standards of personal and professional integrity represented by this Honor Code.

B. Implementing the Honor Code: The Honor Code Policy Committee

The Honor Code Policy Committee's main responsibilities are to provide interpretations of the Honor Code and to develop guidelines for the application of the general principles embodied in the Honor Code and as they apply to our students.

The Honor Code Policy Committee shall consist of all current and alternate members of the Academic Integrity Board and six faculty members appointed by the Deans/designee of the

Schools of Medicine and Dental Medicine: three basic science faculty and three clinical faculty. The Deans/designee shall appoint one faculty member to serve as chairperson of the Committee. From time to time, the Honor Code Policy Committee may appoint other non-voting members to participate in committee discussions.

The Committee also participates in the selection process for the Faculty Advisor of the Academic Integrity Board (described in detail in Section N of this policy, below).

C. The Academic Integrity Board (AIB)

Purpose

The primary purpose of the Academic Integrity Board (AIB) is to consider allegations that the Honor Code has been violated, appropriately triage such allegations, and when indicated to conduct formal investigations into such allegations and to make the decision whether a breach of the Code took place. In cases in which a breach of the Code has been determined, the Academic Integrity Board may choose to make recommendations as to what consequences should result, but such recommendations are non-binding.

The AIB may also work in partnership with Schools to promote professionalism among all students.

The length of any AIB investigation will vary based on the nature of the case. Coming to a valid conclusion (i.e. conducting a thorough investigation) is the primary goal. The AIB recognizes the stress that investigations will place on accused students and will strive to conduct its investigations in a time-efficient manner.

If and when the provisions of this Honor Code differ from those of any policy approved by the School of Dental Medicine Faculty Senate or the School of Medicine Education Council, the provision of the Honor Code will prevail.

Membership

The membership of the AIB shall consist of eight primary members (one medical student and one dental student from each class) and eight alternate members who may attend and participate in each meeting and who may be designated to vote in the place of an absent primary member using the procedure described in the “Meetings” section below. In addition to the eight primary and eight alternate members, the board shall have up to two (one medical student and one dental student from each class) non-voting board appointed members. Each primary member and alternate shall serve a two-year term for a maximum of two terms as long as they remain a member in good standing in their respective school. Each board appointed member shall serve a one-year term for a maximum of two terms as long as they remain a member in good standing in their respective school. If and when a student leaves the AIB, the vacancy will be filled by a special election to take place within one month. If the vacancy is a primary member, the alternate member for that school and class will become the primary member and the election will be for the vacancy in the alternate member position. If the vacancy is a board appointed member, the board may fill the vacancy at their discretion as there is no requirement to have board appointed member positions filled. If a student is on leave for a length of time that would cause them to not graduate at the same time as the

medical or dental class that elected them, then they will be removed from the Board. The Academic Integrity Board is responsible for conducting the election of AIB members according to the following schedule.

The first-year class

Elections for one primary member and one alternate will be held for both the medical and dental school classes. These elections should be conducted in the Fall semester, to align best with other student leadership elections. These students shall serve until June 30th of their second year. The protocol for this election is as follows:

Each student may cast one vote for members in their respective schools. The medical student receiving the highest number of votes and the dental student receiving the highest number of votes will be primary AIB Members. The medical student receiving the second highest number of votes and the dental student receiving the second highest number of votes will both serve as alternates for the first and second years.

The second-year class

In April, but by no later than the second week of June, the medical and dental school classes shall elect AIB members to begin serving on July 1st of their third year. They shall complete their term upon graduation. Students may serve a maximum of two, two-year terms. If a student delays graduation they may not continue for a third year. The protocol for this election is as follows:

Each student may cast one vote for members in their respective schools. The medical student receiving the highest number of votes and the dental student receiving the highest number of votes will be primary AIB Members. The medical student receiving the second highest number of votes and the dental student receiving the second highest number of votes will both serve as alternates for the third and fourth years.

Chairperson

The AIB shall elect a chairperson (chair) annually. To be eligible, the chair must have served on the Academic Integrity Board previously for at least one academic year. The chair can be a primary voting, alternate, or board appointed member. At the discretion of the Board, co-chairpersons, one from each school, may be selected by a simple majority. In the event that a chair (or co-chairs) is elected from the second year class, but fails to be re-elected by their class to the board, the chair elect (or co-chairs elect) will automatically serve as one (or two) of the board appointed members during their tenure as chair (or co-chair). If the chair (or co-chairs) cannot attend a meeting of the AIB, the chair (or co-chairs) may appoint a temporary chair for that meeting. If the chair (or co-chairs) is recused from participating in a case, the Academic Integrity Board shall elect a temporary chair to handle that case. This vote may occur by email.

Board Appointed Members

The AIB shall have the option to elect up to two (one medical student and one dental student from each class) non-voting board appointed members to serve one-year terms. These

elections will be conducted by simple majority vote after the conclusion of all other elections for positions on the board.

Secretary

The chairperson/co-chairs shall designate a secretary at each meeting to write minutes documenting all proceedings regarding a case, or potential case, including Initial Meetings, Case Review Meetings, and Evidentiary Hearings. The designated secretary will then email the meeting minutes to the co-chairs within 24 hours of the meeting.

Meetings

The AIB, including alternates, shall meet as often as necessary to conduct the business of the Board. Meetings are characterized as those related to 'cases' as well as those held for administrative purposes. If a primary member cannot be at a meeting, an alternate member will be selected for that meeting and will have the ability to vote at that meeting. Selection of such an alternate will be made in this order of priority:

- (1) The alternate from the same class & school;
- (2) Then the alternate from the same class but the other school;
- (3) Then an alternate from the same school but a different class (priority given to more senior class);
- (4) Then an alternate from the other school in a different class (priority given to more senior class).

Case officers and co-case officers (described below) may be primary or alternate members and may not vote on any case they are assigned to. If these officers are primary Board members, an alternate will be assigned the ability to vote using the selection process described above. This assignment will apply to all votes regarding this case, unless this alternate cannot be present for that meeting, in which case the process described above will be followed.

A quorum must be present for all meetings. Quorum is defined as 5 voting members, which may be primary or alternate members who were designated as a voting member for that meeting. The Faculty Advisor must be present at all meetings related to a case.

D. Reporting Concerns/Alleged Violations

Anyone affiliated with UConn Health, including but not limited to: students, faculty, staff, residents, and attendings, who has a concern regarding a breach of the Honor Code has a duty to take positive action. Positive actions include, but are not limited to:

1. Direct discussion with the person whose conduct is questioned and if, after such discussion, the breach is still suspected, the person with the concern must engage in informal discussions with a member of the AIB (as described in paragraph D.2 below) or submit a Formal Report to the AIB;
2. Informal consultation with a member of the AIB by any member of the UConn Health community who thinks that a breach of the Honor Code may have occurred but is

unsure. Upon initial consultation, an AIB member must notify the chair of the AIB making a recommendation or taking any action in relation to the report. The chair who received the report must consult the Faculty Advisor and may consult members and/or alternates regarding how to proceed;

3. Direct submission of a Formal Report to the AIB;
 - a. Formal Reports may be submitted as one of the following:
 - i. Totally anonymous: the name of the reporter will not be known to the accused or by the members of the AIB.
 - ii. Partially anonymous: the name of the reporter will not be known by the accused, but will be known by the members of the AIB
 - iii. Non-anonymous: the name of the reporter will be known to both the accused and the members of the AIB.
 - b. Anonymous and partially anonymous complaints are accepted but may not be triaged into a formal investigation unless the complaint contains sufficient information to justify an investigation. The Board will vote as to whether or not they believe that an anonymous submission can be effectively investigated (see the description of “Initial meetings” below.).
 - c. Findings of breach cannot be based solely on anonymous information contained in the initial anonymous complaint. Partially anonymous reporters may serve as a witness and in that capacity their name may be disclosed to the accused.

Failure to take positive action may itself be a violation of the Honor Code.

Self-reporting of lapses in professional behavior will be viewed more favorably than otherwise and can serve as an opportunity for self-reflection and improvement.

How to Submit a Formal Report

Reports of a possible breach of the Honor Code shall be made in writing as soon as possible after the discovery of the alleged violation. To ensure the confidentiality of the investigatory process, it is recommended that such written report be delivered in a sealed envelope or via secure email to any member of the AIB. However, in order to encourage students, faculty, and staff to report concerns, other avenues of reporting are acceptable. If a report is made to a trusted school administrator/faculty/or any person(s) outside of the AIB, the recipient of this report is responsible for: (1) submitting the report to the AIB, to the SOM Professionalism Incident Report Triage Committee,¹ or to the appropriate committee within the SoDM;² and (2) maintaining strict confidentiality regarding the report and the alleged incident.

¹ When a concern regarding a violation of the Honor Code involves a medical student, the Chair of the Academic Integrity Board must complete a Professionalism Incident Triage Report (PIRT) and submit it to the PIRT Committee. When possible, reporting of concerns regarding medical students should occur directly to PIRT to facilitate proceedings. Formal Reports concerning medical students may come to the Academic Integrity Board directly from PIRT.

² When a concern regarding violation of the Honor Code involves a dental student, reports may involve reporting within the School of Dental Medicine in addition to the Academic Integrity Board.

E. Initial Meeting(s)

Once a Formal Report is made to the AIB, an Initial Meeting is held per the following proceedings:

1. **Determination of Conflicts of Interest**

The name(s), only, of the accused will be disclosed to the Board members present. Any Board member with a possible conflict of interest will be given the opportunity to recuse themselves from all further proceedings regarding the case. Any Board member may identify another Board member as having a potential conflict of interest, in which case, the Board will vote on recusal of those individuals if the identified member(s) do/does not self-recuse. Recusal of a Board member by peer initiative requires a simple majority vote. If there are sufficient recusals such that the quorum is lost, the meeting will be suspended until a quorum is achieved.

2. **Disclosure of the Contents of the Formal Report**

The information provided in the Formal Report is disclosed and discussed.

3. **Triage**

The AIB will determine whether there is sufficient evidence to initiate an investigation and/or if the case must be transferred to another body for action. The Board need only find that it is more likely than not that the complaint (anonymous, partially anonymous, or non-anonymous) can be effectively investigated. The decision to launch a formal investigation following review of the Formal Report requires a simple majority vote of the quorum.

4. **Appointment of a Case Officer and/or Co-investigator**

All concerns deemed to fall within the purview of the AIB and worthy of investigation will be investigated by a Case Officer. All members who serve as Case Officers will receive basic training in conducting an investigation from the Office of General Counsel or other UConn Health resources. Case Officers will be responsible for the movement of the case through the process to final disposition. Case Officers can be either primary members or alternates and are selected in the following manner:

- a. Volunteer;
- b. If no member volunteers, a Case Officer is appointed by the chair/co-chairs. The chair/co-chair may elect to be a Case Officer if there are no volunteers, but then cannot preside as Chair for any subsequent meetings concerning the case;
- c. The Board may choose to appoint a Co-investigator to assist the Case Officer with investigatory duties.

Case Officer Duties

- a. Conduct thorough investigation including but not limited to receiving all correspondence, statements, evidence and other materials related to the case, and maintain file and evidence folders;
- b. Review all case material;
- c. Present all case material to the Academic Integrity Board;
- d. Be present and participate in the discussion at all meetings regarding the case they are assigned;
- e. Contact witnesses and the accused in order to schedule an Evidentiary Hearing on the case, if necessary;
- f. Develop an agenda for the Case Review Meeting and Evidentiary Hearing and be responsible for the conduct of them;
- g. Help the chair/chairs compose a letter to the appropriate Dean/designee regarding the findings of the Academic Integrity Board.

F. Case Review Meeting(s)

Once the Case Officer has investigated the concern, then the AIB hears the Case Officer's findings in a Case Review Meeting. Case Review Meetings are conducted with only the members of the AIB and the Faculty Advisor present and proceed in the manner listed below. The Case Review meeting cannot be held until after the case officer(s) interview the accused at which time the accused will be provided a description of the issues that are being investigated, the names of the AIB members that have not already been recused, and the names of the witnesses interviewed so far in the investigation. At the time of this interview or within two calendar days, the accused may request that member(s) of the AIB be recused from this case and must provide a justification for each such request.

1. The Case Officer(s) will present any requests and justifications made by the accused to recuse AIB member(s) from the case. AIB will discuss any such requests and by simple majority vote determine if any members will be recused. For each vote, the AIB member under consideration of recusal will not be eligible to vote.
2. The Case Officer and any Co-investigator present the evidence collected.
3. The committee discusses the evidence and then votes on one of the following three courses of action by means of a simple majority vote:
 - a. Send the case back to Case Officer for further investigation.
 - b. Determine that the presented evidence is insufficient to declare an Honor Code breach and that reasonable effort by the AIB would yield no further insight into the case. In such situations, appropriate reporting of this finding is performed, as per later section titled, "Notifications."
 - c. Determine that the presented evidence is sufficient to proceed to an Evidentiary Hearing, by finding that it is more likely than not that the complaint (anonymous, partially anonymous, or non-anonymous) can be effectively investigated as per section E.3.

G. Evidentiary Hearings

Evidentiary hearings are scheduled in order to provide the accused an opportunity to be heard and for the AIB to clarify information that was presented at the Case Review Meeting.

Evidentiary Hearings will be led by the Case Officer and are conducted in the following manner:

1. The Case Officer will present the evidence concerning the case. The Case Officer may choose to interview witnesses at this time and in such cases, the members of the Board may then question these witnesses.
 - a. Any identified witnesses are strongly encouraged to participate in interviews as it enables the Board to come to the most informed decision. However, witnesses have the right to decline involvement in the evidentiary hearing if they so choose.
2. The accused may choose to be in attendance during the Case Officer's presentation and will then have an opportunity to address the AIB and to present any witnesses, or evidence;
 - a. The accused may choose not to attend the Evidentiary Hearing by sending a written waiver to the Board at least 24 hours prior to the scheduled hearing. In such a case, the accused waives their right to present evidence or witnesses. The accused may submit a written statement to be read at the Evidentiary Hearing.
 - b. If the accused attends the Evidentiary Hearing, a personal representative (who may be an attorney) may attend. The accused must notify the AIB at least 24 hours prior to the scheduled hearing if a representative will be present. If the accused has an attorney present, UConn may also have an attorney present. The representative, if present, serves in a purely advisory capacity and is permitted to speak only to the accused. The AIB Chair(s) may dismiss the representative if, in their sole discretion, they disrupt the hearing proceedings;
 - c. The accused and any witnesses presented by the accused may be asked questions by the members of Board.
3. Following dismissal of the accused, any witnesses, and the personal representative of the accused, if any, the Board will discuss the case and then a motion will be made to vote, via simple majority decision, to either:
 - a. Return to the investigation phase of the case, but only if new information not known at the time of the Case Review Meeting was presented in the Evidentiary Hearing that indicated need for further investigation.
 - i. In this case, further investigation will be conducted by the Case Officer and Co-investigator, and a new Case Review Meeting and Evidentiary Hearing will be scheduled and conducted, as described in Sections F and G, above.
 - b. Proceed to a formal vote of "breach" vs "insufficient evidence of breach."
4. Following the decision to proceed to a formal vote regarding breach status, the formal vote will be held via secret ballot. A verdict that a breach occurred must pass with a two-thirds majority of the members who are present and voting on that case.

5. Standard of proof for finding of breach of the Honor Code: A finding of breach of the Honor Code must be based on clear and convincing evidence of the breach. Each voting member determines whether, based on their weighing of the evidence presented, there was clear and convincing evidence that the accused breached the Honor Code. This standard is higher than a finding by a preponderance of the evidence but does not require a finding of breach “beyond a reasonable doubt.” Clear and convincing evidence is defined as that evidence which convinces the voting member that the facts asserted are highly probably true, and that the probability they are true or exist is substantially greater than the probability that they are false or do not exist.

H. The Appeal Process

Upon notification that the AIB has reached a verdict of breach, the accused will be given seven calendar days to request the appeal. Such an appeal must be made in writing and be provided to the chair of the AIB. The accused may provide a written waiver of an appeal in order to move more quickly to notifications.

Requests for an appeal will only be granted based on new evidence, which was not available to the AIB when they made their decision or claims that the AIB did not follow the appropriate processes. These two grounds for appeal are further defined below:

1. New evidence is evidence that: a) the accused could not reasonably have been expected to have obtained that could have been presented at the Evidentiary Hearing; and b) a reasonable person could conclude might have materially impacted the determination of breach or insufficient evidence of breach.
2. A claim that the AIB did not follow the appropriate process, as defined by this policy, must demonstrate that a reasonable person could conclude the failure might have materially impacted the determination of breach or insufficient evidence of breach.

If an appeal is requested, the AIB Chair/Co-chair will notify the members of the Appeal Board (see below) prior to the hearing.

Appeal Board

1. The Appeal Board shall consist of five voting members: two students and three faculty members appointed by the appropriate Academic Officer of either the School of Medicine or School of Dental Medicine. The Appeal Board will elect a Chair for the Appeal. All voting members must be present at any meeting of the Appeals Board. Each school is responsible for ensuring that students and faculty who serve on *ad hoc* Appeal Boards receives sufficient training in the schools' policies and procedures and the application of the concept of "materiality" in order to fairly apply them in each individual case (training can be provided by the Office of the General Counsel).
2. The AIB chair/co-chair will send the request for appeal submitted by the accused to the members of the Appeal Board by email. The Appeal Board will decide whether the appeal will be heard or not. If new evidence is presented in the appeal, the AIB will have an opportunity to comment on such evidence in terms of whether it should have been presented at the time of the Evidentiary Hearing and/or as to whether it is material to the determination made by the AIB of 'breach'/'insufficient evidence of breach.' The AIB has a total of 7 calendar days to make such comment through the following process: a) the decision to make such comment and the content of such comment are under the sole discretion of the chair/co-chairs; b) the chair/co-chairs must present the first draft of such comment to the members of the AIB in sufficient time so that they may make recommendations for revision (review and revisions can take place by email); and c) the final comment will be sent to the *ad hoc* appeal committee and to the members of the AIB.
3. If the Appeal Board decides to hear the case, either the AIB Chair/Co-Chair or the Faculty Advisor will then attend all sessions of the Appeal Board to observe and answer questions from the Appeal Board. The representative from the AIB will not serve as a voting member of the Appeal Board.
4. The Chair of the Appeal Board and its members will review the evidence presented in support of the appeal. Persons found to be in breach of the Honor Code will have the right to present their own case in front of the Appeal Board and, like the evidentiary hearing, can elect to bring a personal representative (including an attorney). The personal representative is there for support only and will not be allowed to speak in front of the Appeal Board. If the accused has an attorney present, UConn may also have an attorney present.
5. Grounds for overturning an AIB Decision: The *ad hoc* appeals committee can only overturn the Academic Integrity Board's decision where the error in procedure or discovery of new evidence could have materially impacted the AIB's original finding. Overturning the AIB's decision should not be based on a trivial process issue or new evidence that does not seriously undermine the AIB's finding. The members of the *ad hoc* appeals committee may receive training in the meaning of "materiality" from the School and/or the Office of General Counsel.

6. The decision of the Appeal Board will be transmitted to the AIB by email within 1 calendar day.
7. If the AIB's decision is sustained by the *ad hoc* Appeal Board, the Chair of the Appeal Board will notify the student involved orally and also by email within 1 calendar day.
8. If the Appeal Board overturns the decision of the AIB, in whole or in part, the Appeal Board will notify the student involved orally and also by email within 1 calendar day. The Appeal Board must provide a written justification for their decision to overturn the decision of the AIB to both the AIB and the Dean of their school within 7 calendar days. Any materials transmitted to the Dean at this point must have the names of the accused and the witnesses redacted.

I. Notifications by the Academic Integrity Board

1. At any stage in the process, when a finding of insufficient evidence to make a determination of breach is made and the case is not sent for further investigation, the chair of the Board will notify the accused orally and by formal written communication. If the accused is a medical student, this determination will also be sent to the PIRT co-chairs.
2. If a verdict of "breach" is reached at the Evidentiary Hearing, the accused will be notified of the result by the chairperson or designee both in-person and by formal written communication;
3. If the decision of "breach" made by the AIB is upheld by the Appeal Board, the Dean/designee of the appropriate school will be notified within seven calendar days and presented with a summary statement, inclusive of all information used to reach the decision.
4. When the AIB concludes its involvement in the case and all the appeals described above are completed, the person submitting the Formal Report will be informed that the Academic Integrity Board has concluded its proceedings.

J. Rights and Responsibilities of Accused and Witnesses

1. Notwithstanding the rights of the accused described earlier in this policy, both the accused and any witnesses (including students, faculty, or staff) must cooperate with the processes described above which includes, but is not limited to:
 - a. meeting with the case officer(s) in a timely manner to be interviewed;
 - b. providing honest and complete answers to the case officer(s) questions or questions raised by AIB members asked during AIB and/or appeals committee meetings/hearings. Such questions must be relevant to the investigation;
 - c. maintaining confidentiality regarding the nature of the case, the nature of the questions being asked and/or the names of the accused or other witnesses being interviewed;

- d. violations of article J.1 will be considered a breach of professionalism and subject to appropriate investigation and sanctions.
2. Both the accused and any witness have the option to decline any invitation to attend an AIB meeting/hearing. If testifying at such hearings, the witnesses have the right to present their testimony and be questioned by the AIB members without the accused being present.
3. Prior to the evidentiary hearing, the accused has the right to be provided a list of their alleged breaches of the Honor Code, the names of the witnesses interviewed during the investigation, and the names of the members of the AIB who were not recused from the case. At the time the accused is first interviewed or two calendar days following that interview, the accused has the right to make a request that members of the AIB should be recused from the case and at that time must provide justification for such a request.
4. The accused must make all reasonable efforts to obtain and present all evidence in support of their case at the Evidentiary Hearing rather than to obtain and present evidence after a Hearing in support of an appeal.
5. Retaliation against the accused, accusers, witnesses, members of the Academic Integrity Board, or any other persons associated with an AIB action is prohibited. The University's policy on non-retaliation (<https://policy.uconn.edu/2011/05/24/non-retaliation-policy/>) applies.

K. Confidentiality and Document Retention

All specific charges, names, evidence, and testimony are treated as strictly confidential unless otherwise required by law. The integrity of an Honor System depends on confidentiality, and the disclosure of names or other confidential information concerning a report by any person shall itself be considered an Honor Code breach. This applies to all involved parties – including, but not limited to, the accused, witnesses, and AIB members. If the breach involves a protected statute, all efforts to maintain confidentiality will be critical but cannot be guaranteed.

However, reports, including the individuals who report, may be part of a more extensive investigation involving the necessary authorities. Every effort to restrict the flow of information to only necessary parties will be of utmost priority and importance.

The Faculty Advisor shall be responsible for securely storing a copy of all documents that are material to the case, including but not limited to the case officer's notes, and minutes of meetings, as well as the physical evidence. These documents will be retained as long as required by state record retention laws and/or other prevailing laws.

It is imperative for all members of UConn Health to be aware that any report of concern regarding a "protected statute" including but not limited to sexual harassment, domestic violence, elder abuse, child abuse, and threats of self-harm cannot be treated confidentially and must be directed immediately to the AIB Faculty Advisor who can refer it to the appropriate authority.

L. Disciplinary Action

The AIB is concerned only with judging a person(s) as having committed a breach or not of the Honor Code and is not responsible for taking disciplinary action against the person(s) who has breached the Honor Code. Such actions shall be taken by the appropriate Dean/designee. Whether a disciplinary action results from a breach in the Honor Code is up to the respective policies and procedures of the schools of Medicine and Dental Medicine. Reports of a breach of the Honor Code are forwarded to the Deans' designees for the student's school, who will refer the report to the Academic Advancement Committee (SOM) or the Academic Performance Committee (SoDM) for possible disciplinary action. Not all breaches in the Honor Code result in disciplinary action. Sometimes the process of being investigated by the AIB is the only corrective action and, in itself, can be viewed as an opportunity for professional growth.

M. Reports to the Academic Community

The AIB and the Faculty Advisor shall be responsible for maintaining a record of the number and types of complaints brought to the Academic Integrity Board each year (and year to year), regardless of whether a breach of the Honor Code was found. These reports shall not contain any identifiable information about the accuser, the accused, or the specifics of the event that would facilitate identification.

At least once each academic year, the AIB shall report on its activities to Education Council (for the School of Medicine) and Dental Senate (for the School of Dental Medicine) and to the medical and dental classes. These reports shall discuss, in general terms, the activities of the Board during the year.

N. Process for Selecting the Academic Integrity Board Faculty Advisor

The process is divided into 3 steps, namely:

- Nomination
- Preliminary review and vetting
- Final selection

Descriptions of the individual steps are as follows:

Nomination

The nomination process should be open with nominations being accepted from students and faculty. Students will be invited to nominate faculty. Faculty will be free to either self-nominate or put forward the names of colleagues. The process will begin with a nominations process similar to all nomination processes utilized by both schools. Applicants will be asked to submit a one-page personal statement explaining their interest and describing any relevant experience. Nominations go directly to an administrator.

Preliminary Review, Vetting, and Interview

The Dean's Designee in SOM and that in SoDM will review and vet the nominations with their teams and the Deans. Either administration may veto individual candidates who are unacceptable. The vetting process should remove the fewest candidates possible from consideration. The Honor Code Policy Advisory Committee will be told the total number of

nominees but will only be sent a list of acceptable nominees. Ideally, the list will include at least 2-3 candidates. The Honor Code Policy Advisory Committee reviews the applicants, conducts interviews, and narrows the list of candidates to at least 2.

In the event that there is only 1 candidate deemed suitable then the Honor Code Policy Advisory Committee will meet to discuss and determine if that candidate is acceptable. A unanimous consent is required. If unanimous consent is not possible, the nomination process begins again.

Final Selection

After reviewing the materials submitted by the candidates chosen by the Honor Code Policy Advisory Committee, the students of the AIB will make the final selection by a simple majority of the quorum.

Term of Appointment

The term of service for the faculty advisor to the AIB will be five years with an opportunity to renew for one additional term. The opportunity to renew will be contingent on the approval of the Honor Code Policy Advisory Committee and the Deans' Designees of the Schools. The faculty advisor to the AIB may not serve on any other committees where a conflict of interest might occur (e.g. academic promotions or disciplinary committees in the SOM or the SoDM).

3.c. Compact Between Faculty and Undergraduate and Graduate Medical Trainees

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The Teacher-Learner relationship between faculty and medical learners - students, residents, and fellows - should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage.

COMPACT BETWEEN TRAINEES* AND THEIR TEACHERS

(Adopted from the AAMC Compact)

*Trainees include medical students, residents/fellows

Medical education is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and successfully complete a supervised period of residency/ fellowship training in a specialty/subspecialty area. To meet their educational goals, trainees must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising trainees, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty members are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical pursuit.

Core Tenets of Medical Education

Excellence in Medical Education

Institutional medical education leadership and program faculty must be committed to maintaining high standards of educational quality. Trainees are first and foremost learners. Accordingly, a trainee's educational needs should be the primary determinant of any assigned patient care services. The learning objectives of the program should not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. (Trainees however, must remain mindful of their oath and recognize that their responsibilities to their patients always take priority as the primary part of their educational considerations.)

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing medical education is the provision of high quality, safe patient care. Program faculty must ensure that trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. By allowing trainees to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

Respect for Trainee Well-Being

Fundamental to the ethic of medicine is respect for every individual. Trainees are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, trainees must be allowed sufficient opportunities to meet personal and family obligations, to pursue a balance of work and life activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our trainees, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for trainees are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of trainees, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all trainees, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that trainees have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required to earn their medical degree. We also will do our utmost to ensure that trainees are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value. The learning objectives of the *educational* program *will* be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and will not be compromised by excessive reliance on trainees to fulfill non-physician service obligations.

6. In fulfilling the essential responsibility we have to our patients, we will ensure that trainees receive appropriate supervision for all of the care they provide during their training. In the clinical learning environment, each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. We will provide trainees with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice medicine and recognize when, and under what circumstances, they should seek assistance from colleagues. Faculty members functioning as supervising physicians *will* delegate portions of care to trainees based on the needs of the patient and the skills of the trainee.
7. We will do our utmost to prepare trainees to function effectively as members of healthcare teams. We will provide an environment that maximizes effective communication and the opportunity for trainees to work as members of effective inter-professional teams that are appropriate to the delivery of patient care.
8. We will evaluate each trainee's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that trainees have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for entering residency and subsequent independent practice.
10. We will ensure a culture of patient safety and professionalism by educating our faculty members and our trainees concerning the personal responsibility of physicians to appear for duty appropriately rested and fit so that they may provide the services required by their patients.
11. We will use trainee-centered advising to support trainees in their career explorations and career choice while actively avoiding disparaging comments or inducing pressure upon trainees.
12. We will nurture and support trainees in their role as teachers of more junior trainees when appropriate.
13. We will not provide health services for trainees we are evaluating, except in cases of a true medical emergency.

Commitments of Trainees

1. We acknowledge our fundamental obligation is to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for earning a medical degree.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As trainees we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents/fellows whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow trainees, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. We will embrace a culture of patient safety and professionalism by understanding and accepting our personal responsibility to appear for duty appropriately rested and fit so that we may provide the care required by our patients.

We believe that the relationship between faculty and trainees should reflect the highest standards of ethical conduct in all educational settings. Interactions between faculty and trainees must be conducted without abuse, humiliation, harassment or exploitation of

relationships for personal gain or advantage. (Any trainee or faculty member who experiences mistreatment or who bears witness to unprofessional behavior must report such incidents according to the policies and procedures provided by the School of Medicine and the Office of Graduate Medical Education. See 3.d for Student Mistreatment, 3.e. for Faculty, Staff and Student Relations, and 3.f. for Prohibition of Sexual Harassment and Sexual Assault).

This compact serves both as a pledge and as a reminder to trainees and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aamc.org/residentcompact

3.d. Student Mistreatment and Standard of Conduct

The University of Connecticut (UConn) School of Medicine (SOM) is committed to a learning environment of respect, collegiality, and collaboration. Our faculty commit to making sure each component of the educational program is of the highest quality, serve as role models, support all students and fairly evaluate and provide timely feedback.

The SOM has written policies that define mistreatment, has effective mechanisms in place for prompt responses to complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are outlined in this document. The SOM aims to ensure violations of our policies can be reported and investigated without fear of retaliation.

Behaviors that impede a safe and effective learning environment are not tolerated. Across the SOM, we have adopted the Compact Between Faculty and Undergraduate and Graduate Medical Trainees (See policy 3.c.). The following policy on Student Mistreatment and Standard of Conduct is an affirmation of the importance of this issue with expectations to respect race, gender, religion, sexual orientation, age, disability, and other protected classes of individuals along with diversity of opinion, socioeconomic status and unique individuality within our community. The learning environment will be free of belittlement, humiliation, hostility, or personal judgment. This policy is meant to compliment the [institutional policy against discrimination, harassment and related interpersonal violence](#).

Definition of Mistreatment

The AAMC's Graduation Questionnaire defines mistreatment as follows:

"Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation."

Examples of mistreatment may include but are not limited to the following:

- Threatened with physical harm
- Physically harmed
- Sexual Harassment
 - Subjected to unwanted sexual advances
 - Asked to exchange sexual favors for grades or other rewards
- Discrimination based on race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression and other protected classes

Based on protected classes:

 - Received lower evaluations or grades rather than performance
 - Denied opportunities for training or rewards
 - Received lower evaluations/grades

- Psychological harm of a student by a superior (e.g., public humiliation, threats and intimidation, removal of privileges)
 - Publicly embarrassed
 - Publicly humiliated
 - Being spoken to in a sarcastic or insulting way
 - Intimidation
- Grading used to punish a student rather than evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services including babysitting, shopping, etc.
- Intentional neglect
- Use of offensive remarks or names
 - Subjected to offensive remarks, names related to sexual orientation
 - Subjected to racially or ethnically offensive remarks/names
 - Subjected to offensive, sexist remarks/names
 - Other similar remarks that are offensive based on other protected classes

Resources for Counseling, Advice and Informal Resolution

Concerns, problems, issues, questions, or complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the SOM. The assistance provided may include counseling, coaching or direction to others within the SOM including Medical Student Affairs, Student Behavioral Health Services or other resources. Students are encouraged to report any possible concerns about discrimination or harassment based on protected classes (i.e. sexual, racial, or ethnic discrimination, including harassment), to the Office of Institutional Equity. Students are apprised that disclosure of sexual assault, intimate partner violence, and/or stalking requires mandatory reporting by all employed at UConn Health and although all information will be kept as private as possible, this information cannot be considered confidential as required by law.

Distribution

Distribution of this policy and of the school's commitment to supporting an inviting learning climate will be done repeatedly across the continuum of the students' experience and will include the following times:

1. At Launch for incoming students; again reinforced as students sign the Honor Code and review the Compact before the White Coat Ceremony
2. At the beginning of Year 2
3. During Kickoff to Stage 2
4. During Stage 2 Homeweek

Reporting Mistreatment

Students may report mistreatment via several avenues in the SOM. All reports related to discrimination and/or harassment based on protected classes will be forwarded to the Office of Institutional Equity for review:

Online Reporting

Students may report mistreatment via a form on OASIS which is submitted anonymously. The Form is triaged by the SOM Compliance Officer and referred to the appropriate Assistant or Associate Dean who will follow through as indicated. Communication with the submitting individual can be done while maintaining anonymity.

Voicemail Reporting

Students may report through an anonymous phoneline. The number is (860) 679-3213. When a voicemail is left an email notifies student affairs.

In-person Reporting

We have identified “consulting” faculty who are available to discuss any situation with any student at any time. The volunteers available as a resource in this area are listed below. Students may also opt to report to a peer who may report on his/her behalf or to any faculty member.

School of Medicine

Melissa Held, M.D.

Senior Associate Dean for Medical Student
Education
(860) 679-7107
held@uchc.edu

Marilyn Katz, M.D.

Assistant Dean for Medical Student Affairs
(860) 679-4713
mkatz@uchc.edu

Laurie Caines, M.D.

Assistant Dean for Clinical Medical Education
(860) 679-4834
caines@uchc.edu

Christine Thatcher, Ed.D.

Associate Dean for Medical Education and
Assessment
(860) 679-1225
thatcher@uchc.edu

Thomas Manger, M.D., Ph.D.

Assistant Dean for Pre-Clerkship Medical
Education
(860) 679-4477
manger@uchc.edu

Linda Barry, M.D.

Associate Dean for Multicultural and
Community Affairs
(860) 679-2221
lbarry@uchc.edu

Jennifer Ozimek, M.D., FACP

Faculty Co-Director for Medical Student Affairs
(860) 679-0187
jozimek@uchc.edu

Adam Perrin, M.D.

Faculty Co-Director for Medical Student Affairs
(860) 679-4573
perrin@uchc.edu

School of Dental Medicine

Eric Bernstein, JD, EdD
Associate Dean for Academic Affairs
(860) 679-2672
ErBernstein@uchc.edu

Sarita Arteaga, D.M.D., M.A.G.D.
Associate Dean for Students
(860) 679-2304
arteaga@uchc.edu

The Assistant Dean for Medical Student Affairs, reporting to the Dean, is the leader responsible for the respectful learning environment. Students may choose to report any mistreatment to the Assistant Dean for Medical Student Affairs, to the Associate Dean for Medical Education and Assessment, to the Assistant Dean for Clinical Medical Education or directly to the Dean, either in addition to the procedures outlined above or as the primary reporting mechanism. Students may also access the institutional ombudsman Jim Wohl (jim.wohl@uconn.edu) or (860) 486-5143.

Process for Investigating and Handling Reports of Mistreatment

Upon learning of an allegation of mistreatment, the Assistant Dean for Medical Student Affairs working with the Dean will investigate the issue by speaking with students, departmental leaders and those involved.

A group of educational leaders convened to develop guidelines for investigation and handling reports of mistreatment in the educational environment. The following process was agreed upon and endorsed by the 19 chairs at UConn SOM:

If a complaint of faculty mistreatment in the Educational environment is received, it will be forwarded to the appropriate Assistant or Associate Dean associated with the program, to the Chair and to the Dean. The Dean will discuss with the educational and departmental leadership, Senior Associate Dean for Medical Student Education and Dean to determine who will work together to investigate and address the issue. For any issue involving a learner there must be partnership involvement of educational administration in any review and decision related to the issue. The educational leadership as the Dean's designee retains the right to select teachers and will prioritize the fostering of a suitable learning climate.

Protection from Retaliation

Retaliation means any adverse action taken against a person for making a good faith report. Retaliation includes threatening, intimidating, harassing, coercing or any other conduct that would discourage a reasonable person from engaging in activity protected under this Policy.

University policy strictly prohibits retaliation against any individual who, in good faith, reports or who participates in the investigation of alleged violations of University policies or state and federal laws and regulations.

Retaliation can include, but is not limited to, actions taken by the University, actions taken by one Student against another Student, actions taken by an Employee against another Employee

or Student, or actions taken by a Third Party against a Student or Employee. See the University's [Non-Retaliation Policy](#).

Related to LCME element 3.6 Student Mistreatment

3.e. Faculty, Staff, and Student Relations Policy

The relationships between faculty, staff, residents, fellows and patients should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage. Any questions, concerns or breaches in professional relations may result in disciplinary action and should be brought immediately to the attention of the Assistant Dean for Medical Student Affairs. Possible ramifications of violations in standards of ethical conduct include review and subsequent disciplinary action by the Academic Advancement Committee, which could ultimately lead to dismissal.

In particular, all faculty and staff, including residents and fellows, must be aware that amorous relationships with students are likely to lead to difficulties and have the potential to place faculty and staff at great personal and professional risk. The power difference inherent in the faculty-student or staff-student relationship means that any amorous relationship between a faculty or staff member and a student is potentially exploitative or could at any time be perceived as exploitative and should be avoided. In the event of a charge of Sexual Harassment arising from such circumstances, the University will in general be unsympathetic to a defense based upon consent when the facts establish that a faculty-student or staff-student power differential existed within the relationship.

Moreover, amorous relationships between supervisors and their subordinate employees often adversely affect decisions, distort judgment, and undermine workplace morale for all employees, including those not directly engaged in the relationship. Any University employee who participates in supervisory or administrative decisions concerning an employee with whom they have or had an amorous relationship has a conflict of interest in those situations.

Accordingly, the University prohibits all faculty and staff from pursuing or engaging in amorous relationships with undergraduate students; prohibits all faculty and staff from pursuing or engaging in relationships with graduate students under that faculty or staff member's authority; and prohibits all faculty and staff from pursuing or engaging in amorous relationships with employees whom they supervise.

[UConn's Policy Against Discrimination, Harassment and Related Interpersonal Violence](#) sets forth the University's conduct expectations regarding amorous relationships in greater detail.

See policy 3.f. for additional information.

3.f. Prohibition of Discrimination and Discriminatory Harassment, Including Sexual Harassment and Sexual Assault, Intimate Partner Violence and Stalking Policy

The University of Connecticut (the “University”) is committed to maintaining a safe and non-discriminatory learning, living, and working environment for all members of the University community – students, employees, residents, fellows, patients and visitors. Academic and professional excellence can exist only when each member of our community is assured an atmosphere of safety and mutual respect. All members of the University community are responsible for the maintenance of an environment in which people are free to learn and work without fear of discrimination, discriminatory harassment or interpersonal violence. Discrimination diminishes individual dignity and impedes equal employment and educational opportunities.

The University does not unlawfully discriminate in any of its education or employment programs and activities on the basis of an individual’s race, color, ethnicity, religious creed, age, sex, including pregnancy or pregnancy-related conditions, marital status, national origin, ancestry, sexual orientation, genetic information, physical or mental disability (including learning disabilities, intellectual disabilities, and past or present history of mental illness), veteran’s status, status as a victim of domestic violence, prior conviction of a crime, workplace hazards to the reproductive system, gender identity or expression, or membership in any other protected classes as set forth in state or federal law. To that end, [UConn’s Policy Against Discrimination, Harassment and Related Interpersonal Violence \(the “Policy”\)](#) prohibits specific forms of behavior that violate state and federal laws, including but not limited to Titles VI and VII of the Civil Rights Act of 1964 (“Title VI”) and (“Title VII”), Title IX of the Education Amendments of 1972 (“Title IX”), the Violence Against Women Reauthorization Act of 2013 (“VAWA”), the Pregnant Workers Fairness Act, and related state and federal anti-discrimination laws. Such behavior may also require the University to fulfill certain reporting obligations under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the “Clery Act”), as amended by VAWA, and Connecticut state law regarding reporting suspected child abuse and neglect.

The University prohibits discrimination, as well as discriminatory harassment, sexual assault, sexual exploitation, intimate partner violence, stalking, sexual or gender-based harassment, complicity in the commission of any act prohibited by UConn Policy, retaliation against a person for the good faith reporting of any of these forms of conduct or participation in any investigation or proceeding under UConn Policy (collectively, “Prohibited Conduct”). These forms of Prohibited Conduct are unlawful and undermine the mission and values of our academic community. In addition, inappropriate amorous relationships by employees in positions of authority can undermine the University’s mission when those in positions of authority abuse or appear to abuse their authority. See policy 3.e. for more information on amorous relationships prohibitions.

[UConn's Policy Against Discrimination, Harassment and Related Interpersonal Violence](#)

articulates the University's commitment to: (1) eliminating, preventing, and addressing the effects of Prohibited Conduct; (2) fostering a safe and respectful University community; (3) cultivating a climate where all individuals are well-informed and supported in reporting Prohibited Conduct; (4) providing a fair and impartial process for all parties in the investigation and resolution of such reports; and (5) identifying the standards by which violations of this Policy will be evaluated and disciplinary action may be imposed. In addition, the University conducts ongoing prevention, awareness, and training programs for employees and students to facilitate the goals of this Policy.

A student or employee determined by the University to have committed an act of Prohibited Conduct is subject to disciplinary action, up to and including separation from the University. Third Parties who commit acts of Prohibited Conduct may have their relationships with the University terminated and/or their privileges of being on University premises withdrawn.

It is the responsibility of every member of the University community to foster an environment free of Prohibited Conduct. All members of the University community are encouraged to take reasonable and prudent actions to prevent or stop an act of Prohibited Conduct. The University will support and assist community members who take such actions.

Retaliation against any individual who, in good faith, reports or participates in the reporting, investigation, or adjudication of Prohibited Conduct is strictly forbidden.

Title IX Policies

Title IX is a federal law that prohibits discrimination based on the sex (gender) of employees and students of educational institutions that receive federal financial assistance. Title IX's prohibition of sex discrimination includes prohibition of sexual harassment and sexual violence. Sexual harassment is unwelcome conduct of a sexual nature and can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature, including rape and sexual assault.

The University of Connecticut School of Medicine does not tolerate sex discrimination, sexual harassment or sexual violence of any kind. This prohibition is further explained in the University's [Title IX Reporting and Resources website](#). To ensure compliance with Title IX and other federal and state civil rights laws, the University has a designated Title IX Coordinator in the Office of Institutional Equity (OIE) who is charged with monitoring compliance with Title IX and ensuring that reports of sex discrimination, sexual harassment and sexual violence are investigated and addressed by the University.

Any student, faculty, or staff member with questions or concerns about the [applicable policies](#) or who believes that they have experienced sex discrimination, sexual harassment, or sexual violence is encouraged to contact UConn Health's, Interim Title IX Coordinator, in the Office of Institutional Equity, Sarah Chipman.

Filing a Complaint of Sex Discrimination or Sexual Harassment

Individuals who believe that they have been discriminated against on the basis of protected qualifications, including sex discrimination, sexual harassment and sexual violence may file a complaint with the OIE. Any concerns of sexual harassment, sexual assault, and/or sex discrimination, regardless of the identity of the accused, may be brought to the [Title IX Coordinator](#).

Non-Retaliation Policy

The SOM encourages individuals to bring forward information and/or complaints about sexual harassment and sexual assault. [Retaliation](#) against any individual who, in good faith, reports or participates in the investigation of alleged violations is *strictly forbidden* and will be enforced by the appropriate members of the SOM's administration.

For more information, individuals may contact:

The Office of Institutional Equity & Title IX Coordinator

UConn Health

16 Munson Road, 3rd Floor

Farmington, CT 06030

Mail Code MC 5310

(860) 679-3563

equity@uconn.edu

www.equity.uconn.edu

www.titleix.uconn.edu

www.accessibility.uconn.edu

Related to LCME element 3.4 Anti-Discrimination Policy

3.g. Artificial Intelligence (AI) in Medical Education Policy

Purpose: The purpose of this policy is to establish guidelines for the appropriate utilization of generative artificial intelligence (AI) tools by medical students at the UConn SOM. This policy aims to support students in leveraging AI technology to enhance learning while emphasizing ethical considerations, academic integrity, and faculty guidance. Generative AI is not a substitute for students' own critical thinking and communication skills.

Policy Framework:

1. Faculty Guidance and Expectations:

- a. Faculty members will provide clear expectations for the use of AI in assignments, active classroom sessions, including instances where AI is not permitted.
- b. Students are allowed to use generative AI as a tool or resource to augment their learning process under the guidance of faculty.

2. Authenticity and Accountability:

- a. Students must author their assignments directly, except when specific permission is granted to utilize generative AI. Using AI (including direct use of text or images generated by AI tools or indirect use such as to search, draft, or edit a final document) without authorization constitutes plagiarism or misrepresentation.
- b. Any content generated with AI tools must be appropriately cited.
- c. Students are responsible for the accuracy, integrity, and ethical implications of the content they submit, whether generated independently or with AI assistance.
- d. Information obtained from AI tools should be independently verified for accuracy and suitability before use, especially in high-stakes decision making or academic preparation.

3. Scope:

- a. This policy applies to all students enrolled in the UConn SOM.

4. Clinical Documentation:

- a. Students are prohibited from creating patient care documentation, including History and Physicals (H&Ps), using AI applications outside of those supported by the Electronic Health Record (EHR) system.
- b. Protected health information (PHI) must never be used within generative AI tools.

5. Use of Educational Materials:

- a. Students should not copy and paste exam questions into AI systems without proper authorization, respecting copyright and intellectual property rights.

6. Scholarly Work:

- a. When submitting scholarly work for publication or presentation, students must adhere to AI policies set forth by relevant journals and organizations. They must disclose the use of AI tools and provide details on how they were employed.

7. Consequences of Misuse:

- a. Inappropriate utilization of generative AI may result in disciplinary action under the UConn SOM Code of Conduct and Academic Integrity policies. (For more information, see section 3a and 3b in the Academic Policy and Procedure Manual for the UConn SOM)

This policy is subject to updates and modifications to align with the UConn SOM policies and regulations. Oversight and approval of this policy lie with the appropriate governing body or committee designated by the UConn SOM administration.

This policy was initially drafted using ChatGPT and combines elements from the Feinberg School of Medicine and the UVA School of Medicine policies, edited by members of the UME leadership team, and then approved by the Committee on Undergraduate Medical Education and Education Council, providing a comprehensive framework for the ethical and responsible use of AI technology by medical students at the UConn SOM.

Additional resources:

Section 4: Academics

The UConn SOM seeks to provide the best possible medical education for our students resulting, ultimately, in the best possible care for our students' patients. The documents in this section include an overview of the curriculum and policies that impact students academically. Additional information on expectations can be found in Section 3 and Section 6. For information on how students are promoted, please see Section 5.

Policies included in this section:

- 4.1. Overview of the Curriculum*
- 4.2 MD/PhD in the MDelta Curriculum*
- 4.a. Satisfactory Academic Progress Policy*
- 4.b. Academic Standing*
- 4.c. Withdrawal Policy*
- 4.d. Holds Policy*
- 4.e. Leave of Absence Policy*
- 4.f. Credentialing*
- 4.g. Transcripts*
- 4.h. Attendance Policy (illnesses, religious observances, jury duty)*
- 4.i. Examination Administration Procedures*
- 4.j. Examination Grading*
- 4.k. Policy for Step 1 and Step 2 CK*
- 4.l. Conflict of Interest Policy*
- 4.l.1. Conflict of Interest Policy - Admissions Committee*
- 4.m. Research and Scholarly Opportunities*
- 4.n. Awards and Honors*
- 4.o. Academic and Career Advising*
- 4.p. Residency Application Process*
- 4.q. Procedures for Evaluation*
- 4.r. Policy on Teaching and Evaluation by Medical School Administration*
- 4.s. Policy and Procedures for Academic Space Scheduling*

4.1. Overview of the Curriculum

The School of Medicine curriculum prepares students for residency and a lifelong career in medicine. The MDelta curriculum (Making a Difference in Education, Learning, Teaching and Assessment) began with the graduating class of 2020.

Overview of the MDelta Curriculum

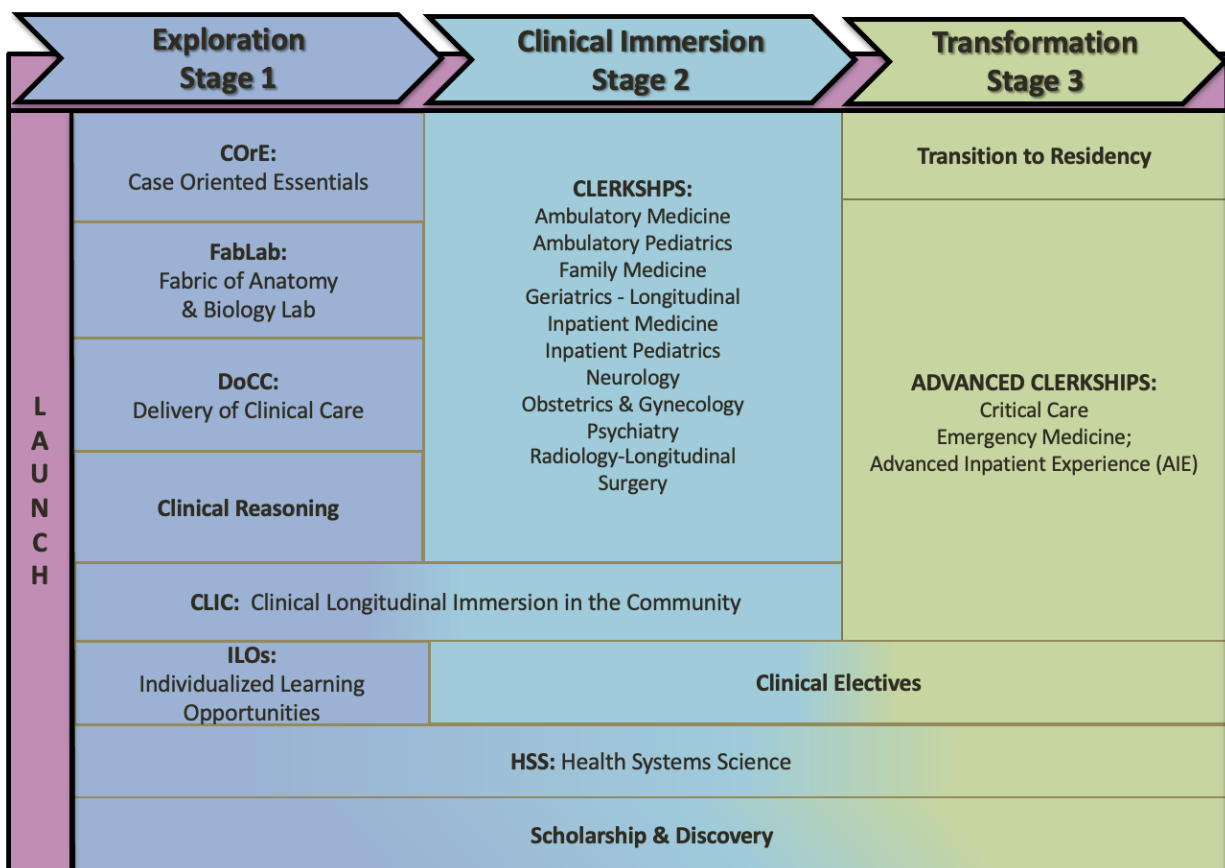
The MDelta Curriculum highlights self-directed, individualized, lifelong learning utilizing patient-centered educational experiences. Active learning is a key principle using such pedagogies as team-based learning and problem-based learning. The curriculum is tightly integrated in order to meet the graduation competencies and prepare the graduate for residency training. Scholarship and service are integral to the educational experience.

The MDelta curriculum is divided into three stages following a two-week Launch period. Launch provides orientation to both the school and the curriculum, including a mini-course in history taking and physical examination.

Stage 1, the Exploration Stage, is 18 months in length and is composed of five 10-week blocks each followed by a two-week learning assessment and enhancement period (LEAP). Blocks A-C will occupy the first academic year followed by a twelve-week summer break with Blocks D and E occurring in the second academic year. The curriculum is organized into programs, which are broken into separate courses within the blocks. Stages 2 and 3 are described below.

Beginning with the class of 2028 (entering in fall of 2024), a new longitudinal program called Health Systems Science will replace the VITAL and PACTS curriculum. This new approach combines the strengths of these two programs and creates a framework for study of how care is delivered and how the health systems can improve patient care.

The following schematic provides an overview of stages 1, 2, and 3 for MDelta:



Stage 1:

Course Requirements: Stage 1/Year 1 (Blocks ABC): All students must successfully complete blocks A, B, and C to be eligible to advance to Stage 1/Year 2 (Blocks DE).

Stage 1 Courses	Description
EXPL-8111 - Case Oriented Essentials A EXPL-8112 - Case Oriented Essentials B EXPL-8113 - Case Oriented Essentials C EXPL-8114 - Case Oriented Essentials D EXPL-8115 - Case Oriented Essentials E	The Case Oriented Essentials (CORE) Program is a set of 5 courses that use Team Based Learning (TBL) as the main pedagogy for curriculum delivery. The program's primary goal is to present the breadth of health and biopsychosocial science topics using a patient-centered approach incorporating the impact of health and disease on both the individual patient, family, and community. The sequence of index cases integrates aspects of foundational health sciences, organ system physiology and pathophysiology, pharmacology, biostatistics and epidemiology, law and ethics, and clinical medicine throughout the program. Each course builds on prior content, allowing the student to apply basic science concepts to understand symptom presentation, mechanisms and patterns of health and disease, and the principles behind therapeutic strategies.
EXPL-8121 - Fabric of Anatomy & Bio Lab A EXPL-8122 - Fabric of Anatomy & Bio Lab B EXPL-8123 - Fabric of Anatomy & Bio Lab C EXPL-8124 - Fabric of Anatomy & Bio Lab D EXPL-8125 - Fabric of Anatomy & Bio Lab E	The laboratory experience includes Gross Anatomy, Virtual Anatomy, Histology, and early exposure to Radiology and Ultrasound in both the Human Anatomy Lab (HAL) and Virtual Anatomy Lab (VAL). The goal of the Laboratory program is to provide students with fundamental knowledge of the anatomy and microanatomy of all clinically relevant regions and structures within the human body. This knowledge will inform physical examination and clinical reasoning skills. Students will learn to correlate state-of-the-art medical images with anatomy and to recognize pathological changes associated with anatomy. Laboratory experiences will also include physiology, neuroanatomy, and microbiology labs.

EXPL-8131 - Delivery of Clinical Care A EXPL-8132 - Delivery of Clinical Care B EXPL-8133 - Delivery of Clinical Care C EXPL-8134 - Delivery of Clinical Care D EXPL-8135 - Delivery of Clinical Care E	<p>In small groups, students will learn the necessary history, exam and communication skills to interact with patients and colleagues in this doctoring course (DoCC). They are provided individual feedback for ultimate growth as a professional by the preceptor triad for each group: physician, allied health professional and senior student. The course will be integrated with the other courses in Stage 1 and students will learn and be assessed in the Clinical Skills Center in exercises with patient instructors.</p>
EXPL-8151 - Clinical Longitudinal Immersion in the Community ABC EXPL-8154 - Clinical Longitudinal Immersion in the Community DE EXPL-8155 - Clinical Longitudinal Immersion in the Community, MD/PhD	<p>Students are paired with a physician in an outpatient practice for ½ day each week, allowing the student to interact with actual patients with a focus on primary care. Within a month of starting medical school, students begin practicing the skills that they learn in DoCC in the authentic office environment. This experience lasts for at least the first three years (may be continued during fourth year on an elective basis), allowing for significant personal and professional growth as well as mentoring. In the final 6 months of the third year, students may elect to spend time in a subspecialty site.</p>
EXPL-8161 - SCHOLAR: Scholarship & Discovery ABC EXPL-8164 - Scholarship & Discovery Stage 1	<p>The overall goal of the course is to prepare students to embrace the breadth of modern scholarship principles and practices integral to their role as future clinicians. Students will build their skills to formulate relevant research questions, design and implement rigorous approaches, collect and appraise evidence, and develop proficiency in scholarly communication. Students will learn and apply the principles of ethical conduct in research. During Stage 1, all students will become familiar with critical aspects of scholarly work in 7 (including Launch) scheduled workshops. They will prepare a Capstone proposal describing their scholarly project (the Capstone Project). Students will conduct the Capstone Project in Stage 2 and/or 3 with the exception of Dual Degree Students.</p>
LEAP-8001 to 8128 Individual Learning Opportunity (ILO)	<p>During LEAP (Learning Enhancement and Assessment Period), students either engage in reinforcement material to support content enhancement or participate in an ILO, or Individual Learning Opportunity, thus individualizing their experience. For students who have demonstrated a gap in knowledge, LEAP provides time and faculty support, and in some cases a re-assessment focused on their particular gap. If the student is cleared for an ILO, this elective opportunity allows total immersion in specialized topics designed to promote a deeper dive into a curricular area, support skill building, and/or career exploration. It allows students the opportunity to have a valuable experience and learn outside of the curriculum, including options in the humanities.</p>
EXPL-8174 - Clinical Reasoning	<p>The course is designed to provide a bridge between the basic sciences and clinical rotations by encouraging the learner to analyze clinical cases involving multiple organ systems with a problem-based learning pedagogy. The students will gain experience in oral presentations similar to presenting cases on clinical rounds and gain experience with formation of sound assessments and plans for commonly encountered clinical problems. Finally, the students will practice and enhance communication and collaboration skills while implementing team-based decisions in their assessment and plans.</p>
EXPL- 8181- Health Systems Science A EXPL- 8182- Health Systems Science B EXPL- 8183- Health Systems Science C EXPL- 8184- Health Systems Science D EXPL- 8185- Health Systems Science E	<p>The health systems science program is a suite of courses that complement the study of the basic and clinical sciences and represent the third critical domain to prepare clinicians for practice in the twenty-first century. Health systems science introduces students to the analytical tools and skills they need to understand health policy and the health care system, apply a systems-based approach to dilemmas within the health care system, assess the scientific literature, measure population health, and advocate for greater health equity for all their patients. The courses also give students direct experiences meeting and working with patients living with challenging and/or chronic illnesses, exploring local communities and work environments that shape the social determinants of health, identifying community resources and organizations, and observing a wide variety of other health professionals in their practice settings.</p> <p>Health systems science utilizes a variety of pedagogies, including team-based learning (TBL), problem-based learning (PBL), interprofessional education, applied projects, and experiences in the community at our affiliate institutions to fully equip our students as life-long learners and teachers.</p>

Stage 2

Stage 2, Clinical Immersion, begins with flexible time which can be used for board study, electives, scholarship and/or vacation allowing for individualization of each student's experiences. A one-week Stage 2 kickoff prepares students to begin clerkships. The clerkships are broken into four 12-week PODs. The first POD includes four weeks each of Ambulatory Pediatrics, Inpatient Pediatrics and of Neurology. The Internal Medicine POD includes four weeks of Ambulatory Medicine, six weeks of Inpatient Medicine and two weeks that may be taken as an elective or as vacation time. The next POD includes six weeks each of Family Medicine and Psychiatry with a longitudinal experience in Geriatrics threaded throughout the POD. The last POD includes six weeks of Obstetrics and Gynecology and six weeks of Surgery. Radiology is taught longitudinally throughout Stage 2. Radiology quizzes are given during the clerkship in which the radiology material is presented and during Homeweeek B. Health Systems Science (Stage 2) is taught longitudinally, with objectives integrated into each clerkship and dedicated HSS sessions in each Homeweeek (A&B). There are two 'home weeks' where students come together at the SOM: the fall Homeweeek's theme is palliative care, while the spring Homeweeek focuses on advanced skills to prepare for Stage 3. After the second home week there are eight weeks of "Advanced Clinical" time which consists of individualized experiences and may include electives, 3rd year clerkships, board study, 4th year required rotations, scholarship and/or vacation. Students continue with the Clinical Longitudinal Immersion in the Community (CLIC) course throughout Stage 2.

Student Placement at Sites:

For Stage 2/3, site assignments are made in advance by lottery and/or by availability of suitable sites. When there is a conflict, a student may initiate a request for reassignment for significant personal reasons. Based on the specific circumstance, students may speak first with the clerkship coordinator to see if there is an available slot at an alternate site. If there is no slot available, but the request is based on a significant conflict, then the coordinator can choose to switch another student out of their site to create a spot. If the student has an emergent issue that they do not wish to divulge to the clerkship coordinator, they have the option of speaking with the Assistant Dean for Medical Student Affairs, the Associate Director of Curricular Affairs or Assistant Dean of Clinical Medical Education, who can reach out to the coordinators on their behalf.

Clinical Electives requirement:

Electives

There is a total elective requirement of 20 weeks over Stages 2 and 3 in the MDelta curriculum. Electives are offered in many specialties, including those not represented in required rotations. Some students may decide to do an elective for career exploration while others may wish to gain additional experience in a discipline. Students may also opt to design their own elective in a particular area of interest.

Third year/Stage 2 students also have the option to take vacation instead of an elective. In this

case, students will need to fulfill the elective requirement during their 4th year. Using the elective time as a vacation in year 3 may leave less flexibility in year 4. Longitudinal teaching electives are available in Stage 3 and enhance flexibility in the schedule.

Independent Study Elective

If a student is having academic difficulty, including but not limited to failure of the USMLE Step 1 examination, they may be placed in an alternative elective program facilitated by the Assistant Dean for Medical Student Affairs with approval by the AAC. The alternative elective program provides time away from the prescribed curriculum in which the student will complete an independent course of study, which if successful, will result in a maximum of four weeks of elective credit. This independent course work must be formally proposed in writing with an outline of the work to be completed to the Assistant Dean for Medical Student Affairs and the project must be approved prior to the student initiating the work to receive credit. The student will receive no more than 4 weeks of credit, regardless of the number of weeks spent away from the prescribed curriculum. During the independent study, the student is also expected to be working on remediating the course work or retaking the examination that led to this undertaking. This independent study is only to be given in the case of academic difficulty and, should a student feel that they need this program, it should be brought to the attention of the Assistant Dean for Medical Student Affairs as soon as possible so that arrangements can be made.

Weeks											
1	2	3	4	5	6	7	8	9	10	11	12
Ambulatory Peds				Inpatient Peds				Neuro			
Neuro				Ambulatory Peds				Inpatient Peds			
Inpatient Peds				Neuro				Ambulatory Peds			
Inpatient Medicine						Ambulatory Med				Elec/Vacation	
Elec/Vacation		Ambulatory Med				Inpatient Medicine					
Family Med						Psych					
Psych						Family Med					
Geriatrics threaded											
Surgery						OB					
OB						Surgery					

Stage 2 Clerkships	Description
IMED-8228 Ambulatory Medicine	The overarching goals for the ambulatory medicine clerkship are for the students to develop skills and competencies in areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Students must be able to collaborate effectively to provide patient care that is compassionate, appropriate, and effective both for the treatment of health problems and the promotion of health. They should have the knowledge, skills and attitudes necessary to allow effective interaction with patients and all members of the healthcare team, provide high quality patient care for their patients within the context of the larger healthcare system and promote the best interest of patients, society and medical profession. They should be able to apply their knowledge to better assess the etiology, epidemiology, clinical manifestations, pathogenesis, prognosis, treatment, and natural history of common illnesses and evaluate their method of practice and implement strategies for improvement of patient care. The highlight of this clerkship is to help students develop competencies in providing high-quality comprehensive care to patients in an outpatient ambulatory office/clinic.
PEDS-8233 Ambulatory Pediatrics	Overarching goals include the acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence; acquisition and implementation of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses; acquisition of an understanding of the influence of family, community and society on the child in health and disease; development of communication skills that facilitate the clinical interaction with children, adolescents and their families; development of competence in the physical examination of infants, children and adolescents; development of clinical problem-solving skills and development of strategies for health promotion as well as disease and injury prevention. Students have a one to one-to-one experience (one patient, one student, one preceptor), which allows for significant assessment of individual student knowledge and skill.
FMED-8235 Family Medicine	The goal of this rotation is to provide students with myriad experiences in the primary care field of Family Medicine. Students will learn about the role of family medicine doctors in the community. Students will be able to identify the pillars of this specialty: continuity of care, care coordination, comprehensive care, and community service. Students will explore the different scopes of practice and populations' family doctors serve. Students will develop and practice their patient care skills, develop differential diagnosis, preventive care plans for the most common diagnosis seen and managed by family medicine doctors in the community. Students will identify the role of culture in influencing health outcomes and illness and demonstrate the ability to provide appropriate resources to patients for prevention and acute care. Students will demonstrate the ability to practice evidence-based medicine by formulating clear clinical questions, find best sources of evidence, evaluate and appraise the evidence for validity and usefulness with respect to particular patients or populations, and determine when and how to integrate new findings into practice. Students will be able to collaborate effectively to provide family-centered, evidence-based patient care that is compassionate, culturally sensitive, and age appropriate and effective, both for health promotion and treatment of medical problems.
IMED-8229 Inpatient Medicine	Inpatient medicine is an educational experience where students will be part of a team taking care of complex inpatients. Students will experience the challenges of patient care including obtaining history and performing physical exam on patients; appreciate the impact of an illness on the patient and their family; demonstrate effective oral presentations; and assess each problem appropriately by formulating and prioritizing a differential diagnosis using current scientific evidence.
PEDS-8234 Inpatient Pediatrics	Overarching goals include: Diagnose and provide basic management strategies for common pediatric acute and chronic illnesses; develop communication skills that facilitate clinical interactions with children and their families and ensure that complete and accurate data is obtained; develop competency in the physical examination of infants, children and adolescents; develop clinical problem-solving skills; understand the unique role that different members of the multidisciplinary team have in caring for a hospitalized child. One week of the inpatient clerkship will be in the Emergency Department with experience in the newborn nursery or NICU. All students on inpatient pediatrics will be involved in the multidisciplinary approach to caring for the hospitalized child (rounds include pharmacy, social work, nursing, nutrition team, resp therapy etc.). All students will complete the Aquifer Pediatrics cases by the end of their two pediatric clerkship components.

NEUR-8236 Neurology	Overarching goals include developing excellent history-taking skills related to disorders of the nervous system; developing the skills necessary for performing a proper neurological examination; application of neuroanatomical principles for lesion localization in the nervous system; understand the pathophysiology of common neurological diseases and emergencies, their evaluation, and their treatment. The students are exposed to the acute evaluation and management of patients with stroke during the Neurology rotation. They will also be exposed to the care and management of patients admitted to the epilepsy monitoring unit at UCONN/JDH (and Hartford Hospital).
OBGY-8237 Obstetrics & Gynecology	Overarching goals include: develop a thorough understanding and comprehensive approach to women's health subjects in the office setting including prenatal care, age-appropriate women's health screening and follow up gynecologic problem visits; display an understanding of the basic assessment and management principals of inpatient antepartum high risk pregnancies and women progressing through the process of labor and delivery; discuss the fundamental principles of safely bringing women into the operating room for minor and major gynecologic surgical procedures, including the management of complications and routine postoperative follow-up. Curriculum shared with the Surgery clerkship includes a shared emphasis on surgical skills and joint case-based radiology conferences.
PSYC-8238 Psychiatry	The Psychiatry clerkship will expose students to a wide range of psychopathology in order to facilitate recognition and management of psychiatric disorders encountered in the practice of medicine. Diagnostic evaluations and therapeutic considerations for both hospitalized and non-hospitalized psychiatric patients will be emphasized as well. Students are an integral part of inpatient psychiatry teams. They perform different tasks ranging from obtaining clinical collateral information from family members/ caregivers to aiding in diagnostic assessments by performing rating scales and screening questionnaires with patients. Students are exposed to an ample variety of clinical settings and patient populations i.e., inpatient units in general hospitals and long-term state hospitals, day programs, outpatient clinics, general and specialized psychiatry mobile crisis teams, etc.
RADS-8260 Radiology- Longitudinal	The Diagnostic Radiology Clerkship is a longitudinal clerkship running in parallel, and supplementing, the third-year clinical clerkships. Five one- hour Diagnostic Radiology sessions are scheduled during Kickoff week of Stage 2. These sessions will provide the students with a greater baseline understanding of key radiology findings and the imaging evaluation of patients as they begin Stage 2. Students are required to take one simulated radiology call over the course of the year. This clerkship format aims to provide greater clinical context of key radiologic findings as they are presented in concert with patient encounters experienced during the clinical clerkships. The goal is for students to gain a greater depth of understanding of the proper imaging evaluation of classic clinical patient presentations through this longitudinal format.
SURG-8239 Surgery	The Department of Surgery requires its medical students to develop competency in the areas of patient care, medical knowledge and practice-based learning as it applies to the care of the surgical patient. The experience will expose students to pre- and post-operative care of surgical patients and ensure that they gain competency in diagnosing and managing patients with common surgical problems. The expected level of competency will also include interpersonal and communication skills, professionalism, and systems-based practice. Students will be trained to work within a surgical team collaboratively with residents, attending and surgical staff while gaining a broad exposure to various aspects of surgical care.
IMED-8230 Geriatrics	<p>Students learn geriatric medicine during a longitudinal experience that is integrated with the family medicine and psychiatry 12-week block. The overarching goal is to prepare students to provide safe, patient-centered, and evidence-based care of older adults in their residual medical school experiences and future specialties. Orientation to the geriatric medicine clerkship occurs on the first day of the family medicine or psychiatry segment, whichever comes first. Geriatric medicine clinical assignments are included in the family medicine and psychiatry individual student schedules.</p> <p>Clerkship components include: Weekly half-day sessions working with a geriatrician preceptor seeing older adults; Geriatric Medicine conference; Home visit to an older person; Hazards of hospitalization for older persons simulation; Powerful Aging exercise class; and a final examination.</p>

TRNS-8502 – Scholarship & Discovery Elective (Optional)	Students (including dual degree and or scholarly year students) can register for optional S&D elective credit (maximum of 4) when actively working on their scholarly project, providing flexibility among Stages 2/3 where necessary.
CLIN-8242 - Health Systems Science Stage 2	<p>HSS in Stage 2 is integrated with clinical clerkships and Homeweeks to reinforce and apply all Core and Cross-cutting Domains (described below). The goal is for students to achieve the defined competencies for each domain by the completion of Stage 3 and graduation. HSS in Stages 2 and 3 functions as a “clerkship within other clerkships,” meaning it does not have its own dedicated clinical weeks. Instead, its objectives are embedded within each core clerkship and are explicitly identified in the clerkship objectives as linked to HSS.</p> <p>Dedicated HSS didactic and discussion sessions are held during both Homeweeks. These sessions include distinct learning objectives and graded assessments aligned with the HSS Core Domains and associated competencies. Additionally, HSS in Stage 2 includes ten Required Clinical Observations (RCOs), which students must complete over the course of the year. The summative assessment for HSS in Stages 2 and 3 is the NBME Health Systems Science Shelf Exam.</p> <p>Core Domains of Health Systems Science (As defined by the AMA Education Consortium)</p> <ol style="list-style-type: none"> 1. Systems Thinking 2. Health Care Delivery 3. Policy, Law, and Economics 4. Population and Public Health 5. Clinical Informatics 6. Value-Based Care 7. Health Systems Improvement <p>Cross-Cutting Domains</p> <ol style="list-style-type: none"> 1. Leadership and Change Agency 2. Teamwork and Interprofessional Education 3. Evidence-Based Medicine and Practice 4. Professionalism and Ethics 5. Scholarship

Stage 3

Stage 3, Transformation, includes required 4-week rotations each in Critical Care, Emergency Medicine, Advanced Inpatient Experience, 2 weeks of Transition to Residency (TTR) and a total of 20 weeks of elective experiences over Stages 2 and 3. At graduation the student will have met the UConn SOM medical education program objectives and entrusted with professional activities to allow them to successfully enter residency training.

Stage 3 - Clerkships	Description
Critical Care IMED-8331 IMED-8332 IMED-8333 IMED-8334	<p>The mandatory critical care sub-internship is a four-week rotation. The critical care sub-internship may be served in an adult MICU, SICU, CCU/ICU combination or PICU. CCU and cardiology electives do not fulfill this requirement. Critical care units across the affiliated programs serve as teaching sites. The goal of the clerkship is to approach the ICU as an applied physiology laboratory, emphasizing normal human physiology, the pathophysiology of disease, and the scientific underpinnings of diagnostic and therapeutic intervention. The curriculum consists of the following elements: Evaluation and management of critically ill patients with direct patient care responsibility under the supervision of a unit resident and attending physician; Presentation of cases and participation in unit teaching rounds; Attendance at house staff teaching conferences; centralized case-based conferences. Prerequisites--successful completion of the following clerkships: Inpatient medicine, surgery and neurology.</p>
EMED-8339 Emergency Medicine	<p>During the first days of the course, students are provided didactic sessions that help facilitate the student's approach to common chief complaints they may encounter when seeing emergency room patients. Students are required to spend 14 clinical shifts in the ED. Overarching objectives include that students will treat a wide variety of acute outpatient problems, rapidly diagnose and initiate treatment in patients with time-sensitive conditions, recognize and stabilize critically ill patients (resuscitation), maintain care for more than one patient at a time (up to a student's own ability) and to become acquainted with certain common ED procedures (suturing, splinting and IV placement) Prerequisite--successful completion of the following clerkships: Surgery, Inpatient medicine, Ambulatory pediatrics, Ambulatory medicine OR Family medicine, Psychiatry, ObGyn.</p>
Advanced Inpatient Experience (AIE) PEDS-8337 IMED-8336 FMED-8335 SURG-8338	<p>In the fourth year, students choose a required four-week Advanced Inpatient Experience (Sub-internship) in either Family Medicine, Surgery, Internal Medicine, or Pediatrics. Students act in the intern role with appropriate supervision. Each of the experiences provides information to the students about the required clinical encounters; call schedule; duty hours; criteria for honors; procedure for mid-point feedback; and goals and objectives.</p>
TRNS-8361 Transition to Residency	<p>Multimodality educational course required for medical students in the spring of their fourth year. This program will assist students with their transition to internship. The overlying goal is to help with knowledge application and problem solving and give the students a framework to address the clinical challenges they will face. Many of these topics have been discussed/taught during their medical school career previously. This course will aid in the transfer and application of knowledge as they transition to the resident physician role.</p>
For the Class of 2026 - TRNS-8341 - Vert Integ Teams Aligned in Learning Stage 3	<p>In Stage 3 small teams of students complete a final project based on their analysis of an emerging issue relevant to clinical care. In this final project students apply the combined skills they have acquired in the Stages 1 and 2 and demonstrate their readiness to practice as independent life-long learners and teachers.</p>

TRNS-8364 – Scholarship & Discovery Stage 3	Students will be registered for a total of 8 credits in Scholarship and Discovery Stage 3.. All students required to complete a Scholarship & Discovery course will be enrolled for 4 credits in the summer semester and 4 credits in the fall semester for a total of 8 credits. Students can do their research anytime it fits into their schedule. Students will submit their Capstone Scholarly Project by POD 6. Students enrolled in any UConn dual degree program as well as an approved scholarly year may be exempt from registration for the 8 course credits in Stage 3.
TRNS-8365 – Scholarship & Discovery Capstone	The fundamental goal of the Capstone Scholarly Project (CSP) is to enhance students' abilities to think independently, critically, creatively, synthesize new information, and to be contributing members to their profession - ultimately, to better prepare students to practice medicine in the 21st century. The CSP also will enhance residency preparation, substantially, by providing advanced skills for research, a requirement in nearly all residency programs. The CSP is a mentored, longitudinal project, spanning from 1st to the 4th year, based on individual students' interests and aspirations. A CSP can include a broad range of scholarly opportunities: bench or clinical research, advocacy, the humanities, and medical education, and should encompass at least one of the Scholarship domains as defined by Boyer. These domains include Discovery (advancing knowledge); Integration (synthesizing knowledge); Application/Service/Engagement (advancing/applying knowledge); Teaching & Learning (advancing/applying knowledge about how to teach, promote, or assess learning). The CSP, is an essential component of undergraduate medical education at the UConn School of Medicine. The objective of the CSP requirement is to expose medical students to scholarly investigation; teach them to develop a hypothesis and collect, analyze, and interpret data to support or refute the hypothesis; and to encourage students to continue to pursue research. The Capstone Project will be performed during 8 mandatory credits in Stage 2/3 under the guidance of a mentor. Students can extend their scholarly work with 4 additional elective credits. The grade for the course will be conferred upon successful and timely completion and submission of the Capstone deliverables (Abstract, Mentor Assurance, Critical Reflection, Plan for, or Proof of, Dissemination).
TRNS-8502 – Scholarship & Discovery Elective (Optional)	Students (including dual degree and or scholarly year students) can register for optional S&D elective credit (maximum of 4) when actively working on their scholarly project, providing flexibility among Stages 2/3 where necessary.
CLIN-8001 Clinical Electives	Students are required to complete 20 total weeks of electives over the course of the third and fourth years. Clinical electives include rotations in all specialties and subspecialties. Students may take their electives within the UConn system or at any other LCME-accredited medical school via the VSLO program. Global health experiences may be taken as electives under the auspices of the faculty overseeing the global health curriculum.
TRNS-8342 Health Systems Science Stage 3 (Beginning in 2026-27)	HSS Stage 2/3 includes objectives and clinical exposure integrated into the other Stage 2 clerkships, ten required clinical encounters, dedicated and assessed sessions in both Homeweeks. The summative assessment for HSS Stage 2/3 is the NBME shelf exam. Students are expected to complete the shelf exam by the end of September of their fourth year.

4.2. MD/PhD in the MDelta Curriculum

The MD/PhD program is a distinctive academic offering by the University of Connecticut School of Medicine and Graduate School. MD/PhD students matriculate for the first and second years of medical school with MD students. At the end of their 2nd year, MD/PhD students leave the curriculum to pursue their PhD studies (Graduate Phase). While working on their PhD theses, they are granted special matriculation in the Medical School giving them the ability to perform clinical activities. Thus, these students have the distinction of being dually enrolled in both the School of Medicine and the Graduate School throughout their entire matriculation at UConn Health. MD/PhD students must complete their PhD thesis before returning to Stage 2. The average time to completion of the PhD degree is 4 years. The MDelta curriculum, as it pertains to the MD/PhD program, focuses on creating more clinical education continuity, providing more clinical preparedness when returning to the medical curriculum, and providing this unique set of students' options and choices to personalize and specialize their education.

The MD and PhD degrees are granted together when both degrees are completed in this combined program.

MDelta Curriculum

Stage 1 (18 months):

In this first stage of the MDelta curriculum, students in the MD/PhD program are fully integrated into the MD program courses. Because their academic trajectory differs from MD-only students and because they also have graduate school obligations, some program requirements have been modified. MD/PhD students are required to complete two summer research rotations (8 weeks each) during the first two years of the curriculum. They are also required to take one graduate school course in M1 and one workshop in M2 (each a semester long) and to attend the MD/PhD Research Club, which meets on Monday evenings. To facilitate these requirements, MD/PhD students will be scheduled accordingly on Monday afternoons in Stage 1. The scheduling of these additional graduate program requirements is the responsibility of the MD/PhD Program Director in consultation with the Associate Dean of the Graduate School.

Stage 2 (15 months):

For the purposes of logistics and scheduling, Stage 2 for MD/PhD students is divided into 3 phases:

- **Stage 2: BOARD STUDY, ELECTIVE, SCHOLARSHIP**
- **Stage 2: SPECIAL MATRICULATION; MD REINTEGRATION PERIOD**
- **Stage 2: CONTINUATION PERIOD**

Stage 2: BOARD STUDY, ELECTIVE, SCHOLARSHIP (2 months: March/April): This period of Stage 2 allows protected flexible scheduling by students for protected study time in preparation for USMLE Step 1. This period includes special considerations for MD/PhD students in regard to certain courses, while other course requirements remain the same as for MD-only students.

- Stage 2 Kickoff: MD/PhD students are excused from taking this 1-week clinical introduction.
- CLIC: MD/PhD students will continue the program, mirroring MD-only students and attend 3 half-day sessions within the 2-month period, on average.
- Electives: MD/PhD students are not required to participate in any electives during this period. If students do participate in electives, the time will be credited towards their elective requirement for graduation.
- Scholarship & Discovery: MD/PhD students are excused during this time.
- Board Study Prep: MD/PhD students should plan for sufficient self-study time in preparation for taking the USMLE Step 1. They are required to take the USMLE Step 1 by May 1. Any delay will require the approval of the Director of the MD-PhD program and the Assistant Dean of Medical Student Affairs, documentation the student is working with the Learning Specialists, and a study plan. These delays may be reviewed by the Academic Advancement Committee (AAC).
- Students must receive permission from the Assistant Dean of Medical Student Affairs to enter special matriculation in the graduate school.

For the MD/PhD students, the end of this 2-month period marks their transition out of the standard MD program into their ‘special matriculation’ of PhD study.’

Stage 2: SPECIAL MATRICULATION (typically 3-4 years), including the MD REINTEGRATION PERIOD: This time, also called Graduate Phase, is devoted to the completion of a student’s PhD thesis. Special permission is required from the graduate program if this period is to exceed 5 years. The MDelta curriculum considers the need for continued clinical exposure during this period and has therefore modified the CLIC course to continue during this period in order for MD/PhD students to maintain and enhance their clinical skills.

- CLIC: Students are expected to continue attending their community longitudinal clinics 1 half day per month. They are required to complete 10 sessions each year for a 4-year period, totaling 40 sessions during their graduate phase. If they fail to complete the 10 sessions per year, they will receive a PIRT. Failure to complete the 40 sessions in 4 years will result in failure of the class. All efforts will be made to continue students in their original clinical site from Stage 1.

MD REINTEGRATION PHASE (4 months: Jan/Feb/Mar/April): This reintegration phase will occur as students are finishing up their graduate phase/special matriculation to help them transition back into the MDelta curriculum. Special considerations are made for MD/PhD

students in regard to certain courses while other course requirements remain the same as for MD-only students.

- Stage 2 Kickoff: MD/PhD students are required to take this 1-week clinical introduction at the end of April.
- Clinical Skills Refresher: Phase 1 is January- February requiring students to participate in DoCC E final Clinical Skills Assessment as well as other activities as decided upon by the Director of Clinical Skills. Performance is reviewed, identifying strengths and weaknesses to work on during next phase. Phase II from February to April is a clinical skills refresher. This course is designed to help strengthen their skills in preparation for clinically intensive rotations (eg. inpatient medicine, inpatient surgery, etc.)
- Clinical Rotations: It is expected that MD/PhD students will start their clinical rotations in May, although exceptions may be considered and require approval from the Director of the MD-PhD program and the Assistant Dean of Medical Student Affairs. Entry time must take into consideration timely completion of all graduation requirements.

Stage 2: CONTINUATION PERIOD (11 months): The MD/PhD students join the MD-only students in in the first clinical clerkship year.

CLIC: Students must complete 10 session a year during their Graduate Phase, completing 40 sessions by the end of their 4th graduate school year. Failure to complete 10 sessions a year may result in a PIRT, and failure to complete the required 40 sessions in a 4-year period will result in failure of the class.

- Students who complete the 40 sessions of CLIC during their special matriculation will be given the option to participate in an independently designed longitudinal clinical elective scheduled through the medical school or a research elective coordinated through the graduate school.
- Scholarship & Discovery: MD/PhD students are exempt from further requirements. They may use these course hours to work on additional research projects from their graduate work.
- Electives: MD/PhD students will have the same total elective requirements as MD-only students. MD/PhD students may choose to participate in a special research elective involving manuscript completion or dissertation preparation. A maximum of 4 weeks may be granted for this elective.
- Clinical Rotations: MD/PhD students will have the same expectations as MD-only students.

Stage 3 (11 months)

This is the final stage of the MDelta curriculum and focuses on advanced clinical experiences and transition to residency. The expectations and requirements are the same as those for MD-only students except for the following:

- Scholarship & Discovery: MD/PhD students are exempt from further requirements. They may use these course hours to work on additional research projects from their graduate work.

- Electives: MD/PhD students will have the same total elective requirements as MD-only students.
- Clinical Rotations: MD/PhD students will have the same expectations as MD-only medical students.

4.a. Satisfactory Academic Progress Policy

Satisfactory Academic Progress of students is determined by both qualitative and quantitative measures as described in this policy.

Qualitative Measure

All students at UConn SOM are expected to maintain Satisfactory Academic Progress (SAP).

Stage 1

The Academic Advancement Committee (AAC) will evaluate students for compliance with satisfactory academic progress annually at a minimum or more often as needed.

Annually:

- Students who have passed all the courses and requirements during the academic year (July 1-July 1) may be assessed as maintaining satisfactory academic progress.
- Students who have been assigned remediation(s), may be assessed as maintaining satisfactory academic progress if, in the deliberation of the AAC, the cumulative burden of remediation(s) does not place the student at significant risk of violation of the quantitative measure.
- In order to be promoted to Stage 2, students must take Step 1.

Stages 2 and 3

In Stages 2 and 3 the AAC will assess students for maintenance of satisfactory academic progress yearly. Decisions related to promotion are made at the end of the academic year. To maintain satisfactory academic progress, students should be eligible for promotion. Specifically, to be eligible to advance from Stage 2 to Stage 3, students in Stage 2 must:

- Complete all Stage 2 clerkships with a minimum grade of pass,
- Complete all Stage 2 HSS, CLIC, and
- Complete electives with a grade of pass.
- In some situations, the AAC may grant permission for a student to complete one or more Stage 3 rotations prior to completion of Stage 2 clerkships.

In Stages 2 and 3, students who may not be eligible for promotion may, in the deliberation of the AAC, be assessed as maintaining satisfactory academic progress if the balance of the unmet academic requirements does not place the student at significant risk of violation of the quantitative measure.

In certain extraordinary circumstances, the AAC may grant a waiver of the qualitative measure above.

Quantitative Measure

In order to maintain satisfactory academic progress:

- Six years is the maximum amount of time a student may take to complete their medical education (M.D. degree) and is inclusive of a leave of absence for any circumstance including, but not limited to, maternity, hospitalization, catastrophic leave, or time to pass the USMLE step examinations. See Leave of Absence Policy (4.e.).
- A student may not repeat any year more than once.
- A student may not repeat two consecutive years of the curriculum.

In certain extraordinary circumstances, the AAC may grant a waiver of the quantitative measure above.

The Financial Aid SAP Policy may differ from a student's academic standing and is used for financial aid purposes only. For more information on the Financial Aid SAP policy; please review it here: [UCH FA SAP Policy](#)

4.b. Academic Standing

Definition of Good Standing

“Good standing” is a designation that indicates a student is eligible for promotion, to continue participation in the curriculum, and to transfer to another institution. Academic and professionalism issues do not automatically result in revocation of the status of good standing. The AAC will examine serious academic and professionalism issues to determine whether such matters impact the standing of the student.

Remediation and/or Disciplinary Actions

The AAC will determine whether any academic or professionalism disciplinary action that may impact a student’s eligibility to be promoted or to continue in the curriculum will result in the loss of good standing. Revocation of status of good standing becomes effective only after the student has exhausted all appeals processes. When the terms of the disciplinary action are satisfied, the AAC may restore the status of good standing with the student remaining in academic watch or warning (see below). Remediation is not considered a disciplinary action unless the AAC explicitly deems it as such.

Academic Watch or Warning/Academic Probation

In keeping with AAMC guidelines regarding academic probation, UConn School of Medicine has determined two internal categories called: “academic watch” and “academic warning,” neither of which necessarily result in the loss of good standing. Even while maintaining the designation of good standing, failures within the curriculum may result in the AAC placing the student in a status of “academic watch” or “academic warning.” Academic watch indicates that a student is *potentially* at risk of not meeting requirements for promotion as a result of academic failures and/or breaches of professional behavior. A student may be placed on academic watch as a result of multiple exam failures, course failures, professionalism issues, board failure, failure of a clinical skills summative evaluation, or failure to successfully complete a curriculum component or an administrative requirement.

If a student’s failures in the first year require that remediation coursework be completed over the summer, then the student will be placed on academic warning, which in turn will prohibit their ability to participate in summer research. A student may also be placed on academic warning based on failures that indicate that the student is in serious jeopardy of needing to repeat the year or be dismissed from the School of Medicine. It should be noted that both academic watch and warning are internal designations and will not appear on the transcript, MSPE, or other official document that is shared externally. Students will be notified by email or letter documentation that they are on academic watch or warning.

Corrective measures instituted by the AAC to address issues of academic watch or warning may include, but are not limited to, remediation programs (internal or external), repetition of a specific course, or repetition of the curriculum of an entire year. In some cases, neuropsychological testing may be recommended. When external remediation programs are recommended, students will be responsible for attendant financial costs. Additionally, standard tuition and fee charges will apply to any repeated course work. Students in the status of academic watch or warning, with active pending remediations, will be discouraged from participating in any leadership and extracurricular activities. Students in the status of academic watch or warning will be monitored closely by the AAC after successful completion of all remediations and any failure of any component of a course or a clerkship may bring those students' issues back before the AAC. The AAC considers the complete academic and professional history of all students presenting to the committee. Once a student has been discussed by the AAC, they remain under the purview of the AAC until graduation.

Students in the status of academic watch or warning who intend to take a leave of absence must meet with the Assistant Dean of Medical Student Affairs for direction. For most leaves (including those for academic difficulty), students must receive approval from the AAC prior to the leave and must notify the AAC at least 30 days prior to intended return in order to receive direction from the AAC. The Office of Medical Student Affairs may allow a medical leave or a leave for extenuating circumstances in the setting of academic watch or warning without the approval of the AAC, but the AAC must be informed by the Office of Medical Student Affairs and may require such students to appear before the committee prior to school re-entry or receive a "Fit for Duty" evaluation.

4.c. Withdrawal Policy

1. Voluntary Withdrawal From School

A student may voluntarily withdraw from school at any time, with written request to the Assistant Dean for Medical Student Affairs. A student who voluntarily withdraws may apply for readmission via the Office of Admissions. Students seeking readmission after voluntary withdrawal must complete the AAMC/UConn admissions processes. There is no guarantee of readmission following withdrawal. Students should be aware that a tuition refund policy exists (see 2.n.).

The student record will note whether the student was passing or failing at the time of withdrawal.

2. Required Core Course or Clerkship Withdrawal: Voluntary and Administrative

Students may withdraw from a required course or clerkship before any examination has been given or before the mid-point evaluation, whichever occurs first, without it appearing on their transcript.

Once an examination has been given or a mid-point evaluation been completed, students may still withdraw, but a grade of “WP,” “WC,” or “WF” will appear on the transcript.

- WP: Student withdrawal in good standing (satisfactory overall performance to date)
- WC: Student withdrawal with concern (overall performance to date puts student at risk of failure)
- WF: Student withdrawal while failing (reserved for students that have failed every component of the course to date, or, in the opinion of the course grading committee/clerkship director or departmental grading committee, would not be able to pass regardless of subsequent performance).

3. Elective Withdrawal

Phase/Stage 2 or 3 Elective

Students may withdraw from an elective prior to 30 days before the start of the elective without institutional approval and without the withdrawal appearing on their transcript. Requests to withdraw within 30 days of the start of the elective require approval of the Assistant Dean for Medical Student Affairs and the Director of Electives, in order to avoid a consequence. Failure to adhere to the notification and approval requirements for withdrawal from courses may result in a PIRT form being filed.

For students who leave the curriculum for other reasons and must withdraw from the elective administratively, a grade of “WP,” “WC,” or “WF” will appear on their transcripts as described.

Longitudinal Elective

Longitudinal Electives are a special category of electives that span an entire academic year and require extra planning and preparation. These electives are often competitive in nature, require training before their start-dates, and are critical to the educational mission of the School of Medicine. Students cannot drop these electives without approval from the Assistant Dean for Medical Student Affairs, in consultation with the Course Director. Requests to withdraw within 30 days of the start of the elective require approval of the Assistant Dean for Medical Student Affairs and the Director of Electives, in order to avoid a consequence. Failure to adhere to the notification and approval requirements for withdrawal from courses may result in a professionalism incident report triage (PIRT) form being filed. Withdrawals after the start date of such electives, will result in a grade of “WP,” “WC,” or “WF” appearing on the transcript.

4. Dropping Combined Programs

Students in a combined program such as MD/PhD, MD/MPH once admitted may request withdrawal from the combined program. The MSPE will note the academic history and a notation will be on the transcript related to the withdrawal from the program. The MSPE will also note if in good standing. Students must submit a letter of request to the AAC in order to continue with the MD program alone. The AAC may ask the student to appear. Any financial support for the dual degree will be relinquished when transitioning to a single degree program.

4.d. Holds Policy

UConn SOM utilizes a system of holds when students fail to meet standard educational obligations. A “hold” prevents:

1. The release of a student’s academic transcript or any school documentation
2. Students from continuing on to the next term by “freezing” a student’s registration status. This freeze is in place until the reason for the hold is appropriately addressed by the student. All financial obligations must be satisfied before a student can register for another term and continue their studies and/or research

A student who fails to complete the credentialing requirement for a clinical site will be considered ON HOLD. A hold status due to student’s lack of compliance with a requirement (e.g. health requirements, financial requirements) will result in an unexcused absence with academic consequences applied.

Types of Holds:

- Academic (pending a remediation completion)
- Administrative (e.g. pending an outcome of an investigation, incomplete compliance requirements)
- Bursar (e.g. failure to meet financial obligations)

4.e. Leave of Absence Policy

Life circumstances such as illness, childbirth, family emergency, etc. may require students to take time off from courses or rotations. Additionally, in recognition of the variety of aptitudes and learning styles that exist among the student body, the School of Medicine acknowledges the importance of individualization as a central component of the educational experience. Therefore, several options are offered to provide flexible paths for students to move through the curriculum. These options include excused absences; formal leaves of absence (LOA) that may last up to one year; continuous enrollment courses for remediation; and extended board study depending on individual circumstances. With appropriate administrative approval, these options can be engaged individually or combined over the course of a given academic year depending on students' needs. Leaves of absence are documented on the transcript and in the Medical Student Performance Evaluation (MSPE) with the appropriate dates of leave.

Approval for any leave of absence or change in enrollment status is a requirement for the execution of the request and is facilitated via the Office of Medical Student Affairs. Any leave or change in status taken while in poor academic standing, academic watch or warning will require review by the Academic Advancement Committee (AAC) prior to return and may require a Fit for Duty exam and clearance. Students are also responsible for initiating requests to re-enter the curriculum at least 30 days prior to re-entering the curriculum.

Excused Absence vs. LOA

In the pre-clerkship curriculum (Stage 1) a student may be granted an excused absence for up to 2 weeks by the Assistant Dean of Medical Student Affairs, after which it becomes a leave of absence. Within the 2-week excused absence, coursework may be made up without the need to repeat the block or course. However, for LOAs (i.e., time out >2 weeks) the student may need to repeat the course(s), block(s) or year, depending on the content missed. This will be a discussion and decision between the Assistant Dean of Medical Student Affairs, Senior Associate Dean of Medical Student Education, Associate Dean of Medical Education and Assessment and Assistant Dean for Pre-Clerkship Curriculum. Students have the opportunity to appeal decisions to the Academic Advancement Committee (AAC), with a second level of appeal to the Student Evaluation and Appeals Review Committee (SEARC).

In the Clerkship curriculum (Stage 2/3) the Assistant Dean of Medical Student Affairs may grant up to a 6-week excused absence (or the length of one clerkship rotation) after which it becomes an LOA. Any missed Clerkship will be made up at a later date, when there is appropriate room in the student schedule and a rotation slot available.

Leave of Absence

Leave of absence may affect a student's ability to graduate on time. LOA is broadly defined as a period of temporary, non-enrollment in the established four-year curriculum and can be granted for a variety of reasons. Other periods of time away from the regular curriculum might include a dual degree or scholarly project. Although sometimes referred to as a type of LOA, it is a change in

enrollment status. For the table: Y indicates “yes” and N indicates “no.”

	SOM Tuition Charged	SOM Fees Charged	Financial Aid Depending upon eligibility criteria	Health Plan	Loan Deferment if enrolled at least half-time	Eligible to see pts	Count Towards Quantitative Measure Satisfactory Academic Progress (6 year time limit)
The following are change in enrollment status							
PhD	N	N	Y	Y	Y	Y	N
MPH	N	N	Y	Y	Y	Y	N
MBA*	N	N	Y	Y	Y	Y	N
JD*	N	N	Y	Y	Y	Y	N
Clin. Trans. Research*	N	N	Y	Y	Y	Y	N
Scholarly	N	Y	Y	Y	Y	Y	N
Remediation	N	Y	Y	Y	Y	Y	Y
The following are leave of absence status							
LOA**							
Health/Medical	N	N	N	N***	N (after 180 days)	N	Y
Personal	N	N	N	N***	N	N	Y
Parental	N	N	N	N***	N	N	Y
Administrative	N	N	N	N***	N	N	Y

*These programs are considered a separate degree and tuition would be charged by the individual school.

** If the academic year has started and student takes leave, this counts in academic progress. Students may petition the AAC for review of what counts toward academic progress.

*** Dependent on the timing of the leave. If the student is already enrolled in SHIP (student health insurance plan) for the year, they won't lose coverage by going on leave. However, if the leave starts or continues during the open enrollment period for SHIP (August/September), then the student will not be eligible to enroll for the new plan year because they are not enrolled for credit. If they are not eligible for SHIP, the student may seek insurance on the health care marketplace & see if they qualify for HuskyD as it's free medical & dental coverage.

Note: Administrative leave given via the AAC as a disciplinary action is also considered as a leave with no liability coverage, no ability to participate in clinical work, or in extracurricular school-sponsored activities.

The categories listed above are limited and may be insufficient to meet the spectrum of educational and personal challenges and opportunities that students encounter during medical school. There are several categories that may allow a student to remain enrolled in the School of Medicine, although

in these cases they generally do not participate in the formal curriculum. The categories of leaves of absence include:

- Scholarly Activity
 - Allows student to interrupt the regular curriculum of the School of Medicine to pursue a research experience, an experiential project, or to obtain training in a program that does not confer a degree
 - Requires UConn Student Research and Scholarship Committee approval of a scholarly project
 - Does NOT count toward Satisfactory Academic Progress (see policy 4.a.)
 - Student MUST sit for any appropriate USMLE examinations before commencing with scholarly work
 - Student MUST complete any pending remediations before commencing with scholarly leave of absence
 - Student is considered enrolled; therefore, loans may be deferred (change in enrollment status)
 - Will be indicated on the transcript and the MSPE
- Additional Degree
 - Allows the student to interrupt the regular curriculum of the School of Medicine to pursue a combined or independent degree (e.g. PhD, MPH, MBA) within the University of Connecticut or at an outside institution. Additional degrees from UConn will be indicated on the transcript, additional degrees earned at UConn or an outside institution will be indicated on the MSPE
- Remediation
 - Allows students extended time to interrupt the regular curriculum to remediate course work that was previously not successfully completed
 - Requires approval by AAC
 - Counts toward Satisfactory Academic Progress (see policy 4.a.)
 - Student is still enrolled; therefore, loans may be deferred (change in enrollment status)
 - Will be indicated on the transcript and the MSPE

All LOAs, including time in another degree program will be documented on the transcript and in the MSPE. Any request for an LOA in the setting of academic watch or warning requires review by the Academic Advancement Committee (AAC) and approval prior to return. Taking a leave while on academic difficulty will usually result in that year counting toward the quantitative measure for Satisfactory Academic Progress but students may petition the AAC for a review (see policy 4.a.). All requests for LOAs must be granted at least one month in advance or, in the case of medical leaves, at the discretion of the Assistant Dean of Medical Student Affairs or the AAC. Any adjustment related to extending the duration of the leave is possible after discussion with the Assistant Dean of Medical Student Affairs or the AAC but must be submitted via writing at least one month before the designated readmission date.

If a student requires a LOA in Stage 1, they will need to repeat the block or entire year, depending

on the amount of work missed. If a single block needs to be repeated, the student may be able to re-enter the curriculum the following academic year and resume the curriculum at the point in which the LOA began. Due to the cumulative nature of the curriculum, finishing the remaining block work over a summer period/break after return from LOA is unlikely to be an option.

This will be a discussion and decision between the Assistant Dean of Medical Student Affairs, Senior Associate Dean of Medical Education, Associate Dean of Medical Education and Assessment and Assistant Dean for Pre-Clerkship Curriculum. Students have the opportunity to appeal decisions to AAC, with a second level of appeal to SEARC.

Students are eligible for a Scholarly Year (aka research year) Leave of Absence after successful completion of Stage 1 of the curriculum and Step 1. Typically, students would leave the curriculum and return in between Stages – so between Stage 1 and Stage 2, between Stage 2 and Stage 3, or after Stage 3. However, depending on the circumstances, exceptions may be considered. The application consists of a written proposal of the academic activity to be pursued during the extra year, and a letter of support from the faculty advisor who will oversee this work. Scholarly Leave of Absence paperwork is submitted to the Office of Medical Student Affairs after they have been approved by the Directors of the Scholarship and Discovery Program. During a Scholarly LOA, there is a change in enrollment status so the student will remain enrolled in the School of Medicine, and will be responsible for student fees but not tuition.

In Stages 2 and 3, students will be allowed to resume their rotations as scheduled upon completion of a leave of absence.

Time Limits on LOA

The nature of medical education is progressive and cumulative. As such, each stage of medical school builds from the previous stage. Interruptions in the curriculum can therefore be detrimental to a student's ability to progress successfully through the curriculum. A leave of absence greater than six months or multiple leaves of absence that equal greater than one year may negatively affect a student's ability to progress through the curriculum. The AAC has the ability to review a student's progression and decide if the student is not progressing successfully through the curriculum. This may result in a recommendation for dismissal.

The minimum duration of an LOA is one semester (approximately 4 months).

All returns to the curriculum must be requested with the Office of Medical Student Affairs and the Assistant Dean of Medical Student Affairs no later than 30 days before the anticipated return. Students are responsible for initiating requests to re-enter the curriculum.

Financial Implications of LOA

To be eligible to receive federal and institutional student aid, the student must meet and maintain the UConn SOM's standards of satisfactory academic progress (please refer to policy 4.a.).

Loans: A leave of absence status greater than 180 days will move students out of their loan

deferment status unless they are considered fully enrolled in the School of Medicine as defined above. The last date of attendance before the LOA is the "Out of School" date. After 180 days, the grace period ends and all educational, federal loans will go into repayment status. Students are expected to meet with the Bursar and Financial Aid director before an LOA is finalized in order to fully understand the consequences of the LOA on loan repayment. In some cases, an LOA is unexpected and urgent. In this situation, the student should meet with the Bursar and Financial Aid director as soon as possible. UConn may be required to return or adjust financial aid if a student takes a leave of absence during the term and will not return in the same term as they will be considered a withdrawal for financial aid purposes.

Other Financial Obligations:

Students will be required to pay fees, but not tuition, during scholarly leaves. Students on leaves for remediation may be required to pay prorated tuition and fees.

Liability

There is no liability coverage for students who are out of the curriculum of the School of Medicine on medical, parental, personal or administrative LOA. Students are not permitted to engage in the clinical environment during a leave (or suspension) without the expressed permission of the AAC.

Students who have a change in enrollment status for remediation, scholarly activity, or an additional degree may be eligible for liability coverage. Students should check with the Office of Medical Student Affairs regarding their eligibility.

LOAs as Part of Graduate School Work

Special matriculation status related to joining the Graduate School fall under certain restrictions and require special permissions and considerations. For additional information, please contact the Associate Dean of the Graduate School or the Assistant Dean for Medical Student Affairs.

Other Implications

Depending on the type of LOA, students may not be allowed to participate in curricular or school-associated activities unless granted permission by the AAC and Office of Medical Student Affairs. This includes students who are suspended from the school in disciplinary action. Students should check with the Office of Medical Student Affairs regarding their ability to participate in school-associated activities while on a LOA.

Clearance to Begin Leave of Absences, Withdraw, Transfer, or Otherwise Leave the School

Students who leave the medical school prior to completion of the curriculum (e.g., transfers, withdrawals, leave of absences) must obtain clearance before departure. Students are required to meet with the Office of Medical Student Affairs before filling out the appropriate forms. All students must meet the criteria and confirm, in writing, agreement with the terms of the leave. In addition, students must complete a sign-out form requiring the signatures of a number of offices indicating that there are no outstanding debts or other encumbrances to the student's record and that all medical school property has been returned. When all the signatures are obtained, the student must return the form to the Office of Medical Student Affairs.

Return from LOA

At the end of the specified LOA or period of special matriculation, the student must notify the School of their intention to return at least 30 days prior to return. If the School is not notified, the student may be placed on administrative leave.

Administrative Leave

Administrative leave is a disciplinary action which may be executed by the Assistant Dean of Medical Student Affairs and then reviewed by the AAC or by the AAC itself. Once a student is placed on administrative leave, the AAC will be notified. A student can be removed from administrative leave by either the Assistant Dean of Medical Student Affairs or the AAC, but they will remain under the purview of the AAC until graduation. Administrative leave is considered a leave of absence with no liability coverage, no ability to participate in clinical work, or in extracurricular school-sponsored activities.

Examples that the AAC may review may include, but are not limited to:

1. a student who has exceeded six months of a leave.
2. a student who fails to return after a leave without communicating with the Office of Medical Student Affairs.
3. a student who fails to meet the technical standards required for medical education as outlined in 2.g.
4. a student who fails Step I or Step 2 three times.
5. a student who fails to pay tuition, fees, or medical insurance, by the required dates.

4.f. Credentialing

Healthcare institutions require safety standards as part of their credentialing process and must be complete prior to working at UConn or its partner and affiliated clinical sites. Each student is responsible for having the required credentials and completed forms specific to each clinical site prior to beginning any clinical rotation.

All students are required to maintain active current certifications in the following (including but not limited to):

- Basic Life Support/CPR
- Blood borne pathogen training
- Infection Control training
- HIPAA training

Other requirements as specified by the specific site or SOM, including but not limited to routine immunizations, influenza vaccine yearly, Tuberculin Skin Testing/QuantiFERON testing, urine drug screening and others as relevant.

Failure to be up to date will be considered unprofessional and may result in a delay in starting clinical rotations and/or being pulled from the clinical environment, triggering unexcused absences and any related consequences. Failure to meet these requirements will result in a PIRT being filed.

4.g. Transcripts

Transcripts are maintained by the Registrar. Transcripts provide an official record of the accomplishments of a student over the course of their program of study. The transcript includes course grades (required and elective) and clinical honors earned.

1. **Standard Official Transcripts:**

A standard transcript will be generated upon completion of medical school.

- Grading is described in policy 5.b.
- Honors earned in the core clinical disciplines will be listed on the transcript if applicable.
- In any given academic year, all components of a course are listed only once on the official transcript if successfully completed. A component is a course that has a specific topic or focus area that is required and is graded along with other related components under an overarching umbrella course. Courses offered with components are Pediatrics: Ambulatory and Inpatient, and Medicine: Ambulatory and Inpatient.
- For students graduating in May the conferral and completion date will be the Sunday prior to commencement.

2. **Transcripts for Students with a Leave of Absence (LOA)**

Courses and/or a leave of absence are reflected on a transcript.

a. *Before the Start of an Academic Year:*

If a student is granted an authorized leave of absence with an effective start date before the academic year begins, no course work will be reflected on the transcript for that time. A comment will be added to the transcript during the Stage the student went on leave, the dates of the leave and the reason for the leave. Upon returning from the leave the date of re-entry will be added to the comment.

b. *Short Leave Within the Academic Year:*

If a student is granted an authorized leave of absence for a period within but not extending through the academic year, those courses that were started but not finished will show a grade of W (along with the academic progress), if withdrawn, or Incomplete (I), if the student can complete the course requirements prior to the initiation of the next academic year. Students cannot complete coursework while on an LOA. Any courses for which the student is registered during the time of the leave that have not started will be removed from the student transcripts.

A comment will be added to the transcript at the end of the last term for which a student was registered stating the student went on leave, the dates of the leave and the reason for the leave (i.e., personal, joint degree program, pathology fellowship etc.).

Upon returning from the leave the student will be registered for the appropriate course work.

Scholarly study and dual degree study are considered scholarly leaves of absence as outlined in 4.e. Students participating in these will be registered for TRNS 8598, Independent Scholarly Enrichment, or MEDS 6000 for students working on an additional degree at UConn who are in the Graduate School phase of their curriculum. A comment is added to the transcript for students registered for MEDS 6000. Students completing a degree at an outside institution can be registered for MEDS 6001. A note will also be added to the transcript for students who are going to pursue a degree at another institution

3. Transcripts for Students Dismissed or Withdrawing from Combined Program

If a student in a combined degree program is dismissed or voluntarily withdraws from a combined degree program, a notation describing this will be added to the transcript within the term that the action occurred for the MD degree program only. The matter will be referred to the AAC for any change in dual degree status for information and review.

The MSPE will accurately reflect the sequence of all academic issues within the Academic History section.

4.h. Attendance Policy (illnesses, religious observances, jury duty)

The Assistant Dean for Medical Student Affairs (or a Faculty Co-Director for Medical Student Affairs) and either the Assistant Dean for Preclinical Medical Education or Clinical Medical Education (depending on the student level) must be notified of all absences, and are responsible for approving absences.

Active participation in the medical education program is a critical component of the professional development of a physician. Instructional settings involving small groups of students allow closer faculty/student interaction, an opportunity for more informal career exploration as well as a source of letters of recommendation for future research or training programs. Lack of attendance for any reason, due to excused or unexcused absence, does not relieve a student from responsibility for material covered during that absence.

Professional behavior requires that students notify course/clerkship/small group preceptor about any anticipated or sudden absence, particularly when their presence affects the work of colleagues in laboratory, small group discussions, and settings involving patient contact. Students should make certain that they have the appropriate phone/email/contact numbers to carry out this responsibility. If appropriate, students may be required to receive clearance from a treating physician or Student Behavioral Health Services before resuming their medical education program. Absences from examinations will only be accommodated under extreme circumstances. Exam absence requests must be made to the Assistant Dean for Medical Student Affairs and either the Assistant Dean for Preclinical Medical Education or Clinical Medical Education, depending on the student level. If a decision is made to accommodate the exam absence request, alternate arrangements will be made with the input of the course/clerkship director.

The course/clerkship director or faculty preceptor reserves the right to request that students make up any mandatory academic activity from which they are excused. The timing and circumstance of such activities will be established at the discretion of the course/clerkship director or faculty preceptor.

In the clinical curriculum, the Assistant Dean for Medical Student Affairs may grant up to two days per clerkship as an excused absence. Any absence longer than two days may, at the discretion of the clerkship director, require the student to make up the missed portion of the rotation. Exceptions can be made with special permission, granted by the Clerkship Director in advance, in addition to clearance from the Assistant Dean for Medical Student Affairs.

Examples of Excused Absences

The following will be considered excused absences and should be communicated as soon as possible. Even though these are considered excused, failure to provide adequate notice may result in these examples not being excused or result in a professionalism violation:

- Death of a family member or close friend
- Wedding of an immediate family member (1st degree relative)
- Attending a wedding in which student is a member of the wedding party

- Illness of an immediate family member
- Personal Illness/Urgent medical evaluation
- Religious observance
- Jury duty
- Attending an immediate family member's graduation (1st degree relative)
- Presenting work at a local, regional, or national conference
- Student is a member of a national committee (e.g. AMSA, AMA) with a leadership role and is asked to attend a meeting

Unexcused Absences

There may be situations where the above criteria do not apply and the student may still choose to miss a class or clerkship which would be considered an unexcused absence. The student should notify the school such that the school is aware of their absence. Failure to do would be considered a lapse in professionalism. Examples may include the wedding of a cousin or the participation in a marathon.

Students are not allowed to make up missed quizzes or exams for unexcused absences, and would take a "zero" for any missed testing during the time they were away. Additionally, any missed clerkship days need to be made up. (These would not count towards the 2 excused absence days per clerkship.

Regarding Illnesses and Healthcare appointments

If a student has any concern about their ability to function in a classroom or patient care setting or about the risk that they might transmit an infection to others because of an illness, the student should seek appropriate healthcare. Students should not neglect their own health. The Medical School recognizes that medical appointments cannot always be scheduled outside of class or clerkship times. Therefore, students may be excused to go to medical appointments when necessary, including behavioral health appointments. Students who anticipate being absent because of a medical appointment should request permission, as early as possible. The exact reason for missing class/clerkship does not need to be disclosed to the course/clerkship faculty or staff.

Religious Observances

The Medical School recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical School's holiday calendar. However, the Medical School recognizes and respects the religious beliefs and practices of its students and seeks to accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical School will not penalize a student who must be absent from a class, examination, study or work requirement for religious observance. Students who anticipate being absent because of religious observance must, as early as possible, request permission for the absence from their course or clerkship director.

Whenever feasible, faculty should avoid scheduling examinations and assignment deadlines on religious holidays. A student with an excused absence from a class because of religious

observance shall not be penalized for any class, examination, or assignment deadline missed on that day or days. In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted the opportunity to make up an examination or to extend any assignment deadline missed. No fees of any kind shall be charged by the Medical School for making available an opportunity to make-up an examination or assignment under such circumstances.

Jury Duty

Jury Duty is an excused absence, but students are responsible to make up time in the clinical setting or make up course work. If possible, we recommend the following deferrals, if allowed by the district in question: First-year students should defer to summer; Second-year students should defer to winter break; Third-year students should defer to fourth-year during their elective period, and fourth-year students should find time during elective time (avoid interview time or mandatory fourth year clerkships).

Students are encouraged to reach out to the Assistant Dean for Medical Student Affairs for a letter to present to the court on the day of their jury duty, should a deferral not be granted.

Absences for Professional Development

Students are encouraged to attend meetings and conferences to enhance their own career development. However, only conferences at which a student has been accepted to present their scholarly work, or in which they hold a leadership position, will be considered excused absences.

Prior to applying for conference attendance, students should make every effort to coordinate their schedules so they do not miss major examinations or required class activities. If there are any questions, discussing the timing with the Assistant Dean of Preclinical Medical Education or the Assistant Dean of Clinical Education to determine if conference attendance is advisable. As soon as they are notified about an acceptance of a scholarly submission they must notify the course or clerkship director to request an absence from a required activity. If a student must be absent from a required activity, they must let the course/clerkship director know in advance of their travel.

Additionally, participation in such activities is considered a privilege, and students are expected to be up to date and passing all course/clerkship work. Should a student have academic difficulties (eg – LEAP enhancement, summer remediation, clerkship exam failure, clerkship failure, STEP delay or STEP failure, etc), students may not be allowed to attend.

Stage 1 Absence Policy

All contact hours in the MDelta curriculum require mandatory in-person attendance. It is expected that all students attend all course functions. Laboratory exercises, small group and team-based discussions, small group/patient-based sessions depend on regular attendance and group cooperation. Performance in the above smaller-group instructional settings will be included as a component of a student's final grade. Additional information related to this policy is contained in course and clerkship materials. Attendance is **mandatory** at all small group

sessions, laboratories, DoCC sessions, conferences, activities conducted by the Clinical Skills Assessment Program, and any sessions or class where patients or families are present. Please note that occasionally the schedule may be changed without advance notice. Therefore, any travel plans (even on lecture days only) should be approved ahead of time. Unexcused absences may be considered as unprofessional behavior, and may have an adverse effect on a grade including failure of a component of a course or an entire course .

Students should make requests for excused absences to the Assistant Dean for Medical Student Affairs and the Assistant Dean for Preclinical Medical Education, who have authority over such requests. Once a disposition is made, students are responsible for communicating to the appropriate course director and preceptor(s). Anticipated absences should be communicated as soon as possible.

Requests for approval of absences should contain the following information:

- Student Name
- Date of Absence
- Impacted Course(s)
- Reason for the absence request (refer to list of excused absences)

Stages 2 and 3 Absence Policy

The clinical phase of the curriculum requires a full-time commitment by the student in patient care and didactic activities. Students serve as members of the health care team and assume an active role in the care of the patient. Their presence, participation and engagement at the bedside form the cornerstone of learning in the clinical environment. In these clerkship years, students are required to attend all clerkship functions including night, holiday, and weekend duty as well as participate in all educational activities, including Homeweeek and any required remediation. Unexcused absences from any of the above may result in referral to the Professionalism Incident Report Triage (PIRT), or a failing grade, and students will be required to make up days missed or the entire clerkship depending on the length of time involved.

Students should make requests for excused absences via CORE ELMS, which will be reviewed by the Assistant Dean for Medical Student Affairs and the Assistant Dean for Clinical Medical Education Once approved in CORE ELMS, students can forward the notification to clerkship directors and any additional faculty/staff appropriate for each rotation. If the total days for excused absences is more than 2 days per clerkship, students will be required to complete additional clerkship time, which needs to be coordinated with the Clerkship Director. All day(s) missed due to an unexcused absence need to be made up and do not count towards the 2 days per clerkship that can be missed. Clerkship directors should report any absence concerns to the Assistant Dean for Medical Student Affairs and the Assistant Dean for Clinical Medical Education.

Residency Interviews

The School of Medicine supports students in their pursuit of their future careers. Students must schedule interviews during Stage 3, and the intent of the following is to clarify this need and

provide a framework for working with the clerkships.

- Students are requested to provide advance notification as soon as an interview date is set to the Clerkship Director(s) and Clerkship Coordinator to ensure that clinical obligations are met.
- If a student needs to miss three or more days for residency interviews, they will be expected to make up the missed time. The Clerkship Director(s) will determine when and how this happens.
- It is recommended that students avoid scheduling interviews during the following rotations: Critical Care, Sub-Internships, Transition to Residency (TTR), and during the didactics of Emergency Medicine.

Other

There may be sign in sheets or other modalities where students are asked to sign in online. Failure to sign in will be considered a lapse in professionalism. Signing into an educational activity without being present is a violation of the Student Honor Code. Similarly asking someone to sign in for you is a violation of the Code for each student involved.

Clinical encounters, labs, and small groups and all contact hours in MDelta require in-person and active participation of students. Peers rely on each other for teaching, teamwork, and collaboration. For this reason, these important activities are designated for mandatory attendance.

4.i. Examination Administration Procedures

Exam schedules are provided to students before the start of the academic year but may be subject to change in exceptional circumstances (e.g. weather). The expectation is that students will sit for exams as scheduled. All assessments within a course must be completed. There are no waivers of required assessments. Any deviation from the posted schedule is considered an Early Take or Late Take as described below:

Early Takes

Students may request to take an examination prior to its scheduled date and time for extenuating circumstances (e.g. when they have an anticipated conflict on the scheduled exam day). Sole authority for granting such requests rests with the Assistant Dean for Pre-Clerkship Medical Education/Clerkship Director. However, the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director is not obligated to allow early takes. If a student or students are given permission to take an examination early, the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director(s) must make appropriate arrangements. It is expected that students granted the privilege of an early take will abide by the Student Honor Code and not reveal the content of any part of the examination to anyone.

Late Takes

Arrangements can be made for a student to take an examination after the scheduled date and time. Permission for such late takes requires approval of both the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director and the Assistant Dean for Medical Student Affairs. In general, late takes are used to accommodate unusual and unplanned events. For example, permission may be granted when the student is unable to take the examination because of illness, death in the family, or other circumstances beyond the student's control. In most cases, absence from class prior to the date of an examination is not a valid reason for granting a late take. If a student or students are given permission to write an examination late, the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director must make appropriate arrangements. In general, students are expected to take the examination the morning of the day they return to class. However, under unusual circumstances, alternative times and dates may be stipulated. In rare extended circumstances there may be the need for an exam to be taken at the end of an academic year rather than temporally adjacent to the absence. It is expected that students granted the privilege of a late take will abide by the Student Honor Code and not discuss the content of the examination with anyone.

Location

All examinations must be taken in the location designated by the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director. Taking an examination outside of the designated location is a breach of examination protocol and comes under the provisions of the Student Honor Code. Students will be notified of appropriate locations for taking an examination.

Time of Examinations

Students must start their exams by the designated time. Adequate time for logging in and the environmental check should be accounted for if the examination is remote. Consequences of a late start in Stage 1 will be decided by the Assistant Dean for Pre-Clerkship Medical Education and in Stage 2/3 by the Assistant Dean for Clinical Medical Education. The time allotment for each examination will be specified. All work must end at the time limit specified. Working past the designated time, without permission (see Special Allowances) is a breach of examination protocol. The Associate Dean for Medical Education and Assessment, together with the Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director, will typically report this to the PIRT committee. In consultation with the Associate Dean of Medical Education and Assessment, the course or clerkship director would determine what action will be taken regarding scoring of examinations turned in late.

Conditions

The Assistant Dean for Pre-Clerkship Medical Education /Clerkship Director will determine the conditions under which the examination will be administered (e.g., paper and pencil, computer-based, in-person or remote). They will also determine what additional materials may be brought to the examination (e.g., scrap paper). Exams in HuskyCT have a calculator available. Nothing may be brought into the examination room unless approved. Cell phones are for authentication purposes and for contacting technical assistance only. Cell phones should be turned off and face down. If a student must leave the room during a computer-based exam, they must ensure that the display on the computer cannot be viewed by other students. If remote, students are allowed a snack or beverage on their desk if it is shown during the environment check. The environmental check must include a review of the entire room, including the desktop workspace. Students taking the exam on campus are not allowed snacks or beverages during the exam. Students may take bathroom breaks but the exam timer will not stop. Students should not close their computer and should leave their cell phone on the desk.

Remote Examinations: If allowed by the Assistant Dean for Pre-Clerkship Medical Education or Clerkship Director, there may be examinations or assessments that can be done outside of the school environment. All conditions applied to those examinations related to access to resources and time must be followed. The exception is limited use of a cell phone for contact as necessary to school administration for assistance and for authentication purposes. Students should have their cell phone turned off and face down during the exam and should not touch their phone during the exam session unless necessary for technical assistance. The environmental check must include a review of the entire room, including the desktop workspace. Students may take bathroom breaks but the exam timer will not stop. Students should not close their computer and should leave their cell phone on the desk.

All examination experiences require that all students adhere to the Student Honor Code.

Special Allowances

To accommodate students with special needs, it may be necessary to modify the examination and/or the way it is administered for these students (e.g., allowing extra time). Students who

believe they need accommodations for an examination must present that request in writing to the Center for Students with Disabilities who will review and facilitate all reasonable accommodations (see 2f). Depending on the requested accommodation, assessment by appropriate professionals may be necessary prior to implementation of the accommodation. If an accommodation is deemed necessary, the Office of Assessment and Evaluation, in consultation with the Associate Dean for Medical Education and Assessment, will make appropriate arrangements.

Proctors

Depending on the circumstances of the assessment, proctors are typically designated to oversee examination sessions. Computer based examinations use the Respondus program creating a record in video format. Occasionally, examinations are taken without room proctors under the provisions of the Student Honor Code. In these circumstances, students will be provided with instructions in the event of questions or technical problems during the examination.

Cheating

Cheating on an examination is a breach of the Student Honor Code. Any individual who observes a violation of the Student Honor Code during the administration of an examination has the duty to take positive action such as:

1. Notification of Course/Clerkship Director or designated faculty present during the examination
2. Consultation with an Academic Integrity Board (AIB) member
3. Referral of the case to the Academic Integrity Board (AIB) or Professionalism Review Board (PRB) by first submitting a PIRT report which would then be sent to the appropriate board

The names of the AIB members can be obtained from the Assistant Dean for Medical Student Affairs. To protect student rights, ensure due process, and allow the AIB investigation to proceed smoothly, the reporting individual(s) should not discuss the incident with any other individual. It is also recommended that, if possible, the student be allowed to complete the examination. Disposition of the examination will be determined following action by the AIB.

Securing Examinations and Challenges to examination questions and answers (Stage 1)

High-stakes examinations are secured and not available for review outside of the Course Director's discretion. After grading is completed, students may be given an opportunity to review the questions and answers in a secure setting when circumstances permit. If deemed necessary and, at the discretion of the Course Director, a full class review may be scheduled. When students review an examination, they are expected to abide by the provisions of the Student Honor Code.

Due to the secure nature of high-stakes examinations, students have limited access to examinations post exam. Students who are required to enhance and/or reassess will be provided an opportunity to work with the Learning Specialist but will not have direct access to

the exam. Students may appeal questions or the answers on examinations and should contact the Course Director for further guidance. Appeals must be submitted in writing and provide supporting evidence to be considered. When appeals are accepted, the change affects the entire class, and not just the student submitting the challenge. Students required to enhance and/or reassess must adhere to the Block Assessment Review Committee (BARC) decision regardless of challenge outcome.

Securing Examinations and Challenges to examination questions and answers (Stages 2/3)

Similarly, high-stakes examinations in the clerkships are secure and not available for review outside of the Clerkship Director's discretion. NBME examinations provide topic level feedback. The NBME Examinee Portal provides an "Examinee Performance Report" and an "Examinee Question-Level Feedback Report" to each student after they take a subject examination, along with other interactive performance review features available through the portal's "Insights" tool. These resources provide feedback to students about their performance relative to other students from the LCME-accredited medical schools who have taken the exam. These documents can help guide a student's study plan should they need to retake an exam or as they study for the USMLE Step 2 examination.

4.j. Examination Grading

Stage 1 Examinations

The Program Director (e.g. CORe, FABLab, DoCC, HSS, Scholarship and Discovery, Clinical Reasoning) is responsible for establishing a **Program Policy Committee (PPC)** to set the pass/fail score on examinations within that Program across all course blocks (A through E) as applicable. The composition of that committee is at the discretion of the Program Director except that it shall include both the Associate Dean for Medical Education and Assessment and the Associate Dean for Health Career Opportunity Programs as *ex officio*, non-voting, members of the committee. The PPC will include student and faculty representation as well. For courses in which dental students are enrolled, the Associate Dean for Academic Affairs in the School of Dental Medicine is also an *ex officio*, non-voting, member.

A **Block Assessment Review Committee (BARC)** is composed of leadership and faculty representatives from all courses within the Block and chaired by the Assistant Dean for Pre-Clerkship Medical Education. The Associate Dean for Medical Education and Assessment, the Assistant Dean for Medical Student Affairs, the Associate Dean for Health Career Opportunity Programs, and the Director of the MD/PhD Program are *ad hoc* members. This committee meets immediately post-assessment within LEAP to review student performance and determine allowable reassessment and enhancement options for each student. This review will be performed without the identity of the students known to the committee. The reassessment and enhancement options from the BARC will then be provided to the student and coach who will enact the appropriate review and enhancement plans.

The individual **Course Grading Committees (CGC)** will meet at the end of each LEAP and will assign the final grades for each of their respective courses (e.g. CORe, LAB, DoCC, HSS, Clinical Reasoning). For further detail on CGC process, refer to policy 5.c.

The Program or Course Director may share the results of assessments with faculty participating in the course. However, revealing individual student performance is not encouraged, and should only be done on a need-to-know basis at the discretion of the Course Director. The Office of Medical Student Affairs and the Learning Center tracks the performance of all students to provide support to students who may be struggling or who may have a history of marginal performances.

The students will receive a report of their performance on each examination. In addition to their examination score, they will receive the mean score of the class, and the pass/fail score of the examination. Students receiving a failing score for the course must meet with the Course Director or their designee and the Assistant Dean for Medical Student Affairs or their designee. At that time, a supplemental independent educational plan will be developed. All such plans must be supervised by appropriate faculty.

As student advocates, coaches will have access to student grades in order to monitor and advise each student. Coaches will have direct access to student mid- and end-block grades, as well as narrative peer evaluations. Additionally, the Learning Specialists will have access to student grades when developing supplemental educational plans for students with marginal or failing performance.

For which there is a need for summer remediation or need for a course to be repeated, the AAC is notified and approves an appropriate remediation plan.

See policy 5.b. for course grading information.

Stage 2 Clerkship Examinations

In Stage 2, all clerkships with the exception of radiology and geriatrics use the NBME shelf exam and students must score greater than or equal to the 5th percentile to pass the exam. For internally written exams in radiology and geriatrics, the clerkship director sets the passing score. The final clerkship exams (NBME shelf or internally written) must all be passed prior to successfully completing Stage 2. A second exam failure in the same or subsequent clerkship will require that the student be removed from the clerkship environment to pursue remediation of the clerkship content and re-examination unless otherwise approved by the AAC. In the case of any clerkship exam failure, the AAC is notified and approves an appropriate remediation plan.

Please refer to policy 5.c.1 for Clerkship Grading Policy and 5.c.2. for Exam Grade Remediation in Clerkships.

4.k. Policy for Step 1 and Step 2 CK

Successful completion of USMLE Step 1 and Step 2 CK are requirements for graduation. A maximum of three attempts is allowed for each individual exam.

Students who plan to take a **scholarly leave** or **enter a dual degree program** must take any applicable Board Examination before commencing the leave or program. MD/PhD students should refer to policy 4.2. Exceptions need to be approved by the AAC.

Step 1

Students must successfully complete all Stage 1 coursework and take USMLE Step 1 prior to being promoted to Stage 2 by the AAC. Students are required to take Step 1 prior to starting any clerkships.

Step 1 Delay

Only under extenuating circumstances may students request an extension of **up to 6 weeks** beyond Kickoff or the census date, whichever comes first. Any student who requires a Step 1 delay must meet with a Learning Specialist and with the Assistant Dean of Medical Student Affairs or designee for approval. All students who delay Step 1 past Kickoff must meet with the Learning Specialists at least weekly to monitor ongoing progress. Additionally, they will be dropped from their first clerkship.

An extension beyond 6 weeks/census date must be submitted in writing by the student to be reviewed and approved by the AAC and will result in the student being dropped from their clerkship schedule for the academic year, and students will be enrolled in a non-credit board preparation course to maintain enrollment status. The AAC will review the student's individual situation and may make a recommendation for a formal review course. If a formal review course (e.g. Kaplan) is recommended, it is the student's responsibility to register and pay for the course. Step 1 delays likely result in issues in clerkship placement, and students will not be guaranteed any previously assigned lottery placements. Additionally, delays beyond 6 weeks will likely impact the student's graduation date and are responsible for any additional tuition or fees that may be incurred.

All students **must attend Kickoff**, regardless of any approved delay.

Students will have one calendar year from the start of Kickoff to take Step 1 exam including any LOAs. Failure to do so may result in administrative withdrawal from the School of Medicine.

Step 1 Failures

USMLE Board examination failures are reported to the Office of Medical Student Affairs and the AAC. Upon notification of Step 1 failure, students will be asked to step out of Stage 2 (and the rest of their clerkship schedule may be dropped) for remediation and may re-enter upon

passing Step 1. Step 1 remediation plans must be created with the input of the Learning Specialists and be approved by the AAC. Regular meetings with the Learning Specialists will be an expected part of this remediation plan. Students will have one calendar year from the date of their first Step 1 test date to complete the second take of the Step 1 exam including any LOAs. Failure to do so may result in administrative withdrawal from the School of Medicine. Exceptions may be granted by the AAC. Depending on the rotation schedule, students may be allowed to complete the clinical portion of the clerkship, but they may NOT take any clerkship examinations until they have been approved to re-enter the curriculum. A student on Scholarly Leave will be offered the same opportunity to remediate as soon as possible by transitioning the leave to either special matriculation for remediation or personal leave until the examination is successfully completed. In any case, the scholarly leave will be terminated and a plan for remediation must be presented to the AAC.

A second failure of Step 1 would likely require enrollment in a formal review course. A recorded pass on Step 1 would be necessary to re-enter the curriculum. A student will appear before the AAC upon a second attempt failure of Step 1 to ascertain any additional support needs and to confirm with the student that the exam must be passed on the third and final attempt. Students will have one calendar year from the date of their second Step 1 test date to complete the third take of the Step 1 exam including any LOAs. With failure of the examination on a third attempt, the student may withdraw or otherwise will be administratively withdrawn from the School of Medicine. It is school policy to pass the exam on or before the third attempt. Only extraordinary exceptions will be considered by the AAC for appeal. Any circumstances affecting ability to perform well on the exam, including appropriate accommodations, must be considered in advance of sitting for the final attempt.

Step 2 CK

Students are required to complete all requirements related to the Stage 2 curriculum prior to taking Step 2CK. Students can request permission from the AAC to take Step 2 CK prior to completing any remaining Stage 2 clerkships.

A recorded pass result for Step 2 CK must be available prior to the deadline for match certification for their specialty. If the result is unavailable or there is a recorded failure at the time of match list submission, the student will not be certified for the match. In exceptional circumstances, the AAC may allow the student to be certified for the match, with the provision that the school will notify every program director that there is a pending graduation requirement.

To be eligible for graduation, the deadline to take Step 2 CK is March 1st, and a passing score must be recorded by the Wednesday prior to graduation in order to graduate with a May conferral. Any delay of Step 2CK beyond March 1st must be submitted to the Assistant Dean for Medical Student Affairs and the AAC in writing. Students have one calendar year beyond their anticipated graduation date to take and pass Step 2CK or would be at risk for administrative withdrawal.

Step 2 Failures

USMLE Board examination failures are reported to the Office of Medical Student Affairs and the AAC. Upon notification of Step 2 failure, students will be required to meet with a Learning Specialist and submit a plan for success to the AAC.

Students will have one calendar year from the date of their first Step 2 test date to complete the second take of the Step 2 exam including any LOAs. Failure to do so may result in administrative withdrawal from the School of Medicine. Exceptions may be granted by the AAC. Depending on the rotation schedule or scholarly leave, students may be allowed to continue, pending approval from the AAC.

A second failure of Step 2 would likely require enrollment in a formal review course. A student will appear before the AAC upon a second attempt failure of Step 2 in order to ascertain any additional support needs and to confirm with the student that the exam must be passed on the third and final attempt. Students will have one calendar year from the date of their second Step 2 test date to complete the third take of the Step 2 exam including any LOAs. With failure of the examination on a third attempt, the student may withdraw or otherwise will be administratively withdrawn from the School of Medicine. It is school policy to pass the exam on or before the third attempt. Only extraordinary exceptions will be considered by the AAC for appeal. Any circumstances affecting ability to perform well on the exam, including appropriate accommodations, must be considered in advance of sitting for the final attempt.

NBME Accommodation Requests

Accommodations requests for NBME Step exams are separate from the process for Accommodations at UConn through the Center for Students with Disabilities (CSD). Students must be aware that accommodation requests to the NBME regarding Step 1 and Step 2 exams take time to process (typically 2 months) once all documentation has been submitted. Failure to submit an accommodation request in a timely manner may result in inability to schedule a test date within the required timeframe, potentially impacting student enrollment and progression. We encourage all students with disabilities to work with the CSD and the Learning Specialists to review their documentation prior to submission to the NBME to maximize chances of approval. Students will be responsible for any expenses associated with neuropsychological testing that may be required as part of an accommodation request.

4.I. Conflict of Interest Policy

Conflict of Interest Policy for the University of Connecticut School of Medicine: Interaction between Students and Faculty at the University of Connecticut School of Medicine and the Pharmaceutical, Commercial, Nutraceutical and Biomedical Industry

Purpose of Policy

The purpose of this policy is to define the parameters of appropriate interactions between students and faculty in the undergraduate medical education environment at the University of Connecticut School of Medicine with representatives of the pharmaceutical, nutraceutical, biomedical, and any commercial industry (including publisher, board review entity, etc.). Undergraduate medical education at UConn SOM is conducted in a variety of environments. Across this diverse spectrum of environments there are many opportunities for interactions between students and industry/commercial representatives. While many aspects of such may be positive, others may create a conflict of interest or the perception of a conflict of interest¹ and potentially compromise the educational mission of the School of Medicine. It is crucial that the educational environment fosters the professional development of students in all its aspects.

The Liaison Committee of Medical Education (LCME) **1.2 Conflict of Interest Policies** which states:

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Policy Statement

It is the policy of the UConn SOM that any interaction between any members involved with the undergraduate program (including faculty, administration, board members) and representatives of the pharmaceutical/biomedical/commercial industry, which are or could be perceived as conflicts of interest must be disclosed and appropriately managed. Specifically, such interactions should support the core principles of professionalism as defined by the AAMC, namely, autonomy, objectivity, and altruism.

¹ Herein fore included in the terms “conflict of interest” or “COI”.

Scope of Policy

The policy is inclusive of the following interactions

- I. Gifts and Meals
- II. Consulting Relationships
- III. Industry Sponsored Speakers
- IV. Disclosure
- V. Pharmaceutical Samples
- VI. Purchasing and Formularies
- VII. Industry Sales Representatives
- VIII. Attendance at Industry-Sponsored Lectures & Meetings
- IX. Industry Support for Scholarships & Funds for Trainees
- X. Disclosure Requirement in the School of Medicine Curriculum
- XI. Noncompliance

I. Gifts and Meals

- A. Students and SOM faculty may not accept any gift or compensation from industry in any site in which UME occurs, including UConn SOM affiliated sites. Gifts and compensation are defined as anything of value that is provided to an individual, significant other, or a family member for which nothing of approximate value has been provided in return. Examples of prohibited gifts are as follows include the following:

1. Money, gift certificates, securities
2. Support of travel or accommodations
3. Free or discounted services
4. Meals
5. Free subscription to a commercial course

Exceptions to this policy include unrestricted educational grants.

However, these can only be provided to SOM administrative offices for educational uses that promote the institutional mission.

- B. Students and SOM faculty may not accept any gift or compensation for attendance at a presentation/talk by industry or commercial representative
- C. Students and SOM faculty must actively avoid the influence of industry in clinical care decisions (e.g. choice of drugs or other therapies).
- D. Students and faculty should also refer to the State Code of Ethics for further guidance. The following link is available to access this document:

<http://policy.uconn.edu/2011/05/24/guide-to-the-state-code-of-ethics/>

II. Consulting Relationships

Faculty must comply with the University of Connecticut Health Center policies and procedures for faculty consulting that may be found on the site below:

<http://consulting.uconn.edu>

<https://policy.uconn.edu/2011/05/17/policy-on-consulting-for-faculty-and-members-of-the-faculty-bargaining-unit/>

Students in the School of Medicine who are requested to provide a service or enter a contract should consult this policy for guidance and contact the Office of Medical Student Affairs for further direction.

III. Industry Sponsored Speakers

- A. Industry may provide unrestricted educational support for educational sessions and events. However, in doing so industry is prohibited from influencing the choice of speaker or the education content. Participants should be made aware of industry sponsorship. The preferred mechanism of providing such support within the School of Medicine is through an unrestricted grant to a Department, Center, or Program Director.
- B. Faculty may not accept honoraria from industry to speak at SOM functions.
- C. Students may not book rooms for commercial entities. There can be no meetings or events on site to promote a Board Review course, IT product, or other commercial entity.

IV. Disclosure

- A. Medical students and faculty may not publish under their own names articles that are written in whole or material part by Industry employees.
- B. If students and/or faculty have a financial interest that results in a scholarly publication, that interest must be disclosed in accordance with the [International Committee of Medical Journal Editors](#).
- C. Faculty must ensure that their supervision of students is not encumbered by any actual conflict, appearance of, or potential conflict of interest. In the event of a perceived conflict of interest, faculty must appropriately disclose to students and seek input from the educational administration of the SOM to manage the COI.
- D. Disclosure requirements required for Continuing Medical Education (CME) activities are available [here](#).

V. Pharmaceutical Samples

- A. Sample medications cannot be distributed at UConn School of Medicine. Samples may be distributed at affiliate sites and clinician offices at the discretion of the attending faculty. This decision must include disclosure to any student present, including both B and C below.
- B. Students and faculty should be aware that distribution of samples potentially encourages patients to use products for which there are often less costly and equally effective alternatives
- C. Free samples may not be sold or used by students or teaching faculty for themselves or family.

VI. Purchasing and Formularies

Any faculty member or student responsible for or participating in making decisions regarding the purchase of equipment or medications must not have any financial

interest with any company that might profit from the transaction. Indirect ownership through mutual funds is permitted.

VII. Industry Sales Representatives

Industry representatives may not have access to patient areas, and are only allowed in non-patient areas by appointment. These appointments should generally be restricted to in-service training or ongoing support of equipment or devices already purchased, including the evaluation of a new purchase. Medical students are not permitted to meet with sales representatives unless such encounters are supervised by faculty for teaching purposes.

VIII. Attendance at Industry-Sponsored Lectures & Meetings

- A. Programs must be aware of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. These Standards are a useful resource for all forms of Industry interaction; those on campus and off, including events sponsored by the institution and others. The Standards may be found at www.accme.org.
- B. All education events sponsored by UConn SOM programs must be compliant with ACCME Standards for Commercial Support whether or not CME credit is awarded.
 - 1. Educational grants, particularly unrestricted grants, that are compliant with the ACCME Standards may be received from Industry by the program.

ACCME guidelines include the following requirements:

 - a. Financial support by Industry must be disclosed by the meeting sponsor.
 - b. The meeting or lecture content must be dictated by the speaker and not the Industrial sponsor.
 - c. The information presented must be a fair and balanced assessment of therapeutic options and promote objective scientific and educational activities and discourse.
 - d. The selection of speakers or educational content by UConn SOM resident/fellow or teaching faculty must not be a condition of the industry sponsor's financial or material support
- C. Food provided to students/residents/fellows may not be directly funded by Industry or any commercial entity. Industry is permitted to provide unrestricted educational funds to a Department, Center, Program Director, or designee on behalf of the program that may be used for refreshments at educational sessions. The contributing industry(ies) can be credited for contributing an unrestricted educational grant for the session.
- D. This provision does not apply to meetings of professional societies that may receive partial industry support for professional meetings governed by ACCME Standards.

On-Campus:

Students may not book rooms for commercial entities (see III above).

Off-Campus:

Students are encouraged to pay particularly heightened attention to the content and organization of such meetings and lectures and to assess the following issues when determining the academic value of any conference, lecture, or meeting:

- a. Disclosure of support and COI's for all speakers
- b. Oversight of the content
- c. Bias and balance
- d. Compensation, rewards and gifts for attendees

IX. Industry Support for Scholarships & Funds for Trainees

Any industry sponsored scholarship or trainee funding must be provided directly to the School of Medicine. Such support must be unrestricted and free of oversight by the contributor, and it must be accompanied by a Letter of Agreement that is consistent with ACCME Standards for Commercial Support. The evaluation and selection of recipients of support is the sole responsibility of the UConn School of Medicine.

X. Disclosure Requirement in the School of Medicine Curriculum

Faculty must fully disclose any conflicts of interest related to content and materials used in the educational setting. All faculty complete an annual Conflict of Interest form. These disclosures are stored in a system hosted by the Office of the Vice President for Research and are readily available. Where relevant, such disclosures must be made at the start of educational sessions with the requirement of a disclosure slide as the first or second slide of any talk. The slide must specify for educational purposes what the perceived conflict might be.

All students must undergo training in Conflict of Interest with Industry. This training developed by the School of Medicine is included in the objectives as part of the Health Systems Science (HSS) course.

XI. Noncompliance

Where students are concerned, violation of this policy will be considered a breach of professionalism. Such violations should be reported to the Assistant Dean for Medical Student Affairs or the Senior Associate Dean for Medical Student Education. Inadvertent violations provide an opportunity to educate the student and reinforce the importance of the policy. Repeated or deliberate violations must be referred to the Academic Advancement Committee for consideration of sanctions.

Monitoring and potential discipline of faculty who abridge the policy are outlined in the [UCHC policy #2006-01](#) (updated in 8/2013), Individual Financial Conflicts of Interest in Research.

The following resources were used to create this policy:

- Conflict of Interest/Vendor Interactions in the Residents/Fellows Policies and Procedures manual <https://health.uconn.edu/graduate-medical-education/wp-content/uploads/sites/20/2021/05/Conflict-of-Interest.pdf>
- The University of Connecticut Health Center [Faculty Consulting Policies](#)
- The University of Connecticut Health Center [policy #2009-03](#), Institutional Conflicts of Interest in Research
- The University of Connecticut Health Center [policy #2006-01](#), Individual Financial Conflicts of Interest in Research
- [University of Connecticut Guide to the State Code of Ethics](#)
- The Pew Charitable Trusts, 2008, [The Prescription Project Toolkit series](#). Series includes Drug and Medical Device Procurement; Ghostwriting and Speakers Bureaus; Pharmaceutical Samples; Gifts, Meals and Entertainment; Vendor Relations.

Related to LCME Element 1.2 Conflict of Interest

4.1.1. Conflict of Interest Policy - Admissions Committee

Conflicts of Interest can include personal knowledge of an applicant or their immediate family, a past professional or academic relationship with a colleague who is related to the candidate, or an employment relationship. The Conflict of Interest (COI) Policy of the UConn SOM Admissions Committee will be reviewed with each new faculty or student member prior to the onset of their service as an Admissions Committee member or as an applicant interviewer. It will also be reviewed during yearly orientation of applicant interviewers, and when the Admissions Committee meets at the beginning of each yearly cycle. Because of the vast number of applicants being reviewed, and to ensure committee members remain aware of the need to disclose COI, review of the COI policy will also be made periodically at the start of committee meetings through-out the year.

Efforts should be made to identify and declare any perceived COIs, either verbally or in writing, by all Admissions Committee members and applicant interviewers prior to contact with the medical school applicant or the assigned applicant file. All potential COIs will be reported to one of the following members of the Admissions Core Leadership: the Assistant Dean for Medical Student Affairs, the Director of Admissions, or the Chairperson of the Admissions Committee). This core group will be responsible for determining the presence or absence of a true COI, whether any additional steps should be taken to manage or eliminate potential COI, and reassigning the applicant accordingly.

Prior to the beginning of each yearly admission cycle, all faculty and student interviewers and all faculty and student Admission Committee members sign an attestation. A copy of the COI policy will be given to each faculty or student to review. The attestation will then be signed, noting that each individual has read and understands this COI policy. Interview and committee participation will only be allowed after this signature has been obtained.

When a COI occurs involving an applicant interview assignment, the student or faculty interviewer will immediately contact a member of the Admissions Core Leadership to report the potential COI. If a true COI is determined to exist by the leadership group, the interviewer will recuse themselves and may be assigned an alternate candidate to interview.

COIs may also occur for faculty or student members of the Admissions Committee. If the COI involves an assigned candidate file for review, the committee member will contact a member of the Admissions Core Leadership. The individual will physically recuse themselves and be assigned an alternate candidate file for review. If the COI involves a candidate being presented at a meeting, the committee member must make the nature of the potential COI known. The Admissions Core Leadership will determine if the COI is of a professional or personal nature. If the potential COI is of a professional nature (e.g. committee member who worked with applicant in lab, or on project, etc.), the committee member may participate in the discussion and provide any information related to their professional interaction with the applicant, but will recuse themselves from the vote on the candidate. If the COI is of a personal nature, the admissions committee member must physically recuse themselves from the discussion and the vote. Discussion and voting will proceed on the candidate with the recusal documented in the final vote prior to the committee member returning to the meeting.

4.m. Research and Scholarly Opportunities

The School of Medicine prepares all students for their role as future physicians who embrace the breadth of modern scholarship principles and practices. Opportunities to engage in Research and Scholarship are available in the following areas: Biomedical/Translational/Clinical; Community-based (Urban Service, Global Health); Public Health, Health Disparities, Outcomes Research, Health Policy/Advocacy; Health Quality/Quality Improvement/Acceleration of Implementation of Best Practices; Humanities in Medicine; Informatics (Bio or Clinical)/Data-driven medicine; Medical or Patient Education.

Eligibility for summer research (optional)

The curriculum is designed to provide interested students with protected time during the summer between their first and second-year to carry out a mentored research project of 8-10 weeks duration. Interested students will submit a proposal outlining the research project and required documentation, including a literature review, methods, IRB status, and description of their role and responsibilities. Each proposal is merit-reviewed by the Scientific Review Panel and summer research award recipients are announced by mid-May. Students with approved proposals who are participating in unfunded/unpaid research opportunities are eligible to receive a summer stipend (up to \$3,000). Funding for projects may be limited based on the number of participants. Approved UConn Health 'wet lab' projects may be eligible for additional funding for supplies. Students receiving an unfunded external summer research placement should contact the Director of Summer Research to determine if they are eligible for the stipend.

To be eligible to participate in the summer research program, students must be in good academic standing. Students may NOT participate in school-sponsored summer research, with or without funding, if they have pending academic requirements in the Stage 1 curriculum, such as coursework with an incomplete, in-progress, or conditional grade. Students requiring academic remediation necessitating greater than 2 weeks to complete successfully prior to the start of summer research will not be awarded stipend support and will not be allowed to participate in the summer research program, even if the Scientific Review Panel approved the proposal. Individual cases may need to be reviewed by the Academic Advancement Committee (AAC).

Opportunities and advising in research

The Scholarship & Discovery course in Stage 1 provides guidance on selecting mentors for scholarly projects, formulating research questions, proposal writing, research design, data acquisition, data analysis, peer review, IRB requirements including protocol development and submission, and all associated ethical principles in conducting research. These are provided by mandatory workshops overseen by the Directors of Scholarship and Discovery. Students interested in Summer Research should contact potential mentors as soon as possible. Early identification of mentors is critical for all projects; strict deadlines will apply. Students should check the resources page on HuskyCT under the Scholarship and Discovery course. Here, students will find a list of mentors who are interested in working with students.

The mentor who accepts the student into their lab, community, academic, or clinical setting will advise the student in data collection, analyses and dissemination of student scholarly work as appropriate for the scholarly community. The mentor will also guide the student in any required training or IRB submissions required in order to conduct the proposed research.

***Students who participate in summer research are required to present their findings on Medical and Dental Student Research Day**, which typically takes place in late February or early March of the second year. Abstracts can be submitted beginning in the Fall of the second year. All Stage 1 students are expected to attend the Poster session, Keynote address, and oral presentations.

Capstone Project

The fundamental goal of the Capstone Project is to enhance students' abilities to think independently, critically, creatively; synthesize new information; and to be contributing members to their profession - ultimately, to better prepare students to practice medicine in the 21st century. The Capstone Project will also substantially enhance residency preparation by providing advanced skills for research, a requirement in nearly all residency programs. The Capstone Project is a mentored, longitudinal project, spanning from the 1st to the 4th year, based on individual students' interests and aspirations. A Capstone Project can include a broad range of scholarly opportunities, including bench or clinical research, advocacy, the humanities, and medical education, and should encompass at least one of the Scholarship domains, as defined by Boyer¹ (1990). These domains include:

- Discovery (advancing knowledge)
- Integration (synthesizing knowledge)
- Application/Service/Engagement (advancing/applying knowledge)
- Teaching & Learning (advancing/applying knowledge about how to teach, promote, or assess learning).

The Capstone Project, is an essential component of undergraduate and graduate medical education at the UConn School of Medicine. The Capstone Project involves three steps that students will complete over the duration of their training. Each of these steps is described in more detail below.

The objectives of the Capstone Project requirement are to: expose medical students to scholarly investigation; teach them to develop a hypothesis and collect, analyze, and interpret data to support or refute the hypothesis; and to encourage students to continue to pursue research. Scholarly projects that use qualitative or combined qualitative and quantitative research methods or hypothesis-generating approaches may also be deemed acceptable.

¹ Boyer. (1990). *Scholarship reconsidered: priorities of the professoriate*. Carnegie Foundation for the Advancement of Teaching.

The Capstone Project will be performed during 8 mandatory weeks in Stage 2/3 under the guidance of a mentor. Students can extend their Capstone Project by 4 additional weeks as an Elective.

Steps in the Capstone Project Process:

1. Proposal Development and submission (Stage 1)
2. Project Execution and Completion (Stage 2/3)
3. Submission of the Scholarly Capstone Project Abstract, a Mentor Attestation and Approval, a Critical Reflection Summary and Proof of, or Plan, for Dissemination are required at the posted deadlines. (Stage 3)

Each of the 4 subsections of the Abstract (Background/Objectives, Methods, Results, Conclusions) will be scored by the Scholarship and Discovery Leadership and the Capstone Directors with the assistance of additional faculty as needed. A rubric is used to determine passing competency or a need for further revision. Final grades are P, C, F. In addition to the Abstract, the Mentor Approval and the Dissemination of results are required.

The Capstone Project is required for graduation, with special circumstances or waiver allowed for dual degree students, e.g., MD/PhD, MD/MPH, or MD/MSCTR.

Scholarly Year

The M.D. Scholarly Year is a Mentored Scholarly Enrichment program allows students to enrich the standard program with up to a year of full-time academic work, outside of the formal combined and dual degree programs. Students are eligible for a Scholarly year Leave of Absence (Mentored Scholarly Enrichment) after successful completion of Stage 1 of the curriculum and Step 1. Typically, students would leave the curriculum and return in between Stages –for example, between Stage 1 and Stage 2, between Stage 2 and Stage 3, or after Stage 3. However, depending on the circumstances, exceptions may be considered. The application consists of a written proposal of the academic activity to be pursued during the extra time addressing the purpose (overall goal), the type of studies, whether presentations of results (dissemination) are planned, the project goals and plans (specific aims, study design, data analyses, student's role, timeline, human subjects research study/IRB Determination review/approval) and the overall scope of activities (additional learning opportunities that will be pursued). Paperwork is submitted to the Office of Medical Student Affairs after the research plan has been approved by the Directors of the Scholarship and Discovery Program and the mentor of the student. During the scholarly LOA Enrichment, students will remain enrolled in the School of Medicine, and will be responsible for student fees but not tuition, and will be considered on Special Matriculation for Scholarly Work (see policy 4.e. Leave of Absence). All LOAs, including scholarly LOA, will be noted on the student's MSPE and transcript.

Boyer. (1990). *Scholarship reconsidered: priorities of the professoriate*. Carnegie Foundation for the Advancement of Teaching.

4.n. Awards and Honors

Various awards and honors are available to medical students throughout their tenure. In addition, students play a critical role in choosing the winners of faculty awards and course awards. Senior Awards are presented in a special ceremony before commencement. Student Research awards are presented during appropriate ceremonies depending on class.

The [Gold Humanism Honor Society](#) (GHHS) honors medical students, residents, role-model physician teachers and other exemplars recognized for “demonstrated excellence in clinical care, leadership, compassion and dedication to service.” Organized to elevate the values of humanism and professionalism within the field of medicine, the Society is fast becoming integrated into the medical educational environment. The GHHS is a steadfast advocate for humanism through activities on campus and involvement with its membership. Students are chosen by their peers and finalists are reviewed and vetted by a committee of key SOM faculty.

List of Awards for Students

American Academy of Neurology Award
 American College of Physicians – Internal Medicine Award – CT Chapter
 Award for Excellence in the MD/PhD Program
 Carl F. Hinz, Jr. Award– For Excellence in Scholars in Medicine
 Connecticut Children’s Medical Center Community Service Award
 CT Academy of Family Physicians Award
 CT Chapter of the American College of Surgeons Award
 Dean’s Award for Overall Academic Achievement
 Dr. David and Arthur Schuman Award (Family Medicine)
 Excellence in Psychiatry Award
 Faculty Awards for Overall Academic Excellence
 Health Career Opportunity Programs – Bridge Mentoring Award
 Internal Medicine Award
 J.E.C. Walker, MD, Medicine & Society Awards
 James F.X. Egan Medical Student Award – Ob/Gyn
 James H. Foster, MD – Teaching Award (Clinical Skills)
 Jan Wilms, M.D. & Carol Pfeiffer, Ph.D. Award for Excellence in Clinical Skills
 Leonard Tow Humanism in Medicine Award
 Linda Ives Award (Pediatrics)
 Lyman Stowe Award
 New England Pediatric Society Award
 Ramanlal and Kanchan Bulsara Fellowship Award
 School of Medicine Awards for Excellence in a Specific Discipline
 School of Medicine Professionalism Awards
 Society of Academic Emergency Medicine Award
 Student Affairs Award

Taylor Chenail Outstanding Service to a Fellow Student
The Department of Pediatrics Chair's Award for Innovation in Pediatric Education
UConn Outstanding Senior Women Academic Achievement Award
University of Connecticut Health Center Auxiliary Award

List of Awards for Faculty

C.A.M.E.L. Award: Committee Award for Meritorious Educational Leadership
Lynn Y. Kosowicz, MD Clinician Educator Committee Award
Charles N. Loeser Award
Dan A. Henry, MD Clinician Educator Faculty Award
First Year Teaching Awards
Kaiser-Permanente Teaching Award
Leonard Tow Humanism in Medicine Award
Outstanding Inpatient Clinical Preceptor
Outstanding Outpatient Clinical Preceptor
Overall Outstanding Educator
South Park Inn Clinic Award

List of Awards for Research

Connecticut Academy of Family Practice
Connecticut Holistic Health Association Award
Dean's Award
Dr. and Mrs. Jeffrey Gross Award
Hartford Medical Society Award
Lawrence G. Raisz Award for Excellence in Musculoskeletal Research
Outstanding Research Award
Sigma Xi Membership Award
William M. Wadleigh Memorial Award for International Health Research

Professional Honors

Nonacademic honors are awarded in 2 of 3 possible categories:

- Leadership
- Scholarship
- Service

Students will be notified in the Spring of their M3 year (rising M4 year) when applications for nonacademic honors are due. A committee of at least 6 faculty members will be convened to review deidentified data submitted by the student. Activities are assessed in each category and made on level of involvement, not on the nature of the activity itself. These nonacademic honors will be combined with clerkship honors for quartile placements and will be noted in the MSPE.

4.o. Academic and Career Advising

The University of Connecticut School of Medicine has an effective advising system for medical students that integrates the efforts of the following faculty members:

- The Assistant Dean for Medical Student Affairs and the Faculty Co-Directors of Medical Student Affairs are available for all types of advising.
- The Associate Dean for Health Career Opportunity Programs participates in advising and counseling underrepresented minority students.
- The Director for Career Advising oversees and contributes to the Career Advising program.
- Lead Career Advisors representing each major specialty act as the point of contact for students interested in their specialty throughout the stages of the curriculum and serve as the official advisors for students transitioning to their M4 year.
- The Assistant Deans of each major clinical site work with the Assistant Dean of Clinical Medical Education to ensure that the needs of our students are met at their clinical sites. They advocate on behalf of the students when needed. Course/ clerkship directors and site directors are also available for career counseling, tutorial services, mentoring and advocacy. Co-Directors of the Coaching program are responsible for recruitment and development of faculty coaches, as well as programming for students.
- The Coaching program faculty provide support for academic advising by reviewing student academic progress at regular intervals, reviewing peer and faculty evaluations with the students, and guiding students through goal setting exercises and action plans.
- The Learning Specialists are available to students in all three stages of the curriculum and provides support such as time management, study skills, and organizational skills.
- Course faculty provide content support.

Academic Advising

An integrated approach to academic advising provides students support in both curricular and extra-curricular domains. The Offices of Medical Student Affairs and Curricular Affairs work together to support and promote professional identity formation for all students. Faculty in both domains meet with students across the stages of the curriculum to support academic progress, transitions, and individual needs.

Upon matriculation, each student is assigned a Coach who provides academic advice, monitors overall performance, and helps students to create and meet professional goals. The student – coach relationship spans the entire 4 years of medical school, providing continuity and stability. In Stage 1, coaches meet with students during each 10-week block and during the 2-week assessment period called LEAP (Learning Enhancement and Assessment Periods). Data regarding the student's progress through each 10-week block, outcomes of the major assessments and evaluations are provided to the coaches who mentor the student accordingly on a regular basis. In Stages 2 and 3, coaches continue to monitor progress, meet/ communicate with students as needed and meet regularly with students during specific periods

(Kickoff, Homeweeks). Coaches participate in additional activities to support student growth and transition, such as our Mock Interviews, and in the Transition to Residency (TTR) course.

Career Advising

The career advising program spans the four years (or more) of the medical school experience. Students are introduced to Career Advising during the Launch period and through mandatory programming during Stage 1 LEAP sessions. This programming utilizes information from the AAMC's Careers in Medicine (CiM) website to introduce students to various specialties. Components of the CiM curriculum are provided to students at regular intervals throughout Stages 1 and 2, and students are encouraged to discuss and share their career goals with their coaches. In addition to mandatory programming during Stage 1, students are encouraged to explore specialty options through ILOs (Independent Learning Opportunity), participation in interest groups, participation in research/quality improvement, and clinical shadowing*.

During Stage 2, students are provided overviews of specialties at the start of each mandatory clerkship, and advice of what to do if they are interested in that clerkship's specialty. In addition, students have the opportunity for a 2-week elective in addition to a longitudinal outpatient specialty exposure (CLIC-FLEX). There is a mandatory career fair during fall of their M3 year, which provides detailed specialty specific information from the application process through career options in that specialty. In the spring, the students select a lead career advisor to discuss and plan for Stage 3 rotations. If they are undecided, they will meet directly with the Director for Career Advising for ongoing meetings until they have decided on a specialty. This is in addition to continued optional exploration of specialty options through participation in interest groups, participation in research/quality improvement, and clinical shadowing opportunities.

During Stage 3, in addition to participation in interest groups and shadowing, students have required sessions to further explore and refine their career interests, such as mandatory 1:1 sessions with the Office of Medical Student Affairs. There are a variety of mandatory and optional meetings which cover application preparation, timeline to apply, personal statement and curriculum vitae review, and mock interviews. During the spring of their M4 year, a town hall discussion is held for rank order list preparation, but also offer 1:1 meetings to discuss individual situations. There is also a virtual Q&A specialty-specific session with our alumni prior to the rank order list deadline.

*The School of Medicine does not allow for clinical shadowing until after successful completion of Block A and LEAP A to ensure they have adjusted to the Stage 1 curriculum.

Related to LCME elements 11.1 Academic advising and academic counseling and 11.2 Career advising

4.p. Residency Application Process

The Residency Application Process is managed by the Office of Medical Student Affairs. The process begins in the second half of third-year and continues until Match Day in March of fourth year.

Application

Residency programs generally provide two types of training experiences, designated as categorical or advanced. Programs that offer categorical experiences provide the entirety of the experience from the first year of graduate medical education to the end of the program. Programs that provide only advanced experiences begin in the second year of graduate medical education; thereby requiring the student apply for a preliminary or transitional year in addition to the advanced experience.

Most programs use the Electronic Residency Application Service (ERAS) for application processing, including urology. Ophthalmology residency programs (SF Match Program) use the Central Application Service (CAS). For the 2025 Match, OB/Gyn transitioned to the Residency Centralized Application System from ACOG. Military residency programs utilize a separate match program. There is a separate match in Canada.

MSPE (Medical Student Performance Evaluation)

The MSPE is a document containing a narrative compilation of the student's academic record and is constructed by the Office of Medical Student Affairs, and is part of each student's residency application. The MSPE will be ready and uploaded before ERAS program deadlines (typically late September), and on an individual basis for any early application services. See APP 5.a for more information on the MSPE.

Match

There are several services that match applicants' and programs' preferences for each other to determine residency placements.

The National Resident Matching Program (NRMP) and the other specialty matching programs coordinate their timetables accordingly. Students are honor-bound to reject contracts for appointments directly from programs (aka – "outside" the match), as it is a violation of the NRMP agreement. Similarly, institutions and program directors are honor-bound not to entice students to accept contracts for appointments prematurely.

ALL STUDENTS ARE ENCOURAGED TO REPORT VIOLATIONS OF THE NRMP TO THE OFFICE OF MEDICAL STUDENT AFFAIRS.

The Office of Medical Student Affairs and the Registrar's Office have the ability to make changes in a student's status with the match. A student may not do this directly on their own and must inform our offices so the appropriate notations in the NRMP database are made.

4.q. Procedures for Evaluation

The Office of Assessment & Evaluation (OAE) is responsible for support in all areas of assessment, including evaluation of students, faculty, and courses/ clerkships, as well as examination support.

Collection of Data

The OAE collects student feedback on courses, faculty and resident teaching, as well as curricular and non-curricular programs and events. Feedback is solicited through evaluations, surveys, and focus groups. The OAE develops assessment materials with input from Course, Clerkship Directors, and Program Directors and disseminates these tools to students, staff, and faculty. Additionally, this office provides support for examination creation, administration, and reporting.

Students are required to complete evaluations for each course or clerkship in the curriculum. The OAE works with course administrators to ensure student participation in and timely completion of all required assessments.

Narrative & Midpoint Feedback of Student Performance

The OAE facilitates the collection of narrative data on students throughout the curriculum. Narrative evaluation, (both formative and summative) is required in courses and clerkships when feasible. Feasibility is based on extent of faculty contact with students and the usefulness of this feedback.

All courses and clerkships in which there is adequate contact time to evaluate a student must implement a process for narrative feedback/comments that must be shared with the student. In addition, all courses/clerkships must conform with LCME guidelines for both formative and summative feedback (LCME element 9.5 Narrative Assessment).

Narrative feedback is provided when the following conditions are met:

- There is adequate and sustained faculty-student interaction.
- The learning environment includes small group sessions or individualized instruction.
- The feedback is deemed useful for student development and assessment.

Any clerkship that meets for a minimum of four weeks must provide mid-point formative feedback, or shift feedback if applicable. Additional formative feedback may be appropriate at other points during the clerkship. If a student is at risk of failure in a course or clerkship, the Office of Medical Student Affairs must be notified by the Course or Clerkship Director and written documentation must be provided.

Student Evaluation of Teaching & Educational Programming

It is important that students participate in the evaluation of educational programming. Feedback and evaluation are integral to the process of self-directed learning across the career of a physician. To that end, and in compliance with accreditation standards, all students are required to evaluate all faculty, residents, fellows, and course content in a timely manner,

adhering to due dates identified by the course, clerkship, or program.
Failure to do so may result in any of the following consequences:

1. The course or clerkship director may choose to restrict a student from taking a final course exam until all required evaluations are completed.
2. The course or clerkship director may restrict student access to grades associated with the course until all required evaluations are completed.
3. The OAE or course / clerkship leadership or administrators may choose to file a PIRT
4. The narrative evaluation may indicate that the student failed to comply with the administrative requirement of feedback completion

If the student fails to submit timely evaluations in a second course or clerkship, the course leadership may forward to the PIRT committee. A second PIRT would prompt presentation before the AAC.

Anonymity and Dissemination of Data

Students are encouraged to complete evaluations with detailed and specific comments regarding the strengths/weaknesses of the course content, resident, or faculty member. Students are encouraged to provide constructive feedback.

All data collected in the program is considered confidential unless otherwise specified and is treated as such by all individuals who have access to this information. Evaluation data is stored electronically whenever possible.

List of student names: The OAE tracks student completion of evaluations. The office has the ability to track compliance while maintaining anonymity.

Overall course assessment:

Stage 1: Overall course assessment data is sent to the Course Director, the Associate Dean for Medical Education and Assessment, the Assistant Dean of Pre-Clerkship Medical Education and the Senior Associate Dean for Medical Student Education. The Course Director, at his or her discretion may share this data with faculty involved in the course.

Stage 2 and 3: Clerkship assessment data is sent to the Clerkship Director, the Assistant Dean for Clinical Medical Education, the Associate Dean for Medical Education and Assessment, and the Senior Associate Dean. Summary evaluations are presented for rotations at their institution during annual site meetings. Summaries are prepared to review site comparability, as well as strengths and areas for improvement for each clerkship at these sites.

Individual faculty assessment: Evaluation data of individual faculty members is sent to course directors to review the data, and they may choose to redact any unprofessional student comments. To protect anonymity of students, only evaluation summaries which have at least 3 responses should be disseminated to individual faculty. Faculty have the ability to independently access reports of evaluations completed on them once they reach 3 responses within a given

course. The OAE provides support in assisting faculty in accessing and interpreting feedback reports.

The OAE provides Department Chairs with annual summaries of feedback for faculty in their department. Similarly, Program Directors are provided feedback for residents in their program twice annually. Department chairs and Residency Program Directors are expected to summarize the results and trends in an individual's teaching assessments for the purposes of annual merit reviews, chair's letters supporting promotion and tenure nominations, and in resident program feedback.

The Senior Appointments and Promotions Committee (SAPC), Associate Dean for Medical Education and Assessment, and the Assistant Dean for Medical Student Affairs must have access to all feedback provided to faculty. The course leadership, chairs, site assistant deans and Associate Dean for Medical Education and Assessment, the Senior Associate Dean and the Dean must have access to all evaluations for faculty who report to them.

The results of an individual's teaching evaluations may not be released for any other purpose without the consent of the resident or faculty member.

Feedback is immediately reviewed if a score of "1" or "2" is recorded on an evaluation. The Associate Dean for Medical Education and Assessment notifies the Program Director and provides additional data as required. If a Course or Clerkship Director has concerns regarding professionalism of a resident or faculty member prompted by a student evaluation that he/she feels should be addressed, he/she must first discuss these concerns with the Associate Dean for Medical Education and Assessment, the Assistant Dean for Clinical Medical Education, and/or the Associate Dean for GME. In egregious cases, the Dean of the School of Medicine will be informed.

Department Chairs, Program Directors, and Course and Clerkship Directors may be contacted with individual evaluation data for faculty or residents on an ad hoc basis when egregious feedback is received, even if there are less than 3 respondents for that individual. In these instances, the OAE will make every effort to work with departments to ensure student anonymity to the greatest extent possible while rectifying issues or behaviors requiring immediate response. In all cases, the anonymity of the student is a primary concern and must be respected whenever possible.

There must be no disclosure of the author of individual evaluations with only one exception: serious unprofessional comments made by the student as determined by OAE or if there is a concern for the safety and wellbeing of a student, patient or faculty. Students are encouraged to provide constructive feedback. Guidelines on how to provide constructive feedback can be provided by the Course Director or Assistant Dean for Medical Student Affairs.

Related to LCME element 9.5 Narrative Assessment

4.r. Policy on Teaching and Evaluation by Medical School Administration

Medical School Administrators participate in varying degrees in the education of medical students. To prevent any conflict of interest that can occur when students learn from and or are potentially assessed by members of the medical school administration, the following policy has been created to provide the necessary framework.

Members of the medical school administration include, but are not limited to:

- Dean of the Medical School
- Senior Associate Dean for Medical Student Education
- Assistant Dean of Medical Student Affairs
- Associate Dean of Health Career Opportunity Programs
- Associate Dean for Medical Education and Assessment
- Assistant Dean for Clinical Medical Student Education
- Assistant Dean for Pre-clerkship Medical Education
- Assistant Dean for Admissions and Student Affairs
- Clinical Principal
- Basic Science Principal

Guidelines:

- In general, faculty administrators are allowed to teach students but should not be directly evaluating students.
- Faculty who are members of the AAC have privilege to student information beyond that of course and clerkship directors and student advisors. These faculty must physically recuse themselves from any discussion or binding vote of the AAC when they are current direct evaluators of a particular student in question.
- The Director and physicians of Student Behavioral Health Services additionally are not allowed to supervise students with whom they have a clinical relationship during any clinical rotation, not allowed to teach these students in any small group sessions or activities, not allowed to participate in the assessment or evaluation of these students' performance and will not be allowed to serve on the AAC. (Also see policy 2.d.)
- Advisors, Coaches, Course Directors, and Clerkship Directors may participate in education of students. In general, academic advisors and coaches must not be involved in direct grading or evaluation of their students. In these instances, there shall be a separate committee decision for final determination of all final course grades. If there is a perceived conflict, in any situation, the faculty member must recuse themselves from any discussions.
- Students may request an "opt out" with a clear reason by discussing with the Assistant

Dean for Medical Student Affairs, the Course or Clerkship Director, the Assistant Deans for Pre-Clerkship and Clinical Medical Education, or the Senior Associate Dean for Medical Student Education.

4.s. Policy and Procedures for Academic Space Scheduling

Policy for Academic Space Scheduling

The SOM Office of Curricular Affairs oversees the scheduling of School of Medicine educational and academic activities including undergraduate (UME) curricular scheduling across all four years of course work and select Graduate School, Dental, GME and CME courses/activities that occur in our academic educational space. The academic educational space includes our academic classrooms, the Academic Rotunda, and Massey Auditorium. The SOM Office of Curricular Affairs coordinates scheduling with the Dental School and the Graduate School to ensure all requests are treated equally.

The priority use of the Academic Rotunda, Massey Auditorium, and classrooms are for the SOM (including the Graduate School) and SoDM undergraduate (UME) curricular courses and academic activities. When the academic classrooms are not in use for specified course activities, they are utilized as ad hoc student study classrooms for undergraduate SOM (including Graduate School) and SoDM students.

Any Academic Rotunda, Massey Auditorium, or classroom reservation request that is not identified as an undergraduate (UME) SOM, Graduate School or SoDM curricular, educational, or academic activity is subject to approval and referral to Facilities for scheduling and fee structure.

Procedures for Academic Space Scheduling

1. All undergraduate SOM and SoDM curriculum scheduling for course work within the first four years that will utilize the Academic Rotunda, Massey Auditorium, and classrooms are required to request their reservations to the SOM Curricular Affairs Office 6 months prior to the start of classes. This will not guarantee specific classroom or educational space availability; however, we encourage scheduling as far in advance as possible, and the SOM Curricular Affairs Office will accommodate all curriculum requirements based on available space and needs to ensure that all curriculum courses have scheduled rooms. Any request that is submitted after this time will be considered only if classrooms or other educational space are available and the request does not conflict with those submitted on time.
2. The SOM faculty, course/clerkship administrators will work directly with the SOM Curricular Affairs Office to schedule their classroom or educational space needs for any SOM MDelta courses or clerkships. It is encouraged that each SOM MDelta course or clerkship administrator set up a routine meeting either by phone, virtual, or in-person with the SOM Curriculum Affairs Room Scheduler to review room requirements,

specifications, for their individual course/clerkship. You may also set up an appointment to have a guided walk through the academic space to ensure any special needs and to ensure any rooms being considered will meet your requirements. To set up your course room meeting to review your course needs or to schedule a walk-through, email home@uchc.edu.

3. The undergraduate SoDM faculty and course administrators will work directly with their “central dental curriculum coordinator” (860-679-2808) in SoDM to schedule their educational space needs. The dental curriculum coordinator will reach out to the SOM Curricular Affairs Office on any request that requires the use of additional educational space and will facilitate scheduling of the additional rooms that may be needed.
4. Graduate School faculty, the main office of GME (under the office of academic educational affairs), the main office of CME (under the office of academic educational affairs), and any medical or dental student can contact the SOM Curricular Affairs Office directly via home@uchc.edu to reserve any classroom needs.

Academic Space Scheduling Guidelines

The SOM Office of Curricular Affairs Contact Information for Reservations

The SOM uses institutional software for scheduling of the academic educational space. If a request for educational space is ***not*** directly part of a SOM MDelta course/clerkship schedule or academic event, all educational space requests must be made ***in writing*** using our online request form provided below. All requests to use the Academic Rotunda must be made in writing and the requester must complete the Rotunda Only Request form. Questions, please email home@uchc.edu.

- [Academic Classroom Online Request Form \(excluding Rotunda\)](#)
- [Rotunda ONLY Request Form](#)
- [Academic Rotunda Non-Academic Event Guidelines](#)
- [EMS Room Scheduling Users Guide](#)
- [Room Cancellation Form](#)

To view the live schedule, navigate to <https://health.uconn.edu/park/room-scheduling/> and click on the link titled Room Scheduling Calendar located in the Room Scheduling menu on the right side of the page.

Classroom Conflict Resolution Process

Occasionally, a conflict will arise due to limited space. The undergraduate SOM and SoDM undergraduate curricular courses take precedence over clinical department meetings, clinical department’s residency and fellowship courses or other activities, and any other outside groups and meetings. If there is a conflict between two undergraduate courses in the medical or dental

schools, both course/clerkship directors will be contacted. If a resolution becomes difficult, the issue will be reviewed by the Associate Dean for Medical Education and Assessment in the SOM conferring with either the Graduate School or Dental School leadership as necessary, and a decision will be brought to both parties.

When an undergraduate SOM or SoDM course activity is not scheduled and/or denied it will be entered into a database for tracking including the name of the activity; the school or requester; date/time of request; actions for resolution; and reason for denial.

Academic Classroom Bumping

The courses in the undergraduate SOM and SoDM curriculum take precedence over other academic events and non-curricular users. At times, it will be necessary to move previously scheduled activities for unforeseen events and/or for high stakes examinations. The SOM Curricular Affairs Office will contact the classroom requester with adequate notification and suitable relocation to be provided.

Non-Undergraduate Academic Internal Request (During School Hours and Non-School Hours)

A non-undergraduate academic internal request is any request made by UConn Health personnel to schedule an activity in an academic educational space outside of the undergraduate SOM or SoDM curriculum or academic realm. As stated, undergraduate SOM and SoDM curriculum activities takes precedence along with other academic events; all non-undergraduate SOM and SoDM requests will be referred to UConn Health Administrative Support Services with the appropriate forms completed by the requestor and with applicable charges.

All non-academic activities will be entered into a database for tracking including the name of the activity; the contact person/requester; the school or department that the activity is associated with; date/time of request; actions for resolution if applicable; and reason for denial if applicable.

External/Community/Outside Classroom Requests (During School Hours and Non-School Hours)

An “outside” activity is defined as a request that is not part of the University or not sponsored by a department at the University. UConn Health space requests, including classroom space by external requesters will be referred to UConn Health Administrative Support Services with appropriate forms completed and with applicable charges. Refer to UConn Health [Common Space Use Policy \(2002-50; APC\)](#) .

Academic Classroom Space, Food & Catering

Catering is only allowed to be held in the Academic Rotunda for planned events only when special arrangements have been made in advance for food preparation, catering, and clean-up.

Students who attend classes in the academic classrooms or the auditoriums who bring snacks or drinks during class must clean up after themselves and ensure that their food, waste or trash

is put into the appropriate trash or recycling receptacles. These classrooms and auditoriums are used continuously throughout the day and are not cleaned in-between each use.

Event Set up & Parking Needs

The event requester or SOM or SoDM course/clerkship coordinator is ***responsible*** for coordinating directly with UConn Health Administrative Support Services for additional room set up that is not the standard set up in the academic educational space. The requester will have to submit a request to facilities and will need to provide their coding for any charges associated with additional set up requirements. The requestor must ensure that the room is returned to its original set up following use.

Any event that invites participants outside of UConn Health requires advance notice and approval from the UConn Health Administrative Support Services Office. The event requester or SOM or SoDM course/clerkship coordinator must obtain approval for parking prior to classrooms being reserved. For more information regarding parking, please contact parking at: parking.transportation@uchc.edu.

AV and Technical Support

Audio and Visual support is provided by the institution for all academic educational space. It is the requester's or course/clerkship administrator's ***responsibility*** to directly make the appropriate arrangements for their audio-visual needs in any academic educational space (this is not the responsibility of the SOM Curricular Affairs Office Room Scheduler).

Questions for AV support can be referred to:

- Academic Space: [Academic Information Technology Services](#)
- Non-Academic Space: [Administrative Support Services](#)

Classroom Support in SOM Academic Space

- **AV Technology Support:** contact AITS at aits@uchc.edu. AITS performs daily walkthroughs of all rooms for any AV tech needs, repairs, or maintenance.
- **Cleanliness of Rooms:** contact SOM Curricular Affairs at home@uchc.edu. Facilities is required to clean, empty trash, and wipe down walls/tables every night; restocks and cleans academic building bathrooms; if there are concerns, please contact SOM Curricular Affairs to make a report.
- **Classroom Supplies:** contact SOM Curricular Affairs at home@uchc.edu. Items such as whiteboard markers; erasers; cleaner; hand sanitizers; wipes are routinely stocked in each room; if there are concerns, please contact SOM Curricular Affairs to make a report.
- **Repair/Maintenance:** contact SOM Curricular Affairs at home@uchc.edu to report any classroom, chair, or table repair or maintenance needs so that we may place a work order for repair.
- **General Room Upkeep During Use:** The expectation is that either the room requester, student or the associated course/clerkship administrator, or faculty member who

reserves and utilizes the academic space is to ensure the general “upkeep” of the room, including but not limiting to; moving tables and chairs **back** to the original set up, ensuring **any** trash accumulated during their use is put into trash or recycling receptacles prior to leaving the room; collecting and putting any room supplies back into supply baskets or buckets; wiping down the whiteboard or whiteboard walls if used; remove any signage if posted (note: facilities does not allow **any** taped or glued signs to be hung on the classroom doors as it has caused paint removal in the past and the doors to be repainted.); and finally notifying SOM Curricular Affairs of any unforeseen issues in the classroom OR notifying AITS of any unforeseen AV issues in a timely manner.

Academic Space scheduled by the SOM Office of Curricular Affairs

- Academic Rotunda (E10-01)
- Academic Rotunda Hallway Poster Boards (AAM)
- Massey Auditorium (AG058)
- A Wing Classrooms: **A1***, A2, A3, A4, A5, A6, A7, **A8***
- B Wing Classrooms: B1, B2, B3, B4, B5, B6, B7, B8, B9, B11, B13, B14, B15, B16, B17
- C Wing Classrooms: C1, C2, C3, C4, C5, C6, C7, C8
- Virtual Anatomy Lab (VAL) (AM008)
- Human Anatomy Lab (HAL) (AM006)
- Prosecution Room (AM007)
- Learning Center 1, 2, and 3
- Special Classroom/C9 (AM-046A)
- Walker Conference Room (AG-070)
- Testing and Training Computer Center Room 1 (T2C2-1) – Room # LB044
- Testing and Training Computer Center Room 2 (T2C2-2) – Room # LB042

**Classrooms A1 and A8 are reserved for priority scheduling for the graduate school courses. Approval to use A1 or A8 must be granted by the Graduate office.*

Academic Space Scheduled by SoDM

- Patterson Auditorium
- Friends Auditorium
- Classroom B10 (formerly MDL classroom J/McManus)
- To schedule a SoDM classroom, please contact 860-679-2808; SoDM room policies and procedures take precedence for any space scheduled and overseen directly by SoDM. The SOM Room Scheduler does not manage, schedule, nor have any responsibility over SoDM room availability.

Section 5: Student Advancement, Promotion, Remediation and Disciplinary Action

Course/Clerkship Committees/Directors assign grades for each course or clerkship in the curriculum. Advancement decisions must be approved by the Academic Advancement Committee (AAC), which monitors student performance across all academic competencies, including professionalism, throughout all stages of the curriculum. The AAC assesses students' satisfactory academic progress periodically (see policy 4.a.) and evaluates any changes to good academic standing (see policy 4.b.). The AAC is the only committee that has access to a student's entire academic record and its role includes advocating for the future patients of our students. Students may appeal grading decisions. They may also appeal promotion, remediation, and disciplinary decisions of the AAC. For more information on appeals processes see policies 5.e. and 5.g.

Policies included in this section:

5.a. MSPE Procedural Description

5.b. Grading Systems

5.c. Course/Clerkship Grading and Grading Committees (CGCs)

5.c.1. Clerkship Grading and Evaluation Policy

5.c.2. Policy for C Grade Remediation in Clerkships in Stages 2 and 3

5.d. Academic Advancement Committee (AAC)

5.e. Policy for Grading and Grade Appeals in Courses and Clerkships

5.f. Student Evaluation and Appeals Review Committee (SEARC)

5.g. Rules Concerning Appeals to AAC or SEARC

5.h. Forward Feeding and Disclosure Policy / Access to Student Records

5.i. Course and Section Place Outs

5.a. MSPE Procedural Description

The Medical Student Performance Evaluation (MSPE), formally the Dean's Letter, is a structured, narrative academic summary. All students who enter UConn SOM will have a MSPE, either upon entry to Year 4 (even if not planning residency) or upon withdrawal or dismissal. As such it is not a letter of recommendation, but a compilation of evaluations.

The MSPE is a mandatory component of all residency applications. It includes an assessment of a student's academic performance, as well as their noteworthy characteristics. The MSPE is compiled after the end of Stage 2 and, generally, in conjunction with a face-to-face meeting with the Assistant Dean for Medical Student Affairs or Faculty Co-Directors of Medical Student Affairs. The face-to-face meeting provides an opportunity for students to review the overall structure of the MSPE as well as the residency application process, from the application submission process to the Match. Stage 3 evaluation narratives are not included.

The structure of the MSPE is prescribed. It includes the following sections:

- Identifying Information
 - Student's legal name and year in school
 - Name and location of the medical school
- Noteworthy Characteristics
 - Bulleted list of a maximum of three noteworthy characteristics
- Academic History
 - Date of matriculation and expected graduation from medical school
 - Explanation of any extensions, leaves, gaps, or breaks
 - Information on dual or combined degree programs
 - Repeated or remediated coursework
 - Adverse actions
- Academic Progress
 - Summary of performance in the preclinical curriculum
 - Summaries of narrative evaluations from Stage 2 clinical rotations
 - Attainment of professional standards
 - Graphic representations of students' comparative performance
- Summary
 - Includes comparative data on each student's performance
- Medical School Information
 - Programmatic emphases, strengths, mission, or goals of the medical school
 - Description of the evaluation system used by the medical school
 - Statement regarding a student's successful completion of USMLE Step 1 and Step 2

As reviewed elsewhere in this document, the grading system in Stage 1 is pass/fail. In Stage 2 and 3 a third assessment of honors is added to the pass/fail structure for most courses/clerkships. The comparative data in the MSPE includes honors from third-year clinical rotations as well as professional honors earned through participation in extracurricular activities. The inclusion of professional honors in the assessment of students is consistent our values on volunteerism, service-learning, humanism, and professionalism as necessary components of medical education. After completion of Stage 2 and during the start of Stage 3, students are invited to submit applications for professional honors in two of the three categories below:

- Leadership
- Scholarship
- Service

As noted in section 4.n., professional honors designations are made by a committee of key faculty. The review of submissions is conducted with set criteria and performed in an anonymous fashion. Students will be invited to apply at the start of Stage 3 and more details will be provided at that time. Professional honors are added to the clerkship honors for placement in quartiles for the MSPE.

Students are provided an opportunity to review their MSPE for accuracy prior to submission to residency programs.

Changes to the MSPE:

In general, once submitted to ERAS in the fall of the fourth year, the MSPE is final. Upon request, the Registrar when sending the MSPE can put a memo with the date of graduation.

The MSPE will be changed for any of the following:

1. Updated clerkship grade or narrative information
2. Significant external award
3. Any disciplinary action or remediation action
4. Any requirement of the AAC

Any updates required to the MSPE will be as a dated addendum.

Challenges to the MSPE

The Assistant Dean for Medical Student Affairs or one of the Faculty Co-Directors of Medical Student Affairs meets with each student before drafting the MSPE. Once the MSPE is drafted, the student is allowed at least 48 hours to review it electronically (in OASIS); we notify students of this review well in advance. At this point, students are permitted to point out factual, spelling, punctuation, and stylistic errors in narratives. As the evaluation is a summary of evaluative information that has already been provided to the student, the student will have had previous opportunities to appeal grades and assessments reflected in the MSPE.

Only the Office of Medical Student Affairs can make changes to content in the final MSPE that result from the review by the student. Students are instructed to direct any requests for modification or concerns to the Assistant Dean for Medical Student Affairs or one of the Faculty Co-Directors of Medical Student Affairs. The discretion to grant or reject challenges with the final MSPE rests with these individuals. Students can also appeal specific language in the MSPE with the Academic Advancement Committee that results from professionalism concerns or in the section about their academic history but this is done at the time the professionalism concern or academic history concern arises.

5.b. Grading Systems

Students shall be assigned a grade for each course in the curriculum. The following grades can be assigned:

P	Pass
F	Fail
C	Conditional (additional course work required)
CP	Conditional Pass (additional course work completed)
FP	Successful Pass after Remediation
H	Honors
E	Exempt
AU	Audit
IP	Course in progress, may span full year - grade to be posted at year end
NR	No grade reported
S	Satisfactory
I	Incomplete
U	Unsatisfactory
WC	Withdrawn with concern
WF	Withdrawn while failing
WP	Withdrawn while passing
*	Course spans multiple semesters

See policy 4.c. for Withdrawal Policy

Incomplete Grades

An incomplete can only be used to signify a break from the curriculum approved by the School of Medicine. If additional work is to be completed, or remediation is required, then a grade of C or F is appropriate. Remedial work completed successfully is represented by a "CP" or "FP." If a student fails and repeats in another academic year, the F will remain and the new grade will appear in the Academic Year taken.

Course grades become part of the student's official transcript.

Honors for Clinical Disciplines

In addition to grades in the clerkships of Stage 2, students may receive an honors designation in the following clinical disciplines:

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry

- Surgery
- Neurology
- Radiology

Students may also earn an honors designation in each core clerkship in Stage 3. These clerkships include:

- Emergency Medicine
- Critical Care
- Advanced Inpatient Experience (sub-I)

All clerkship grades are composed of the student performance evaluation (designed by the clerkship), an exam (shelf exam for all non-longitudinal Stage 2 clerkships) and in some cases additional assignments. Each clerkship determines the % weight of each of these components (evaluation, shelf, assignments) towards a composite score. Each clerkship sets a composite score required to achieve honors. These criteria are set prior to the start of the academic year and are posted on the HuskyCT page of each clerkship. Honors are awarded to all students meeting the criteria and are reported within six weeks after the end of the clerkship. Internal Medicine and Pediatrics require completion of both the ambulatory and inpatient components, and Honors is awarded as discipline Honors after the completion of both.

5.c. Course/Clerkship Grading and Grading Committees (CGCs)

General Statement about Faculty Evaluating Students

Faculty are required to complete an attestation that there is no conflict of interest in evaluating or grading students related to involvement in a student's healthcare. (See policy 2.d. Behavioral Health Services, Health Services and Student Wellness). Additionally, there is a policy allowing faculty administrators to evaluate students with disclosure, as well as a policy preventing coaches from evaluating students (4.r.).

Stage 1

The grading policy within each course will be determined by a program or course policy committee. Based on the individual course policy, the Course Grading Committee (CGC) will review student scores after each LEAP (Learning Enhancement and Assessment Period) and assign the final grade. Determination of the final grade shall be done without the identity of students being known to the committee. After grades have been assigned, student identity may be revealed to the CGC. Grades are forwarded to the AAC. Grades will be provided to the Program/Clinical Foundations Director(s), Course Director(s), the Assistant Dean for Medical Student Affairs and the Associate Dean for Medical Education and Assessment. Additionally, exam scores and final grades are posted in OASIS and may be accessed by the student's coach. In those courses in which dental students are enrolled, scores will also be provided to the Associate Dean for Education in the Dental School.

Stage 1 Grading Committees:

The course grading committee (CGC) for each course is provided with all pertinent academic performance assessments, including grade statistics and narratives in a blinded deidentified fashion. The CGC recommends courses of action on all issues concerning grading and remediation. The Course Director is responsible for assigning and submitting a grade recommendation for every student in the course to the Associate Dean for Medical Education and Assessment and the Academic Advancement Committee (AAC) in the case of medical students and the Academic Promotions Committee (APC) in the case of dental students. These recommendations are then ratified by the AAC or APC, respectively. For medical students, any recommendation for a grade of Conditional (C) or Fail (F), along with any recommendation for remediation and/or course repeat must also be presented to the AAC, which can endorse the plan or can make it more stringent. The AAC cannot make the recommendation less onerous than that suggested by CGC. If the student accepts the plan, the decision of the AAC will be put into effect (see 5.d. AAC and 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships). Various rules govern appeals and the appeals process (see 5.g. Rules Concerning Appeals to AAC and SEARC).

Composition of the CGC

The CGC consists of voting and non-voting members. A minimum of 3 voting members (the chair and 2 additional voting members) are required at each meeting, and of the voting members present, a simple majority rules.

The following individuals will be invited to attend the grading session, and shall constitute the CGC:

- Voting:
 - Chair: Course Director (i.e. Stage Director or Course Director as appropriate)
 - Course and Thread Leaders
 - Other faculty involved in the course as designated by the Course Director;
MDelta curriculum requires two content experts
- Non-Voting
 - Associate Dean for Medical Education and Assessment
 - Assistant Dean for Medical Student Affairs
 - Associate Dean for Health Career Opportunity Programs
- For those courses in which dental students are enrolled, the appropriate deans from the School of Dental Medicine and/or their designees may also sit on the committee as a non-voting member(s)

Grading Procedure

Students will be assessed at the end of each block during LEAP (Learning Enhancement and Assessment Period). The Block Assessment Review Committee (BARC) reviews student performance on the high-stakes assessments, as well as course performance metrics, and determines options for any student who does not meet passing criteria. If warranted and permitted by BARC, a re-assessment occurs at the end of LEAP. Any course with a marginal or egregious fail not deemed appropriate for immediate re-assessment may be granted a Conditional (C) grade or Fail (F) grade. If a student is provided the opportunity for re-assessment and is successful, the CGC reviews the reassessment results and may assign a passing grade. If the re-assessment is not successful, the student is assigned a “C” or an “F” for the course.

The policy committee for each course will determine appropriate grading rubrics, which may include “F” for an egregious failure or for a failure of professionalism. The CGC for each course meets at the conclusion of LEAP. The CGC will forward recommendations for summer remediation or for the repeat of a course to the AAC. Failure of the Professionalism component of any course may result in an overall Failure of the course. Exceptions to this policy that would result in a Conditional grade may be considered by the CGC in exceptional circumstances, including where the violations were minor or when the student did not receive feedback on the unprofessional behavior. A PIRT should be submitted after discussion with the student. See policy 3.a. Code of Professionalism Conduct for Medical Students.

CGC Process

The CGC reviews course results blinded of student identification. After all grades are assigned by the CGC, the students are identified. Following this, the committee may reconsider the grade of any student. A majority vote of the voting membership is required to reconsider a student's grade. After all grades are finalized, the CGC shall recommend remediation programs for all students receiving Conditional or Failing grades (or grades of Incomplete in the case of the School of Dental Medicine). Students who are repeating the year, or returning from a leave of absence are graded separately. The CGC is provided with their initial and repeating year's

course performance, and a grade is assigned by a simple majority vote of the CGC. Awarding of grades to repeating students is not done anonymously. The students will be notified in writing with a letter from the Course Director and the Associate Dean for Medical Education and Assessment. All grades AND remediation programs for all students must be reviewed and approved by the AAC prior to initiation of the remediation. The AAC will have access to the entire student academic record, which is not available to the CGC.

The student will have 7 days after being informed of the decision by the AAC (one week from the time the email with the letter is received, 8 a.m. on the 7th day) to appeal the *remediation plan*, see 5.g. Rules Concerning Appeals to AAC or to SEARC. If the student would like to appeal their *grade*, please see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships.

Stage 2/3 Grading Committees

Oversight of grading policy, including honors criteria, sits with the Clerkship Committee, which accepts recommendations on policy from the individual departmental representatives (Clerkship Directors and/or Departmental faculty/Chair/Site Directors).

The Clerkship Director is responsible for assigning and submitting a grade recommendation for every student in each rotation into the OASIS system. Any conditional or failing grade is immediately referred to the Academic Advancement Committee (AAC). Clerkship Directors in Stage 2 post Honors grades after each rotation, except for Pediatrics and Medicine, where honors is designated after both components of each clerkship are complete. Clerkships must submit final grades, including Honors decisions within 6 weeks of the last day of the rotation. The exception to this is Radiology, which is a longitudinal rotation. Students will be assigned a grade within 6 weeks of completing all the required Radiology clerkship components.

In the event that a grade or narrative assessment is in dispute, whether related to passing, honors or professionalism, the student must first discuss the dispute with the Clerkship Director within two weeks of the posting of the grade and narrative assessment. If the Clerkship Director upholds the grade, then the student can appeal as delineated in policy 5.e.

A Departmental Grading Committee (DGC) may be convened if a student has a failing clinical performance, fails or performs poorly on an examination or other non-clinical assessment, or fails the professionalism component of the clerkship to assist the Clerkship Director (CD) in final grade determination. This committee is responsible for remediation recommendations and implementation. The CD may convene the committee to assist in grade determination as necessary.

Composition of the DGC

The DGC is an ad-hoc committee. The DGC consists of voting and non-voting members. A minimum of 3 voting members (the chair and 2 additional voting members) as well as at least 1 non-voting member are required at each meeting, and of the voting members present, a simple majority rules.

The following individuals will be invited to attend the grading session, and shall constitute the DGC:

- Voting
 - Chair: Clerkship Director
 - Site Director and/or faculty representatives (minimum of 2 individuals)
- At least one of the following non-voting individuals must attend:
 - Senior Associate Dean of Medical Student Education or designee
 - Assistant Dean for Clinical Medical Education or Clinical Principal
 - Associate Dean for Medical Education and Assessment or designee

Professionalism

Failure of the Professionalism component of any course or clerkship may result in an overall Failure of the clerkship. A score of “1” or “2” in a professionalism category on the final evaluation requires the clerkship director to gather additional information from the site, discuss with the student, and then to submit a PIRT if upheld. A passing or conditional grade may be considered by the DGC in circumstances, including where the professionalism violations were minor or when the student did not receive feedback on the unprofessional behavior. See policy 3.a. Code of Professionalism Conduct for Medical Students.

Remediation Reporting Process (All Stages)

Students will receive a letter indicating the decision of the CGC or DGC. Course grade and remediation program recommendations are forwarded to the Academic Advancement Committee. The AAC either accepts or adds additional recommendations or disciplinary actions to the CGC/DGC decision; the AAC will not make the decision more lenient. Following remediation decisions of the Academic Advancement Committee, the Chair of AAC and the Senior Associate Dean for Medical Student Education notifies the students, in writing. For students awarded either a Unsatisfactory, Fail, Conditional, or Incomplete, specific details regarding remediation and/or completing unfinished work are also provided. Dental student grades are forwarded to the Academic Performance Committee in the School of Dental Medicine.

Remediation Programs (All Stages)

Remediation programs are tailored to meet the specific academic needs of the student. A remediation program may include, but is not limited to: (1) participation in and passing summer course(s) either at UConn or other institutions, (2) independent study and passing an examination(s) covering specific portions and sections of the course (note: remediation examinations are not limited to material covered on course examinations failed by the student) (3) independent study and passing a comprehensive examination or (4) additional clinical time in clerkships.

The CGC/DGC shall specify the remediation program requirements and the manner in which the requirements shall be met by the student. The student’s performance will be reviewed by the AAC in order to determine the final remediation program. The AAC may accept the recommendations of the CGC/DGC or, because of their knowledge of the student’s entire academic performance, may require a remediation that is stricter than that recommended by

the CGC/DGC or may apply a disciplinary action (e.g., dismissal). The AAC will determine the deadline for completion of the requirements. In the event the student does not satisfactorily complete the remediation program requirements, the CGC/DGC shall recommend to the AAC a final course grade, and/or additional requirements. Because the remediation programs are individualized, the CGC/DGC may use criteria to assess student performance in a remediation program, which are different from those used to assign course grades, but maintaining the same goals and objectives of the course. It is the student's responsibility to ensure that preparation and remediation has occurred prior to completing any assessments and, if there are any issues related to faculty or curricular support, they should be brought to the Office of Medical Student Affairs for resolution.

5.c.1. Clerkship Grading and Evaluation Policy

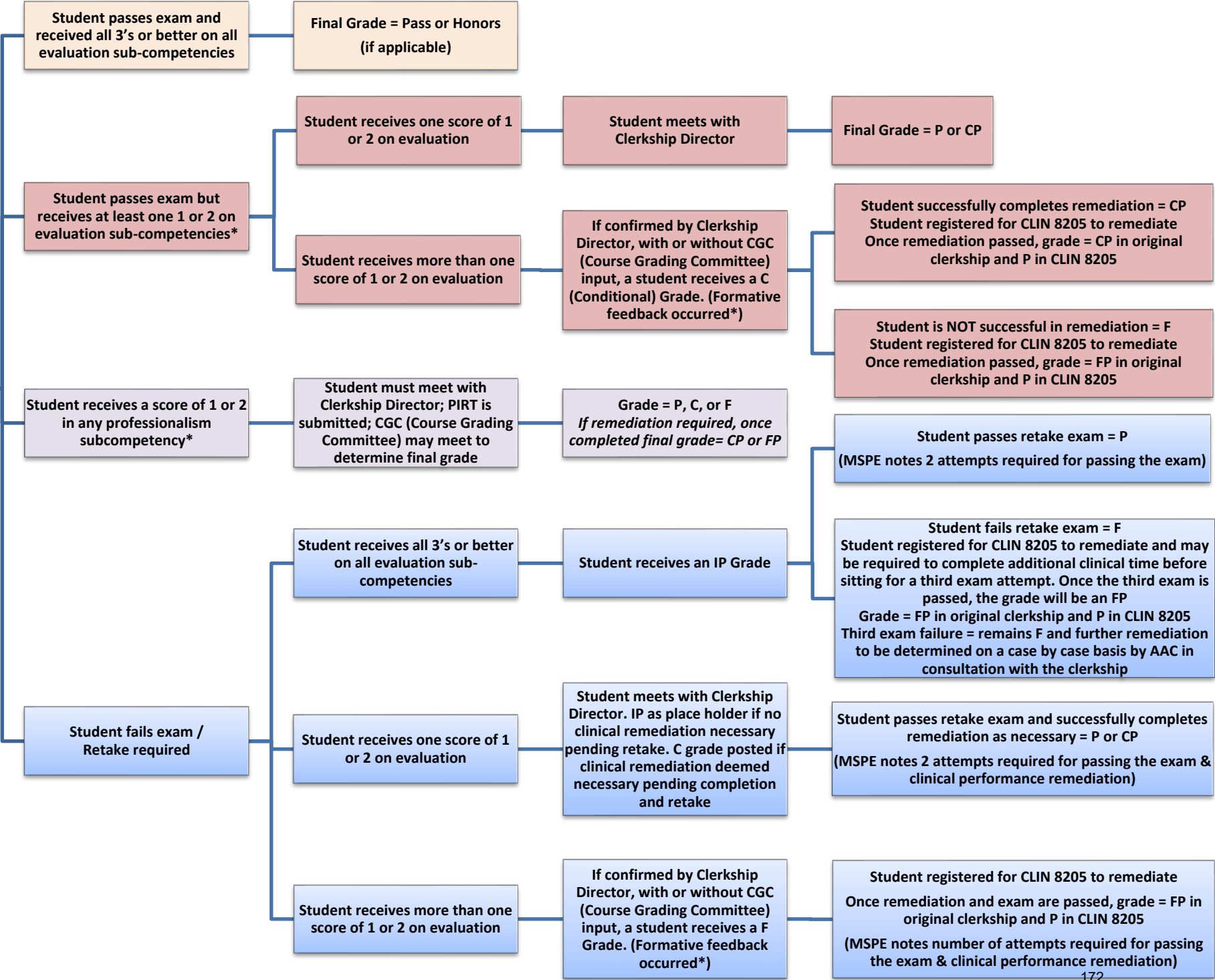
Clerkship grading and evaluation is described in policy 5.c. Clerkship disciplines determine benchmarks for evaluating performance. Clerkships abide by the following overall framework.

*(See rubric on next page). Students must receive formative feedback during their rotations. Any student who receives more than one final assessment of 1 or 2 in any evaluation (sub-competency or medical knowledge) must have their performance discussed with the clerkship director.

Formative feedback is required at any point in a rotation when a deficiency is noted. A grade of C or F grade for clinical performance and/or professionalism must be preceded by formative feedback, as well as a chance for improvement that is documented in writing and forwarded to the Assistant Dean for Medical Student Affairs.

Please see rubric on the next page.

Clerkship Grading and Evaluation Rubric



5.c.2. Policy for C Grade Remediation in Clerkships in Stages 2 and 3

Summative High-Stakes Exams:

Students are required to remediate all internal exam and shelf exam failures. Rubrics for grading in the clerkships are listed on Husky CT within the clerkship course. The assessments and grading are designed to meet the goals and objectives of each clerkship. The definitions for a Passing grade, Conditional grade, and Failing grade are defined for each clerkship.

The failure of the end-of-clerkship exam on the first attempt results in a required re-assessment of that exam and an initial grade of IP/in progress pending retake. This initial failure makes that student ineligible for Honors in the clerkship, but the student may pass the clerkship if successful on the second attempt (the IP converts to a P on passing the retake exam). The second attempt will be noted in the MSPE. Failure of a second attempt results in an F, failure, in the clerkship. Please refer to rubric in 5c.1. In all cases exam failures must be reported immediately to the AAC and will be reflected in the MSPE. Failing an end-of-clerkship examination is not appealable. The student has the option to ask for a regrading of a shelf exam per the NBME at their own expense.

A second exam failure in the same or subsequent clerkship will require that the student be removed from the clerkship environment to pursue remediation of the clerkship content and re-examination unless otherwise approved by the AAC. In the case of any clerkship exam failure, the AAC is notified and approves an appropriate remediation plan.

Other components of the clerkship in Stages 2/3 that result in a C grade:

For initial submission of a “C” grade for other issues unrelated to the end-of-clerkship examination (e.g. other assessments, a component of the clinical experience, etc.) the AAC will be notified. With the AAC’s permission, upon review of the entire history, an individualized remediation plan will be created by the relevant clerkship director based on the required components needed to successfully complete the clerkship. This would occur in conjunction with the student, the clerkship director, the assistant dean of clinical education and/or consultation with the Assistant Dean of Medical Student Affairs. The remediation plan must be approved by the AAC. Upon successful completion of requirements, a C/P grade would be documented on the transcript for that rotation. In all cases, the need to repeat any coursework will be accurately reflected on the student’s MSPE. Please see policy 5.c.

NOTE:

1. The AAC may require the student to remediate any exam/shelf failure prior to taking the next exam/shelf. This is typically the case once the AAC is notified of a second exam failure in a different clerkship.
2. The MSPE will always accurately reflect the complete academic history.
3. In the Medicine and Pediatrics clerkships, students receive component grades for the ambulatory and inpatient clerkships. These component grades are Pass/Fail and only reflect clinical performance in their respective settings. After completion of both

inpatient and ambulatory components, students receive an overall departmental grade, which appears in addition to the component grades on the transcript. This overall grade reflects performance across the entire clerkship, incorporating clinical performance as well as other elements outlined in the grading rubric, such as assignments, quizzes, and exams. Only the overall departmental grade is eligible for a final grade of Honors. If a student fails or requires remediation in any aspect of the clerkship, the appropriate grade will be reflected in the corresponding place on the transcript.

5.d. Academic Advancement Committee (AAC)

Scope

The Academic Advancement Committee (AAC) certifies that the performance of each student is adequate in all Stages of the curriculum and oversees promotion, remediation, and disciplinary action. The AAC certifies that students are making satisfactory academic progress and promotes them between Stages of the curriculum once students have successfully completed all requirements. The AAC certifies students for the match, and, ultimately, certifies students qualified to receive the M.D. degree for graduation.

The AAC is the only committee that has access to the student's entire academic record and its role includes advocating for the future patients of the student. All decisions related to unsatisfactory performance of a student by the CGC/DGC are forwarded to the AAC. The AAC will be notified of all remediation plans proposed by the CGC/DGC for all C and F grades. As such, the AAC may recommend further action after being notified of a remediation plan in light of the student's entire record such as recommending a remediation plan be more stringent than what was proposed.

The AAC is responsible for determining appropriate disciplinary action against students related to all academic graduation competencies, including those related to professionalism. It addresses issues that arise outside of a single course including any actions outside of UConn SOM that would reflect on the UConn SOM community or may affect the student's ability to perform as a physician.

The AAC reviews the record of and discusses any student at UConn SOM whose performance in the curriculum or actions outside the curriculum requires a decision regarding whether the student should continue their plan of study. This includes failure to pass any course or clerkship, USMLE failures or significant delays in taking a USMLE exam, referral from one of the professionalism investigative bodies (AIB, PRB, or PIRT), request to return from a leave of absence, or notification of law enforcement action. Once a student has been discussed by the AAC, they remain under the purview of the AAC until graduation.

The AAC also serves as a hearing body for various appeals within the SOM. Such appeals processes are discussed in policies 5.e and 5.g.

When necessary, the AAC will recommend suspension or dismissal from the School of Medicine.

Adverse Action

UConn SOM ensures that there is a fair and formal process for any adverse action. Adverse action is defined as any action that may affect the advancement, graduation, or dismissal of a medical student. The process for appealing such adverse actions is described in section 5.g.

Membership

Voting members of the AAC and its Chair are appointed by the Chief Academic Officer for Education (Dean) and serve up to two 4-year terms.

- Voting:
 - Chair (Faculty member)
 - 4 Clinical Faculty
 - 4 Basic Science Faculty
- Non-Voting:
 - One Chief Academic Officer for Student Affairs (ex-officio)
 - One Chief Academic Officer, Office of Health Careers Opportunity Program (ex-officio)
 - The Chief Academic Officer for Education or their Liaison (ex-officio)

The following members may serve in an ad-hoc capacity to support the committee:

- Associate Dean for Medical Education and Assessment
- Director of the MD/PhD program
- Co-Chair of the PRB

Information Available to the Committee

The AAC is mandated to have comprehensive information on a student's performance in order to fulfill its duties. The following are examples of typical sources of information that can be made available to committee members when reviewing the performance or behavior of a given student.

- A. Student Educational Record (performance evaluations and all appeal information)
- B. Student Admissions File
- C. Course Performance
- D. Fitness for duty evaluation and any administrative evaluations
- E. Recommendations/investigation from the Academic Integrity Board (AIB)
- F. Recommendations/investigation from the Professionalism Review Board (PRB)
- G. Professionalism incident report triage (PIRTs)
- H. Academic and administrative files from external educational experiences
- I. Police reports

All information will be made available to the committee members on either a secure site or by secure email prior to the meetings, with the exception of emergency meetings. Committee members must comply with Family Education Rights Privacy Act (FERPA) regulations and use the posted information only to perform duties of the AAC.

Committee Decisions

Decisions of the AAC are based on a simple majority of the voting members present at the meeting. The AAC makes no decisions unless a majority of the voting members are present. The AAC shall render one of the following decisions:

Graduation: The committee shall certify that students have met the requirements to receive the M.D. degree.

Promotion: The committee shall determine which students have met the requirements to proceed into the next Stage of the curriculum. Students who have successfully met all academic competencies for the Stage shall be promoted to the next Stage of the curriculum. Students failing any course cannot be promoted until satisfactory performance is demonstrated.

Satisfactory Academic Progress: To be determined at the end of each academic year as described in the Satisfactory Academic Progress policy (See policy 4.a.). Students who have successfully met all academic competencies for the Stage shall be certified to continue in the curriculum. The AAC will also determine good standing, academic warning, and academic watch status. (See policy 4.b.)

Disciplinary and/or Remedial Action: The committee may take the following actions against students with deficiencies in any academic competency, including the domain of professionalism and will identify the action as disciplinary or remedial. Typically, the first time the AAC assigns a student to remediate for knowledge and skills, the remediation is not considered disciplinary. Repeat remediations and/or requirements related to behavior and/or professionalism may result in remedial and/or disciplinary actions:

- (1) Set specific curriculum requirements and performance criteria;
- (2) Mandate medical, psychological or other appropriate evaluations;
- (3) Impose an administrative Leave of Absence (LOA), or other type of LOA;
- (4) Place the student on academic watch or academic warning (both internal designations, see policy 4.b.);

The committee may take the following adverse actions against students:

- (1) Suspend a student; *a suspension indicates the student is out of school and ineligible to participate in any course, any clinical activity, or any school-sponsored extracurricular activity. A student who is suspended may or may not be able to retain their badge and email, at the discretion of the Assistant Dean for Medical Student Affairs and/or the AAC. A suspended student may not represent themselves as a current SOM student. It is the student's responsibility to communicate this status change to all auxiliary parties as necessary;*
- (2) Mandate repeat of the academic year;
- (3) Issue a reprimand or other disciplinary action, such as a disciplinary notation in the MSPE;
- (4) Non-certification for the match;
- (5) Dismiss the student from the school. *A dismissed student is one who has been discharged from all affiliation with the SOM. They lose all rights and privileges given to students including but not limited to student email and identification. A dismissed*

student may not represent themselves as a current SOM student. It is the student's responsibility to communicate this status change to all auxiliary parties as necessary.

The Office of Academic Educational Affairs notifies the student of the AAC's decision in writing. Rules regarding appeals for these actions are described in section 5.g.

Student Appeals

The student may submit an appeal of the decision of the AAC within seven days of receipt of written notification of the AAC action (see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships and 5.g. Rules Concerning Appeals to AAC or SEARC). Students may not appeal to individual faculty within a course or clerkship as that is considered unprofessional.

Advancement to Phase/Stage 2:

Students who have completed their academic requirements for Stage 1 will be certified to continue into Stage 2. Students may not take Step 1 with pending C or F grades in Stage 1.

Transition from Stage 2 to Stage 3

UConn SOM's policy on transition from Stage 2 to Stage 3 is intended to be flexible in order to allow individualization of students' progress through the curriculum. Under certain circumstances, students may opt to take specific Stage 3 rotations or electives or to do an elective at another institution before completing all Stage 2 required clerkships and after having completed appropriate prerequisites for the specific Stage 3 experience. Students who request to make such adjustments are expected to submit a written request to the AAC for approval at least 30 days in advance of the clerkship/rotation. The Clerkship Committee (Stage 2 & 3 Operational Committee) establishes procedures for identifying required prerequisites for Stage 3 experiences.

5.e. Policy for Grading and Grade Appeals in Courses and Clerkships

Grading

Standardization of Grading Procedures Across the Curriculum

- Course Grading Committees will determine final grades in Stage 1.
- Clerkship Directors determine and post final grades in each clerkship based on defined rubrics. A Departmental Grading Committee is convened in any situation where decision making input is needed for an individual student.
- Each course/clerkship must define and publish what each type of grade represents with identification of any thresholds and parameters.
- Once determined, grades are posted in OASIS. Submission of grades are expected within 14 calendar days but are required no later than 35 calendar days after the end of the course/clerkship.
- If students have a concern regarding their grade they must discuss with the course/clerkship director within 2 weeks of grade posting in OASIS.
- After discussion with the clerkship director, the grade may next be reviewed by the departmental grading committee.
- Students have the right to a first and second level grade appeal (see below).
- The AAC will be notified of all grades other than a Pass or Honors and of any remediation plans.

Appeals

Appeals Process for Grades

- Appealing C grade for P
- Appealing P grade for H*
- Appealing F grade

*Criteria for appealing P grade for H will be to present new information or to contest compliance with published processes and procedures only.

After the Stage 1 Course Grading Committee (CGC) designates a grade, the first level of appeal would be the Standing Course and Clerkship Appeals Committee (SCCAC) see below.

After the Stage 2 Departmental Grading Committee (DGC) designates a grade, the first level of appeal would be SCCAC. Stage 2 Departmental Grading Committee Membership

- Ad hoc group within the department of the clerkship with clerkship director and at least 3 other faculty members with experience in medical education and teaching/assessment of medical students plus one of the following non-voting medical education leaders:
 - Associate Dean for Medical Education and Assessment
 - Assistant Dean for Clinical Education
 - Clinical Principal, or
 - Senior Associate Dean for Medical Student Education

First Level of Appeal: Standing Course and Clerkship Appeals Committee (SCCAC)

Membership

- Voting (5 of the following 8 will be used for each appeal, the remaining 3 are alternates)
 - 5 Clinical Faculty (without prominent roles in required clerkships)
 - 3 Basic Science Faculty (without prominent roles in required courses)
 - 1 ad-hoc Dental Faculty (if dental student appealing)
- Non-Voting
 - Assistant Dean for Medical Student Affairs
 - 1 UME curricular Dean (Associate Dean for Medical Education and Assessment, Assistant Dean for Pre-Clerkship Education, or Assistant Dean for Clinical Medical Education)
 - Associate Dean for the Health Career Opportunity Programs

Process

Before appealing a grade, students must have first discussed the grade with the Course/Clerkship Director (CD) **within 2 weeks** of grade posting to review the grading process and accuracy of the grade. After discussion with the clerkship director, the grade may next be reviewed by the departmental grading committee. All students will then have the right to first level of appeal of the grade to a five person Standing Course and Clerkship Appeals Committee (SCCAC). The request for an appeal must be submitted in writing to the Associate Dean for Medical Education and Assessment within 7 calendar days of the decision by the CD and/or Departmental Grading Committee or notification of AAC (Academic Advancement Committee) of the grade (C, F). The scope of the appeal is limited to the grade alone.

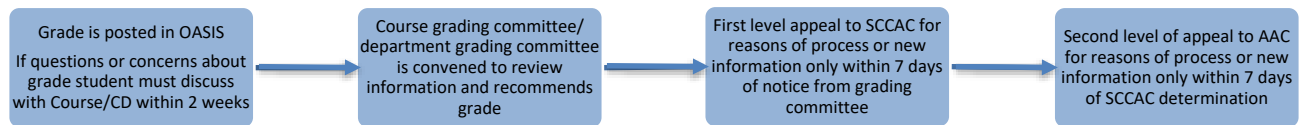
Grade appeals by the SCCAC will be held after each 12 week POD.

Any meeting of the SCCAC will have five members invited. A quorum is 3 members, simple majority needed for a passing vote. There must be appropriate distribution for any given appeal as determined by the Associate Dean for Medical Education and Assessment and/or the Assistant Dean for Medical Student Affairs.

This committee will have the authority to grant or deny the appeal. The remediation plan will not be considered by the SCCAC. See policy 5.g for appeals of remediation and/or repeating courses or year.

Second Level of Appeal: Academic Advancement Committee (AAC)

If the SCCAC denies the appeal, the student has a second and last level of appeal to the AAC. Criteria for this second and last level of appeal will be to present new information or to contest compliance with published processes and procedures. In this context the AAC will make a decision regarding the grade alone. This appeal request must be submitted to the Senior Associate Dean for Medical Student Education within 7 calendar days of notification of the SCCAC's decision.



Grade Documentation Pending Appeals

Grades may be recorded on the transcript even as the appeals period may be pending.

Related to LCME element 9.8 Fair and Timely Summative Assessment

5.f. Student Evaluation and Appeals Review Committee (SEARC)

The Student Evaluation and Appeals Review Committee (SEARC) reviews student appeals of an AAC decision/action regarding promotion or disciplinary action. (see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships). There are various rules governing appeals (see 5.g. Rules Concerning Appeals). The SEARC is advisory to the Dean, who will make the final decision regarding any appeal to SEARC.

SEARC Membership

The SEARC is a standing committee appointed by the Dean and meets ad-hoc when an appeal of an AAC decision/action regarding promotion or disciplinary action arises. Quorum is the presence of 7 voting members (Chair + 6 voting members) and passing is simple majority. Quorum is required for appeal meetings and for a vote. The SEARC recommendation to the Dean will be decided by a simple majority vote of the voting members present at the meeting.

- Voting members:
 - Chair
 - 5 Clinical Faculty
 - 5 Basic Science Faculty
- Non-voting members:
 - Associate Dean for Medical Education and Assessment
 - Assistant Dean for Medical Student Affairs
 - Associate Dean for Health Career Opportunity Programs
 - Senior Associate Dean for Medical Student Education

The SEARC Appeal Process

Within 7 calendar days after receipt of written notification of an AAC decision, the student may submit an appeal to SEARC. This must be submitted in writing to the Senior Associate Dean for Medical Student Education. The appeal must detail specific reasons why the student requests an appeal of the AAC's decision/ action regarding promotion or disciplinary action. The student must provide any supporting documentation they wish to be considered and listing of individuals that the student will be asking to provide information on their behalf.

The Senior Associate Dean for Medical Student Education shall communicate to the student the names of the SEARC membership. The student then has 48 hours to submit to the Senior Associate Dean for Medical Student Education up to two requests for substitution of SEARC members for their appeal.

The Office of Academic Educational affairs will provide the SEARC members with copies of the appeal request and all relevant background material from both the AAC and the student. The Chair of the SEARC shall set the date(s), time(s), and location(s) for the appeal meeting(s). The process for the SEARC appeal is outlined in section 5.g.

The SEARC shall determine (1) whether appropriate process was followed by the Academic Advancement Committee in rendering their decision(s); and/or (2) there is new information that was not available at the time the decision was made.

The recommendation of the SEARC shall be communicated in writing to the Dean of the School of Medicine, who will be provided all the appeal materials. The Dean will make a final decision regarding the appeal. The decision of the Dean is not appealable.

Related to LCME element 11.6 Student Access to Educational Records

5.g. Rules Concerning Appeals to AAC or to SEARC

As discussed in 5.d. (Academic Advancement Committee), students receive written notification of AAC decisions and actions. Within seven days after receipt of written notification of an AAC decision/action, the student may submit an appeal of the decision/action to Student Evaluation and Appeals Review Committee (SEARC) for decisions regarding promotion and disciplinary action.

Appealable to the AAC:

- Appealing remediations
- Appealing repeat of course/clerkship

Decisions Regarding Adverse Action Appealable to the SEARC:

- Appealing repeat of the year
- Appealing non-certification for the match
- Appealing disciplinary action: dismissal, suspension, notification of future program director or notation on the MSPE of professionalism concern



The Senior Associate Dean for Medical Student Education will coordinate the appeal to SEARC and facilitate arrangements for appeal meeting(s). (see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships and 5.f. SEARC).

The Assistant Dean for Medical Student Affairs will provide the student with information regarding the appeals process.

If the student feels that it would be beneficial to them to have persons besides themselves provide information to the Committee, it is the student's responsibility to select and coordinate the appearance of individuals who will provide information on their behalf. The names of said individuals will be provided in advance to the Senior Associate Dean for Medical Student Education. The student is permitted to bring letters or statements written by individuals that speak to either their character and/or the specifics of the situation. Legal counsel may be present at the appeal meeting(s) but will not be permitted to speak or participate. The student must notify the Senior Associate Dean for Medical Student Education at least 24 hours prior to the appeal meeting if legal representation will be present.

The conduct of any meeting(s) to consider an appeal shall be determined by the chair of the committee. The staff who support the Academic Advancement Committee shall prepare minutes of the meeting(s), and issue all correspondence related to the appeal.

In general, meeting(s) for consideration of an appeal shall proceed as follows:

- The committee shall review the case, and related background material which will be provided to the committee members by the AAC support staff ahead of the appeal meeting(s). The committee may meet with and seek additional information from individuals with specific knowledge of the case (e.g., Section Leader, Assistant Dean for Medical Student Affairs, etc.) at any time during the appeals process.
- The student will be invited to present their appeal to the committee. The student may provide additional relevant information and/or ask individuals to speak on their behalf. The student may be asked to answer questions from committee members.

Information Available to the Committees

The AAC and the SEARC shall have access to all material included in a student's file.

Committee Decisions

Quorum is required for a committee vote regarding an appeal. Decisions of the committee are based on a simple majority of the voting members present at the meeting. Decisions are upheld or rescinded based on the following *criteria*:

- (1) whether appropriate process was followed by the Academic Advancement Committee in rendering their decision(s);
or
- (2) was there new information not available at the time the decision was made.

5.h. Forward Feeding and Disclosure Policy / Access to Student Records

Student records are considered confidential under UConn Health's [FERPA Policy](https://privacy.uconn.edu/ferpa-overview/). Please visit <https://privacy.uconn.edu/ferpa-overview/> for details.

Although the grading procedure allows identification of students, this does not mean student performance can or should be freely discussed. The sharing of student grades is done only on a need-to-know basis. At the discretion of the Course Director, student performance within or during a course can be shared with Section Leaders and/or other faculty involved in the course. Student performance in one course may also be shared with the Course Director/Section Leader of other courses upon review by the UME deans. It is the discretion of the Associate Dean for Medical Education and Assessment in consultation with the Assistant Dean for Medical Student Affairs and/or Senior Associate Dean for Medical Student Education to determine if sharing of student academic information is of educational benefit to the student within the requirements provided by FERPA (see definition below*). In instances where feeding of information is deemed appropriate, the student will be notified of the decision by the faculty member responsible for providing the information.

The Academic Advancement Committee (AAC) shall be provided access to the student's entire academic record. See policy 5.d. for the list of information available to the AAC.

Academic Coach Access

Each medical student will be assigned to a pair of Coaches who monitor academic progress through each block by having access to grades, evaluations and other pertinent components of the student record in OASIS, such as schedules and compliance information. Coaches will have access to student final grades and overall assessment, and will use this information to guide the student during LEAP (Learning Enhancement and Assessment Period) in creating goals related to academic performance and professional growth. Course Directors may approach the Assistant Dean for Medical Student Affairs or the Associate Dean for Medical Education and Assessment to facilitate connection to the academic Coach with issues within the appropriate course but shall not receive information from the Coach regarding other courses. Coaches are provided FERPA guidelines <https://privacy.uconn.edu/ferpa-overview/> and sign an attestation of understanding each year.

Learning Specialists

The learning specialists may be informed of a student's academic progress and performance at the discretion of the AAC to help guide the student in their learning.

Student Access to Their Own Educational Records

The Registrar is the official keeper of the students' academic records. Students have the right and are welcome to review the contents of their own educational record under supervision. Students may not remove any materials from their educational record. Students who wish to inspect their record must make their request in writing to the Assistant Dean for Medical

Student Affairs, who will facilitate the request to the Office of the Registrar. Registrar's office staff will make arrangements for access and notify the student of the time and place where the records may be inspected. A staff member will be present while the student reviews the file. A student may also request copies of documents but may not remove documents from the file. The timing of the review is based on the administrative process necessary to produce the record. Students have the right to inspect and review their record within 45 days of the day the University receives the request regarding the student's educational record.

In the event a student contests the accuracy or validity of items in their academic record, they may request correction of factual errors. Such requests are made to the Assistant Dean for Medical Student Affairs who will then facilitate the request with the Registrar and UConn's Privacy Officer. As part of the process, a hearing may be conducted. The hearing shall be conducted by a hearing body who will hear all testimony, review all evidence presented at the hearing and render a decision. The hearing body shall be appointed by the Vice President of Student Affairs for the Storrs and Regional Campuses, or by the Assistant Dean of Students for each school (Medical and Dental) at UCHC, provided that person(s) does not have a direct interest in the outcome. See the last section of the [FERPA policy](#) for full details.

A student may also place into their educational record documents and/or statements that relate to contested items present in the file, or which are related to their academic performance.

Note: Admission materials are maintained but are not considered part of the UConn SOM educational record and are not available for review.

Access to Student Educational Records by Others

Access to student files is limited to the student and appropriate school officials as defined by FERPA*.

Students must give written permission to let others view the contents of their record (e.g., faculty for the purpose of writing letters of recommendation). Students may also request that portions of their records (transcripts, selected evaluations, student status, etc.) be sent out for application purposes for loans, hospital credentialing, etc. Such written requests will be honored as long as the student is in good standing with the Bursar's Office. Release forms are available in the Registrar's Office and the Office of Medical Student Affairs.

At the discretion of the Assistant Dean for Medical Student Affairs, only limited and pertinent information may be released to appropriate Dean's office staff and faculty having a legitimate educational interest. The Assistant Dean for Medical Student Affairs may approve release of only pertinent information to organizations and individuals conducting studies for educational agencies, student aid programs, or educational improvement programs. This information shall be coded to protect student confidentiality.

The School may release information from the student's file without a student's written permission only in the following instances:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and CT State and local authorities, within a juvenile justice system, pursuant to specific CT State law.

In these instances, the school will make a reasonable effort to notify the student when a request for release of information is received, provided such notification is not prohibited by judicial order. The student shall be provided with the name of the requesting agency or individual, the nature of the request, and the information to be released by the school. Notification shall be made prior to release of the information.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380, as amended), UConn Health may publish and/or make generally known certain "directory information." "Directory Information" may be distributed by the school in printed format or electronically.

*To see more information on student rights under FERPA please visit:

<https://privacy.uconn.edu/notification-of-student-rights/>.

Directory information is limited to the following:

- (1) Name
- (2) UConn Health address
- (3) Anticipated graduation class
- (4) Class year (MS-1, MS-2, MS-3 or MS-4)
- (5) Enrollment status (full-time, part-time)
- (6) Dates of attendance
- (7) Degree(s) and award(s) received
- (8) Major fields of study
- (9) Residency program into which the student has matched
- (10) Participation in officially recognized activities
- (11) Undergraduate university(s) and/or college(s) attended.

The following information may be made available to UConn Health organizations and individuals, but not placed in any directory that is accessible to the general public.

- (1) Cell phone number
- (2) E-mail address
- (3) Home address
- (4) Home telephone number
- (5) Photograph
- (6) Class schedule/roster

- (7) Date of birth
- (8) Hometown

A student may restrict the release of directory information by contacting the Office of the Registrar.

Related to LCME elements 11.5 Confidentiality of Student Educational Records and 11.6 Student Access to Educational Records

5.i. Course and Section Place Outs

It is recognized that some students entering the School of Medicine, or repeating a year, may have an adequate knowledge base in some of the topics covered in the educational program. Accordingly, students may “place out” of course sections or entire courses.

If a student believes that their prior work or experience qualifies them for a Place Out, they can review the matter with the Associate Dean for Medical Education and Assessment. Assessment of an individual's prospects for placing out will include documentation of credentials and experience in the subject area in question.

The Associate Dean for Medical Education and Assessment, along with the appropriate Course Director, will determine if a student is qualified for a Place Out. If the student is in a remediation program and under the purview of the Academic Advancement Committee, the Academic Advancement Committee (AAC) informed by the Course Director's opinion, will stipulate if Place Outs are appropriate for students who are repeating a year. Students are not automatically placed out of a course section because of satisfactory performance in a prior year. Students must request a Place Out in writing.

Section 6: Medical School Education Program Objectives/ Graduation Competencies and Degree Programs

The University of Connecticut School of Medicine requires its medical students to develop competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, interprofessional collaboration, and personal and professional development. The expected level of competency attained must be sufficient to allow these new physicians to be successful in graduate medical education programs, and must also provide them with the attitudes, skills, and values requisite to continually update these competencies over the lifetime of their careers. Students will be broadly trained and prepared to undertake advanced training for careers in patient care, academic medicine, public health, and/or research. Faculty members, as teachers, mentors, and role models, are committed to support the development of these student competencies.

Policies included in this section:

Medical School Education Program Objectives: MDelta Curriculum*

- 6.a. Patient Care Competency Domain
- 6.b. Medical Knowledge Competency Domain
- 6.c. Practice-Based Learning and Improvement Competency Domain
- 6.d. Interpersonal and Communication Skills Competency Domain
- 6.e. Professionalism Competency Domain
- 6.f. Systems-Based Practice Competency Domain
- 6.f.1. Interprofessional Collaboration Competency Domain
- 6.f.2. Personal and Professional Development Competency Domain

Graduation Policies

- 6.g. General Promotion/Graduation Requirements
- 6.g.1. Procedures Required for Graduation
- 6.g.2. Extension of Graduation Requirements

Dual Degree Policy

- 6.h. Degree Programs and Scholarly Year

Related to LCME element 6.1 Program and Learning Objectives

**Reviewed and approved by CUME on July 10, 2025*

Medical School Education Program Objectives: MDelta Curriculum

6.a. Patient Care Competency Domain

Goal: Graduates must be able to collaborate effectively to provide patient care that is compassionate, appropriate, and effective both for the treatment of health problems and the promotion of health.

Competency 1.1: Graduates will obtain a developmentally and culturally appropriate medical history that includes the patient's perspectives.

Graduates will be able to:

- 1.1.1 Perform a relevant and accurate history and physical examination, distinguishing between normal and abnormal findings.
- 1.1.2 Document history and physical findings accurately and succinctly.
- 1.1.3 Elicit a patient's or surrogate's perspective and concerns.
- 1.1.4 Identify the acuity of a patient's problem with appropriate triage.

Competency 1.2: Graduates will utilize patient information, knowledge of both basic medical sciences and current practice guidelines as well as appropriate clinical judgement to make diagnostic and therapeutic decisions.

Graduates will be able to:

- 1.2.1 Apply knowledge of basic medical sciences to the interpretation of patient history, physical examination, and laboratory data.
- 1.2.2 Identify and address risk factors to prevent disease and promote health, including the use of screening tools to identify patients/families experiencing problems with literacy, environmental conditions, violence, substance use and physical, psychological, and/or sexual abuse.
- 1.2.3 Apply the tools of evidence-based medicine (epidemiology, biostatistics, and diagnostic efficacy) in assessing the validity of new research data concerning diagnosis and treatment.

Competency 1.3: Graduates will develop and implement patient management plans.

Graduates will be able to:

- 1.3.1 Create and prioritize a comprehensive problem list and assess each problem appropriately, formulating and prioritizing a differential diagnosis when indicated.
- 1.3.2 Apply decision analysis, relative costs, and discussion with other healthcare professionals to order and accurately interpret common diagnostic tests and procedures.

- 1.3.3 Develop strategies to diagnose and treat common medical conditions in a variety of clinical settings across the lifespan of a patient. Utilize patient care guidelines to screen patients for common conditions in order to promote wellness and prevent diseases.
- 1.3.4 Utilize supportive clinical reasoning, discussions with patients, families and consultants and medical records to formulate problem lists and management plans.
- 1.3.5 Integrate biological, psychological, and social factors to inform appropriate treatment of health problems.
- 1.3.6. Work with the health care team to identify, assess and manage pain and suffering, providing support and comfort when cure may not be possible.
- 1.3.7 Identify appropriate resources and educational materials for patients, including community-based organizations, other healthcare professionals, support groups, internet resources, and handouts.
- 1.3.8 Provide appropriate, accurate, and timely information when transferring a patient's care to another provider.
- 1.3.9 Recognize when additional help is needed and understand the input of the multidisciplinary team when making patient care decisions.

Competency 1.4: Graduates will acquire and demonstrate proficiency in basic clinical procedural skills.
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Graduates will be able to:

- 1.4.1 Perform common medical procedures such as vaccine administration, throat swabs, suture knot tying and IV placement.

Medical School Education Program Objectives: MDelta Curriculum

6.b. Medical Knowledge Competency Domain

Competency 2.1: Graduates will apply the sciences basic to medicine in order to create a foundation for learning the principles of health promotion.

Graduates will be able to:

- 2.1.1 Apply principles of nutrition as they relate to health maintenance and promotion.
- 2.1.2 Identify and explain normal structure and function of the human body along with each of the major organ systems.
- 2.1.3 Identify and explain the molecular, biochemical, genetic and cellular mechanisms important to maintaining the body's homeostasis.
- 2.1.4 Describe normal physical and psychological development across the human lifespan, including normal variations.
- 2.1.5 Recognize and apply principles of psychological development to health promotion and the treatment of illness.

Competency 2.2: Graduates will identify pathological conditions in patients, applying their knowledge of normal physiology and pathophysiology.

Graduates will be able to:

- 2.2.1 Describe the pathogenesis and pathophysiology of disease and the resulting clinical signs and symptoms, including pain.
- 2.2.2 Recognize the etiology, epidemiology, clinical manifestations, prognosis, and natural history of common illnesses.
- 2.2.3 Describe the principles of contemporary therapeutics, including but not limited to molecular, biological, pharmacological, surgical, complementary and alternative medicine.
- 2.2.4 Using the principles of nutrition describe how they relate to the care of acutely and chronically ill patients.
- 2.2.5 Identify and explain the function and pathophysiology of pain.
- 2.2.6 Relate and apply essential basic science concepts and clinical knowledge base to the patient's problem and treatment.
- 2.2.7 Identify, analyze, and apply the important non-biological determinants of health and evaluate the psychological, social and cultural factors that contribute to the development and progression of illness.

Competency 2.3: Graduates will identify and manage clinical problems, drawing upon a solid foundation of knowledge in the health sciences.

Graduates will be able to:

- 2.3.1 Identify common sources of medical error and basic concepts of risk management in medical practice.
- 2.3.2 Describe the importance of the scientific method and evidence-based medicine, in establishing causation of disease, efficacy of traditional and non-traditional therapies and their application to health and disease management.
- 2.3.3 Evaluate the legal and ethical framework and principles that govern sound clinical decision making, including adherence to standards of care.
- 2.3.4 Describe the role of culture, population health, and epidemiology in communities that influence health and illness.
- 2.3.5 Describe the contributions from various research fields including basic science, translational research, public health and clinical studies to the development of medical care.
- 2.3.6 Identify resources available to patients, families and communities in the promotion of health and in the prevention of illness.

Medical School Education Program Objectives: MDelta Curriculum

6.c. Practice-Based Learning and Improvement Competency Domain

Goal: Graduates should have the knowledge, skills and attitudes necessary to evaluate their method of practice and implement strategies for improvement of patient care.

Competency 3.1: Graduates will evaluate their method of practice.

Graduates will be able to:

- 3.1.1 Demonstrate competency in the use of patient medical records, including information technology and electronic communications to acquire, store, and retrieve individual patient and practice data.
- 3.1.2 Demonstrate ability to initiate analysis of individual patient and practice data retrieved to identify strengths and areas for improvement in their method of practice.
- 3.1.3 Practice evidence-based medicine by using relevant sources of information to formulate clear clinical questions, finding best sources of evidence; evaluating and appraising the evidence for validity and usefulness with respect to particular patients or populations, and determining when and how to integrate new findings into practice.

Competency 3.2: Graduates will implement strategies to improve patient care.

Graduates will be able to:

- 3.2.1 Participate in the utilization of performance improvement processes including identifying areas for improvement, designing and implementing strategies for improvement, and assessing outcomes.
- 3.2.2 Utilize practice guidelines and clinical pathways to improve the quality of care for populations of patients while recognizing their limitations.

Competency 3.3: Graduates will implement strategies to promote lifelong learning.

Graduates will be able to:

- 3.3.1 Identify strengths, deficiencies, and limits in their knowledge and expertise, set learning and improvement goals and identify and perform learning activities that address gaps in knowledge, skills, and attitudes.
- 3.3.2 Participate in the education of patients, families, learners, trainees, peers, and other health professionals.

Medical School Education Program Objectives: MDelta Curriculum

6.d. Interpersonal and Communication Skills Competency Domain

Goal: Graduates must demonstrate the skills and attitudes that allow effective interaction with patients, families, and all members of the healthcare team.

Competency 4.1: Graduates will apply the skills and attitudes that allow effective interaction with patients and their families.

Graduates will be able to:

- 4.1.1 Demonstrate empathy and respect for patients and their families.
- 4.1.2 Evaluate and integrate in patient care the impact of an illness and its treatment on the patient and their families.
- 4.1.3 Demonstrate effective interviewing skills, including attentive listening, eliciting patient's concerns, establishing rapport, and exploring a patient's perspective, beliefs, and emotions.
- 4.1.4 Communicate information with sensitivity and clarity and in a language understood by the patient and family, while checking for understanding and encouraging questions.
- 4.1.5 Demonstrate shared decision-making and negotiation of management plans with patients and their families.

Competency 4.2: Graduates will demonstrate the skills and attitudes that allow effective interaction with other members of the healthcare team, including colleagues, peers and learners.

Graduates will be able to:

- 4.2.1 Demonstrate effective and accurate oral presentation skills appropriate to the setting.
- 4.2.2 Critically appraise scientific literature and apply knowledge gained to patient care.
- 4.2.3 Provide respectful and constructive feedback to preceptors, peers, and team members.
- 4.2.4 Receive and incorporate feedback from preceptors, peers, and team members for continuous improvement.
- 4.2.5 Involve faculty, peers, or other healthcare providers to elicit and/or clarify information appropriate to the setting.
- 4.2.6 Collaborate with and teach other learners.

Medical School Education Program Objectives: MDelta Curriculum

6.e. Professionalism Competency Domain

Goal: Graduates must demonstrate the knowledge, skills, attitudes and behaviors necessary to promote the best interests of patients, society and the medical profession.

Competency 5.1: Graduates will exhibit professional attitudes and behaviors.

Graduates will be able to:

- 5.1.1 Exhibit honesty and integrity with patients/families, peers, the healthcare team, community members, faculty and others.
- 5.1.2 Demonstrate reliability and responsibility by completing duties in a timely fashion and not engaging in patient care responsibilities if emotionally or physically impaired.
- 5.1.3 Adhere to the precepts of doctor-patient confidentiality.
- 5.1.4 Show respect for others, including appropriate grooming, punctuality, courtesy, inclusiveness, avoidance of derogatory backroom discussions, and use of socially acceptable language and humor.
- 5.1.5 Exhibit compassion and empathy in words and deeds when dealing with patients/families, peers, the healthcare team, community members, faculty and others.
- 5.1.6 Demonstrate awareness of appropriate professional boundaries and the inappropriateness of the exploitation of patients for any sexual advantage, personal financial gain, or other private purpose.
- 5.1.7 Display altruism and advocacy demonstrated by a commitment to promoting health care needs of patients and society, and to improve quality and access to care and a just distribution of finite resources.

Competency 5.2: Graduates will develop leadership skills.

Graduates will be able to:

- 5.2.1 Identify and appropriately respond to unprofessional behavior in others.
- 5.2.2 Demonstrate the willingness and capability to work collaboratively and resolve conflicts in a variety of settings to achieve common patient care and educational goals of all involved.
- 5.2.3 Participate and engage in defining, organizing and evaluating the educational process for current and future graduates.

Competency 5.3: Graduates will exhibit an awareness of issues affecting modern medical practice.

Graduates will be able to:

- 5.3.1 Recognize and show sensitivity to culture, race, disabilities, age and other differences in order to reduce healthcare disparities.
- 5.3.2 Identify potential conflicts of interest arising from the influence of marketing and advertising, as well as financial and organizational arrangements.
- 5.3.3 Apply legal and ethical principles to patient care, clinical research, and the practice of medicine.
- 5.3.4 Identify structural factors in society that impact health and may be targets for intervention to promote health and prevent disease.
- 5.3.5 Advocate for patients and for policy and practice issues affecting both individual and community health.

Medical School Education Program Objectives: MDelta Curriculum

6.f. Systems-Based Practice Competency Domain

Goal: Graduates must demonstrate the knowledge, skills, and attitudes necessary to provide high quality care for their patients within the context of the larger healthcare system.

Competency 6.1: Graduates will provide access to high quality care for their patients within the context of the larger health care system.

Graduates will be able to:

- 6.1.1 Identify key characteristics of the organization, financing, and delivery of healthcare services in the medical, dental, and public health delivery system including services for special populations (e.g., mental health, the elderly, end-of-life).
- 6.1.2 Assess various approaches to the organization, financing, and delivery of healthcare.
- 6.1.3 Recognize and discuss ways to improve the biological, social, psychological, and environmental risk factors that result in inadequate healthcare or inadequate access to healthcare.
- 6.1.4 Advocate for patients and/or communities by identifying strategies to access healthcare services and assistance.

Competency 6.2: Graduates will deliver high quality care for their patients within the context of the larger health care system.

Graduates will be able to:

- 6.2.1 Demonstrate collaborative practice by identifying key personnel, evaluating the role of each healthcare team member, and participating in a coordinated effort to optimize patient care.
- 6.2.2 Develop diagnostic and treatment strategies that promote quality of care while considering cost-effectiveness and resource allocation consistent with the promotion of high value care.
- 6.2.3 Recognize and apply strategies to minimize systems errors, such as failure modes/effects analysis, root cause analysis, electronic medical records, and order entry.
- 6.2.4 Advocate for quality patient care and optimal patient care systems.

Medical School Education Program Objectives: MDelta Curriculum

6.f.1. Interprofessional Collaboration Competency Domain

Competency 7.1: Graduates will engage in interprofessional teams in a manner that optimizes safe, effective patient- and population-centered care.

Graduates will be able to:

- 7.1.1 Contribute to the establishment and maintenance of a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- 7.1.2 Identify the unique role of each member of the healthcare team and make contributions appropriate to the role and level of training of the medical student.
- 7.1.3 Communicate with other health professionals in a responsive and responsible manner.
- 7.1.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

Medical School Education Program Objectives: MDelta Curriculum

6.f.2. Personal and Professional Development Competency Domain

Competency 8.1: Graduates will demonstrate the qualities required to sustain lifelong personal and professional growth.

Graduates will be able to:

- 8.1.1 Self-assess knowledge, skills, and emotional limitations in order to engage in appropriate help-seeking behaviors.
- 8.1.2 Prioritize between personal and professional responsibilities to optimize delivery of care.
- 8.1.3 Demonstrate flexibility, trustworthiness, self-confidence and leadership in the effective delivery of healthcare.
- 8.1.4 Demonstrate trustworthiness that makes colleagues feel secure.
- 8.1.5 Demonstrate leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
- 8.1.6 Demonstrate appropriate self-confidence that puts patients, families, and members of the health care team at ease.
- 8.1.7 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

Competency 8.2: Graduates will evaluate and improve their performance.

Graduates will be able to:

- 8.2.1 Demonstrate a commitment to self-improvement, including being open and responsive to feedback, reflection and self-evaluation, and actively setting and pursuing learning goals and applying knowledge gained.
- 8.2.2 Accept responsibility for errors and evaluate setbacks in education and patient care.
- 8.2.3 Identify and continually assess the role of their own personal wellness, values and priorities in their practice of medicine.

6.g. General Promotion/Graduation Requirements

UConn School of Medicine ensures that the medical education program has a single standard for the advancement and graduation of medical students and graduation requirements are verified by the Academic Advancement Committee.

Students at UConn School of Medicine have been carefully selected to meet the demands of medical studies and a life committed to the care of patients and advancement of science. At the time of graduation, the University of Connecticut verifies that the student is adequately trained to function in a constantly changing environment, is a self-directed learner, and that the public can be assured of the graduate's supervised practice. If a student encounters difficulties during school, the deans and faculty are prepared to deal systematically with appropriate remediation in an environment of support and supervision. Mentoring and learning services (e.g. tutoring) are used whenever possible.

No student will be allowed to advance to the next year unless all requirements for the preceding year were completed. Exceptions may be made for continuations of clinical rotations in transition from years 3 to 4.

Stage 1 to Stage 2

Decisions related to promotion are made at the end of Block E. Specifically, to be eligible to advance from Stage 1 to Stage 2, students in Stage 1 must:

- Complete all Stage 1 Courses (CORe, Health Systems Science (HSS), FabLab, Clinical Reasoning, CLIC, DoCC) with a grade of a pass
- Must take USMLE Step 1

Stage 2 to Stage 3

Decisions related to promotion are made at the end of the academic year. Specifically, to be eligible to advance from Stage 2 to Stage 3, students in Stage 2 must:

- Complete all Stage 2 clerkships with a minimum grade of pass
- Complete all HSS, CLIC, the Public Health Certificate in Social Determinants of Health and Disparities requirements
- Complete any electives with a grade of pass
- Pass USMLE Step 1

To receive a degree of Doctor of Medicine, candidates must:

- Complete the fully prescribed course of study* for this degree and must be certified as having successfully met all the criteria required by the school, faculty, and accrediting bodies. This includes passing USMLE Step 1 and USMLE Step 2 CK, each within a maximum of three attempts
- Log required procedures outlined in policy 6.g.1.
- 15 hours of community service and fulfill the community service requirement
- Successful completion of the required clinical skills assessments
- Possess the personal qualifications and attributes that are necessary to engage in the

practice of medicine and be free from qualities and behaviors that would preclude them from properly conducting themselves in the practice of medicine and patient care

- Complete all requirements with an academic and fiscal status that is satisfactory to the Academic Advancement Committee
- Beginning with the Class of 2021, the Public Health Certificate in Social Determinants of Health and Disparities is a requirement (content embedded in this certificate supports the medical school program objectives)
- Completion of all Scholarship and Discovery course requirements

*Dual Degree students (MD/MPH and MD/PhD), students that are approved for Independent Scholarly Enrichment and registered for TRNS 8598 Independent Scholarly Enrichment and OMFS/MD students are exempt from Scholarship and Discovery Stage 3, the Capstone Course, and Capstone requirements. OMFS/MD students are also exempt from the Certificate of Social Determinants of Health and Disparities and the Community Service requirements.

The AAC certifies all students for graduation. The Board of Trustees reserves the right to withhold a degree from any candidate whom the AAC has not certified for graduation.

MDelta Curriculum – Course of Study Criteria*

Stage 1:

Launch and Orientation to Medical School

Subject	Catalog	Description	Credits
EXPL	8111	Case Oriented Essentials A	5.00
EXPL	8112	Case Oriented Essentials B	5.00
EXPL	8113	Case Oriented Essentials C	5.00
EXPL	8114	Case Oriented Essentials D	5.00
EXPL	8115	Case Oriented Essentials E	5.00
EXPL	8121	Fabric of Anatomy & Bio Lab A	3.00
EXPL	8122	Fabric of Anatomy & Bio Lab B	3.00
EXPL	8123	Fabric of Anatomy & Bio Lab C	3.00
EXPL	8124	Fabric of Anatomy & Bio Lab D	3.00
EXPL	8125	Fabric of Anatomy & Bio Lab E	3.00
EXPL	8131	Delivery of Clinical Care A	3.00
EXPL	8132	Delivery of Clinical Care B	3.00
EXPL	8133	Delivery of Clinical Care C	3.00
EXPL	8134	Delivery of Clinical Care D	3.00
EXPL	8135	Delivery of Clinical Care E	3.00
EXPL	8151	Clin Longitud Immersion in the Community ABC	3.00
EXPL	8154	Clin Longitud Immersion in the Community DE	2.00
EXPL	8164	Scholarship & Discovery Stage 1	4.00
EXPL	8174	Clinical Reasoning	2.00
EXPL	8181	Health Systems Science A	4.00

EXPL	8182	Health Systems Science B	4.00
EXPL	8183	Health Systems Science C	4.00
EXPL	8184	Health Systems Science D	4.00
EXPL	8185	Health Systems Science E	4.00

Stage 2:

Kickoff to Stage 2

Subject	Catalog	Description	Credits
CLIN	8210	Independent Study	1.00-12.00
CLIN	8242	Health Systems Science Stage 2	1.00
CLIN	8251	Clin Longitud in Community 2 - A	0.00
CLIN	8252	Clin Longitud in Community 2 - B	2.00
CLIN	8281	Homework A	0.50
CLIN	8282	Homework B	0.50
FMED	8235	Family Medicine Clerkship	6.00
IMED	8227	Medicine: Ambulatory & Inpatient	0.00
IMED	8228	Ambulatory Medicine Component	4.00
IMED	8229	Inpatient Medicine Component	6.00
IMED	8230	Geriatrics	2.00
NEUR	8236	Neurology Clerkship	4.00
OBGY	8237	Ob and Gyn Clerkship	6.00
PEDS	8232	Pediatric: Ambulatory & Inpatient	0.00
PEDS	8233	Ambulatory Pediatric Component	4.00
PEDS	8234	Inpatient Pediatrics Component	4.00
PSCH	8238	Psychiatry Clerkship	6.00
RADS	8260	Radiology Long Clerkship	2.00
SURG	8239	Surgery Clerkship	6.00

Stage 3:

Subject	Catalog	Description	Credits
TRNS	8342	Health Systems Science Stage 3	1.00
TRNS	8361	Transition to Residency	2.00
TRNS	8364	Scholarship & Discovery Stage3	8.00
TRNS	8365	Scholarship and Discovery Capstone	0.00
EMED	8339	Emergency Medicine Clerkship	4.00
IMED	8331-8334	Critical Care Clerkship	4.00
**	**	Advanced Inpatient (Sub-I)	4.00
**	**	Electives (20 weeks/credits over Stage 2/3)	20.00

Additional graduation requirements include completion of Clinical Skills Assessment Program (CSAP), community service hours, and Capstone. Full time is equal to or greater than nine (9) credits.

**See Course Catalog for additional information

6.g.1. Procedures Required for Graduation

Procedures requiring documented competency for graduation

All others procedures are optional and require direct supervision

Basic procedures: (General supervision appropriate only when competent)

Medical students should be directly observed by a qualified supervisor while performing any of the listed procedures until they meet the requirement for performance of the procedure with indirect supervision with documented competency. Students will be observed successfully completing the specific procedure 1-3 times. A qualified supervisor (attending physician, residents, etc.) must be readily available while these procedures are being performed. Documentation (i.e. 1-3) must be finalized in order for students to meet graduation requirements. Direct observation is always required for sensitive exams (breast exam, pelvic, and Pap test specimen acquisition).

Basic Procedures requiring competency for Graduation

Basic Procedures	Number Required
Breast exam (1 required for surgery clerkship and 1 for OBGYN)	3
Finger stick	3
Immunization Administration	3
Throat culture/rapid strep	3
IV placement	3
Phlebotomy/venipuncture	3
Pelvic exam	3-This can be any combination of inspection, speculum exam, bimanual exam, and/or rectovaginal exam. Students must do these exams with direct observation. All four components of the pelvic exam are not specifically required. Specimen acquisition does not have to occur during this exam.
PAP	1-Perform Pap test specimen acquisition - students must perform the acquisition of a Pap test specimen once with direct observation. This exam can also count towards the 3 required pelvic exams.
Wet prep and KOH	1-Perform wet mount, KOH prep, microscopy - this does not have to inclusive of the patient interview or pelvic exam. For this one required encounter the student must do the microscopy with direct observation alone

Competencies always requiring direct supervision:

Those procedures carrying significant risk include any procedure requiring written consent from the patient as well as other invasive procedures such as central venous line placement, external or internal jugular vein puncture, joint aspiration, arterial line placement, lumbar puncture, thoracentesis, paracentesis, and others. Any student performing one of these procedures must be directly observed by a competent supervisor. The supervisor must be present and must be prepared to take over in the event of any difficulty.

6.g.2. Extension of Graduation Requirements

Circumstances may arise that prevent a student from completing academic requirements in time to be certified for graduation according to the processes and schedule established by the Academic Advancement Committee. Such circumstances may include but are not limited to the illness or death of a family member, personal illness, or a delay in receipt of an evaluation of an educational experience. Given the fact that many of these occurrences may occur late in the academic year, they may be impossible to anticipate and beyond a given student's control, the Academic Advancement Committee may at its discretion extend the timeframe of completion of all academic requirements until May 31; thereby qualifying a student for certification to graduate with a May diploma.

There is a possible degree conferral in August that may be granted at the discretion of the Academic Advancement Committee. The student who is in good academic standing and is anticipated to complete all graduation requirements by then, may walk at the May graduation ceremony (prior to the August conferral date) with the conferral of the degree in August.

There is a possible degree conferral in December that may be granted at the discretion of the Academic Advancement Committee. The student who is in good academic standing and is anticipated to complete all graduation requirements by then, will be allowed to walk at the following May graduation ceremony.

6.h. Degree Programs and Scholarly Year

The standard M.D. program is four years in duration. Students may also apply to the following UConn combined and dual degree programs:

MD/PhD: 8-year duration (see policy 4.2.)

MD/MPH: 5-6 year duration (Masters of Public Health)*

MD/MCTR 5-year duration (Masters in Clinical and Translational Research)

*There is often additional work that is completed during the student's final medical school year to complete the MPH degree (such as the thesis) or an additional (6th) year.

At the time of this writing, the MD/MBA program is no longer a combined degree but students are welcome to apply separately to the MBA program.

If a student chooses to pursue a degree at another institution (or another school within the University of Connecticut), they must request a Scholarly Leave of Absence, the exact type depending on what enrollment change status is required between the UConn SOM and the other institution.

The M.D. scholarly year program is a leave of absence that allows students to enrich the standard program with up to a year of full-time academic work, outside of the formal combined and dual degree programs. In most (but not all) cases, work done during this scholarly year may exempt the student from the Capstone graduation requirement. Approval will be required by the Capstone leadership.

For additional information on any of these options and before taking a leave of absence (policy 4.e.) of any kind, please discuss with the Office of Medical Student Affairs.

Section 7: Curriculum Governance

The committees and councils of the University of Connecticut School of Medicine (SOM) that pertain to governance in the SOM:

- Dean's Council
- Education Council (EC)
- Committee on Undergraduate Medical Education (CUME)
 - Curriculum Evaluation Committee (CEC)
 - Curriculum Advisory Committee (CAC)

Each committee is detailed in the following section including authority, membership, and duties.

Policies included in this section:

7.a. Organizational Structure

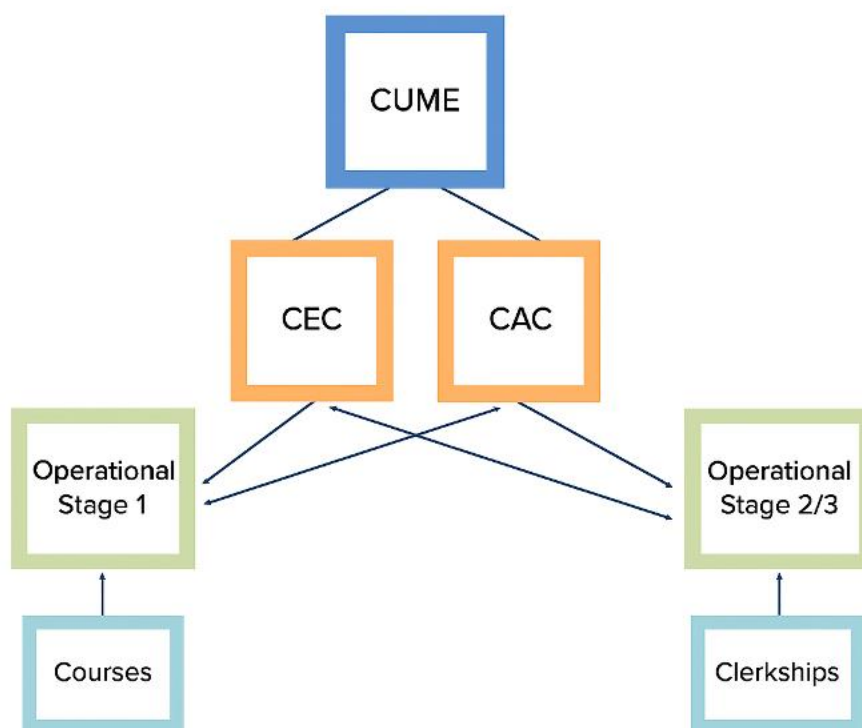
7.a. Organizational Structure

Overview:

There are five policy and planning committees that serve the University of Connecticut School of Medicine, including Education, Research, Clinical Affairs, Public Issues and the Dean's Council. Education Council has oversight of education, provides vision, and oversees reform efforts. Dean's Council is advisory to the Dean and analyzes and reviews the work of the Councils but does not change policy. The Dean's Council advises the Dean regarding strategic planning and resource allocation decisions.

Education Council (EC) is the Central Governance body for all educational matters in the School of Medicine (including UME, GME and CCCME). All committees across the continuum of Medical Education and the Graduate School report information to the EC. EC has delegated policy development and approval to the individual program committees if that policy affects only that program; but for anything that affects more than one program or anything that can affect the culture of the school, EC has direct oversight. The committees that report information directly to EC include: Committee on Undergraduate Medical Education (CUME), Graduate Education Medical Committee (GMEC), Committee on Community & Continuing Medical Education (CCCME), and the Graduate Programs Committee (GPC). CUME serves as the school's curriculum committee for the educational program leading to the M.D. degree and has two sub-committees the Curriculum Advisory Committee (CAC) and Curriculum Evaluation Committee (CEC). In addition, the Stage One Steering Committee (SOSC) and Stage 2/3 Operational Committee are described in more detail below. The UME Leadership Team is made up of key educational leaders in the SOM and serves in an advisory capacity.

Organizational Structure for Curriculum Governance



The following summarizes the organizational structure for curriculum governance, operational and advisory committees for the Undergraduate Medical Education program.

Education Council¹

Duties

The Education Council formulates policies and plans for all educational activities sponsored by the SOM, which include but are not limited to, the undergraduate medical curriculum, graduate and postgraduate medical education, continuing medical education, and community education. The Education Council determines the overarching objectives, general form, and content of the SOM educational programs, and assures their quality. It may also request subordinate committees to deal with any issues related to the educational programs. It oversees the integration of the SOM faculty into the Graduate Programs. It considers the roles of off-site faculty, affiliated hospitals, and community faculty in these educational endeavors. It makes recommendations regarding priorities for the use of available resources.

Authority

The Education Council has authority over all educational activities. As a matter of process, it must submit new strategic plans or major policy revisions to the Dean's Council for review and comment. In addition, decisions that require the allocation of new resources must be considered by the Dean's Council and approved by the Dean.

¹ Excerpt from the School of Medicine Bylaws V1. A.

Membership

One (1) Chief Academic Officer for Education (*ex officio*)

One (1) Chief Academic Officer of the Graduate School, Farmington campus (*ex officio*)

One (1) Faculty member from each standing EC policy subcommittee²

Five (5) elected basic science faculty members

Five (5) elected clinical faculty members

Terms of elected and appointed faculty members are staggered, and of 3 years duration. No member may serve more than two consecutive terms.

All members are voting members unless otherwise noted.

Committee on Undergraduate Medical Education (CUME)

Duties

The Committee on Undergraduate Medical Education (CUME) serves as the principal curriculum committee for the educational program leading to the M.D. degree at the School of Medicine. CUME is responsible for:

- Approving policies for all aspects of the undergraduate medical curriculum, including curriculum structure, educational philosophy, overall curriculum objectives, criteria for student assessment, promotion, and graduation criteria.
- Providing strategic oversight for the direction, evolution, and long-range planning of the educational program.
- This committee oversees management of the curriculum, and the ongoing review of individual courses, segments of the curriculum, and the curriculum as a whole.
- It assesses long-range needs regarding the direction and evolution of the educational program and explores and evaluates innovative trends in medical education.
- Ensuring compliance with LCME accreditation standards, institutional policies, and state/federal regulations.
- Overseeing the quality and effectiveness of curriculum delivery across all phases of the program, including basic science and clinical training.
- Receiving and acting upon regular reports from its standing subcommittees: the Curriculum Evaluation Committee (CEC) and the Curriculum Advisory Committee (CAC).
- Ensuring that curricular planning and review processes promote fairness, reflect the varied backgrounds and experiences of learners and patients, and support accessible and respectful learning environments for all.

² These committees include CUME, GPC, GMEC, CCCME

- Serving as a central hub for curricular feedback from students, faculty, and affiliated institutions, with mechanisms for closing the loop and communicating resulting actions.
- Annually approves the Academic Policy and Procedure Manual, the Course Catalog, and the Academic Calendar.

Authority

CUME has delegated authority over all educational activities related to the undergraduate medical education program. It directs the activities of, and receives regular reports from, its subcommittees, the Curriculum Advisory Committee (CAC) and the Curriculum Evaluation Committee (CEC). All actions and/or recommendations of its subcommittees are reviewed and approved by CUME. At its discretion, and as appropriate, the CUME may create any *ad hoc* committee with current members or non-member faculty and students to address any aspect of the undergraduate medical education program (including researching and drafting policy).

In order to maintain effective communication between the subcommittees of CUME and the affiliated hospitals, the membership includes the chair of CAC and CEC and the Assistant Deans for Medical Education at the affiliated hospitals.

Membership

With the exception of *ex officio* members and students, terms of faculty are of 3 years duration, and renewable once. CUME reviews membership annually; members must comply with 80% attendance requirement and participation.

Ex-officio Non-voting Members:

Senior Associate Dean for Medical Student Education, SOM
 Associate Dean for Medical Education and Assessment
 Associate Dean for Academic Affairs, SoDM
 Associate Dean of Multicultural and Community Affairs
 Assistant Dean of Clinical Medical Education
 Assistant Dean for Medical Student Affairs
 Assistant Dean, Preclerkship Medical Education
 Medical Director for Continuing Medical Education

Ex-officio Voting Members:

Co-Chairs of CEC (one vote)
 Co-Chairs of CAC (one vote)

Chair, Voting Member:

The CUME Chair is elected from and by the faculty voting members below.

Affiliated Hospital Integration

Assistant Deans for Medical Education (non-voting, ex-officio members) at affiliated hospitals serve as key liaisons between CUME and their respective clinical sites. They are responsible for:

- Ensuring the quality of clinical education.
- Coordinating with department chairs on faculty recognition and development.
- Addressing site-specific curricular issues that arise through CUME or subcommittee feedback.

Voting Members

After being nominated by the chair of a department or CUME members or via RFA to the faculty, the nominees are reviewed and ratified by the CUME.

Four (4) faculty from Basic Science Departments

Five (5) faculty from Clinical Departments

8 Elected Medical Students (Only 4 vote at any one time and no more than one vote per class)

One (1) representative from the School of Dental Medicine, selected by the Dean of the SoDM

Note: If a student returns from a leave and enters a different class, that student may remain on the committee as a third elected member of their new class. However, only one student per class may vote. A new student should then be recruited to any class with fewer than 2 representatives.

16 voting members; 9 is a quorum

Subcommittees of CUME:

CEC: Curriculum Evaluation Committee

CAC: Curriculum Advisory Committee

Ad Hoc Committees for Policy Development

CEC and CAC will have elected Co-Chairs from the non-ex officio elected members.

Curriculum Evaluation Committee (CEC)

Duties

The Curriculum Evaluation Committee (CEC) is a standing subcommittee of the Committee on Undergraduate Medical Education (CUME). It is responsible for:

- Reviewing annual course evaluations and corresponding course director reports to identify strengths and areas for improvement.
- Monitoring and reporting on newly implemented courses and substantive changes to existing curricular content.
- Conducting comprehensive reviews of each stage of the curriculum every two years and the curriculum as a whole on a two-year cycle. These reviews include benchmarking student performance against institutional learning objectives and national data.
- Ensuring continuous quality improvement in curricular delivery through data-informed recommendations.
- Monitoring institutional compliance with relevant LCME accreditation standards, and reporting areas of concern to CUME.

Authority

CEC has delegated authority from CUME to oversee and make recommendations regarding curricular effectiveness and alignment with institutional goals. All recommendations and findings are reviewed by the UME Leadership Team and forwarded to CUME for review and implementation decisions. The Co-Chairs of CEC serve as voting members of CUME and provide regular updates on evaluation activities and outcomes.

Membership

With the exception of ex officio members and students, faculty terms are three years and renewable once. Members must comply with the 80% attendance requirement and participate actively in committee responsibilities.

Ex-officio Voting Members:

- Associate Dean for Medical Education and Assessment
- Assistant Dean for Clinical Medical Education
- Basic Science Course Principal

Student Representatives:

- Eight (8) medical students serve on CEC, with only four (4) voting at any one time
- No more than one (1) voting student per class

Note: If a student changes class year due to a leave of absence, they may remain on CEC as a third representative of their new class, but only one student per class may vote.

Co-Chairs:

- Two Co-Chairs are elected from and by the elected faculty members (1 basic science and 1 clinical faculty)

Faculty Voting Members:

- Four (4) faculty from Clinical Departments
- Four (4) faculty from Basic Science Departments

15 voting members (including Co-Chairs if elected from voting faculty); 8 members constitute a quorum

Leadership Structure:

CEC is led by two elected Co-Chairs. The Co-Chairs work collaboratively to set agendas, lead meetings, and represent CEC at CUME meetings.

Curriculum Advisory Committee (CAC)

Duties:

The Curriculum Advisory Committee (CAC) is a standing subcommittee of the Committee on Undergraduate Medical Education (CUME). It is responsible for:

- Reviewing the integration and coordination of the curriculum leading to the M.D. degree across all three stages of the curriculum.
- Conducting longitudinal analysis of curricular content to identify gaps, redundancies, and opportunities for improvement.
- Maintaining and updating the official curriculum map in collaboration with program leaders.
- Recommending changes in content coverage to relevant program directors and operating committees.
- Reporting findings and proposed action plans to CUME for oversight, strategic direction, and implementation.
- Supporting the alignment of curricular content with institutional priorities, including LCME accreditation standards and educational competencies.

Authority

CAC has delegated authority from CUME to advise on curriculum content, structure, and integration. Recommendations from CAC are reviewed and submitted to the UME Leadership Team for triage, and finally to CUME for approval. The Co-Chairs of CAC serve as voting members of CUME and provide regular updates on the committee's activities.

Membership

With the exception of ex officio members and students, faculty terms are three years and renewable once. Members must comply with the 80% attendance requirement and participate actively in committee duties, which includes preparation of reports for committee review.

Ex-officio Voting Members:

Senior Associate Dean for Medical Student Education

Assistant Dean for Preclerkship Medical Education

Clinical Principal

Curriculum Mapping Principal

Representative from Dental School

Student Representatives:

- Eight (8) medical students serve on CEC, with only four (4) voting at any one time

- No more than one (1) voting student per class

Note: If a student changes class year due to a leave of absence, they may remain on CEC as a third representative of their new class, but only one student per class may vote.

Co-Chairs:

- Two Co-Chairs are elected from and by the elected faculty members (1 basic science and 1 clinical faculty)

The following voting faculty representatives will be nominated by the appropriate operating committee:

Faculty Voting Members:

- Four (4) faculty from Clinical Departments (Recommendation to include representation from an ambulatory setting, an inpatient setting, a surgical setting, and from clinical education in stage one)

- Four (4) faculty from Basic Science Departments (Recommendation to include representation from Stage 1 coursework and those who are familiar with content integration)

17 voting members (including Co-Chairs if elected from voting faculty); 9 members constitute a quorum

Leadership Structure:

CAC is led by two elected Co-Chairs. The Co-Chairs work collaboratively to set agendas, lead meetings, and represent CAC at CUME meetings.

Operational:

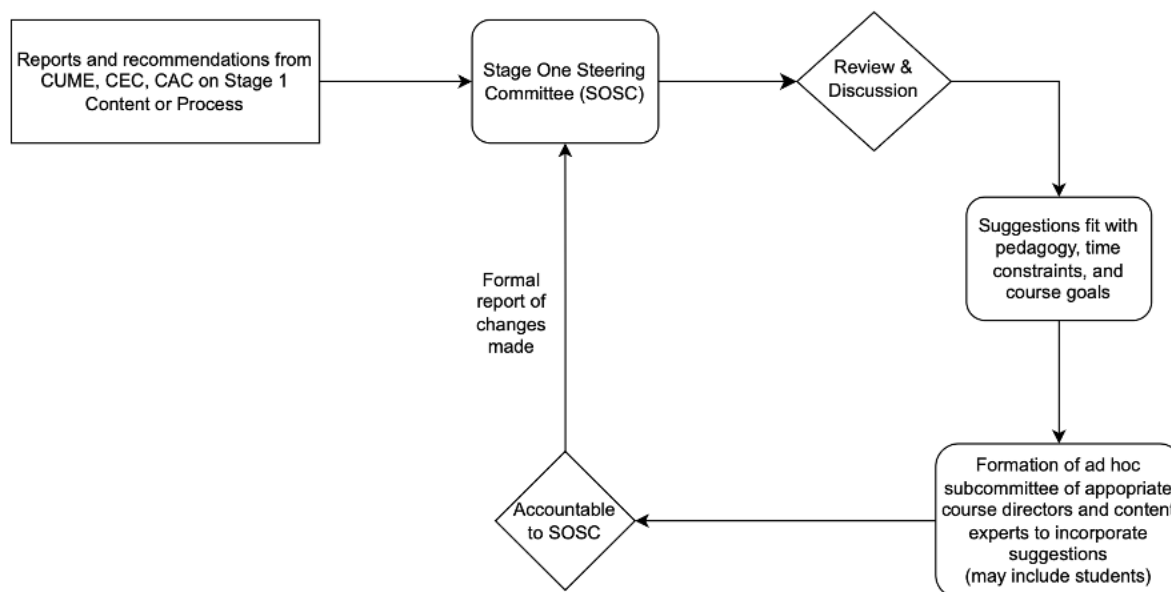
Stage One Steering Committee (SOSC)

Duties

The Stage One Steering Committee (SOSC) is a multidisciplinary group charged with guiding the content, structure, and integration of the pre-clerkship (Stage 1) curriculum at the UConn School of Medicine. The committee ensures that students are adequately prepared for clinical clerkships and licensing exams (USMLE Step 1 and Step 2) by:

- Reviewing and recommending improvements in curricular content, sequencing, and delivery across all Stage 1 programs.
- Identifying redundancy, distribution imbalances, or integration gaps across courses and recommending content reorganization.
- Considering adjustments to assessments and pedagogical approaches to enhance learning outcomes.
- Serving as a forum for incorporating feedback from students, course directors, and institutional evaluation mechanisms (e.g., focus groups, questionnaires, or formal course evaluations).
- Responding to reports and action items from CUME and its subcommittees (CEC, CAC), and initiating curriculum revisions when appropriate.
- Ensuring alignment with overarching educational goals and accreditation requirements.

The SOSC may convene ad hoc subcommittees composed of relevant faculty, course directors, and student representatives to plan and implement specific curricular modifications. These changes are formally documented, reviewed by the SOSC, and reported back to CUME.



Authority

The SOSC functions as an advisory and planning body under the authority of CUME, with a focus on Stage 1 curriculum integration. It reviews curricular proposals and coordinates with course leaders to ensure recommendations are feasible and aligned with educational objectives. Final recommendations are submitted to CUME for ratification. Subcommittees report to the SOSC, which oversees documentation and follow-through on proposed changes.

Membership

Membership includes core faculty from all Stage 1 programs, selected content experts, and MS3 and MS4 students who contribute retrospective insights. The committee is chaired by the Assistant Dean for Preclerkship Medical Education. All members are expected to actively participate in quarterly meetings and contribute to curriculum improvement initiatives.

Voting Members

- One (1) faculty representative from each Stage 1 course:
 - FABLab
 - HSS
 - DOCC/CS
 - CLIC
 - Clinical Reasoning
 - Scholarship
 - CORE
- Longitudinal Content Faculty
- One (1) Stage One student
- One (1) Stage 2/3 student

Ex-officio Non-voting Members

- Chair: Assistant Dean for Preclerkship Medical Education
- Senior Associate Dean for Medical Student Education
- Associate Dean for Medical Education and Assessment
- Assistant Dean for Clinical Medical Education
- Administrative Support

Subcommittees

Ad hoc working groups may be formed to explore specific curricular issues or recommendations. These groups include appropriate faculty and students and are accountable to the SOSC. All formal reports of implemented changes are reviewed by the SOSC and submitted to CUME for final reporting and documentation.

Stage 2-3 Clerkship Committee

Duties

The Stage 2-3 clerkship committee is responsible for overseeing the structure, quality, and implementation of clinical rotations/clerkships that medical students participate in during their third and fourth years. Specific domains that are addressed by this committee include:

1. **Curriculum Oversight:** The committee ensures that each clerkship (e.g., internal medicine, surgery, pediatrics) meets educational goals and objectives and is aligned with accreditation standards (such as those from the LCME).
2. **Assessment and Evaluation:** The committee helps design and review student assessments during clinical rotations (e.g., clinical evaluations, shelf exams, required observations). They also monitor grading practices to ensure fairness and consistency.
3. **Quality Improvement:** Using student feedback, clinical site evaluations, and outcomes data, the committee works to improve the learning environment and clinical teaching quality.
4. **Site and Preceptor Management:** The committee oversees which hospitals, clinics, or physicians are used for teaching, ensuring they provide a good educational experience and site comparability.
5. **Policy Development:** The committee helps to develop and implement policies including clerkship requirements, remediation, professionalism, and duty hours.
6. **Student Advocacy and Support:** The committee addresses students' concerns pertaining to their educational experience during clerkships.

Membership

- All Stage 2/3 Clerkship Directors (including director of special courses and HSS)
- Student representatives from stage 2 and stage 3
- Faculty from scholarship
- Leadership
 - Senior Associate Dean for Medical Student Education
 - Assistant Dean for Medical Student Affairs
 - Associate Dean for Medical Education and Assessment
 - Assistant Dean for Clinical Medical Student Education
 - Clinical Principal
 - UME/ GME Liaison
- Administrative
 - Manager Stage 2/3
 - Admin Program Asst

Voting Members

- One (1) faculty representative from each Stage 2/3 clinical course:
 - Pediatrics (2 votes)
 - AIE Peds (1 vote)
 - Internal Medicine (2 votes)

- AIE Medicine (1 vote)
- OB/GYN (1 vote)
- Surgery (2 votes)
- AIE Surgery (1 vote)
- Neurology (1 vote)
- Psychiatry (1 vote)
- Family medicine (1 vote)
- AIE Fam Med (1 vote)
- Geriatrics (1 vote)
- Radiology (1 vote)
- Critical Care (1 vote)
- Emergency Medicine (1 vote)
- Special courses (1 vote)
- Stage 2/3 HSS (1 vote)
- 3 student reps in Stage 2, 3 student reps in Stage 3. (max student vote 4)

Ex-officio Non-voting Members

- Chair: Clinical Principal
- Assistant Dean for Clinical Medical Education
- Senior Associate Dean for Medical Student Education
- Assistant Dean of Medical Student Affairs
- Associate Dean for Medical Education and Assessment
- Administrative Support

- **24 voting members; 13 members is quorum.**

Advisory

UME (Undergraduate Medical Education) Leadership Team or “TEAM” plays a pivotal role in shaping the direction of medical education at the SOM. Comprised of key leaders in the school, their responsibilities include reviewing current curriculum issues, soliciting feedback from the student body when necessary, and advising other committees on potential action plans. While they do not have voting power on policies, their expertise and guidance serve as a compass for navigating the complex landscape of medical education, ensuring the best possible learning experience for aspiring healthcare professionals.

Current Membership:

Senior Associate Dean for Medical Student Education
Associate Dean for Medical Education and Assessment
Associate Dean for Multicultural and Community Affairs
Assistant Dean for Preclerkship Medical Education
Assistant Dean for Medical Student Affairs
Assistant Dean for Clinical Education
Basic Science Principal
Director, Social and Behavioral Sciences
Curriculum Mapping Principal
Director of Curricular Affairs

Section 8: General Institutional Policies

Policies for UConn Health can be searched on the [Policy Manager website](#) (UCHC log-in credentials required unless policy is accessible via public link). For convenience, some of the policies specific to students can be found below, however, students are encouraged to read and review *all* UConn Health policies. For technical standards, see policy 2.g.

- [HIV/AIDS Non-Discrimination](#)
- [Persons with Disabilities](#)
- [Family Educational Rights and Privacy Act](#)
- [FERPA at University of Connecticut](#)
- [State records retention schedule for higher education](#)
- [Health Insurance Portability & Accountability Act](#)
- [UCHC HIPAA Privacy Policies](#)
- [UCHC HIPAA Security Policies](#)
- [AMA Code of Medical Ethics](#)
- [UConn guide to the State Code of Ethics](#) (applies to students who are also employees)
- [Conflict of Interest policy for SOM](#)
- [UCHC Rules of Conduct](#)
- [Drug-Free Schools & Campuses Act and Drug-Free Workplace Act](#)
- [University of Connecticut Code of Conduct](#)
- [Policy Against Discrimination, Harassment, and Related Interpersonal Violence](#)
- [Non-Retaliation Policy](#)
- [Title IX Federal Policy](#)
- [Workplace Violence Prevention](#)
 - [UConn Health Workplace Incident/Violence Report](#)
- [UCHC Affirmative Action & Equal Employment Opportunity Policy](#)
- [UConn Alcoholic Beverage Sales and Service Policy](#)

Section 9: Visitors in the UME Curriculum Policy

The Undergraduate Medical Education curriculum is designed to educate the accepted matriculants of UConn SOM in preparation for taking care of patients and communities and advancing science and medical education. Because the curriculum has transformed to active team and small group formats, some of which involve patients, we do not allow external visitors to attend, audit or matriculate into the classes along with medical and dental students. Our teaching faculty may attend sessions in preparation for their own teaching.

We do recognize that there may be circumstances that require an external review of our curriculum to benefit our programs and students. In order to facilitate approval for attendance of a curricular offering, a request to attend any class requires submission of a written request including: date, time, reason for attendance to the Associate Dean for Medical Education and Assessment, highlighting the benefit to the program and our students. Requests will be considered by the UME Team on a case-by-case basis with the requirement that external attendees need to attend the class for some potential benefit related to education.

In no instance will future applicants thinking about medical school, visiting students in clinical clerkships, family members of students or of faculty, be permitted to attend class. There may be structured visits prepared by the Admissions office for second look applicants that will be considered.

Section 10: Student Government

Medical Dental Student Government (MDSG) represents the medical and dental students of the UConn School of Medicine and School of Dental Medicine. MDSG plans social activities, distributes funding to student groups, and advocates for the student body to the academic leaders of both schools. They also work with the Wellness Committee to plan activities to promote resilience and well-being.

Current students may visit MDSG online [here](#).

Questions about the student government may be directed to mdsg@uchc.edu or any current officer.

Policies included in this section:

10.a. Constitution of the Medical/Dental Student Government (MDSG)

10.a. Constitution of the Medical/Dental Student Government (MDSG)

Preamble

We the medical and dental students of the University of Connecticut (UConn) Schools of Medicine and Dental Medicine (hereafter, “the student body”), in order to represent us to and enhance communication with the University administration, manage those organizations we may establish, safeguard our treasury, execute the planning of our events, and promote the general academic, cultural, and social well-being of ourselves and those who will follow us, do ordain and establish this constitution for the Medical/Dental Student Government (hereafter, “MDSG”).

Article I – Legislative Body

The General Body shall be the legislative body of MDSG. It will consist of the following members: a President, a Medical Vice President, a Dental Vice President, a Treasurer, a Secretary, one Medical school and Dental school Class Representative from each class, two Medical and one Dental school Social Chairs from both the first and second year classes, and at least one Historian from each of the third and fourth year classes. It shall meet as needed at the sole discretion of the Chair of the Central Committee.

The voting members (hereafter, “the Central Committee”) shall consist of a President, a Medical Vice President, a Dental Vice President, a Treasurer, a Secretary, and the Medical and Dental Class Representatives from each class. It shall write and vote on the regulations of MDSG. Any member of the Central Committee may propose new regulations. A simple majority is sufficient to enact a regulation.

The Central Committee shall appropriate the budget of MDSG and assign funds to different student organizations, planned events, or other expenditures. The Central Committee shall have the power to write rules regarding its procedures and conduct. The Central Committee shall have jurisdiction over all events or projects planned by MDSG, but shall delegate responsibility for those events which concern specific classes to the Social Chairs of those classes or any other designated representatives the Committee shall appoint. The Central Committee may designate representatives to plan any event sponsored by MDSG as it sees appropriate.

The Central Committee shall manage the election of, but exercise no control over, the positions of representatives to the Committee on Undergraduate Medical Education (hereafter, “CUME”) and its three subcommittees: Curriculum Evaluation Subcommittee – Medicine (CEC), Curriculum Advisory Subcommittee – Medicine (CAC), and Curriculum Policy Subcommittee – Medicine. MDSG shall exercise no role in determining when to hold elections, the term length of representatives, or any other factor not directly related to the conduct of the election of these representatives.

The Central Committee shall meet not less than once a month while classes are in session. The Central Committee shall omit a meeting at the sole discretion of the Chairperson. These meetings shall be open to all persons unless the Central Committee votes by simple majority to enter Executive Session.

A quorum of the Central Committee shall be three quarters of the current committee, to conduct and enact official business of MDSG. That quorum must include the President and one of the Vice Presidents. The Chairperson of the committee shall have the authority to call a special meeting that requires the attendance of all members of the Central Committee with not less than three days' notice.

Members of the Central Committee shall serve terms of one year, the timeframe of which being delineated by Article IV, Elections. Only members of the first year class at the time of election shall be eligible to sit in positions of President, Vice President, Treasurer, or Secretary.

Article II – Executive Officers

It shall be the responsibility of the President to chair all meetings of the Central Committee. The President shall schedule all meetings of the Central Committee and shall announce these meetings with adequate notification. The President may call a special meeting with a minimum of three days' notice. The President shall prepare an agenda for each meeting held. The President shall be the representative of MDSG to the faculty, administration, and other staff of the University of Connecticut. The President shall also be the representative of MDSG to any outside group. At any time, the President may designate another member of the Central Committee to act on his or her behalf in these representative roles. The President shall be responsible for communicating the procedures and rules of MDSG as decided by the Central Committee to the student body except where these concern finance. The President shall be responsible for enforcing these rules and regulations. At any time, the President may designate another member of MDSG to perform these functions. Significant changes to the public space of MDSG must have the approval of the President prior to enactment.

When the Class Representatives convey concerns from their constituents to the appropriate Vice President, it shall be the responsibility of that Vice President to carry those concerns to the Central Committee for consideration. Vice Presidents are expected to hold Class Representatives accountable for regularly surveying the concerns of their respective classes. Additionally, the Medical Vice President shall act as a liaison between MDSG and the UConn School of Medicine Alumni Board. In this capacity, they are expected to attend board meetings, advocate for student body interests, and communicate relevant updates back to MDSG.

It shall be the responsibility of the Treasurer to dispense MDSG funds to student organizations, students, and other parties acting in the service of the student body or MDSG as according to the regulations of the Central Committee. The Treasurer shall be responsible for enforcing the rules and regulations of the Central Committee as they concern finance and for communicating these rules to the student body.

The Treasurer shall only dispense MDSG funds upon completion of such requirements as the Central Committee shall deem sufficient. The deposit of funds owed to MDSG in the account of MDSG shall be the responsibility of the Treasurer. The monitoring of all disbursements, deposits, and other transactions involving MDSG funds shall be the responsibility of the Treasurer. In accordance with these responsibilities, it shall be the duty of the Treasurer to maintain the budget of MDSG and advise the Central Committee on all matters pertaining to finance, including a monthly report on the state of MDSG accounts to be delivered at the meeting of the Central Committee. The Treasurer shall maintain and journal actions performed in the course of carrying out the office of the Treasurer. The Treasurer shall also maintain a log of all transactions that shall include, but are not be limited to, copies in either physical, electronic, or both forms. These records shall be available to any member of the Central Committee on request from that member.

It shall be the responsibility of the Secretary to record the minutes of all Central Committee meetings and to maintain a record of these minutes. The Secretary shall also distribute these minutes to the members of the Central Committee following any meeting. If there remain issues to be brought up at the next meeting from a prior meeting, it shall be the responsibility of the Secretary to present such. In the absence of the Secretary at a meeting of the Central Committee, one of the Vice Presidents shall assume the responsibilities of the Secretary on recommendation of the Chairperson. It shall be the responsibility of the Secretary to maintain the public space of MDSG. The Secretary shall coordinate operations of this space and may request the assistance of other members of the Central Committee to perform these functions.

It shall be the responsibility of the Social Chairs to plan and execute those events or projects that MDSG sponsors. Social Chairs shall be responsible for those events or projects that concern their particular class as well as the greater student body. At any time, Social Chairs may request the input or assistance of other members of the Central Committee. The Central Committee shall be kept apprised of all matters related to the planning and execution of these events or projects. No event or project may exceed the amount decided in the budget without the unanimous consent of the President and Treasurer.

It shall be the responsibility of the Class Representatives to regularly interact with the class they represent, through a medium of their choice, in order to gather the opinions and concerns of their class. These communications must be readily available to all students equally, and communications from the Class Representative will be verbalized during MDSG meetings.

It shall be the role of the Historian to advise the current Central Committee on actions and regulations being considered, lending their experience as former Central Committee members.

Article III – Advisors

The advisors to MDSG shall be the Deans of Students of the Medical and Dental Schools. They shall give counsel and advice to the members of MDSG when consulted but shall not have a vote, power, or binding force in the affairs of MDSG or its Central Committee. The counsel of

the advisors shall be considered by the Central Committee of MDSG when given. The Central Committee of MDSG shall meet with their advisors not less than twice per year, with one of these meetings taking place within one month of the election of new officers in each semester. The advisors shall have the power to call the members of the Central Committee to a meeting with at least one week notice.

Article IV – Elections and Terms of Office

There shall be two elections in each academic year for the offices of MDSG. The first shall be announced in the final weeks of Block A/D or opening weeks of Block B/E and will cover the offices of President, Treasurer, Medical and Dental Vice Presidents, Secretary, and Class Representatives of the Second, Third, and Fourth Year Classes. All of these positions have a one-year long term. Persons interested in any of these positions shall deliver a personal statement to the President of MDSG or an alternative designated by the President who shall post these statements on the public space of MDSG and in any other generally accessible place as he or she deems sufficient. The elections will be overseen by the current Secretary, who will run elections in accordance with current best practices. Candidates may run for multiple positions, but in the case that a candidate wins multiple elections, may only serve in a single office of their own choice.

In the event of electoral malfeasance, the President may disqualify offending candidates and call for a new election for one or all positions concerned to occur not less than one week from the date of the original election. The winners of this election shall be announced to the student body within two days of conclusion of the election. In the event of a tie vote, a runoff shall be held between those candidates. This shall continue until such time as a candidate receives a majority of the votes.

The roles of First Year Social Chairs and First Year Class Representatives shall be filled by an election announced during the first few weeks of classes. These positions have a one-year term. This election shall take place shortly after the announcement of the election. Only members of the first year classes shall be eligible to vote or run for office in this election and it shall occur in the manner of the election of the Class Representatives of the Second, Third, and Fourth Year Classes.

At the end of Block B/E, newly-elected officers shall take office following discussion with the former officer in their respective role. In such time as an office of MDSG is vacated for any reason, the remaining members of the Central Committee shall announce a special election to fill that role. This special election shall not take place more than one month from the date of vacancy except for the offices of the President and Treasurer. Special elections for the offices of President and Treasurer shall occur no later than one and a half weeks from the date of vacancy. The election shall follow all procedures laid out in this constitution concerning the normal election for the vacant position save those concerning the class year which elects those positions. The class that originally elected the officer formerly occupying the vacant position shall vote in this special election even if that class has advanced in standing since the original

election for the vacant position. Those elected to vacated offices shall serve out the remainder of the term of that office.

At any point in the year, any member of the Central Committee can bring forward a request for a vote of no confidence for individual Central Committee members. A simple majority will forward the request to a formal vote of no confidence. This vote of no confidence shall be held within three weeks of receipt of the request and shall be overseen by the Class Representatives. All members of the Central Committee save the member under vote for no confidence participate in this election. Any position thus voted on will be vacated if three quarters of the voting members pass the vote of no confidence. If the entire Central Committee is vacated, it shall be filled in an election run by the Class Representatives. Those members held in no confidence shall be ineligible for election to any position in MDSG in any subsequent election.

Any member of MDSG who is required to repeat a year shall vacate their office.

Article V – Budget

The funding of MDSG shall come from the activity fee levied on each member of the student body upon the arrival of a new academic year. These fees shall be kept in an account within the purview of the Finance Department of the University of Connecticut Health Center (hereafter, “Finance”). The total amount of funds present in the account of MDSG shall be determined no later than September 1 of every academic year unless Finance is unable to provide such numbers. In this case, the best estimate of the balance from the prior year shall be used until such time as accurate numbers are obtained. These funds shall be allocated according to the rules and regulations determined by the Central Committee.

No less than 5% of the total activity fees received from all classes should remain in the MDSG checking account at the conclusion of every academic year.

- a. This 5% requirement shall immediately be raised to 15% in the event that the STIF balance falls below \$20,000.

Requests for funds shall take place through forms or other means provided and deemed sufficient by the Central Committee. Any such forms or other means shall be publicly available and explained on the public space of MDSG or by request to any member of MDSG.

The Treasurer shall announce the procedures for filing a fund request within two weeks of the start of a new semester. These instructions shall also be posted on the public space of MDSG. Instructions for filing funding appeals will also be posted on the public space of MDSG. At the sole discretion of the Treasurer and President, with consultation of other members of the Central Committee as deemed appropriate, disbursements may be made in excess of allocated funds or to purposes hitherto unplanned. Any such use of funds must be announced to the Central Committee within one week of the request being fulfilled.

The bylaws of the State of Connecticut demand that any purchases in excess of the amount prescribed by law must be presented to and processed by the Purchasing Department of the University of Connecticut Health Center. No transaction concerning MDSG funds shall occur without both the President and the Treasurer in full concurrence on the validity and appropriateness of the transaction. The signatures of the President and the Treasurer shall both be required for any disbursements made with the funds of MDSG. These signatures shall appear on such form or forms as the Central Committee deems sufficient for that purpose.

The funding cycle for each year concludes at the end of ILO week at 11:59 p.m. Eastern Time after Block C. Any funds requested after this date and time will be allocated from the budget for the following academic year.

The MDSG has access to two accounts: a checking account and a short-term investment fund (STIF) account that accrues 5% interest annually. Student activity fees paid annually by medical and dental students are deposited automatically into the checking account. Money can then be moved per the guidelines below to and from the checking account and STIF account.

- The STIF account should have a minimum balance of \$20,000 at the end of ILO week at 11:59 p.m. Eastern Time after Block C.
- Any transfer from the STIF account into the checking account shall go to a simple majority vote of the Central Committee, unless the following apply:
 - Any withdrawal expected to bring the STIF balance below the minimum balance of \$20,000 shall go to a simple majority vote by the student body.
 - Any withdrawal out of the STIF account greater than or equal to \$50,000 shall go to a simple majority vote by the student body.
 - Within an academic year (starting and ending at the end of ILO week at 11:59 p.m. Eastern Time after Block C), total transfers from the STIF account to the checking account shall be no greater than \$49,999.99. Any transfers exceeding this total amount shall go to a simple majority vote by the student body.

Article VI – Public space

The Central Committee shall maintain a publicly-accessible space for posting of MDSG information and materials. This public space shall contain the names, titles, and emails of the members of the Central Committee, and these shall be available to all members of the student body. The Central Committee may determine the content of this public space and shall direct the Secretary to prepare the space as they decide.

Article VII – Amendments

The General Body shall, whenever two thirds of its body agrees, have the power to amend this constitution. Any member of the General Body may propose amendments. The full General Body must be in attendance for ratification of proposed amendments. All amendments

considered and ratified must be presented to the advisors of MDSG and all four classes of the Medical and Dental schools upon ratification. The student body may request a reconsideration vote through their Class Representatives who shall manage this vote. Upon simple majority vote against the amendment with all classes voting, the amendment shall be nullified. No amendment that has been called for reconsideration shall take effect until the reconsideration vote has concluded and is in favor of the amendment.

Article VIII – Ratification

The unanimous affirmative consent of the members of MDSG at the time of this constitution's creation shall be sufficient for its ratification. This constitution shall be presented to the advisors of MDSG upon ratification. Upon ratification, those officers of MDSG already extant shall serve out the remainder of their terms under the constitution.