Student Handbook – revised September 15, 2007

Any revisions to this handbook must be approved by the Associate Dean for Student Programs, Offices of Medical Education

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**School of Medicine Mission Statement**

To improve the health of Missourians and the nation by:
- Providing excellent health care education, with special emphasis on the needs of rural providers and communities
- Generating new knowledge through health-related research
- Providing the outstanding patient-centered clinical care on which excellence in research and education is base

**Mission and Vision Statement for Education**

Our mission is to educate physicians to provide effective patient-centered care for the people of Missouri and beyond.

**Vision Statement for Education**

The University of Missouri-Columbia School of Medicine provides educational experiences in which the health of our patients is our first priority.
We prepare physicians who provide patient-centered care by working collaboratively with patients, health professionals and others to maximize the health of individuals and communities, with special emphasis on the needs of rural Missouri.
Our educational processes promote intellectual curiosity, professionalism, and skills for life long learning.
We foster compassionate, respectful and humanistic patient care as a vital aspect of medical education.
We practice the integration of research and its findings into the promotion of health and the prevention, diagnosis and treatment of disease.
Our learners build mastery in the science and art of medicine by learning from patients, faculty, staff and each other.
Our success derives from a commitment to hard work, mutual respect, and clinical and academic excellence.
Foundation Values for Medical Education

University of Missouri-Columbia

1. The health of our patients is our first priority. The highest quality health care is the environment for the highest quality education of future physicians.

2. Respect for one’s self, for others and for the truth is a hallmark of our community. The most effective learning takes place in an environment of collaboration, respect, honesty and constructive feedback.

3. Respect is demonstrated by our commitment to act ethically, to welcome difference and to engage in an open exchange.

4. We hold ourselves responsible in our duty to our patients, colleagues and learners. We will not permit consideration of religion, nationality, race, sexual orientation, party politics or social standing to intervene.

5. The attitudes, values and behaviors of future physicians are shaped by the social and cultural milieu of the institution. All our interactions will model the professionalism expected of physicians.

6. Learning requires trust in the value of knowledge and the process of discovery. We strive to achieve the most effective learning environment by engaging in activities designed to promote critical thinking, problem solving and analysis.

7. We aspire to an excellence that is achieved through diligent effort, both individual and collective. Pursuing excellence means being satisfied with no less than the highest goals we can envision.
MU 2020 Critical Success Factors:

Key Characteristics of Our Graduating Students and Residents

Our goal is to create educational experiences that help our graduates (both medical students and residents) attain excellence in the eight characteristics below, with a special emphasis on their ability to deliver effective patient-centered care.

Able to deliver effective patient-centered care: Our graduates are able to deliver care that improves the health of individuals and communities. Patient-centered care reflects a respect for individual patient values, preferences, and expressed needs. This care is grounded in the best available evidence and conserves limited resources. It depends on shared decision-making and active patient participation. Our graduates’ care will be marked by compassion, empathy and patient advocacy.

Honest with high ethical standards: Our graduates’ behavior reflects honesty in relationships with patients, colleagues and societal systems designed to support health care. In practice our graduates understand and adhere to basic principles of medical ethics including justice, beneficence, non-malfeasance, and respect for patient autonomy.

Knowledgeable in biomedical sciences, evidence-based practice, and societal and cultural issues: Graduates possess a fund of knowledge that reflects the current understandings in basic biomedical sciences, clinical disciplines, and social issues that impact patient care. Their knowledge is judged as excellent by faculty and exceeds the expectations of the public and of next-level mentors.

Critical thinker; problem-solver: Problem solving and critical thinking engage three interdependent components: knowledge base, processing skills, and insight (metacognition). From a strong knowledge base, our graduates process and modify information through intellectual curiosity and by questioning the status quo.

Able to communicate with patients and others: Our graduates demonstrate competence in verbal and nonverbal communication skills with patients, families and health care providers in order to establish professional, caring relationships and to facilitate the delivery of high quality, compassionate patient-centered health care.

Able to collaborate with patients and other members of health care team: collaboration is a process through which patients and members of inter-professional teams see different aspects of a problem, explore constructively their differences and search for and implement integrative care solutions that transcend their own limited vision of what is possible. The collaboration process is achieved through mutual cooperation, respect, exchange of information and meaning, sharing resources, and enhancing each other’s capacity for mutual benefits.
MU 2020 Critical Success Factors:

Key Characteristics of Our Graduating Students and Residents

Committed to improving quality and safety: Our graduates work as members of the health care team striving for excellence in the quality of patient care and safety. These graduates assess the results of current practice, and take action to close any gaps. They recognize their own limitations and acknowledge the potential hazards in delivering health care. They problem solve and reconcile errors and near misses. They are committed to proactive systems improvement.

Committed to life-long learning and information mastery: Our graduates are committed to self-assessment and improvement. They continually appraise and assimilate scientific evidence to keep abreast of changes in medical knowledge and practice. Graduates know the basics of how information is organized as well as how to access it effectively. They are competent in synthesizing this information and communicating the knowledge gained from this process.
Pre-clerkship curriculum

- Year one curriculum
- Year two curriculum

The curriculum at the University of Missouri-Columbia School of Medicine offers students an innovative approach to their medical education and training. In 1988, Dean Lester Bryant took his vision for curricular change to the faculty and began a four-year planning process. In 1993, the School implemented a new curriculum that substantially reduced the use of lecture in favor of small group problem-based learning. The curriculum emphasizes problem-solving, self-directed learning, collaborative learning and early clinical experiences, and integrates the basic sciences and clinical problem solving.

Background

Year one consists of four 10-week blocks. Year two follows the same format. Weeks one through eight are for learning. All evaluation occurs during week nine. Week 10 is a break between blocks. Each block has two components: Basic Science/Problem Based Learning (BSci/PBL) and Introduction to Patient Care (IPC). There are no department or discipline-based courses as are found in traditional medical schools. During year one in the BSci/PBL component, students work through 32 authentic clinical cases in groups of eight students with a faculty facilitator. The facilitator is not a content expert, but rather guides the group as they work through the case seeking a diagnosis and patient care plan.

BSci/PBL clinical cases guide learning and the application of basic science concepts in clinical scenarios. A few basic lectures and laboratory experiences teach concepts that supplement the cases. BSci/PBL features about 10 hours of problem-based learning with about 10 hours of traditional teaching such as lectures each week. (This is often referred to as the 10/10 rule). IPC themes change with each block and focus on clinical skills such as history taking and physical examination, psychosocial issues and increasing the students’ understanding of epidemiology, diagnostic tests and psychopathology. The primary learning strategies also emphasize small-group learning with supporting lectures and laboratory experiences. The Ambulatory Care Experience (ACE) is required during blocks 2 through 4. During the ACE each student spends half a day twice a month with a role-model faculty or community physician-preceptor.

Advanced Physical Diagnosis is required during the second year. Students are assigned to a clinician mentor for the entire academic year. Times and frequency of meetings are at the discretion of the faculty member and the students; however, it is recommended that they meet at least twice each month. The emphasis of this APD experience is on history and physical exam skills and clinical reasoning. Successful completion of APD is required for advancing to the core clerkships.

Two half days each week are protected time for independent or student-directed learning; no faculty-initiated activities may be scheduled.
Pre-clerkship curriculum (continued)

Year one

Block one
- **Basic Science/PBL: Structure and Function of the Human Body 1** (6 hours)
  Molecular biology, biochemistry, genetics, embryology, histology and gross anatomy.
- **Introduction to Patient Care: Interviewing** (3 hours)
  Interviewing, history of the present illness, past medical history, the doctor-patient relationship and ethics.

Block two
- **Basic Science/PBL: Structure and Function of the Human Body 2** (6 hours)
  Metabolism, pulmonary, cardiovascular, gastrointestinal, renal and respiratory systems.
- **Introduction to Patient Care: Physical Examination** (3 hours)
  Basic physical examination skills and knowledge underlying the exam
- **Ambulatory care experience**

Block three
- **Basic Science/PBL: Structure and Function of the Human Body 3** (6 hours)
  Neuroanatomy, neurophysiology and endocrine system
- **Introduction to Patient Care: Biopsychosocial Aspects of Medicine** (3 hours)
  Behavioral medicine, substance abuse, human sexuality, culture and health and the dying patient
- **Ambulatory care experience**

Block four
- **Basic Science/PBL: Structure and Function of the Human Body 4** (6 hours)
  Hematology, reproductive structure and function, microorganisms, immune response and pharmacokinetics
- **Introduction to Patient Care: Clinical Epidemiology and Preventive Medicine** (3 hours)
  Distribution and dynamics of disease, clinical epidemiology, risk, prevalence, incidence, disease outbreaks, diagnostic testing and critically reading the literature
- **Ambulatory care experience**
Pre-clerkship curriculum (continued)

Year two

Block five
- **Basic Science/PBL: Pathophysiology 1** (6 hours)
  Cell injury, hemodynamic disturbances, genetic disorders, autoimmune disease, immune deficiency and hypersensitivity.
- **Introduction to Patient Care: Diagnostic Tests and Medical Decisions** (3 hours)
  Diagnostic tests, imaging, tests of function, differential diagnosis and iterative hypothesis testing.
- **Advanced physical diagnosis**

Block six
- **Basic Science/PBL: Pathophysiology 2** (6 hours)
  Cardiovascular, respiratory, blood disorders and nutritional diseases.
- **Introduction to Patient Care: Psychopathology and Behavioral Medicine** (3 hours)
  Normal psychosocial development, psychopathology, psychotherapy, psychopharmacology, when to refer and psychosocial factors in aging.
- **Advanced physical diagnosis**

Block seven
- **Basic Science/PBL: Pathophysiology 3** (6 hours)
  Gastrointestinal, liver, endocrine, renal and genitourinary disorders.
- **Introduction to Patient Care: Clinical Practicum** (3 hours)
  Charts and notes, admissions orders, writing prescriptions, adult and pediatric nutrition, venipuncture, infection control, IV access, fluids and electrolytes, arterial blood gases, intubation, lumbar puncture, catheterization and studies in ophthalmology.
- **Advanced physical diagnosis**

Block eight
- **Basic Science/PBL: Pathophysiology 4** (6 hours)
  Clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, skin and nervous system disorders.
- **Introduction to Patient Care: Doctor as a Person** (3 hours)
  Lifestyle balance, stress, careers in medicine, patient safety, current issues in health care, ethics, end-of-life care and the changing health-care system.
- **Advanced physical diagnosis**
Clinical Years
Year three

During the third year, seven core clerkships are required in Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery. It is during these core clerkships that students learn the fundamentals of good patient care and faculty are assessing that students are competent upon completion of the clerkship. These clinical experiences must be under the supervision of Columbia-based School of Medicine faculty or community faculty appointed through the School of Medicine. Students may take up to three core clerkships developed and approved by School of Medicine departments at community sites through the University of Missouri School of Medicine Rural Track Clerkship program. The program is organized through MU’s Area Health Education Center (AHEC). Students wishing to take core clerkships at one or more of these community sites must be accepted through MU AHEC and be in good academic standing as determined by the Office of Medical Education.

Faculty use their assessments of student performances on the required clerkships to write recommendations for residency applications. It is essential that faculty can attest to the knowledge base, attitudes and skills of students they recommend.

Year four
During the fourth year, three one-month clinical selectives (sub-internships), four one-month general electives and a one-month Advanced Biomedical Sciences are required. A minimum of four courses must be taken under the supervision of Columbia-based School of Medicine faculty as follows:

Students must take two of the three required clinical selectives under the supervision of Columbia-based School of Medicine faculty or community faculty appointed through the School of Medicine. Certain clinical experiences such as the Indian Health Service and designated rural community selectives approved by the department education director are considered under the supervision of Columbia-based School of Medicine faculty and will meet the requirement for one of the two clinical selectives. The third clinical selective may be taken at a site approved by the department, the advisor and the Office of Medical Education.

General electives may be taken at sites approved by the department, the advisor and the Office of Medical Education. Students wishing to take courses at another medical school must comply with all application policies required by the host school.

The Advanced Biomedical Sciences requirement can be met in several ways as described in the catalog. Students should discuss these options with the Associate Dean for Curriculum.
Rural Opportunities
MU Area Health Education Center Rural Programs

As the state’s leading educator of physicians practicing in Missouri, the MU School of Medicine is in a key position to improve the supply and distribution of physicians in rural Missouri. Although it cannot single-handedly solve Missouri’s rural health problems, the school has the unique potential to enhance the physician work force. In response to the challenge, Dean Lester R. Bryant, requested the creation of the MU Area Health Education Center (MU AHEC) Program Office in 1994 to address the shortage of physicians in rural areas of the state.

The MU AHEC Rural Medical Scholars Program was then designed to encompass five distinct, but related curriculum and clinical components. The sequential programs provide students with ongoing exposure to rural medicine. Programs include the AHEC Career Enhancement Scholars program, the Bryant Scholars Pre-Admission Program, the Summer Community Program, the Rural Track Clerkship Program, and the Missouri Physician Placement Service (MPPS).

Summer Community Program

- The Summer Community Program is an exciting opportunity for MU School of Medicine’s rising M2 medical students to participate in a summer clinical program in a community setting. During this four to eight-week program, students directly experience the benefits and rewards of rural practice.

  Students work with a community-based preceptor and are sponsored by a participating hospital. The students receive a stipend as well as room and board, unless they choose to stay with a family member living in the community.

Application and Selection Process

Students complete a brief application form on which they are asked to express their desire to participate in the program. Students are required to attach their curricula vitae to the application form. Applicants must be in good academic standing as determined by the Office of Medical Education. Those with an expressed interest in rural practice are given preference. Rural Scholars (all Bryant Scholars and Rural Conley Scholars) are required to complete the Summer Community Program.
Rural Opportunities (cont) Summer Community Program

Student Responsibilities

Active participation is required for student success while in the community setting. Students are expected to identify learning issues based on their clinical encounters and to address these learning issues during the course of the experience. At a minimum, students take histories and perform appropriately focused physical exams under the supervision of the preceptor. At all times, MU medical students are expected to conduct themselves in a manner consistent with professional standards and norms.

Evaluation and Grading

During the experience, preceptors provide the students with frequent feedback incorporating personal observations and comments from patients, office staff and hospital personnel. A brief evaluation is completed by the preceptor when the student finishes the experience.

Students who complete the program receive a “satisfactory” on their transcript, and written comments from the preceptors are kept in the student’s permanent file in the Office of Medical Education. Students are covered under the University of Missouri’s malpractice plan.

Goals of the Program:

- Increase knowledge of rural practice by working with an experienced preceptor
- Learn about the different specialties commonly available in rural communities
- Improve clinical skills in history-taking, physical examination, assessment and medical management
- Explore common acute and chronic clinical problems
- Compare medical practice in a community setting to practice in an academic health center

For more information about the MU Rural Summer Community Program, call (573) 882-0068.
Rural Opportunities: Rural Track Clerkship Program

Program Overview

The MU Rural Track Clerkship Program offers third-year medical students clinical education in community-based educational centers throughout the state. Students are given the unique opportunity to live and work in one of these communities to gain personal experience regarding the rewards of rural practice. Students may complete up to three core clerkships developed and approved by the School of Medicine’s clinical departments. Through this exposure, the program aims to increase the number of physicians who choose to practice in rural Missouri. Rural Scholars (all Bryant Scholars and Rural Conley Scholars) are required to complete three clinical rotations at one of the community-based training sites.

Community based physicians serve as faculty as well as role models, guiding students through the program and serving as mentors for professional as well as personal development. In these busy rural settings, students have an opportunity to care for a large number of patients and often are able to experience considerable continuity of care.

The exposure to practicing rural medicine does not end with the work day. Because students live in the community, they participate in the complete experience of practicing and residing in a rural area. Students often attend community events with their preceptors and engage in the social life of the community. Housing for students is provided by Area Health Education Centers, in cooperation with local hospitals.

Keeping in touch with MU

While students participating in the Rural Track Clerkship Program may be miles away from their counterparts in Columbia, they have access to the same educational tools. Through the use of video technology, the students at the community sites access similar lecture topics as their MU-based colleagues through a weekly seminar series. Computer networks connect students to MU’s library resources, national databases and electronic communication systems. MU AHEC’s Rural Health Education Coordinators check in with students on a regular basis to monitor their learning experience.

Curriculum

While adjustments are made to the rural track experience to reflect the program’s goals, the curriculum still addresses the discipline-specific objectives of MU School of Medicine. Each year, the Rural Track Clerkship Program's experience is evaluated to ensure it is equivalent to those of other third-year students based in Columbia. The opportunity to take fourth-year electives is available.
Student evaluation

The process for student evaluation is similar to the process used at the School of Medicine and is online. The assignment of grades and credit resides with the School of Medicine and the clinical departments.

Rural Opportunities: Rural Track Clerkship Program (cont)

Goals of the Rural Track Clerkship Program:

- Explore and discover issues relevant to practicing medicine in a rural community
- Provide students with core clinical experiences by working with a qualified preceptor
- Afford students the unique opportunity to live and work in a rural community
- Provide opportunities for service learning through community integration activities

For more information about the Rural Track program, call (573) 884-1716 or 882-5662.

The Bridging Program

During medical school, students have several opportunities to interact with the bridging manager and discuss their residency and practice plans. During residency (at MU or elsewhere), MPPS works to match the desires of the physician with communities looking for physicians.

Goals of MPPS:

- Address Missouri’s rural and under-served physician shortage by increasing the number of physicians in these areas
- Inform medical students regarding MU residencies and Missouri residency opportunities in collaboration with Graduate Medical Education
- Match recruiting hospitals with physicians searching for potential employment
- Assist and serve as an advocate for physicians (former Rural Track participants and others) seeking practice opportunities in Missouri

Services provided by MPPS include:

- Sponsor job fairs where physicians can meet potential employers
- Coordinate logistics for interviews and site visits
- Facilitate spouse/partner job searches
- Prepare and provide profiles and other information about communities looking for physicians
- Enable physicians to examine a large number of career opportunities through a single source
- Assist with CV development and review
- Provide information on salary surveys and compensation models
- Help physicians with PRIMO or National Health Service Corps obligations find opportunities to fulfill their requirements
Requests from Bryant Scholars not to participate in Rural Track

Students pre-admitted to the School of Medicine as Bryant Scholars make a commitment to participate in all components of the program. A request from a Bryant Scholar not to participate in the Summer Community Program or the Rural Track Clerkship Program will only be considered if there are compelling health or personal circumstances supporting the request. The request will only be granted in very unusual circumstances. Students should make the request in writing or by email to the Associate Dean for Student Programs who will consult with other OME Associate Deans and the Rural Track Management Group. The student’s situation may be referred to the Committee on Student Promotions, which is the faculty body responsible for reviewing the progress of all students, especially if there are thought to be issues of ethics or professionalism involved.
Research Opportunities

Opportunities for students to incorporate research training into their education are strongly encouraged and made available; they range from a single summer research fellowship to pursuing an additional degree (MD/PhD or MD/MPH). Further information may be obtained from the Senior Associate Dean for Medical Research, the Senior Associate Dean for Clinical Research, the Senior Associate Dean for Education or the Associate Dean for Student Programs.

The PhD degree is available in a variety of departments, with the MD/PhD dual degree involving a time commitment of six to seven years for completion. Students must complete the basic and clinical sciences for the medical degree as well as course work and research for the graduate degree. (Some of the preclinical courses count towards the graduate degree.) During the time spent in graduate research, the student is supported by a basic science department while working in the laboratory of a scientist, chosen by mutual consent to be the student’s mentor.

It is imperative that students seeking dual degrees meet jointly with their graduate advisor and a representative from the Office of Medical Education to develop a plan of study.
J. Otto Lottes Health Sciences Library

Hours
Regular hours for the Library during both fall and winter semesters are:
- Monday through Thursday 7 a.m. to 1 a.m.
- Friday 7 a.m. to 6 p.m.
- Saturday 9 a.m. to 8 p.m.
- Sunday noon to 1 a.m.

Reference services
For both fall and winter semesters:
- Monday through Wednesday 8 a.m. to 9 p.m.
- Thursday and Friday 8 a.m. to 5 p.m.
- Online reference service is available

Holiday, summer, and intersession hours vary from this regular schedule and will be posted on the Library main doors.

Reserve materials
Overnight reserve checkouts must be made two hours before closing; materials are due 45 minutes after the library opens the following day. During the day, most reserve materials may be checked out for 2 hours. Reserve study guides may be checked out for 4 hours.

Study rooms
Three small group study rooms are available on the third floor of the library. These rooms are for the use of medical students only and are protected by a combination lock. See the receptionist in the Office of Medical Education to obtain the combination. Eating, drinking and smoking in those rooms and throughout the library is prohibited. Failure to comply with these restrictions can result in loss of the use of these study rooms.

Photocopy service
The copy machine is located in the copy room, HSL-201, of the library. It works on a ‘Venda-Card System’. Each student is issued a card, similar to a credit card, which has a certain number of copy credits programmed into it.
First and second year students will receive a quota of 750 copies per semester. Third and fourth year students receive 100 copies per semester.
At the end of each time period, you will turn your card into the Office of Medical Education to have it reprogrammed for the next time period.
Please do not feel obligated to use your entire allotment. The money designated to pay for these copies is money which is intended for student use. Therefore, any money which is saved is student money. On the other hand, there are many times when you need to make copies for class or for study aids. Now you can do that without worrying about having pocket change.
Computer Facilities

The computer facilities of the J. Otto Lottes Health Sciences Library are available to any medical student who has received authorization from DoIT (Division of Information Technology). A wide variety of online and software materials is available at the media desk in the library.

Each PBL room has a fully networked computer workstation. The Health Sciences Library has 76 workstations for medical student use. Beginning with the entering class of 2005, students are required to have laptop or tablet computers. They should have Windows XP as minimum and be IBM compatible. For more information, and recommendations, contact Phil Neff, Systems Support Analyst.
**Student Work Hours Policy**

Student work hours are to be limited to 80 hours per week whilst participating in course work activities. This excludes personal study time.
Technical Standards

All applicants to the University of Missouri-Columbia School of Medicine receive notice of the technical standards expected of candidates for the degree of doctor of medicine with their supplemental application packets and sign a statement that they understand the standards and believe they will be able to meet those standards if they become medical students here. The technical standards expected are outlined here.

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. All students of medicine must possess those intellectual, emotional and physical capabilities necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required by the faculty.

Candidates for the medical degree must be able to observe and perform a variety of procedures. Intact sensory and motor functioning is required for accurate observation and the competent performance of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance and close at hand. This necessitates the functional use of the senses of vision, hearing, touch, and sometimes smell. A candidate must be able to communicate effectively, to hear, and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. The candidate must be able to communicate effectively in oral and written form. Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate must be able to execute movements required to provide general care and emergency treatment to patients.

Problem solving is a critical cognitive skill demanded of physicians and it requires the intellectual abilities of measurement, calculation, reasoning, analysis and synthesis. In addition to these skills, a candidate must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her 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.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. It is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the School. Similarly, the School does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning disabled students, when appropriate, may be granted additional time on required examinations, be examined in separate testing facilities, or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.


**Americans with Disability Act Statement**

To request academic accommodations, students must register with Disability Services, AO38 Brady Commons, and (573) 882-4696. This is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for accommodations planning in cooperation with students and instructors, as needed and consistent with course requirements.

MU’s Adaptive Computing Technology Center (573) 884-2828 is available to provide computing assistance to students with disabilities.

If you need accommodations because of a disability, please inform Rachel Brown MD, Associate Dean for Student Programs, who will advise and assist you in coordinating accommodations within the School of Medicine. Dr Brown is available to discuss issues related to disability and documentation and the School also maintains a standing faculty advisory committee. Dr Brown can be reached by calling (573) 882-2923, or by visiting her in MA213, Offices of Medical Education.

Please also inform Dr Brown if you have emergency medical information to share, or if you need special arrangements in the event the building needs to be evacuated.
Cancellation of classes guidelines

In the event of bad weather, the M-1 and M-2 classes will follow the campus decision to hold or cancel classes. This includes students on Ambulatory Clinical Experience (ACE); however, students should attempt to reschedule a clinic with their preceptor if possible.

M-3 and M-4 students on clinical blocks should check with the clerkship director, attending or resident with whom they are working regarding cancellations. M-3 and M-4 students on non-clinical blocks such as Advanced Biomedical Science should check with the faculty member teaching the block.
Student Absence Guidelines

Usually, an absence will be excused when it is related to:

- The student’s ill health
- An emergency involving the health or well-being of an immediate family member
- Attendance at important events (e.g. weddings and funerals) involving members of one’s immediate family
- Attendance at professional meetings at which a student in good academic standing represents the University of Missouri School of Medicine

Generally, an absence will not be excused for any event (e.g. weddings, funerals, births) not involving members of the student’s immediate family; however, exceptions can be made in special circumstances. Absences for recognized religious holidays may be approved on an individual basis. Requests for excused absences will be reviewed by the Office of Medical Education for first and second year students, and by the appropriate clerkship director for third and fourth year students.

Approval for an excused absence for scheduled events must be obtained before the absence occurs. First and second year students should submit an absence approval form to the appropriate faculty members and to the Office of Medical Education. Third and fourth year students must obtain approval from the clerkship director and notify the department education coordinator.

In unexpected situations such as those involving ill health or family emergencies, a single call to an OME dean will be sufficient to alert everyone of the unexpected absence. OME personnel will then notify those individuals who need to know of the absence.

Students on an approved excused absence will not be penalized for missed days, but they are responsible for all work missed. Students who take unapproved absences are also responsible for all work missed, and their absence(s) may be considered in their evaluation for the block. Students should remember that professionalism is vitally important to the training of future physicians. We try to instill in each student a sense of responsibility including, at times, setting aside personal agendas.
**Absence Policy for Students on Academic Probation**

An absence will not be excused for a student to attend a professional meeting at which the student represents the University of Missouri School of Medicine if that student is on academic probation and has faced a mandatory vote for dismissal by the Committee on Student Promotions within the 90 days immediately prior to the professional meeting. Students on probation who have not faced a mandatory vote for dismissal by the CSP within the last 90 days may be excused if the absence is considered by both the OME and the student’s Block Director (years one and two) or clerkship director (years three and four) not to be likely to interfere with the student’s academic progression.

Students on probation who are considering a request to travel to a professional meeting are encouraged to discuss the request as early as possible with one of the OME Deans.
Core Clerkship Deferral Policy

After successful completion of the M-2 academic year, students are expected to complete all seven core clerkships within the junior M-3 academic year. Rarely, students will need to defer one core clerkship into the senior academic year. Appropriate reasons for deferral may include compelling health or personal reasons such as serious personal illness, family illness or emergency. Academic performance issues may also require a deferral.

Deferral of a core clerkship will generally not be granted for the following circumstances; request to take a senior elective in the junior year, weddings, personal or family vacations, family reunions.

Requests for deferral of a core clerkship into the senior year should be discussed with the Associate Dean for Student Programs. Requests will be reviewed by the Clinical Curriculum Steering Committee (CCSC). If a student would like the committee to consider a deferral, a written letter of request is to be submitted to the CCSC as soon as possible. The CCSC will consider requests for deferral during the monthly regularly scheduled meetings. Appeals should be addressed to the chair of the CCSC who may or may not revisit the issues with the CCSC.
The Committee on Student Promotion

The Rules and Regulations of the Committee on Student Promotion may be accessed under Bylaws of the School of Medicine. What follows is an account of the Committee’s current functions and procedures.

The Committee on Student Promotion (CSP) is charged by the Faculty of the School of Medicine with the responsibility of reviewing the progress of all students who are candidates for the degree Doctor of Medicine. The CSP deals with promotion, leaves of absence, extended duration of curriculum, and recommendations to the Dean for dismissal of students. It also recommends the approval for graduation of students to the Dean and Faculty.

CSP proceedings are confidential where they pertain to personal or family matters of students who come before the committee. Confidentiality does not mean that the legitimate academic records of a student will be eliminated, or that appropriate information will not be shared with the Faculty of the School of Medicine.

To safeguard the right of the student to a fair and unbiased evaluation and to ensure that the responsibility of the Faculty to the student and to the citizens of Missouri is properly safeguarded, the process by which any vote of the Committee to dismiss a student is made shall be reviewed by an Ad Hoc Review Committee of the Faculty, appointed by the Dean with the advice and consent of the Faculty Affairs Council. Such information about the student as is germane to the decision process of the Committee on Student Promotion is made available to the Ad Hoc Review Committee.

The Committee on Student Promotion Committee Composition and Procedures

Members of the CSP include the Block Director or a designee for each basic science-PBL block and a block Director from an M-1 IPC block as well as a Block Director from an M-2 IPC block. The directors of each of the seven core clerkships, or their designees, also are members of the CSP. Representatives of the Dean’s Office serve as ex officio members, without vote. The committee also includes one student from each class without vote appointed by the Dean. Students whose problems are scheduled to come before the Committee will be informed by the Associate Dean for Student Programs, Rachel Brown MD. Students have the right to appear before the Committee and may be accompanied by advocates or observers, who may speak on behalf of the student but should not enter into the committee’s deliberation. Guidelines on participation of student advocates are provided to the student and must be followed. The student is sent the results of committee decisions by certified mail and is also encouraged to meet with the Rachel Brown MD, Associate Dean for Student Programs, to discuss the process and its consequences.
The Committee on Student Promotion (continued)

The Committee on Student Promotion Policy on Promotion and Evaluation.

The faculty recognizes that the competent physician not only must have adequate funds of knowledge, skills, and judgment, but also must demonstrate the personal qualities essential to the profession. Among these personal qualities are emotional stability and high ethical standards. Decisions regarding promotion and graduation take into account not only whether students have adequately met traditional classroom requirements, but also whether they have demonstrated the likelihood that they will be able to achieve and maintain the academic competencies and personal qualities required of the physician.

In making decisions concerning promotion and graduation, the Committee evaluates the student carefully, taking into account whatever reasons may have led the student to have academic difficulty, such as problems of study habits, personal problems, medical problems, and family problems.

The evaluation of student progress in courses is based on such examinations or other tests as are established by each department, block or course and on professional standards and clinical skills as deemed appropriate by the department, block or course. The School believes that its students should demonstrate proficiency in a variety of cognitive, problem-solving, manual, communicative and interpersonal skills. It also insists that its students adhere to the general principles of medical ethics and professionalism.

In general, the promotion from one grading period to the next is contingent upon the satisfactory completion of the courses of each grading period. The Committee on Student Promotion may permit a student who has not satisfactorily completed a course in a preceding grading period to continue while the unsatisfactory performance is resolved.

The Committee on Student Promotion Policy for the Preclinical Curriculum

Students must successfully complete all blocks in the first year of the curriculum to progress to the second year. Second-year students must complete all course work prior to beginning the clinical curriculum. Completion of course work requires rectifying all unsatisfactory grades. Unsatisfactory grades must be rectified in a manner to be determined by the course faculty and approved by the Committee on Student Promotion (CSP). All course requirements in the preclinical curriculum must be satisfied within 36 months of matriculation, excluding time on approved leaves of absence. The CSP may grant an extension in exceptional circumstances by approval of 2/3 of the voting members.
Student performance is reviewed by the CSP upon a student’s receipt of an unsatisfactory grade in any course. The CSP may also review a student for reasons other than a deficient grade such as a non-grade-related instance when concern is raised about the student’s development as a physician. The CSP includes in its deliberations all available information relating to student performance, and then recommends one of four actions:
The Committee on Student Promotion (continued)

- That the student proceeds without probation or special programs/provisions.
- That the student be placed on academic probation, with or without special provisions
- That the student receive special programs or provisions, without academic probation
- That the student be dismissed from school.

The Committee on Student Promotion Policy on Academic Probation: Pre-Clinical Curriculum
The CSP may place on academic probation any student whose academic performance (knowledge, skills, problem solving and professionalism) is judged to be inadequate by a majority of voting members.

Probation is automatic if a student gets a second Unsatisfactory (U) grade in the first two years, whether or not the first U has been resolved. Probation is also automatic is a student receives a U grade because of a deficiency in professionalism.

The CSP determines the duration of academic probation. The first time probation is a minimum of one block. Students placed on academic probation a second time will remain on probation a minimum of two blocks.

It is expected that while on academic probation, students will complete all course work at a satisfactory level of better.

Receipt of an unsatisfactory grade while on academic probation mandates a motion for recommended dismissal by the CSP. A recommendation for dismissal will require a two-thirds vote of the voting CSP members present.

Academic probation triggers intervention which should maximize the opportunity for the student to learn. The CSP may recommend specific programs intended to facilitate student performance. Such programs might include regular meetings with a dean or faculty mentor, assistance from educational specialists, or medical or psychiatric evaluation.

If a student is on probation because of a deficiency in professionalism, all faculty evaluating the student during the probationary period will be notified of the student’s status and provided with the background information about the student sufficient and appropriate to form a valid judgment about the student’s progress.
The Committee on Student Promotion (continued)

The Committee on Student Promotion Policy on Student Dismissal: Pre-clinical Curriculum

The CSP may recommend to the Dean dismissal of students whose academic performance is judged to be unacceptable.

There are also circumstances in which votes for dismissal are automatic.

- when a student accumulates three U grades during the preclinical curriculum.
- when a student receives a U grade while on probation.
- when a student receives a U grade in a course because of a deficiency in professionalism.

Approval of a motion to recommend dismissal requires a two-thirds majority of those voting members present.

The Committee on Student Promotion Policy for the Clinical Curriculum

Students must successfully complete all clinical course work prior to graduation. Completion of clinical course work requires rectifying all unsatisfactory (U) grades in a manner to be determined by the course faculty.

Student performance will be reviewed by the CSP upon a student’s receipt of an unsatisfactory (U) grade in any course.

The CSP may also review a student for reasons other than a deficient grade when concern is raised about the student’s development as a physician.

The CSP will include in its deliberations all available information relating to student performance, and then recommends one of three actions:

- Proceed without probation
- Academic probation
- Dismissal from school. The Dean of the School of Medicine has the ultimate responsibility for dismissal of students.
The Committee on Student Promotion (continued)

The Committee on Student Promotion Policy on Academic Probation: Clinical Curriculum
The CSP may place on academic probation any student whose academic performance is judged to be inadequate.

The CSP must place any student on probation who has received a “U” in a clinical course. The duration of academic probation during the clinical curriculum will be at the discretion of the CSP.

The CSP will delineate specific expectations for student performance while on probation. At the conclusion of the probationary period, the CSP will review the student’s performance and take one of the following actions:
- remove from probation
- continue probation
- recommend dismissal from medical school. A motion for dismissal must pass by two-thirds of the voting members present

The CSP may choose to recommend interventions intended to improve student performance. Examples include regular meetings with a dean in the Office of Medical Education, assistance from educational specialists, or medical or psychiatric evaluation.

If a student is on probation because of a deficiency in professionalism, all faculty evaluating the student during the probationary period will be notified of the student’s status and provided with background information sufficient and appropriate to form a valid judgment about the student’s progress.
The Committee on Student Promotion (continued)

The Committee on Student Promotion Policy on Student Dismissal: Clinical Curriculum
For students in clinical training, the CSP may at any time recommend to the Dean dismissal of students whose academic performance is judged to be unacceptable.

The CSP must consider the motion, “The student shall be dismissed from the School of Medicine” for any student who accumulates three “U” grades during the clinical curriculum. A motion to recommend dismissal must pass by two-thirds of the voting members present.

The Committee on Student Promotion Policy on Graduation
The Committee on Student Promotion considers medical students who are recommended by the Office of Medical Education for graduation upon evidence of their satisfactory completion of the curriculum and upon evidence of the personal qualities required of the physician. Names of students recommended for graduation are forwarded to the Faculty Assembly of the School of Medicine for approval. A student may not graduate with an unrectified unsatisfactory (U) grade on his/her record.

The Committee may also recommend non-calendar graduation of a student in certain circumstances. Students wishing to review those circumstances are referred to the Committee bylaws.

The Committee on Student Promotion Policy on Graduation with Honors
Grades of “Honors” earned during the 2nd, 3rd and 4th years of medical school determine the awarding of Latin honors (cum laude, magna cum laude, and summa cum laude). The number and percentages for magna cum laude and summa cum laude may vary slightly each year, dependent upon the actual distribution of grades.

Those students earning 50% or more “Honors” grades in the eligible courses will be considered for graduating with Latin honors. Eligible courses are all required second year courses, all third year required clerkships, and all fourth year required courses (1ABS, 3 Advanced Medical/Surgical Selectives). Fourth year General Electives do not count toward Latin honors. The cutoff for consideration for Latin honors will be Block 19B.

Students with unsatisfactory (U) grades beginning with Block 5 are not eligible for Latin honors. Transfer students are eligible for Latin honors, based on the qualifying percentages of their grades earned at the MU School of Medicine and their entering grade point average.
The Committee on Student Promotion (continued)

The Committee on Student Promotion Policy on Leave of Absence
This term applies when a student plans to absent himself/herself from the School of Medicine and no other educational process is involved. Leave of absence is limited to situations when automatic readmission is implied – such as family problems, illness, or other personal consideration. The CSP reserves the right to review the student’s situation prior to the time of potential reentrance.

The CSP considers leaves of absence when:
- The student has submitted in writing a detailed explanation of his/her request.
- The Associate Dean for Student Programs has determined that the student is currently in good standing and/or whether continuing satisfactory performance may be jeopardized by the consideration referred to above.
- The student has appeared before the CSP in person, except where considerations referred to above make this impossible or undesirable.

Approval will be given only in those instances where such leave is clearly in the best interests of the student. The CSP may approve other absences when necessary on an individual basis by a simple majority of voting members present.

The Committee on Student Promotion Policy on Extended Duration of Curriculum without Academic Deficiency
This term applies when a student extends the duration of his/her undergraduate medical training beyond the customary four years.

Extension of curriculum will be considered by the CSP when:
- Requested by a student in writing including a detailed description of the student’s plans and the rationale for the request. Letters of support shall be obtained from the faculty members involved in the curriculum change.
- The Associate Dean for Student Programs documents that the student is in good standing and provides the CSP with his/her academic records.
- The student appears before the CSP in person to present his/her plans and answer questions.

Each request for curriculum extension shall be carefully evaluated on its own merit with regard to the educational benefits to be derived by the student. It is the policy to grant requests for extension of curriculum when there is evidence that the student will benefit from the change.
Collected Rules and Regulations
Grievance Procedures

- Chapter 370: Academic Grievances
- Chapter 380: Administrative, Service and Support Staff Grievances
- Chapter 390: Student Discrimination Grievances
Access to student records

A. Admissions files

Copies of transcripts or letters of recommendation used for the purpose of medical school admissions are confidential documents that will not be provided to students, faculty, or outside parties. Once a student matriculates, the letters of recommendation are destroyed.

B. Academic files

The Offices of Medical Education makes every effort to assure the confidentiality of academic files. Except for Medical Education Office personnel, any person authorized through the Family Educational Rights and Privacy Act of 1974 (FERPA) and with a legitimate educational need to access a student’s academic file will be asked to log the date, his/her name and department, and the reason for accessing the record. This procedure will assist office personnel in safeguarding the contents of the file and will enable the student to monitor the identity of persons who have accessed his/her record.

A student may submit a request to see his/her file at any time. No student records may be taken from the Office of Medical Education except for use by the Medical School Performance Evaluation Committee or the Committee on Student Promotion or after review by a dean within the Office of Medical Education.

A student may ask that the School of Medicine amend a component of the record that the student believes to be inaccurate. Requests should be made in writing to the Associate Dean for Student Programs, should clearly identify the part of the record the student wishes to be changed and why the student believes to be inaccurate. If the School decides not to amend the record, the student will be notified in writing of the decision and of their right to appeal through University grievance procedures.
Procedures for release of public information

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) grants students the right to prohibit the University from releasing “public information” which, unlike all other information, may be released without their permission. This Public Information consists of:

- Name
- Address
- Telephone listing
- Date and place of birth
- Major field of study
- Dates of attendance
- Degrees and awards received
- Enrollment status in any past or present semester i.e. full/part time
- The most recent education agency or institution attended
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams

Interested people who might want and request this public information include potential employers, banks, credit granting institutions, insurance companies, attorneys, parents and others.

The University Registrar provides students with two options regarding release of information:

Option One
The University may not release Public Information as defined above without my consent

Option Two
The University may release Public Information as defined above without my consent.

The default option is option two.

Students may prohibit the University from releasing this information without their consent by selecting release of information option one. By choosing this option, students will also eliminate the listing of their names from the campus student directory and from MU news releases pertaining to such items as announcements of participation in activities, and announcements of honors including commencement. Students may change their choice to release of information option two after they have graduated or otherwise left the University. Students may choose to prohibit the release of Public Information only while they are students by so indicating on the registration form under “Release of Information."

The above policy does not pertain to the release of grades to parents of students. The University does not release grades to parents unless the student specifically authorized it in writing in the registrar’s office of a parent shows proof the student is a dependent as defined in Section 152 of the Internal Revenue Code of 1954.
Procedures for release of public information (continued)

Furthermore, the School of Medicine will not respond to requests for information from spouse, roommates, etc., without the written permission of the concerned student.

The School of Medicine annually publishes a directory which lists student addresses and phone numbers and is distributed to medical students and medical school staff. To update your name, address, or phone number, or emergency contact information, see the Receptionist in MA215.
Transcripts

The Office of Medical Education cannot produce University transcripts; that capability is held solely by the MU Registrar’s Office. When you need to order a transcript, you may find request forms at the student desk area located in the Office of Medical Education, MA213, or you may go directly to the Registrar’s Office in 130 Jesse Hall to make your request. In either case, the form must be completed and sent via campus or U.S. mail or hand-carried to the Registrar’s Office, 130 Jesse Hall, for processing. Transcripts are generally mailed within two working days of receipt by the MU Registrar. There is a fee for each transcript requested.
Permanent personal academic file

Students should maintain a permanent personal file of their evaluations. These evaluations will be referenced when writing the Medical Student Performance Evaluation for residency applications and may be needed when applying for licensure. Students will be assessed recovery costs for additional costs of their academic files.
Career planning

The University of Missouri School of Medicine participates in the American Association of Medical Colleges’ (AAMC) Careers in Medicine program and access to the Careers in Medicine website is made available to all students soon after orientation.

First and second year students are introduced to the AAMC Careers in Medicine (CiM) four phase-four year career planning program combining self directed activities with one-on-one faculty advising through the Advice, Support and Career Planning Program (ASC). During the M-3 clinical year, students are matched with a specialty clinical advisor of their choice and continue to use the CiM materials independently. Students have considerable opportunities for career and residency selection counseling through specialty events offered during clerkships and by Student Interest Groups. Fourth year students are introduced to the residency application-match process and continue to receive guidance by their specialty clinical advisor.

Careers in Medicine and the student advising programs are coordinated through the office of the Associate Dean for Student Programs. Students requesting more information should contact the Program Coordinator, Alison Martin, by phone (882-2923) by email (martinat@health.missouri.edu) or in person in MA213.
Medical Student Performance Evaluation (MSPE) formerly known as the Dean’s Letter

Each senior medical student has an MSPE sent to the residency training programs to which he or she is applying. This MSPE summarizes the student’s academic performance, reflects extracurricular achievement, and provides the School’s recommendations for continued training. Each student participates in the preparation of his or her MSPE and has an opportunity to help shape its content. Though intended to be a generally supportive document, the MSPE must provide a fair and accurate picture of the candidate as a potential house staff officer, and the MSPE Committee (and ultimately the Dean) retains sole responsibility for its final content and recommendations.

Any written materials in the student’s permanent medical school file may be used in the MSPE. The Committee will make every effort to see that the information is used in the fairest and most positive manner possible. Any academic, physical or personal problem that has resulted in an interruption or extension of the student’s progress through medical school will be noted in the letter. Any written commentary documenting academic, professional or behavioral problems during medical school may be included in the letter. Students are advised to periodically review their own performance information.

More detailed information about MSPEs and the process of generating them will be provided prior to the beginning of the senior year.
Professionalism

Medical students are expected to conduct themselves in a professional manner. While there is no single definition of professionalism, it is distinctly recognizable in individuals by way of their comportment, attitudes and behaviors. Professionals are honest, conduct themselves with dignity, demonstrate respect and compassion for others, strive for excellence in their pursuits, and are committed to uphold the highest ethical principles. These descriptors are not intended to provide a comprehensive listing of the many facets of professionalism. Students are advised to conduct themselves at all times in a manner that would not raise doubts as the adequacy of their professionalism.

Appearance

Although there is no specific dress code prescribed for medical students, casual clothing is normally worn by students enrolled in the first two years during lectures, labs and tutorials. Students should dress in a manner that does not detract from the learning process. Medical students entering patient care areas are required to wear short white coats and to dress in a professional manner. Students who are judged to be inappropriately dressed may be sent home to change. Similarly, students are expected to be well-groomed. Medical students must wear hospital identification badges in all patient care areas. Students may be challenged by personnel, even when they are wearing ID badges, to assure proper identification. Security and confidentiality are expectations of our patients, and rightly so.

Bias and harassment

Evidence of prejudice or bias directed toward others, whether based upon race, religion, ethnicity, gender, age or sexual preference, is specifically prohibited by University regulation and by the code of conduct of physicians. It will not be tolerated.

The assistance of medical students in eliminating such behavior is important, whether this behavior is demonstrated by medical students themselves or in circumstances in which students are subjects of discrimination or harassment. It is vitally important that such incidents be reported to the Office of Medical Education so that proper action can be taken against offenders. The University of Missouri-Columbia has policies and procedures to assist students who feel they have been the victim of discrimination or harassment. To view MU policies regarding bias and discrimination, go to www.missouri.edu/services.htm and scroll to “Equity and Equal Opportunity” for further links. To view the sexual harassment policy, go to www.law.missouri.edu/llmdr.additional_policies.htm. To view the student grievance procedures, go to www.umsystem.edu/uminfo/rules/grievance/390010.htm. For more information and support, please contact Rachel Brown MD, Associate Dean for Student Programs, at 88202923 or brownrac@health.missouri.edu.

The requirements for professional attitudes and standards of conduct expected of all medical students are outlined in the “Rules and Regulations of the Committee on Student Promotion.”
Plagiarism

Plagiarism is the act of copying substantially and materially from another author’s publication or other works and presenting the copy as one’s own. Plagiarism is not confined to literal copying but also includes any of the evasive variations and colorable alterations by which a plagiarist may disguise the source from which the material was copied.

Plagiarism, including plagiarism on examinations, is regarded as a very serious matter by the faculty of the School of Medicine. Questions regarding the use of footnotes, quotation marks etc., should be taken to faculty for clarification.
**Truth in research**

Ensuring honesty in our research enterprise is a critically important academic objective as well as a public responsibility. The School of Medicine has written guidelines for dealing with allegations of dishonesty in research.

These guidelines provide for reporting to the Dean (but not to others) instances of research dishonesty by any individual in a position to document observations or suspicions of impropriety. While the guidelines address the explicit problem of dishonesty in research, they apply implicitly to academic dishonesty of any kind.

Each medical student is encouraged to read the guidelines to clarify mutual responsibilities in this matter and to learn the proper procedures for dealing with academic dishonesty. Copies of the School of Medicine guidelines are available in the Dean’s Office and in the office of each department chair.
Patient records

Students on clinical rotations may be expected to write clinical notes on the patients under their care. Specific requirements for each clerkship will be provided at orientation to the clerkship with additional training and guidance as required. Students are expected to sign any clinical notes they make every day. Persistent failure to comply with requirements for notes and signatures is a professionalism violation and may result in reduction in clerkship grade, a letter being placed in a student’s academic file, a referral to the Committee on Student Promotions and/or a note concerning the violation being entered in the student’s Medical Student Performance Evaluation (MSPE).

Patient records are confidential documents for which access is provided only to authorized persons. In teaching hospitals such as the University Hospital, the VA Hospital, the Ellis Fischel Care Center, and the Mid-Missouri Mental Health Center, that authorization is granted students who have met the requirements for health care professionals.

Under no circumstances can any medical record be removed from the hospitals, not is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not to copy substantial parts of the chart.

Similarly, conversations regarding information on patients are also confidential. It is unacceptable to discuss information about patients in the hospital corridors, elevators, cafeteria, etc., where non-authorized people might overhear the information. All students are required to complete their Code of Conduct certification prior to seeing patients, and to renew it annually.
Assessment

Philosophy
Student evaluation is a vital part of any educational process. In medical education, evaluation serves two purposes: 1) to assess student performance, 2) to provide the information needed to continuously enhance each student’s performance. The assessment component is to determine whether each student is acquiring the appropriate knowledge and skills to function as a competent physician and is developing the values, attitudes and behaviors that characterize the high standards of the medical profession. The evaluation system serves the crucial function of quality control, ensuring that the medical degree denotes high standards of competence and professionalism.

Evaluation in medical education also serves the valuable internal function of providing feedback to students about their progress and areas requiring their attention. Medical students, as adult learners, should be self-directed and strongly motivated to use this feedback to maximize their potential. This requires continuous self-monitoring and self-assessment to assure appropriate progress through the process of education. Results of formal evaluations are used by the faculty to judge the progress of students and are used by individual students for self-improvement.

Medical Student Evaluation – Years 1 and 2
The first year of the medical school curriculum consists of four nine-week blocks. Each block has two components: Basic Science/Problem-Based Learning (BSci/PBL) and Introduction to Patient Care (IPC). Each student receives a grade for BSci/PBL and a grade for IPC for each block.

In 1995, the faculty of the School of Medicine voted to change the grading system beginning with the class entering in 1996. Under this system, first-year medical student performance is graded as either being “Satisfactory” (S) or “Unsatisfactory” (U) for both BSci/PBL and for IPC. When student advance to the second year, the grading system expands to include “Honors” (HN).

All examinations occur during the ninth week of each block. There are no mid-block exams or quizzes.

BSci/PBL Evaluation
The grade for BSci/PBL is based on three components: performance in the PBL group, a knowledge-based examination and a problem-solving examination. In order to pass each block, a student must attain the level of performance deemed to be satisfactory on each of the three components.
Assessment (continued)

Performance in the PBL group
Student performance in PBL groups is assessed throughout the block by the PBL tutor. This is an observational assessment of each student’s ability to analyze and organize information, apply information to the discussion of the case, identify needed information, gather and critically analyze new information, present accurate information to peers in an organized and coherent manner, and to contribute to the learning process of a group.

Knowledge-based examination
This examination may consist of multiple-choice questions similar to those on the USMLE Step 1 and Step 2 medical licensure exams, short answer questions, short essay-style questions, questions based on exhibits or slides, oral examination or other methods of determining knowledge levels. The knowledge-based examination is a closed-book examination taken in a designated area(s).

Problem-solving examination
This examination consists of two-or-three patient presentations or cases and a series of questions requiring a response. The problem-solving examination is an “open-book” test. Problem-solving examinations are usually full-day cases requiring research in the library and analysis and synthesis of information.

IPC Evaluation
The grade for the IPC component of the curriculum is based on a variety of evaluations that take place during the ninth week. Evaluation for IPC may include written, knowledge-based examinations, objective structured clinical examinations (OSCE), papers, group projects, presentations, observations of skills performance, and faculty assessment of performance in small groups. Attendance and competence at specified learning experiences (such as suturing) may also be required.

Criterion-Based Evaluation
To receive a “Satisfactory” (S) a student must have an acceptable performance in each evaluation component in both BSci/PBL and IPC (e.g. if a student receives a score of 85% on the problem-solving exam, a satisfactory grade from the tutor for performance in the PBL and a knowledge-based score of 62%, the student will receive an “Unsatisfactory” (U) for the block). If a student performs at or above the acceptable levels, the student will receive a Satisfactory for BSci/PBL for the block. The Satisfactory/Unsatisfactory grade for BSci/PBL and for IPC is based on predetermined levels of successful performance on each component of the evaluation. (See Performance Standards below).
Assessment (continued)

Tutor Evaluation/BSci/PBL
Passing grades are as follows:
- Tutor evaluation: No numeric values are awarded by the tutor; “satisfactory” is the designated passing grade.
- Problem-solving exam: 70% or more correct responses
- Knowledge-based exam: 65% or higher

IPC Evaluation
The criterion for passing IPC Knowledge exams is 70%. During some IPC blocks, there are specified skills or experiences students may be observed performing and must receive a “pass” from the evaluator. Students may also be required to attend a specified number of special presentations.

Ambulatory Care Experience (ACE) and Advanced Physical Diagnosis (APD)
Ambulatory Care Experience and Advanced Physical Diagnosis are graded curricular requirements. A satisfactory or unsatisfactory grade is assigned by the appropriate director. Evaluation is based upon observations by the preceptor and demonstrated professional behavior such as attendance, promptness, and interactions with and respect shown for the patients and the staff.

M-2 Year: Honors
During the M-2 Year, “Honors” (HN) is added to the grading scheme to recognize excellence.

Honors in Tutor Evaluation /BSci/PBL
Honor grades are as follows:
- Tutor evaluation: No numeric values are awarded by the tutor but tutor may designate Honors.
- Problem-solving exam: 90% or more correct responses
- Knowledge-based exam: 85% or higher

Honors in IPC
- Tutor evaluation (where applicable): 95% or higher
- IPC examination: 95%

Any changes in these criterion levels will be announced at the beginning of the block.

Examination Review
The examination review provides the student with information that s/he needs to continuously enhance his/her performance. Extensive analysis is performed on all examinations to ensure equitable and valid examinations. Examinations are not returned to students. Like the National Board of Medical Examiners, we are compiling a bank of test items, which have validity, predictability and reliability. Following each block, the Office of Medical Education will announce the dates and times when student may review their examinations. All reviews must take place in the Office of Medical Education under the Honor Code.
The exam review process is bound to the same conditions of exam week and subject to the Honor Code. By signing in to review an exam the student acknowledges that they are subject to the Honor Code. Just as during exam week, students should work as individuals during exam review.

Students are not allowed to bring laptops or other electronic devices such as cell phones and/or digital cameras to the exam review site. No transcription of questions is allowed. Note taking other than annotating the number of the question(s) for the Exam Question Request is not permitted.

Students may question a component of their grade except the tutor/small-group facilitator evaluation. Questions concerning a grade must be submitted in writing and include a clear statement of the perceived discrepancy and a request for the faculty to re-evaluation. Requests to re-evaluate the test is considered part of the student assessment process and therefore is subject to the same Honor Code as when students complete texts during examination week. The deadline to request a re-evaluation will be announced for each block. When re-evaluation of a test occurs, the student’s entire performance on the component in question will be reassessed. A re-evaluation will result in one of three possible outcomes:

1. One or more points may be added to the student’s score on that component of the evaluation.
2. One or more points may be subtracted from the student’s score when the entire component is re-evaluated.
3. The component score may remain unchanged.

When students fail an examination, an opportunity exists to learn the information and/or skills in which they have been judged deficient. It is a valuable educational opportunity and conscientious medical students should take full advantage of it. Examination failure should trigger a thorough review of the exam by the students. Learning from mistakes is critical to professional growth and development. The student reviewing a failed examination therefore should do so with a motivation to understand why the failure occurred and to learn whatever knowledge or skill was absent when the exam was taken. Examination review for the sole purpose of finding additional points in order to raise a score is seldom successful and is potentially detrimental to the student if all that results is a score raised just enough to barely pass the exam. If during an examination review, however, a student does find something deserving credit not received, it may be brought to the OME’s attention for consideration. Limits are placed on the number of requests that may be made for additional credit so as to prevent students from wasting time and effort in mindless and desperate appeals for extra points.

Remediation
A student with a deficiency must resolve the deficiency. The block faculty will determine how the deficiency is to be resolved. In general, a student who receives an “Unsatisfactory” on an exam will be expected to demonstrate satisfactory performance on the components covered in that exam. When a student’s performance is below the criterion level in one component and other components very low, the faculty may decide to retest the student on more than one component. The block faculty will recommend to the Committee on Student Promotion how each student is to resolve an Unsatisfactory grade.
Students who receive an “Unsatisfactory” grade will have an opportunity to rectify the deficiency during the summer between the M-1 and M-2 years. All second-year students who receive a “U” cannot earn Honors through remediation. All remediation must be rectified before proceeding to the clinical years. Any second-year student who is on academic probation and who receives another unsatisfactory (U) grade and is allowed to remain in school is required to pass Step 1 of USMLE before participating in any of the required core third-year clinical clerkships. The Committee on Student Promotions will determine student promotion into the next academic year.

A schedule of remediation-examination dates will be distributed. Remediation of an unsatisfactory grade should be a student’s first priority, and his/her summer plans should accommodate the necessary study time and the remediation dates.

It is highly recommended that students who need to remediate consult the Remediation Schedule before making any plans. Students with two or more unsatisfactory grades (probation) should plan to concentrate on successful remediation and generally are discouraged from participating in summer clinical experiences (especially those that will take the student off site) or research experiences. Students who have been considered for dismissal will not be eligible for participation in summer clinical experiences. Requests for changes in the remediation schedule must be submitted in writing to Kimberley Hoffman PhD, Associate Dean for Evaluation & Improvement. Requests are reviewed by a faculty panel. Changes to the schedule will be accommodated only in rare and compelling circumstances.

The performance standards for remediation may be set higher by the faculty because the remediation examination may include questions used on the previous examination. Pass criterion are determined by the block faculty at the time of construction of the remediation exam.

Students are scheduled for a single remediation exam to pass block requirements. If a student fails the remediation exam, he or she would be required to repeat that block prior to proceeding to the next year. In rare circumstances, the examination committee may permit a second remediation attempt. A second attempt at remediation granted by the faculty may be similar to the previous ones or it may be an essay examination, an oral examination, or a combination of evaluation techniques.

Although successfully remediated, all initially unsatisfactory grades remain on the student’s university transcript. This is in accordance with University policy and is congruent with a practice that is uniform among medical schools. The transcript will show the course number, title, and the initial U grade as well as the remediation grade once obtained for the course.

AAMC guidelines for the creation of the Medical Student Performance Evaluation (MSPE), which is a letter sent to residency programs to which the student applies during the senior year, require including all initially unsatisfactory grades and the method of remediation as part of the letter.

Although successful remediation has occurred, the Committee on Student Promotion (CSP) may take into account initially unsatisfactory grades when evaluating the quality of a student’s subsequent academic performance.

Student Handbook – revised September 15, 2007
Medical Student Evaluation-Clinical Blocks Years 3 and 4

Grading for the required third year clerkships and fourth year selectives and electives is done on a four-level scale:
- Honors
- Letters of Commendation
- Satisfactory
- Unsatisfactory

Each department determines the criteria applied to each grade. A variety of evaluation procedures are used including observations by residents and faculty, standardized knowledge exams, skills exams, departmental exams, and projects or papers.
End of Block Feedback Requirement

At the end of each block, students are required to provide comments on the quality of educational experiences that occurred in both PBL and IPC. Thoughtful comments from students provide the data needed to continuously enhance the curriculum. The anonymous information students contribute is aggregated and provided to the lecturers, tutors, block directors and clerkship directors. Student contribution to the continuous improvement of the curriculum is a medical school requirement and a critical element in our efforts to provide quality learning experiences. To fulfill this medical school requirement, students must log into the evaluation system and provide comments for the specified topics. At the end of each block or rotation, our system generates a report indicating those students who have not completed their end of block evaluations. Students who do not fulfill this medical school requirement will not have grades posted to their homepage.
Grades

An assessment of academic performance takes into account the following four major components: a student’s knowledge, skill, problem-solving abilities, and professionalism (including but not restricted to initiative, intellectual curiosity, interpersonal relations, respect for others, dependability, reliability, honesty, integrity, compassion, empathy, and moral values and ethical standards). A student who is deficient in any one major component cannot receive a satisfactory grade for the course.

The following grades are recorded by the University of Missouri School of Medicine.

First year
- Satisfactory (S)
- Unsatisfactory (U)

Second year
- Honors (HN)
- Satisfactory (S)
- Unsatisfactory (U)

Third and fourth years
- Honors (HN)
- Letters of Commendation (LC)
- Satisfactory (S)
- Unsatisfactory (U)

I – Incomplete
A student who cannot be assigned a grade at the end of a course in which he/she has been enrolled because his/her work is incomplete will be given an I grade which will be reported to the Registrar. An I grade may be assigned only when (1) the completed portion of the student’s work is of passing quality, and (2) there is such evidence of hardship as to make it unjust to hold the student to the time limits previously established for completion of his/her work. The time allowed for the removal of an I grade is normally one calendar year from the date of its recording (assuming that the student is in continuous enrollment during the time period). When the incomplete work is accomplished, the grade to be assigned will be provided to the Registrar and the student.

W – Withdrawal
This grade signifies withdrawal from a course or clinical block no later than two weeks before the last scheduled day of classes with the approval of the course director and the Associate Dean for Curriculum. When the W grade is awarded, the entire course must be repeated.
Comprehensive Knowledge-based Examinations and Requirements for Graduation

A comprehensive knowledge-based examination will be administered to all students at the end of the second year and may be conducted at the end of the first year. The USMLE Step 1 examination currently serves this purpose after the completion of the second year.

All students will be required to demonstrate comprehensive physical examination and history-taking skills at the end of the second year and prior to proceeding to the third year. This is currently done in Advanced Physical Diagnosis, a yearlong experience in the M-2 year. The means of resolving a failure will be determined on an individual basis by the CSP.

Students are required to take Step 1 of the USMLE at the end of the second year of medical school and must pass it prior to beginning the senior year. Any second-year student who is on academic probation and who receives another unsatisfactory (U) grade and is allowed to remain in school is required to pass Step 1 of USMLE before participating in any of the required core third-year clinical clerkships.

Passage of Step 1 and Step II of USMLE is a requirement for graduation from medical school. Beginning with the 2005 graduating class, Step II will be divided into two required sections, Clinical Knowledge (CK) and Clinical Skills (CS).
Change in grade or written evaluation

Evaluation of student performance forms are to be submitted to the Office of Medical Education within four weeks after completion of a course or clinical block. Upon receipt of evaluations in the Office of Medical Education, copies of the evaluations will be posted to the students’ electronic home page.

In the first and second years, students will have a designated period of time after grades are received in the Office of Medical Education to submit questions or concerns about their grades or written evaluative statements. In the third and fourth years, students will have twelve (12) weeks from the time grades are received in the Office of Medical Education to submit questions or concerns about either grades or written evaluative statements. In cases where there is unresolved disagreement between the student and block faculty about grades or narrative comments, the student has the right to add to his/her academic file a letter of explanation.
Honor code of the MU School of Medicine

Preamble
Upon graduation from medical school to enter the profession of medicine, it is customary that the graduates pledge themselves to abide by a set of principles which will guide them in adhering to and upholding the ethics and high standards of the profession of medicine. The Hippocratic Oath is commonly administered in such commencement exercises. Paraphrased, it indicates that as physicians we:

- Will be loyal to the profession of medicine, just and generous to its members
- Will lead our lives and practice our art in uprightness and honor
- Shall enter whatsoever house for the good of the sick to the utmost of our power
- Will hold ourselves far aloof from wrong, from corruption, from tempting of others to vice
- Will exercise our art solely for the care of patients and will give no drug, perform no operation for a criminal purpose even if solicited, far less suggest it
- Will keep inviolably secret whatsoever we shall see or hear of the lives of men which is not fitting to be spoken.

Alternatively, and with increasing frequency, graduating classes of medical students elect to adhere to the Declaration of Geneva.

By the act of matriculation at the University of Missouri-Columbia School of Medicine, we pledge ourselves to uphold the principles of these declarations which define the ethics and high standards of the profession of medicine to which we aspire.

In particular, recognizing our specific role as student aspiring to practice medicine, we additionally pledge ourselves to the tenets set forth in Article 1 of this code.

Article 1
Principles of professional and academic honesty
It is our primary purpose to receive and integrate the mass of information and principles of the basic and clinical sciences which will enable us to develop the knowledge and skills to provide the best possible care to the patients with whom we will be involved in our professional lives. To this end, it is clearly to our advantage to cooperate, rather than to compete, with our fellow students.
Honor code of the MU School of Medicine (continued)

Principle 1
We therefore pledge to assist our fellow students honorably and to the fullest extent of our abilities, recognizing that, in this process, we benefit as well.
   1. We also pledge ourselves to deal fairly with our colleagues.
   2. We will not compete unfairly by withholding information not by providing information which we know to be incomplete or incorrect or by seeking other advantages.

Principle 2
We shall neither give nor receive aid during the examination process.

Principle 3
We shall deal honorably in our contacts with patients without discrimination, with compassion and respect for their human dignity, and we shall safeguard their confidences. We will render service to them to the utmost of our ability, seeking additional professional assistance when necessary.

Principle 4
It is our obligation, under this code, to confront and expose those students who fail to abide by it through the mechanisms provided in the Honor Code Constitution which defines the guidelines and the system of peer review under which we shall operate. It is our obligation to participate fully in the processes of the Hearing Committee and the Honor Council by attending hearings, providing information and testimony, and by maintaining the confidences of the proceedings.

Constitution
We, the students of the University of Missouri-Columbia School of Medicine, recognize that we are engaged in becoming members of a profession. By our act of matriculation in this school, we therefore pledge ourselves to uphold ethics and standards appropriate to the profession of medicine. In particular, we pledge ourselves to abide by the tenets set forth in Article 1 of the Honor Code Preamble. In order to implement and administer these tenets, we do establish the following constitution under which we shall operate.
Honor code of the MU School of Medicine (continued)

Article 1
The Hearing Committee
Section 1
The Hearing Committee shall be established to determine whether there is sufficient evidence that violations of the Honor Code may have occurred.

Section 2
The Hearing Committee shall consist of two elected members of each class who are not affiliated with the Honor Council in any way.

Section 3
Elections of the M-1 class shall be held on or before the first Wednesday of October. Delegates’ terms begin on the day of election and continue to the Monday following spring commencement of that year. Upperclassmen shall elect delegates prior to May 1 and terms shall run for one year, beginning the Monday following spring commencement of that year. The Hearing Committee shall meet prior to the date of Spring commencement to elect a chairman and secretary. The Honor Code shall then be reviewed for meaning and clarity to assure that all council members understand all of its provisions. The Chairman will orient the M-1 members as soon as they are elected.

Section 4
An alleged violation of the Honor Code shall be reported by any student, or may be reported by any faculty member of the School of Medicine, to any member of the Hearing Committee. This should be done as soon as possible after discovery of the incident. The reporter will be asked to submit a typewritten letter to a Hearing Committee member, stating the charge, describing the incident, and naming all people involved and possible witnesses.

Section 5
Upon receipt of the aforementioned report, a copy will be forwarded at once to the accused and then a formal investigation shall be called by the Hearing Committee member involved. A meeting will be scheduled within 48 hours and held within a reasonable period of time. A quorum shall consist of five members.

Section 6
The Hearing Committee shall have the responsibility of requesting that the reporter, witnesses, and the accused attend the formal investigation. If the reporter refuses to attend, the investigation is dropped.

Section 7
In determining whether the case should proceed to the Honor Council, a majority of the members present must concur.

Section 8
When a majority of the members concur, a report of their investigation must be submitted to the Chair of the Honor Council and the Dean for Medical Education within 72 hours after the Hearing Committee decision.
Honor code of the MU School of Medicine (continued)

If a majority of members do not concur, the matter is dropped, and no report is sent to the Honor Council. In the event the matter is dropped, the Associate Dean for Student Programs is sent a report of the meeting which will be treated as confidential, not to become part of the student’s general personal and academic file, and only to be disclosed at the request of the Hearing Committee, the Honor Council, or the Associate Dean for Student Programs, with subsequent notification to the accused. The report will be destroyed once the student permanently leaves the School of Medicine or graduates. The Associate Dean for Student Programs cannot demand a re-hearing of the offense if the Hearing Committee drops the matter.

Section 9
All proceedings of the Hearing Committee are to be held in the strictest confidence.

Article II

Organization of the Honor Council

Section 1
The purpose of the Honor Council is to investigate the alleged violations and to make appropriate recommendations.

Section 2
The Honor Council shall consist of ten members: all class presidents, one elected member from each of the first and second year classes, two members will be elected from each of the third and fourth year classes.

Section 3
Elections for the M-1 class shall be held on or before the first Wednesday in October. Delegates’ terms begin on the day of election and continue to the Monday following spring commencement of that year. Upperclassmen shall elect delegates prior to May 1 and terms shall run for one year, beginning the Monday following spring commencement of that year.

Section 4
The Honor Council shall meet prior to the day of spring commencement to elect a chair and a secretary. The Honor Code shall then be reviewed for meaning and clarity to assure that all council members understand all of its provisions.

A. The chair of the Honor Council shall be elected by the Honor Council from among its own ranks (exclusive of the class presidents). The chair shall not have any vote in the Honor Council and will serve as the prosecutor in proceedings involving infractions of the Honor Code, during which time the secretary will chair and tape the proceedings.

B. In addition, the chair will orient the freshman members, as soon as they are elected.

C. The chair or a delegate shall be involved in the planning of and participate in the orientation of the freshman class as it pertains to the Honor Code.
Honor code of the MU School of Medicine (continued)

Article III
Jurisdiction of the Honor Council

Section 1
The Honor Council shall be concerned with three issues of jurisdiction:
   A. Academic and professional dishonesty.
   B. The unprofessional conduct of medical students as they relate to patients. The intent of this item is that medical students should be held to the same general professional standards as a licensed practicing physician as cited in the Honor Code preamble.
   C. Overall medical student conduct, exclusive of academic performance, that demonstrates, beyond reasonable doubt, the student’s unfitness to engage in the practice of medicine.

Article IV
Procedure for Honor Council meetings, collection of evidence, interpretation of findings, imposition of sentence

Section 1
The chair shall call a meeting of the Honor Council within one week of receiving the report of the formal investigations from the Hearing Committee. A quorum of six members shall be necessary.

Section 2
A student appearing before the Honor Council pursuant to formal notice of charges shall have the right:
   a. To be present at the hearing.
   b. To have an advisor or counselor of his/her choice appear with him/her and to consult with such an advisor during the hearing.
   c. To hear or examine evidence presented to the Honor Council against him/her.
   d. To question witnesses present and testifying against him/her at the hearing; To present evidence by witness or affidavit of any defense the student desires
   e. To make any statement to the Honor Council in mitigation or explanation of his/her conduct in question that he/she desires.
   f. To be informed in writing of the findings of the Honor Council and any decision it imposes;
   g. To appeal to the appropriate appellate body, as herein provided.

Section 3
Two-thirds of the assembled members must concur to determine innocence or guilt and to proscribe appropriate action.

Section 4
The Honor Council will prepare a verbatim record of the hearing.
Section 5
The Honor Council, after hearing a specific case, shall make an official document of verdict and
disposition. Possible disciplinary action could include anything from a simple reprimand to the
individual(s) being expelled from the School of Medicine. The official document shall be filed
in the permanent records of the Honor Council with copies going to the accused and the
Associate Dean for Student Programs. The Honor Council shall also make an appropriate
written statement to be placed in the permanent records of the Honor Council. Further, the
Honor Council will make public notice of the case for the School of Medicine. This public
notice shall record by date(s) that a case was heard, define the infraction, and state the verdict
and disposition. This public notice shall not name the individual or individuals involved.

Article V
Right of appeal

Section 1
The accused, or the Associate Dean for Student Programs, may appeal or request review of any
offense upon which action has been taken by the Honor Council. The first level of appeal is to
be confined within the University of Missouri-Columbia School of Medicine and is outlined
below. The role of the first level appellate body is to either affirm, reverse, or remand the Honor
Council’s sentence. This is to be done only after a total review of all evidence has been made.
The record, for the purpose of such review, will include:
   a. Formal notice of the charges
   b. Verbatim record of the hearing;
   c. Written findings of the Honor Council and its decision concerning the
      sentence passed.

If, after the University of Missouri-Columbia School of Medicine appellate procedure has been
completed, the student still wishes to pursue the matter further, this right of appeal as outlined
below in the University of Missouri Rules of Procedures in Student Disciplinary Matters will be
followed.

• First level
   A three member committee composed of the Dean of the School of Medicine, University
   of Missouri-Columbia, plus two members of the faculty, appointed annually by the
   Faculty Affairs Council.

• Section level
   As provided under Sections 60203.06 and .07 of the Collected Rules and Regulations.

Section 2
During the appeal proceedings, the accused student may attend classes pending the final verdict,
if permission is granted as provided in the University Rules of Procedure.

Section 3
In cases of appeal where the appellate body does not concur in full with the Honor
Council, that appellate body shall in writing official notification of its decision to the Honor
Council and public notice in the format as described in Article IV, Section 5. The statement
shall also be added to the accused student’s personal file.
**Honor code of the MU School of Medicine** (continued)

**Article IV**
Confidentiality of the Honor Council meetings

**Section 1**
All proceedings of the Honor Council are to be held in the strictest confidence by the persons involved.

**Section 2**
The Honor Council shall maintain complete records of all meetings. Investigations and records of all meetings shall be maintained in the strictest security by the Secretary of the Council and shall be filed permanently in the Office of the Dean.

**Article VII**
Status of the Honor Council and Constitution

**Section 1**
Future changes in the Honor Code must be approved by a simple majority of the students, by a simple majority of the regular faculty, by the Dean, and by the Board of Curators.

**Section 2**
All enrolled students are subject to the jurisdiction of the Honor Code upon enrollment. To insure their knowledge of the Code, all accepted students upon request, and all accepted students at the time of notification of acceptance shall be sent a copy of the Honor Code. In addition, the presentation of the Code shall be an integral part of the orientation of new students to the School of Medicine.
Health policies

Health insurance
The School of Medicine requires all medical students to carry health/accident insurance. Each year students will be asked to update documentation of insurance coverage.

Disability insurance
Disability insurance is optional. Many professional groups have recommended that medical students purchase it, however. Information about disability coverage may be obtained in the Office of Medical Education.

History and physical examination
The School of Medicine requires a medical history plus written documentation of the following immunizations before a student matriculates. If additional immunizations become necessary thereafter, these may be obtained through the Student Health Center on the campus, (573) 882-7481.

Polio
Each student must have completed the primary series with booster between ages 4 and 6.

Tetanus/diphtheria (Td)
Each student must have completed the primary series with booster given within the past 10 years.

Measles/mumps/rubella
Each student must have completed two doses of measles vaccine, with at least one dose of MMR.

Varicella (chicken pox)
Each student must have reliable history of the disease or positive immune titer or two doses of the vaccine series.

Influenza
Annual influenza immunization each fall is strongly recommended but not required.

Tuberculosis
Each student must have a Mantoux TB skin test (measured in millimeters of induration) performed in the U.S. within the prior (2) two years. Annual testing will be performed each fall during the 4 years of medical school. Students with past history of positive TB skin tests must provide a chest x-ray report and will undergo annual symptom review instead of skin testing.

Hepatitis B
Each student is required to receive the 3 dose series of vaccinations. Students should contact the Student Health Clinic (882-7481) to schedule their immunizations and to begin the three-dose series within the first four weeks after matriculation (i.e. during the month of August), if not already begun or completed prior to matriculation. A student who tests positive for hepatitis B antibody is not required to receive vaccinations.
**Hepatitis B Surface Antibody Blood Test**
Students are recommended to complete this test one month after completion of the series to verify immunity.

**Infection protection**
Students are required to attend orientation early in Year 1 and during each clinical block. Before doing procedures, students should make sure they have the supervision and information about safe techniques. Students should call Infection Control (573-882-2264 or beeper number 1099) immediately following accidents which might lead to infection (like a needle stick). Prophylaxis must be given rapidly to achieve maximum protection. Students are expected to take responsibility for protecting their patients and co-workers if they become ill. Information is available from the departments or by calling Infection Control.

**Human immunodeficiency virus (HIV)**
The School of Medicine has a policy concerning students infected with HIV. Further information regarding that policy can be obtained from the Office of Medical Education.
Health-care services

Included in the fees you pay each semester is a health fee for use of the campus Student Health Center. At the time you register for classes you will receive a booklet explaining the services offered and hours of operation. Services covered by the health fee include unlimited office visits for illness, minor procedures, first aid, and physical exams; some x-rays and lab tests; women’s health care; limited over-the-counter medications; allergy shots and immunizations; health education materials; and referral assistance. Services not covered by the health fee may be paid for at the time of the visit, or they may be charged to the student’s MU student account.

The Student Health Center is administered by the School of Medicine, with several full-time physicians serving as staff. Students who require specialized medical services will be referred to the University Hospital and Clinics. The Student Health Center’s telephone number is 882-7481. It is located on the fourth floor of the University Physicians Medical Building. During the fall and winter semesters, the Student Health Center is open during the following hours:

**Academic year**
- Monday, Tuesday and Thursday 8 a.m. to 6 p.m.
- Wednesday 9 a.m. to 6 p.m.
- Friday 8 a.m. to 5 p.m.
- Saturday 9 a.m. to 1 p.m.

**Summer session**
- Monday, Tuesday, Thursday and Friday 8 a.m. to 5 p.m.
- Wednesday 9 a.m. to 5 p.m.

If you require emergency care after hours, you are advised to go to the Emergency Center at the University Hospital. The Emergency Center’s telephone number is 882-8091. Emergency service is not covered by the student health fee.

The University Hospital and Clinics has, of course, numerous outpatient clinics with appointments available 8 a.m. to 7 p.m., Monday through Friday. Some Green Meadows clinics also have evening and Saturday morning hours. Clinics are located on the east side of the hospital as well as at the Green Meadows and Crossroads West satellite clinics.
Mental health and counseling services

Medical school can be a stressful time for students. If desired, the Office of Medical Education can provide information about professional mental health and counseling resources. Student request for resource information will be treated confidentially. No information is included in the student’s academic file that the student sought such services, nor is the knowledge that a student may have been seeking help used to the student’s detriment.

Students with substance abuse problems should be aware that the School’s policy is non-punitive. That is, students with problems involving substance abuse who seek and remain in treatment can approach the Office of Medical Education with the knowledge that their enrollment will be protected within the framework of the following policy statement:

Substance abuse policy
(Medical student program)
The Dean of the University of Missouri-Columbia School of Medicine has established a program to address the issue of substance abuse and impairment for medical students enrolled in the University of Missouri-Columbia School of Medicine to assure that individual medical students have access to appropriate health care and that they have assurance of continued access to enrollment and licensure so long as they comply with institutional requirements and standards.

A. Medical Student Health Advisory Committee (MSHAC)

1. An MHSAC will be established by the Dean of the School of Medicine on an ad hoc basis to assume responsibility for oversight of the well-being of impaired students.
2. Membership of the MSHAC will consist of three members of the clinical faculty appointed by the Dean of the School of Medicine.
3. The MSHAC will meet as often as necessary to fulfill its obligation.
4. All information presented at meetings of the MSHAC and all actions of the committee will be considered to be confidential except as provided herein and except that such information will be available to the Dean of the School of Medicine and otherwise as required by law.

B. Responsibilities of the MSHAC

1. The MHSAC will initially establish whether a student is impaired.
2. It is the responsibility of MSHAC to receive any allegations of impairment of medical students due to substance abuse or mental illness.
3. MSHAC will be responsible for investigating those allegations. MSHAC shall inform the individual in writing of the allegations and provide him/her an opportunity to respond to the allegations.
4. The MSHAC shall inform the Dean if it finds probable cause to believe the individual is impaired by substance abuse or mental illness and presents potential risk to patients.
5. If probably cause to believe that impairment due to substance abuse is present, allegations related to possible substance abuse must be reported to the Missouri Physicians Health Committee for further investigation and action.
**Substance abuse policy (continued)**

6. If there is probable cause to believe that impairment due to mental illness is present, MSHAC shall require psychiatric evaluation by a psychiatrist approved by the Health Sciences Center Physician Health Committee.

7. Upon determination that a medical student is impaired due to substance abuse or mental illness, the MSHAC will notify the Dean of the School of Medicine.

C. **Permission to continue clinical responsibilities**

If the medical student has been removed from clinical responsibilities by the Dean, permission to resume clinical responsibilities will be granted only with the agreement of MHSAC and the Dean.

D. **Continuation of enrollment medical students**

Medical students found to be impaired by reason of substance abuse or mental illness may not be dismissed from the medical school for reason of their impairment so long as they maintain compliance with the recommended regimen of the MSHAC and the Missouri Physicians Health Committee or private psychiatrist. They may, however, be removed from clinical responsibility. Full evaluation of impairment due to substance abuse will be made by the Missouri Physicians Health Committee. Full evaluation of mental illness will be made by a licensed psychiatrist approved by the Health Sciences Center Physicians Health Committee. The allegedly impaired medical student may participate in determining the identity of that physician.

E. **Termination of enrollment in medical school**

1. A medical student who has been found to be noncompliant with the MSHAC or the Missouri Physician Health Committee will be reported to the Dean of the School of Medicine.

2. Noncompliance may be grounds for dismissal from medical school.

3. Any dismissal shall conform to applicable University procedures.
Financial aid

All accepted students receive a mailing regarding financial aid; those who are in need of financial assistance are encouraged to make early contact with our financial aid coordinator. The Office of Medical Education also has a loan fund available to medical students for emergency situations. Should you need immediate assistance contact the coordinator of financial aid:

Cheri Marks
Coordinator, Financial Aid
School of Medicine
MA213 Medical Sciences Building
Columbia, MO 65212

Call
(573) 882-2923

E-mail
marksc@missouri.edu

Fax
(573) 884-2988

Office hours
8 a.m. to 5 p.m. Monday to Friday

Refund of fees

The MU Cashiers Office publishes the refund schedule for withdrawing from the medical school curriculum. The schedule and percentage of refund is found by selecting “Refund Information” at this web site: http://cashiers.missouri.edu
**Student communication**

**E-mail**

Students are provided with a computer account including e-mail. Many informative notices from the Office of Medical Education and faculty are sent by e-mail or posted on the student home page. It is the student’s responsibility to check his/her e-mail. Failure to do so is not an acceptable excuse for missing important notices, deadlines, etc. The University considers e-mail to your MU e-mail account to be the official method of communication. You are responsible for checking your e-mail on a regular basis. *Do not let your inbox fill to capacity.* You risk missing important information because messages are bounced back to sender when your inbox is full.

**Mailboxes**

It is the student’s responsibility to stay informed. You are expected to check your mailbox and student home page a minimum of twice per week for official communications from the Dean’s Office and from departments. Failure to do so is not an acceptable excuse for missing important notices, deadlines, etc. Clinical students who are away for several weeks at a time should ask a friend to check for important messages.

Students are asked to have all personal mail delivered to their homes or permanent mailboxes and not to their school mailboxes. The hospital mailroom is not a substation of the US Postal Service and cannot function as one.

**Unauthorized use of WATS** (Long Distance Phone Service)

WATS access authorization numbers are approved by department chairs and assigned to appropriate faculty, staff and residents. The authorization numbers are to be given to students for University business only (e.g. clinical departments may choose to ask students to make WATS calls for patient-related business). Because other use of WATS access authorization numbers is prohibited, reimbursement for expenses for unauthorized calls is expected. Fraudulent use of the WATS system is pursued by the University Police resulting in prosecution of WATS violators. Use the WATS lines only as authorized. Document all numbers called and the person(s) authorizing your use of the system.
Facilities maintenance

Eating and drinking are prohibited in:
- Bryant Auditorium M105
- Acuff Auditorium MA217
- School of Nursing Auditorium S255
- J. Otto Lottes Health Sciences Library

In every way, please help preserve the appearance of our medical school during your tenure here. Your assistance will be greatly appreciated by the students who follow you.

Smoking is prohibited in all properties owned or operated by University of Missouri Health Care, the University of Missouri-Columbia School of Medicine, or the Sinclair School of Nursing.
Security

Please be mindful of your own and others’ security and safety at all times. Please contact security services if, at any time, you believe yourself or others to be threatened or unsafe.

Hospital security
The hospital security office is located on the first floor of the hospital, room 1N22, next to the main elevators in the West Lobby.

- Students leaving the building late at night are encouraged to plan ahead, and leave in groups, or at minimum in pairs. If requested, security will provide an escort service within the hospital and transportation to the parking lots; use of this service is encouraged.
- Security officers will also help with those minor emergencies, such as a dead battery.

Feel free to make use of any of these services by telephoning (573) 882-7147.

Campus security
The University Police provide similar services on the main campus, and work closely with hospital security services. Emergency telephones are located in prominent locations on campus, including in parking lots, and can be activated and the location pinpointed simply by being taken off the hook.

For non-emergency calls, the number is (573) 882-7201.

Other services
Several other security services are available, including a self-defense course for women. The local Women’s Center provides a Rape/Abuse Hotline. The number is (573) 875-1370.
**Student organizations**

- Alpha Omega Alpha
- American Medical Association
- American Medical Student Association
- American Medical Women’s Association
- Association of Student Internists (ASI)
- Christian Medical Association
- Emergency Medicine Interest Group
- Family Medicine Interest Group
- Families Assisting Medical Student (FAMS)
- Geriatrics Interest Group
- Graduate-Professional Council
- Jefferson City Free Clinic
- Medical Student Affairs Council
- Medical Students For Choice
- Military Medical Student Association
- OB/Gyn & Women’s Health Interest Group
- Oncology Interest Group
- Organization of Student Representatives
- Orthopedic Interest Group
- Pathology Interest Group
- Physicians for Social Responsibility
- Psychiatry Interest Group
- Radiology Interest Group
- Rural Medicine Interest Group
- Senior Teacher Education Partnership
- Student National Medical Association
- Students Interested in Anesthesiology
- Students Interested in Global Health for Tomorrow
- Students Interested in Pediatrics
- Surgery Club
- Wellness Committee
- Wilderness Medical Society

Students should be aware that the School of Medicine and the University of Missouri have active development and fundraising programs. Fundraising from outside organizations that may compete with existing school or university programs is not permitted. All applications to outside grant giving organizations must be approved by the Office of Medical Education. Questions should be addressed to the Associate Dean for Student Programs.
School of Medicine Administrative Directory
Persons listed below can provide information, assistance, and a word of encouragement. Feel free to drop in with questions, academic or otherwise.

Office of the Dean, MA204
573-882-1566

- William M. Crist, MD
  Dean
- Roberta Settgren
  Executive Staff Assistant to the Dean
  573-884-8733
- Dianna Staab
  Executive Staff Assistant to the Dean
- William Folk, PhD
  Senior Associate Dean for Research and Academic Affairs
- Doris Shoemaker
  Project Specialist
  573-882-2841
- Kenneth Hammann
  Associate Dean for Administration
- Katie Hentges
  Executive Staff Assistant to the Associate Dean for Administration & Senior Associate Dean for Education & Faculty Development
  573-882-5644

Office of Medical Education, MA213-215
573-882-2923
573-882-9219

- Linda Headrick, MD, MS
  Senior Associate Dean for Education and Faculty Development
- John Gay, MD
  Associate Dean for Graduate Medical Education
- Michael Hosokawa, EdD
  Associate Dean for Curriculum
- Rachel Brown, MD
  Associate Dean for Student Programs
- Kimberly Hoffman, PhD
  Associate Dean for Education Evaluation and Improvement
- Suzanne Neff
  Office Supervisor
- Marivern Easton
  Enrollment Specialist, Admissions, Recruitment, & Records
• Laura Carroz
  Admissions Evaluator
• Peggy Gray
  Coordinator – Program/Project Support
• Alison Martin
  Coordinator – Program Support
• Gina Johnson
  Data Quality Coordinator
• Cheri Marks
  Coordinator of Financial Aid
• Amy Shumate
  Medical Student/Program Coordinator
• Janet Moreland
  Medical Student/Program Assistant
• Melissa Griggs
  Instructional Design Specialist
• Laurie Lough
  Business Technology Analyst
• Judy Stiefvater
  Instructional Design Specialist
• Jen Rachow
  Executive Staff Assistant
• Dee Dee Vincent
  Administrative Assistant
• Latisha Mayes
  Senior Receptionist
• Gina Graves
  Office Support Staff III
• Christina Martin
  Office Support Staff III
• Debby Ferguson
  Laboratory Assistant
• Charles Redmon
  Electronic Technician
• Donald Kirkham
  Broadcast Engineer II
• Philip Neff
  Systems Support Analyst-Expert
Education Leaders

- **Mary Beth Benton, MD**  
  Director of Clinical Skills
- **Robert Blake, MD**  
  Faculty Director, Case Review and Tutor Development
- **Carla Dyer, MD**  
  Faculty Director, Introduction to Patient Care
- **Ronald Freeman, PhD**  
  Faculty Director, Basic Sciences Education
- **Elizabeth Garrett, MD**  
  Director of Ambulatory Clinical Experience
- **Stephen Halenda, PhD**  
  Faculty Director, Evaluation
- **Kevin Kane, MD**  
  Faculty Director of Rural Track
- **Caroline Kerber, MD**  
  Faculty Director, Case Development
- **George Kracke, PhD**  
  Basic Science Advisor
- **Michael Misfeldt, PhD**  
  Faculty Director of Advanced Biomedical Sciences
- **William Salzer, MD**  
  Faculty Director of Advanced Physical Diagnosis
- **Andrew Simpson, PhD**  
  Faculty Associate Director, Basic Sciences Education
- **Weldon Webb**  
  Director of Rural Programs
- **Stephen Weinstein, MD**  
  Director of Clinical Skills