WELCOME TO THE UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE STUDENT HANDBOOK.

THE POLICIES AND RESOURCES DESCRIBED IN THE HANDBOOK WILL BE VERY USEFUL TO YOU THROUGHOUT YOUR TIME AT MU SCHOOL OF MEDICINE. IT IS YOUR RESPONSIBILITY TO FAMILIARIZE YOURSELF WITH THEM.

ALL STUDENTS SHOULD READ THE WHOLE HANDBOOK AT LEAST ONCE.

Because there is a great deal of information in the handbook, we have divided into a number of sections.

SECTION ONE sets the tone for our school. It describes our educational mission, vision and values. It lays out the key characteristics we expect our students and residents will acquire. It also includes our professionalism policy and student mistreatment policy. We hope the latter two policies will set the framework for our learning environment.

SECTION TWO will give you information that you will need to know before you start or immediately after you start.

SECTION THREE will help you navigate the first and second year curriculum and introduce you to our evaluation system. Students who receive an unsatisfactory grade in their first and second year will want to refer to SECTION FOUR.

SECTION FIVE describes the third and fourth years of medical school. SECTION SIX outlines our graduation requirements, and some of the other details of your fourth year.

SECTION SEVEN is a guide to resources that all students will need at various times during their enrollment at MU School of Medicine. SECTION EIGHT includes resources that some students may need.

SECTION NINE includes reference materials – the University’s policy on academic records, the Honor Code, information about Library and Computing Services, a description of the Committee on Student Promotions and an administrative directory.

The Student Handbook is revised each year. If you have suggestions about the Handbook, please contact Jen Rachow on rachowj@health.missouri.edu
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SECTION ONE – INTRODUCTION TO THE SCHOOL

Our Education Mission, Vision and Values

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Our Education Mission, Vision and Values

This section sets the tone for our school and the framework for our learning environment. The section includes our education mission, vision and values. It lays out the key characteristics of our graduates. It also includes our professionalism policy and student mistreatment policy with links to supporting campus resources and policies. There are specific notes on plagiarism, patient notes and truth in research.

The Mission Statement of the University of Missouri School of Medicine encompasses education, research and patient care. The statement reads:

The mission of the University of Missouri School of Medicine is 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

We have developed an Education Mission Statement specifically for our medical student education. It reads:

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

The Mission Statement is supported by a series of Vision Statements for Education as follows:

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.

**We have also developed Foundation Values for Medical Education. They read as follows:**

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.
Our Critical Success Factors are described below. They are the Key Characteristics we expect our students and residents will acquire.

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.

**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
Our Critical Success Factors (continued)

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.
The Profession of Medicine at the University of Missouri School of Medicine

The School of Medicine considers the concept of professionalism very seriously. Students should read our Foundation Values (see above) carefully and thoughtfully. Medical students are expected to conduct themselves at all times in a manner that would not raise doubts as the adequacy of their professionalism.

Every first year medical student participates in the School of Medicine’s White Coat Ceremony. The White Coat ceremony was first conducted for the entering medical school class of the College of Physicians and Surgeons of Columbia University in New York City in 1993. The ceremony was created by Dr. Arnold Gold, who was a pediatrician and neurologist on the faculty there. Our first White Coat Ceremony was in 1997. During the ceremony, each medical student will receive his or her white coat, a universal symbol of the medical profession. The ceremony marks the beginning of the transition to becoming a doctor of medicine.

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”. The full bylaws of the School of Medicine can be accessed at http://som.missouri.edu/FacultyOrientation/SOMByLaws.aspx. A description of the Committee on Student Promotion (CSP) responsibilities and functioning is included in Section Nine of this Handbook.

Where concerns about professionalism come to the attention of the faculty or administration of the School of Medicine, the student may be referred for consideration by the Committee on Student Promotions (CSP). The 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 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.

Students may also be referred to the Honor Council of the School of Medicine for unprofessional behavior. A description of the Honor Code is included as an appendix to this Handbook. Under the Code, the students of the School of Medicine recognize that they are engaged in becoming members of a profession. By their act of matriculation in this school, they therefore pledge to uphold ethics and standards appropriate to the profession of medicine.

**Appropriate 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. Open toed shoes and sandals are not permitted. Students who are judged to be inappropriately dressed will 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. Our patients expect security and confidentiality, and rightly s
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 not permitted. 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 for whom they 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 and the Ellis Fischel Care Center patient record access is granted to students who are actively caring for patients. Students are not permitted to access records of patients for whom they are not actively providing care.

Under no circumstances can any medical record be removed from the hospitals, nor 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.
Student Mistreatment

The School of Medicine believes that students are entitled to be treated by others (faculty, staff, patients and fellow students) in a professional manner. In order to address possible mistreatment issues that may arise, the School has developed a Student Mistreatment Policy.

Student Mistreatment Policy

This policy encourages medical students who believe they were mistreated by other students, faculty, residents, staff or patients to bring the conduct to the attention of appropriate individuals within the school and/or the university.

Concerning Mistreatment at the University of Missouri:

The University of Missouri System is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, disability or status as a Vietnam-era veteran. The University is committed to providing a positive work and learning environment where all individuals are treated fairly and with respect, regardless of their status. The University does not tolerate mistreatment by or of its students, faculty, residents, staff or patients.

The University’s formal policy on maintaining a positive work and learning environment can be found at the following address: http://www.umsystem.edu/ums/departments/gc/rules/personnel/330/080.shtml

Mistreatment comes in many forms, including but not limited to the following:

- physical abuse
- sexual abuse
- verbal abuse
- discrimination
- harassment (sexual or otherwise)
- public humiliation
- intentional neglect
- intentional lack of communication
- the assignment of tasks for punishment or in retaliation
- belittling of a student or their field of choice
- unreasonable or intentional exclusion of a student from an educational opportunity

In our investigations, educational efforts, policies and procedures, the School of Medicine recognizes that, in some instances, the perception of the individual who believes s/he were mistreated and the intent of the other person(s) involved are discrepant. Whatever the circumstance, students who believe they were mistreated are strongly encouraged to bring it to the attention of appropriate school or university officials (see below for contact information).

It is the university's special responsibility to provide a positive climate in which students can learn. The University expects that the School of Medicine will provide educational programs and otherwise direct resources to creative and serious measures designed to improve interpersonal relationships, to help develop healthy attitudes toward different kinds of people, and to foster a climate in which students are treated as individuals rather than as members of a particular category of people. The university specifically prohibits consensual amorous relationships between individuals where one has direct
supervisory or evaluative responsibility for the other (as between, for example, faculty member and student). The university’s policy in this regard can be found at the following address:
http://www.umsystem.edu/ums/departments/hr/manual/519.shtml

Concerning Mistreatment at the School of Medicine:

The University of Missouri School of Medicine’s commitment to the provision of a professional learning environment for our students is made explicit in our Vision Statement for Education in the following words:

“Our educational processes promote intellectual curiosity, professionalism and the skills for life long learning.”

The School’s commitment is reiterated in the Foundation Values. The Foundation Values emphasize

• respect for one’s self, for others and for the truth
• commitment to act ethically, to welcome difference and to engage in an open exchange
• responsibility in our duty to our patients, colleagues and learners
• interactions that model the professionalism expected of physicians

The Foundation Values reiterate that prejudice or bias directed against others is not permissible. Prejudice or bias directed toward others, whether based upon race, religion, ethnicity, gender, age or sexual preference, is prohibited by University regulation.

Whom Should You Ask?

Medical students are sometimes reluctant to discuss mistreatment for fear of being identified or even receiving reprisals; yet often want alleged mistreatment incidents to be investigated. The School does not tolerate retaliation or reprisals against students who bring incidents of possible mistreatment to the attention of faculty and/or school officials.

The mistreatment of students by patients may be particularly painful. Students are strongly encouraged to discuss such incidents with a trusted supervisor, mentor or colleague.

A range of school and university resources are available to students who may wish to discuss issues informally and confidentially. Those resources include individual medical school faculty, deans and department chairs, advisors, clerkship directors, preceptors and others. Concerns, problems, questions and complaints may be discussed anonymously and confidentially with the Associate Dean for Student Programs, whose role specifically includes student advocacy and who is available to all enrolled MU medical students.

The Associate Dean for Student Programs is Rachel Brown MD
Office of Medical Education (MA215)
Telephone: 573-882-2923
Email: brownrac@health.missouri.edu

The same definitions, policies and procedures apply in all sites where University of Missouri School of Medicine students receive education and clinical training under the supervision of university faculty.
Students on offsite, community and rural rotations may feel somewhat isolated from their usual support systems and are particularly encouraged to utilize telephone and electronic means to discuss any issues that should arise.

A listing of university wide resources is available through the MU Equity website. MU Equity is the University office responsible for helping all members of the university community satisfactorily resolve equity-related problems. MU Equity is located in Memorial Union (telephone 882-9069). Their website can be accessed at http://equity.missouri.edu.

Medical students should be aware that the same standards of behavior are expected by and towards all students in the health professions. Medical students will, of course, undertake much of their education in working hospitals and clinics. Many health care systems, including the University of Missouri Health Care (UMHC), have policies concerning staff and physician “disruptive behavior” that are directed at supporting an environment where all individuals are treated with respect, courtesy and dignity.

**Informal Procedures:**

Students may choose to resolve a problem informally, either directly with another individual or group of individuals (faculty, staff, residents or other students) and/or after involving school or university administration. The Associate Dean for Student Programs is available within the School of Medicine to assist in such an informal resolution. Other faculty, staff and students may also be very helpful in the informal resolution of issues. Hospital ‘disruptive behavior’ policies and procedures may also be supportive. MU Equity is the university resource for informal inquiry and mediation. The circumstances of a particular case will determine the specific outcome.

MU Equity also provides an anonymous web based bias reporting process. Information about the bias reporting process can be found at: http://equity.missouri.edu/bias-reporting/form.php

**Formal Procedures:**

Assistance to students wishing to file formal complaints is available from the Associate Dean for Student Programs in the School of Medicine (MA215, telephone: 573-882-2923) and from MU Equity (Memorial Union: telephone: 573-882-9069).

The University of Missouri System is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, disability or status as a Vietnam-era veteran. Any person having inquiries concerning the University of Missouri-Columbia's compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Assistant Vice Chancellor, Human Resource Services, University of Missouri-Columbia, 130 Heinkel Building, Columbia, Mo. 65211, 573-882-4256, or the Assistant Secretary for Civil Rights, U.S. Department of Education.

The university’s formal discrimination grievance procedure can be found at the following address: http://www.umsystem.edu/ums/departments/gc/rules/grievance/390/010.shtml.
Formal complaints about faculty, residents and staff are made through University procedures utilizing the formal grievance procedure at the address above. Local hospital and health system Human Resource departments and physician Chiefs of Staff at particular sites may also need to be involved.

Formal complaints about other medical students are handled through the School of Medicine’s conduct codes. The bylaws of the School give the Committee on Student Promotions responsibility for determining whether students “have demonstrated the likelihood that they will be able to achieve and maintain the academic competencies and personal qualities required of the physician.” The personal qualities referred to include emotional stability and high ethical standards. Students wishing to proceed with formal complaints about other medical students should contact the Associate Dean for Student Programs (MA215: telephone 573-882-2923).
SECTION TWO

SECTION TWO – What You Need to Know Before You Start Medical School (and continue to pay attention to while you are enrolled)

Essential Requirements for the Degree of Doctor of Medicine (Technical Standards)

Other Requirements of all Enrolled Students

- Health Insurance
- Medical History
- Immunizations
- Orientation to Infection Prevention
- School Policy on HIV
- Basic Cardiac Life Support Training
- Code of Conduct Certification

How does the School of Medicine Communicate With Students?

Requirements for Attendance

Requirements for Evaluation

Work hours
Before you begin medical school, we want you to have certain information available to you. Medical School is a serious commitment – for you and for us. More than anything else, however, it is a serious commitment to patients, including those you will see and work with as students, but, more especially, those for whom you will be responsible later in your careers. This section of the handbook outlines some of the requirements with which all medical students are expected to comply.

**Essential Requirements for the Degree of Doctor of Medicine (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.
Other Requirements of all Enrolled Students

In addition to meeting the criteria outlined in the Technical Standards document, the School of Medicine requires every student to comply with the following:

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 before a student matriculates.

Immunizations

The School of Medicine requires 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. Students who do not complete immunization requirements will not be allowed to enter patient areas.

**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 of vaccinations to verify immunity.

**Orientation to 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. Information about Infection Protection for students on away rotations should be a component of orientation to each away rotation. Students should clarify procedures at the time of orientation, and prior to entering patient areas at any institution. Questions may be directed to Rachel Brown MD, Associate Dean for Student Programs (MA215, 573-882-2923).

**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.

**Basic Cardiac Life Support (BCLS)**

Students are required to have documentation of successful completion of Basic Cardiac Life Support training on file prior to matriculation and throughout their enrollment. Students who do not have up to date BCLS certification will not be allowed to enter patient areas.

**Code of conduct certification**

All students are required to complete their Code of Conduct certification prior to seeing patients, and to renew it annually. Students will receive notification by email as to how to complete the online tutorial and examination.

**How does the School of Medicine Communicate With Students?**

It is your responsibility to stay informed. We use a variety of means to keep in touch with you and will often send you information using more than one of those means. You are responsible for checking your Portfolio home page and mailbox twice a week, and for making sure your email box is not full.

**Your Portfolio**
Many informative notices from the Office of Medical Education and faculty are posted on your Portfolio home page. You are expected to check your Portfolio 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.

The Bulletin

The Office of Medical Education prepares a bulletin at the beginning of each block during the first two years of medical school, and at intervals during years three and four. The bulletins are distributed in paper copy and by email. They contain important dates and other information. It is your responsibility to read and retain the information they contain.

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. 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. During your M3 and M4 years you are required to check your email daily.

Mailboxes

You are expected to check your mailbox 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.
Requirements for Attendance

Regular Attendance

Medical school is a full time commitment, and students are expected to meet a high level of professional standards, including high standards for attendance. In considering requests for excused absences, we encourage students to 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.

Student work hours are limited to an average of 80 hours per week whilst participating in course work activities. This excludes personal study time.

Absences

We do understand that there will be occasions on which students will need to be absent and we will, for good cause, excuse absences.

M-3 and M-4 clerkships may vary somewhat in specific policies with regard to student absences. It is the responsibility of the student to review each course’s absence policy in detail at the beginning of the block or when an absence is anticipated from that block.

The Clinical Curriculum Steering Committee (CCSC) has adopted a policy for maximum absences that can occur in third- and fourth-year courses before it is judged that sufficient lack of exposure has occurred to result in no credit being given without remediation/repeating the course. This policy is a maximum of 5 days over the course of an eight week rotation, and three days for a four week rotation. Again, the expectation is that students will not have any absences except in unusual and specific situations.

Students may file a written appeal of the decision of a course director regarding a requested absence to the CCSC within two weeks of the date of the decision.

Short term absences

Does the School allow brief excused absences?

The School of Medicine understands that situations may arise in which students must be absent from school for health or other reasons. No course or clerkship is obligated to approve a request for approved absence.

M-1 and M-2 students who wish to request an “excused” absence must do the following:

1. Request an “excused” absence from the Office of Medical Education using the required form (obtainable in the OME) at least two weeks in advance for scheduled events. If the absence is unscheduled (health-related, personal or other urgent or
emergency situation), approval must be obtained from the Office of Medical Education by completion of the required form within a week of the student’s return. Approval of an excused absence is at the discretion of the Associate Dean for Student Programs.

2. Notify the director of the curricular component once the absence is excused unless the absence is unscheduled

M-1 and M-2 students with approved excused absences will not be penalized for missed days. Students are responsible for all work missed.

M-3 and M-4 students who wish to request an “excused” absence must do the following:

1. Request an “excused” absence in writing using the required form (obtainable in the OME or from the individual clerkship office) as soon as possible and no later than two weeks prior to the start date of the rotation or course in which the absence will occur. In all cases, a written request for an excused absence is required and final approval is at the discretion of the individual clerkship or course director.

2. Be aware that the absence policy for medical students applies to all students on all placements for which they receive UMC School of Medicine academic credit including rotations taken off-site, on the Rural Track and electives. Students who are off-site are responsible for contacting the clerkship director’s office just as if they were on site.

3. Copies of each absence request form will be sent to the Office of Medical Education for review and filing.

My absence was not excused – what happens if I go anyway?

In no circumstance is an unexcused absence acceptable.

Unexcused absences are considered in the School’s evaluation of a student’s development as a medical professional. Students who take unexcused absences are responsible for all work missed. The specific consequences of an unexcused absence will be determined by the course/block director and by the Office of Medical Education. Unexcused absences will be considered in the final block, clerkship or elective evaluation, reported to the Committee on Student Promotions and noted in a student’s permanent academic record. The permanent academic record is utilized in the preparation of the Medical Student Performance Evaluation (MSPE) see Section Six of this Handbook. Excessive excused absences or unexcused absences may result in required remediation, failure of the course or clerkship and/or dismissal from school.

What happens if I have a health problem?

Absences are likely to be approved for medical reasons, such as scheduled surgeries or other procedures. See below (health related emergencies and extended leaves of absence) for more information.

What happens if I (or my partner) get pregnant while I am a student?
Absences are likely to be approved for pregnancy, childbirth and adoption related issues, including absence to allow the partner to be present at and after the birth of a child or the placement of an adoptive child. Students are encouraged to discuss their individual circumstances with the Associate Dean for Student Programs.

**What happens if someone in my family is unwell?**

Absences may be approved for compelling personal reasons, including situations involving the health or well being of an immediate family member.

**What do I do if health or family related issue arises urgently or there is a medical or family related emergency?**

M-1 and M-2 students may make a single call to an Office of Medical Education (OME) dean to alert everyone of the unexpected absence. OME personnel will then notify those individuals who need to know of the absence. Students are required obtain approval by completing the “excused” absence form and submit it to OME within one week of their return. Failure to do so will result in an unexcused absence being recorded.

M-3 and M-4 students should let the clerkship office know by phone or email of their absence and complete a form upon their return.

**What about weddings and funerals?**

Absences may be approved in order to allow students to attend important events (e.g. weddings and funerals) involving members of their immediate family.

Absences are unlikely to be approved for emergencies or important events not involving immediate family members.

**What about religious holidays?**

Absences may be approved on an individual basis to allow students to observe religious holidays.

**What if I want to attend a professional meeting as an officer or presenter?**

Absences may be excused for a student to attend a professional meeting at which they represent the University of Missouri School of Medicine, or at which they will be presenting. Students requesting excused absences for these reasons must be in good academic standing, and present their requests in writing as soon as possible and no later than two weeks prior to the start date of the course/rotation in which the absence is to occur. This is necessary to provide significant lead time for the course director and staff. Such requests may not be approved if they are submitted shortly before the anticipated absence.

**What does good academic standing mean?**

A student in good academic standing is not on probation, has not faced a vote for dismissal by the Committee on Student Promotions, and has not been brought to the attention of the Committee on Student Promotions for professionalism issues.
An absence will not be excused for a student to attend a professional meeting at which the student is presenting, or represents the University of Missouri School of Medicine if that student has faced a mandatory vote for dismissal by the Committee on Student Promotions, or has been brought to the attention of the Committee, within the 90 days immediately prior to the professional meeting.

Students on probation who have not faced a mandatory vote for dismissal by the Committee on Student Promotions (CSP) within the last 90 days may be excused if the absence is considered by both the Office of Medical Education (OME) Deans 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. Academic probation does mean that a student has had to struggle to meet medical school requirements and may be ill-advised to consider taking time away from the curriculum. Students on academic 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.

Extended leaves of absence

What if I want to take an extended time away from school because I, or a close family member, have a serious health or personal issue to deal with?

There are times when you may face life threatening or serious personal illnesses or other issues affecting you or one of your close family members, and you may feel the need to be absent from school for an extended period of time. In such circumstances, the Associate Dean for Student Programs may grant you an extended leave of absence for up to one year. You may be required to provide documentation of health issues. The Associate Dean for Student Programs may choose to refer a particular student issue for consideration by the Committee on Student Promotions.

If you wish to request an extension to such a leave beyond one calendar year, your request must be approved by the Committee on Student Promotions (CSP).

What if I want to take an extended time away from school for some other reason?

The CSP must approve all other requests for extended leaves of absence from curriculum prior to the leave commencing (see CSP description Section Nine of this Handbook). If you wish to make such a request, please contact the Associate Dean for Student Programs.

Commonly approved requests include requests to complete research or other fellowships, including the MU School of Medicine Post Sophomore Fellowship in Pathology, and childbirth or child care related leaves.

Occasionally, students make a request to delay graduation for a year. Delays are not encouraged, and must be approved by the CSP. Approval is generally granted only for personal reasons, such as a student’s wish to enter residency with a spouse or partner.

What happens to my tuition whilst I am on extended leave of absence?
If you are on extended leave of absence for health or personal reasons, the School does not anticipate that you will be engaged in any academically related activities. You will not be enrolled in any classes and will not be charged tuition. You should be aware that your health insurance may not cover you while you are on extended leave for these reasons.

If you are on extended leave of absence for a research fellowship or in other academically related circumstances, you may be enrolled in a special course.

Contact the Financial Aid office (http://som.missouri.edu/financial; Cheri Marks MA213, telephone (573) 882-2921, e-mail marksc@health.missouri.edu) for assistance with financial queries.

Deferrals of examinations and clerkships

Can I defer taking an examination?

Requests for changes or deferrals to the examination schedule (including the remediation schedule and examinations during clerkships) are made in rare and compelling circumstances. To request a change of schedule, you should contact the Associate Dean for Educational Evaluation and Improvement (Dr Kimberley Hoffman, MA215, telephone (573) 882-2923, email hoffmank@health.missouri.edu). Requests will be de-identified and considered by a faculty committee.

Can I request to defer one of my core clerkships into my senior year?

Note: Deferrals are required for some students in academic difficulty, and may be necessary for administrative reasons (see core clerkship deferral policy page)

In unusual circumstances, students may be permitted, at their own request, to defer one or more core clerkships into the senior academic year.

You should make a request for deferral through the Associate Dean for Student Programs, who may grant your request if you are considered to have compelling health or personal reasons. Compelling reasons include serious personal illness, family illness or other emergency. You may be required to provide physician documentation of health problems.

If your reasons for requesting a deferral are not considered to be compelling, then your written or email request will be de-identified and forwarded anonymously by email through the Associate Dean for Student Programs to the Clinical Curriculum Steering Committee.

Deferral of a core clerkship will generally not be granted for the following circumstances; request to take a senior elective in the junior year, request for more time to study to potentially improve Step 1 scores and hence competitiveness for residency, weddings, personal or family vacations, family reunions. The CCSC will consider requests for deferral during the monthly regularly scheduled meetings.

If your request for deferral is denied, you may appeal. Appeals should be addressed to the Associate Dean for Student Programs and will be forwarded anonymously to the chair of
the CCSC who may or may not revisit the issues with the CCSC. Students who have approved deferrals will continue to be fully enrolled and will be charged tuition.

I know some students have taken “leaves” in order to remediate academically – how does that work?

You are thinking about students who are enrolled in individual courses of study. These are designed on an individual basis for students who have had academic or professionalism challenges. Individual courses of study must be approved by the CSP. Full tuition will be charged and students will be fully enrolled.

Are classes ever cancelled for bad weather?

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.

Requirements for Evaluation

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 determines 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.

In addition to routine assessments, the School of Medicine places high importance on self reflection and the student’s ability to continuously enhance his or her professional abilities. To support the development of reflective practice, you will contribute to your portfolio throughout your time as a medical student. Annually, you will be invited to reflect on your progress in the MU2020 Key Characteristics (see Section One of this Handbook – our Critical Success Factors – the Key Characteristics we expect our students and residents will acquire). You will also be expected to submit evidence that you have achieved competence in the Key Characteristics.

When you come to MU, the Key Characteristics describe the type of
physician we hope you will become. The Portfolio provides the evidence.

End of Block Feedback Requirement

At the end of each block or clerkship, you will be required to provide comments on the quality of educational experiences that occurred. Thoughtful comments from our students provide the data needed to continuously enhance the curriculum. The anonymous information you 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, you must log into the evaluation system and provide comments for the specified topics. At the end of each block or rotation, a report is generated 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.

Students in the M1 and M2 years have a second opportunity to provide feedback on the block and examination process. This feedback is voluntary and occurs after grades are released.

Grades

An assessment of a student’s academic performance takes into account the following four major components: 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 resulting grade 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.

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’ portfolio.

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.
SECTION THREE - YOUR FIRST AND SECOND YEARS

Our Curriculum

Evaluation in the First and Second Years

What shall I do between the first and second years of medical school?
Our Curriculum

The curriculum at the University of Missouri School of Medicine emphasizes problem-solving, self-directed learning, collaborative learning and early clinical experiences, and integrates the basic sciences and clinical problem solving. Emphasis is placed on small group learning, with some lectures, and there are no department or discipline based courses.

Background

Year one consists of four 9-week blocks. Year two follows the same format. Weeks one through eight are for learning. All evaluation occurs during week nine, and week ten is a break. Each block has two components: Basic Science/Problem Based Learning (BSci/PBL) and Introduction to Patient Care (IPC).

BSci/PBL. In this component, students work through one authentic clinical case each week 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.

IPC themes change with each block and focus on clinical skills, including 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.

ACE (Ambulatory Care Experience) 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 (APD) 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.

Independent learning: two half days each week are protected time for independent or student-directed learning; no faculty-initiated activities may be scheduled.

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

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**
Evaluation in the first and second years

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

Each student receives a grade for BSci/PBL and a grade for IPC for each block. In addition, students must participate in Ambulatory Care Experience (ACE) and Advanced Physical Diagnosis (APD).

First-year medical student performance is graded as either being “Satisfactory” (S) or “Unsatisfactory” (U) for both BSci/PBL and for IPC. When students advance to the second year, the grading system expands to include “Honors” (HN).

BSci/PBL Evaluation

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

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 the 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 patient presentations and a series of questions requiring a response. Problem-solving examinations may be “open-book” tests requiring research in the library. Problem solving exams may take other formats but always require analysis and synthesis of information.

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 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.
IPC Passing grades are as follows:

- 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 in order to pass IPC. Students may also be required to attend a specified number of special presentations.

**M1/M2 Ambulatory Care Experience (ACE) and M2 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**

Examination review provides the student with information that s/he needs to continuously enhance 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 students 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.
What Shall I do between my first and second years of medical school?

A number of School sponsored opportunities are available during the summer after your first year. Stipends may also be available for some of these experiences. Further details of the programs described below, as well as others that may be available in a particular year, are provided at a class meeting in the early spring for the first year class.

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 consult the Remediation Schedule before making 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.

Some of the summer programs that have been available and sponsored through the School of Medicine are described below:

The Rural 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.

For more details about MU Rural Summer Community Program, go to the following link http://www.muahec.com/SummerCommunityProgram/
Telephone (573) 882-0068.

Research
The purpose of the School of Medicine Summer Fellowship program is to support students in full time mentored research under the direction of a member of the faculty. The program is coordinated by the Research Council and the Research Deanship of School of Medicine. Specific opportunities will be made available in the Spring of the M-2 year, and applications are prepared jointly by the student and his/her sponsor. Faculty sponsors provide guidance, facilities and supplies, and accept responsibility for the quality of the student’s research experience. Further information is available at the following link http://som.missouri.edu/Research/Office/StudentResearch.aspx

MiniMed School
Each summer, the School of Medicine hosts Missouri high school students who have been selected to participate in a one-week mini-medical school. During the week, the high school students attend lectures and participate in PBL, meet with physicians and basic science faculty, learn about medical school admissions and financial aid, and get medical students’ perspectives of medical school. Mini-medical school is offered twice during the summer. Medical students serve as planners, lecturers, PBL authors and tutors and counselors for both one week sessions. This experience involves staying in the
dormitory with the students. A mini-medical school director is appointed for each week and five mini-
medical school “faculty” work on the PBL case and other activities. Further information about Mini-
Medical School can be found at http://som.missouri.edu/hsminimed.shtml

Orientation and White Coat Ceremony

Each summer, the School of Medicine provides a multi-day orientation and White Coat Ceremony for
incoming first year students the week prior to the first day of class. During orientation, incoming
students meet the medical school administration and staff, experience a practice PBL case, take tours,
interact with classmates during social activities and learn about medical school and medicine in
general. Two or three students serve as orientation leaders. They organize events, arrange session
speakers and facilities encourage classmates to help, and assist at the White Coat ceremony. Tasks
require significant time commitment through May, June and July and full time attendance during
orientation week and the White Coat ceremony. Additional information about orientation and the
White Coat ceremony is available from our Admissions Office (MA215, telephone (573) 882-2923).

The American College of Physicians Summer Externship Program

This program is designed to give medical students in Missouri an opportunity to learn about the
specialty of Internal Medicine early in their medical education. Each student works closely with a
practicing internist whose primary responsibility is patient care. This is an exceptional opportunity to
establish a one-on-one relationship with a mentor in his/her own practice and experience what it
means to be an internist. Mentors are available in rural and suburban practices in internal medicine
and internal medicine subspecialties. Additional information about this program is available from:
Dr Robert Lancey lanceyr@health.missouri.edu, telephone (573) 884-3014, or Helen Cook
cookh@health.missouri.edu, telephone (573) 884-5169.
SECTION FOUR

What Happens if you Receive a Failing Grade in your First or Second Year

Remediation

Students who receive an “Unsatisfactory” grade will have an opportunity to rectify the deficiency during the winter and spring breaks and between the M-1 and M-2 years. All second year students who receive a “U” cannot earn Honors through remediation. Students must successfully complete all blocks in the first year of the curriculum to progress to the second year. All remediation must be rectified before proceeding to the clinical years. A second year student who has been considered for dismissal will not begin the required clinical clerkships until he/she has passed Step 1 of the USMLE. 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 spring break, winter break, and summer plans should accommodate the necessary study time and the remediation dates. It is highly recommended that students consult the Remediation Schedule before making 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 Kimberly 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.

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

The American Association of Medical Colleges provides guidelines for the creation of the Medical Student Performance Evaluation (MSPE). The MSPE is a letter sent to residency programs to which the student applies during the senior year. The guidelines require inclusion of all initial 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.

Guidelines for Re-Remediation Examination
Students unable to successfully remediate the block examination might be allowed another attempt at remediation if they petition to the block evaluation committee and explain why their initial attempt at remediation was unsuccessful. Students are encouraged to meet with the Associate Dean for Student Programs for assistance in preparing a petition. If the petition is granted, the student would have a second attempt to rectify the deficiency. If the petition is denied, the student must repeat the block.

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 should therefore do so with the 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 the only result 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, he/she may bring it to the OME’s attention for consideration. Limits are placed on the number of requests for review that a student may make.

Students may request re-evaluation of any component of their grade except the tutor/small-group facilitator evaluation. Questions concerning a grade must be submitted in writing and in compliance with the published schedule, and it must include both a clear statement of the perceived discrepancy and a request for faculty re-evaluation. A request to re-evaluate the test is considered part of the student assessment process and is therefore subject to the same Honor Code as when students complete tests 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.

All unsatisfactory grades are reviewed by the Committee on Student Promotions and students will be notified by letter that the CSP has approved the remediation plan proposed by the faculty. Students who receive a second unsatisfactory grade in the first two years

**Administrative Review of a pre-clerkship grade**

**Purpose**

Students may question any component of the grade in a pre-clerkship course with the exception of the tutor evaluation. Directions for requesting a re-evaluation of the grade are located on the student’s portfolio. Requests to re-evaluate the grade are considered part of the student assessment process and therefore subject to the honor code. The deadline to request a re-evaluation will be announced for each block. When re-evaluation of an exam occurs, the student’s entire performance on the component in question will be reviewed.
A re-evaluation shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a student who believes that a rule, procedure or policy has not been followed or has been applied in an inequitable manner.

Should the student be unsatisfied with the result of the faculty committee’s request for re-evaluation of a pre-clerkship course the student may appeal to the Associate Dean for Educational Evaluation and Improvement (Kimberley Hoffman PhD, MA215, (573) 882-2923, hoffmank@health.missouri.edu). The Associate Dean may elect to charge a faculty panel to consider the student’s request. The faculty panel will consist of basic science and clinical faculty with experience in the pre-clerkship curriculum, one clinical course director, and one faculty member drawn at random from the pool of participants. The pool of participants will be solicited annually from pre-clerkship and clinical course leaders. The list of volunteers will be maintained by the Offices of Medical Education. Names will be drawn randomly by the Associate Dean. If a person whose name is drawn is not able to participate because of prior commitments, another name will be drawn. The panel may gather evidence, review documentation, interview individuals and request further information from the involved parties. Within 30 calendar days of the receipt of the request for an administrative review, the panel will give a written copy of their recommendation to the Associate Dean for Educational Evaluation and Improvement. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Associate Dean will respond to the student in writing within 5 working days of receipt of the panel’s recommendation.

The University Registrar [http://registrar.missouri.edu/policies/grade-appeals.php](http://registrar.missouri.edu/policies/grade-appeals.php) provides guidelines for changes in grades. In accordance with the University Registrar’s guidance:

- Neither the Associate Dean nor the faculty committee can substitute his or her judgment for that of the instructor concerning the quality of the student’s work.

- No one, including neither the Associate Dean, nor faculty serving on the review committee may substitute personal judgment for that of the instructor concerning the quality of the student’s work. However, mathematical or mechanical errors in scoring examinations may be corrected.

- No grade shall be otherwise changed unless there is clear, convincing and unequivocal evidence that it was a direct result of arbitrary and capricious conduct by the instructor and or faculty evaluator.

**Appeals to the Dean of the School of Medicine**

Should the student be dissatisfied with the response of the administrative review he/she may, within ten (10) calendar days of receipt of such response, submit a written appeal to the Dean of the School of Medicine through the Senior Associate Dean for Education. Upon receipt of the written appeal, an ad hoc faculty panel will be formed by the Dean’s Office. The ad hoc committee will review the process. As stated above no one, including faculty serving on the ad hoc review committee may substitute personal judgment for that of the instructor concerning the quality of the student’s work. The Dean will review the faculty panel’s information and may accept the recommendation, amend it, reverse it or refer it back to the panel for reconsideration. The decision of the Dean of the School of Medicine is the final decision within the Medical School. Should a student be dissatisfied with the decision of the Dean s/he may follow the grievance procedure of the University of Missouri-Columbia campus.
SECTION FIVE – Your Third Year

What shall I do between my second and third years of medical school?

Am I ready for promotion to the third year?

Our Curriculum

Evaluation in the third year
What shall I do between my second and third years of medical school?

You probably won’t have much time to do anything! Students are required to take Step 1 of the United States Medical Licensing Examination (USMLE) at the end of the second year, and clerkships usually start in early or mid June. We will provide orientation to the examination at the M-2 orientation, and in class meetings during the M-2 year. For many students, the third year of medical school is quite intense – it may be a good idea to try and take a little break before starting.

A few students every year request a leave of absence between their second and third years of medical school to explore research or other fellowship opportunities. Requests for leaves must be approved by the Committee on Student Promotions. Contact Rachel Brown MD, Associate Dean for Student Programs, MA215, telephone (573) 882-2923, brownrac@health.missouri.edu for further information.

Am I ready for promotion to the third year?

During the second year of medical school, you will receive information to help you prepare for your third year. Information will be provided about the curriculum (see this section of the handbook), about our rural track program (see this section of the handbook and also section eight), and about the process you will use to register for your third year clerkships.

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 United States Medical Licensing Examination (USMLE) Step 1 examination currently serves this purpose after the completion of the second year.

All 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 has been considered for dismissal (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.

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.

Our curriculum

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.

All students may take up to three core clerkships developed and approved by School of Medicine departments through the University of Missouri School of Medicine Rural Track Clerkship program. The
Rural Track Clerkship Program offers third year 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. Community based physicians serve as faculty as well as role models, guiding our 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. Through this exposure, the School aims to increase the numbers of physicians who choose to practice in rural Missouri.

The Rural Track Program is organized through MU’s Area Health Education Center (AHEC). Students (other than Bryant Scholars) 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. Rural Scholars (all Bryant Scholars and Rural Conley Scholars) are required to complete three clinical rotations at one of the community based training sites. Exceptions are only made in rare and compelling personal circumstances.

You can find more details about our Rural Track Program in Section Seven

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.

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.
Evaluation in the third year

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.

Completion of Evaluations and Release of Grades in Years 3 and 4

Students will be expected to complete all required evaluations prior to sitting for the shelf exam. If they fail to do so, they will be unable to take the exam and will receive an incomplete until they are able to sit for the exam. A retake exam date will be determined by the course director. Most retake exam dates are either winter break or over the summer inter-block.

REQUESTS FOR RE-CONSIDERATION FOR CLINICAL GRADES

Purpose

Students may question any component of the grade in a clinical curriculum course. Questions concerning a grade must be submitted in writing to the course director and include a clear statement of the perceived discrepancy and a request for the faculty and/or course director to re-evaluate, or re-examine the grade. Requests to re-consider the grade are considered part of the student assessment process and therefore subject to the honor code. The deadline to request re-consideration will be announced for each clinical course in the course syllabus. When re-examination of a grade occurs, the student’s entire performance on the component in question will be reassessed.

A re-consideration shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a student who believes that a rule, procedure or policy has not been followed or has been applied in an inequitable manner.

Requesting a Re-Consideration

A student who wishes to have a grade re-consideration must submit in writing to the course director a clear statement of the perceived discrepancy and a request for the faculty to re-evaluate, or re-consider the grade. This written request must be received by the deadline stated in the course syllabus. The Course Director and Department Chair have the discretion to discuss the request with the student and other involved parties in an effort to resolve the discrepancy within the course department. If the discrepancy is resolved in this manner, the terms of the resolution will be put in writing and signed by the course director and reported to the Offices of Medical Education. If the discrepancy is not resolved, the course director shall respond to the student in writing within thirty (30) calendar days of receipt of the written request for re-examination.

If the student is uncomfortable in approaching his/her course director, he/she is encouraged to discuss the
issue with the Associate Dean for Student Programs who will advocate for the student.

**Appeals to the Dean**

Should the student be dissatisfied with the response of the course director and/or department chair he/she may, within ten (10) calendar days of receipt of such response, submit a written appeal to the Dean of the School of Medicine, through the Associate Dean having responsibility for the area in question. Upon receipt of the written appeal, a panel will be formed by the Dean’s Office. The panel will consist of one clinical course director, one other faculty member and one student member (student member currently serving on the Clinical Curriculum Steering Committee or Curriculum Board) drawn at random from the pool of participants in each group. The pool of participants in each group will be solicited annually from each group. The list of volunteers will be maintained by the Offices of Medical Education. Names will be drawn randomly by the Associate Dean responsible for the educational component appealed. No member of the panel may be from the department of any of the involved parties. If a person whose name is drawn is not able to participate because of prior commitments, another name will be drawn. The panel may gather evidence, interview individuals and request further information from the involved parties. Within 30 calendar days of the receipt of the appeal, the panel will give a written copy of their recommendation to the Dean. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Dean will respond in writing within five (5) working days of receipt of the panel’s recommendation. The Dean may accept the recommendation, amend it, reverse it or refer it back to the panel for reconsideration. The decision of the Dean is final.

*Also see the University of Missouri Employee Grievance Policy: 380.010*
SECTION SIX – Your Fourth Year, Graduation and Beyond

Am I Ready for my Senior Year?

Our Curriculum

What Else Do I Need to Graduate?

Medical Student Performance Evaluation (MSPE)

Applying for Residency and the Match

Letters of Recommendation

Transcripts
Am I ready for my senior year?

All students must pass Step 1 of the United States Medical Licensing Examination (USMLE) prior to beginning the senior year.

Our Curriculum

During the fourth year, three one-month clinical selectives, 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.

What else do I need to do to graduate?

Examinations (comprehensive knowledge based examinations and the Objective Structured Clinical Evaluation)

Passage of Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE) is a requirement for graduation from medical school. Beginning with the 2005 graduating class, Step 2 was divided into two required sections, Clinical Knowledge (CK) and Clinical Skills (CS).

A patient centered Objective Structured Clinical Evaluation (OSCE) will be administered at the end of the third year. Beginning with the graduating class of 2012, successful completion of this OSCE is a requirement for graduation from medical school. Clinical faculty will determine satisfactory performance on the OSCE exam. Students must rectify OSCE deficiencies by the October preceding their gradation in May.

Students will have the opportunity to participate in a remediation OSCE. Students must remediate the entire exam not just the individual station(s) on which they performed poorly. Students unable to successfully remediate the OSCE may be allowed another attempt at remediation if they petition the Clinical Curriculum Steering Committee (CCSC) and explain why their initial attempt at remediation was unsuccessful. Students are encouraged to meet with the Associate Dean for Student Programs for assistance in preparing a petition and for creating a plan of action to prepare the student for successful completion of the remediation OSCE. If the petition is granted, the student may have a second attempt to rectify the deficiency in a manner determined by the CCSC. Successful completion of the OSCE will be
reported to the Committee on Student Promotion as they consider students for graduation. Failure to successfully complete the re-remediation OSCE will result in referral to the Committee on Student Promotion for further consideration.

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.

Applying for residency and the match

Information about applying to residency and the match will be provided early in the senior year.

Letters of Recommendation

Faculty uses 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.

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.
SECTION SEVEN – Resources All Students Will Need

Security

Advising and Career Planning

Financial Aid

J Otto Lottes Health Sciences Library

The Student Health Center

Mental Health and Counseling Services

Facilities
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.

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
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

Advising and 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 Counseling 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.

J. Otto Lottes Health Sciences Library

The Health Sciences Library is available to all students.

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 are available 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.

Information about reserve materials, study rooms, photocopying services, and computing services are available here [http://library.muhealth.org/](http://library.muhealth.org/)

**The Student Health Center**

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.

Remember: all students are required to carry personal health insurance.

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.

You can find out more about the Student Health Center and other health and wellness related facilities on campus here [http://studenthealth.missouri.edu/](http://studenthealth.missouri.edu/)

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 policy statement included in reference materials below.

**Facilities**

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.
SECTION EIGHT – Resources Some Students will Need

Procedures for Students Requesting Accommodations for a Disability

Students Who Want to Engage in Research

Students Who Want to Complete Part of their Education at a Rural Site
Procedures for Students Requesting Accommodations for a Disability

Students with disabilities are welcomed at the University of Missouri School of Medicine. All students are required to comply with our Technical Standards, and the requirements of our curriculum and evaluation.

Procedures for Students Requesting Accommodations

Applicants to the School of Medicine sign a Technical Standards document as part of the secondary application to the School. Applicants offered a seat in the entering class are required to sign the same Technical Standards document.

Information about accommodations for students with disabilities is provided at orientation. Students are directed to the Student Handbook and to the office of Rachel Brown M.D. Associate Dean for Student Programs for further information. Dr Brown can be reached by calling (573) 882-2923, by visiting her in MA213, Offices of Medical Education, or by email brownrac@health.missouri.edu.

Students who wish to receive academic accommodations for disabilities must follow the procedure laid out below.

1. Students must register with the Office of Disability Services

All medical students requesting academic accommodations for disabilities must register with Disability Services at Memorial Union (573) 882-4696 (disabilityservices@missouri.edu). The office website can be accessed at http://disabilityservices.missouri.edu.

The Office of Disability Services 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.

The Office of Disability Services will review the student’s situation, evaluate appropriate documentation provided by the student and then write a “letter of accommodation” stating what academic accommodations should be provided in medical school. Medical students requesting academic accommodations beyond their M-2 year must re-register with Disability Services and obtain a letter of accommodation dated no earlier than the January prior to the beginning of their clinical clerkships.

2. Students must provide a recent letter of accommodation to the Associate Dean for Student Programs

Any student who wishes to utilize his or her approved accommodations must give the Disability Services letter of accommodation to the Associate Dean for Student Programs, Dr Rachel Brown, in the Office of Medical Education. The letter will be maintained in Dr Brown’s office and will not become part of a student’s permanent academic file. Dr Brown is available to advise and assist students in coordinating accommodations within the School of Medicine. The School also maintains a standing faculty advisory committee.
3. **Students who want accommodations beyond their M-2 year must obtain an updated letter of accommodation.**

Any student who wishes to continue to receive accommodations beyond their M-2 year must re-register with the Office of Disability Services and obtain a letter of accommodation dated no earlier than the January prior to the beginning of their clinical clerkships. The letter must be on file in the office of the Associate Dean for Student Programs if a student wishes to receive approved accommodations.

4. **Students who want examination accommodations for the M-1 and M-2 years must contact the Associate Dean for Educational Evaluation and Improvement**

Accommodations for examinations in the M-1 and M-2 years are coordinated through the office of Kimberley Hoffman PhD, Associate Dean for Educational Evaluation and Improvement. Specific requests should be made to Dr Hoffman, in person, by phone (573) 882-2923 or by email hoffmank@health.missouri.edu and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs.

5. **Students who want examination accommodations for their M-3 year must contact EACH clerkship coordinator promptly**

Accommodations for examinations in the M-3 year are coordinated through each clerkship. Specific requests must be made to the clerkship director or coordinator in the first two weeks of each clerkship and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs, dated no earlier than January prior to the start of the clerkship year. Students who do not make specific requests for examination accommodations within the first two weeks of a clerkship may not receive accommodations.

6. **Students who want curricular accommodations must contact the Associate Dean for Curriculum.**

Curricular accommodations are coordinated through the office of the Associate Dean for Curriculum. Specific requests should be made to in person, by phone (573-882-2923) or by email and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs. Students who want curricular accommodations in their M-3 year and beyond must have a letter of accommodations dated no earlier than January prior to the start of the clerkship year.
**Students who want to engage in research**

There are lots of opportunities here for medical students to incorporate research training and experience, and students are strongly encouraged to do so.

Opportunities range from a single summer research fellowship to pursuing an additional degree (MD/PhD).

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.
Students who want to complete part of their education in a rural site

The School’s rural education opportunities are coordinated through MU AHEC.

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 workforce. 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.

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: Evaluation and grading criteria are the same in the on-site and rural settings

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
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 the same as 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
SECTION NINE – Reference Materials

Access to Student Records

Release of Public Information

The Committee on Student Promotions

Honor Code of the School of Medicine

Student Interest Groups

The J Otto Lottes Health Sciences Library

School of Medicine Administrative Directory
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.

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 the Office of Medical Education (MA215, (573) 882-2923).
The Committee on Student Promotion (CSP)

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.

PREAMBLE

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 the recommendation of students for graduation and academic honors, the review and approval of proposed remediation plans for students having academic difficulty, the recommendation for promotion or termination of students in the academic program, the consideration of requests for leaves of absence and curriculum extension, and the review of student performance on the United States Medical Licensing Examination.

The CSP meets regularly after each block and for additional meetings as necessary. Most votes at the committee are open and pass on a simple majority. However, voting on recommendations for student dismissal is by secret ballot, and must pass by a two thirds majority of voting members present.

All information presented to the CSP, CSP deliberations and CSP decisions are confidential. The committee is closed, except that faculty directly involved in the education of a particular student may be invited by the Committee to participate. All committee members and guests sign a Code of Confidentiality agreement before attending a CSP meeting. Minutes are only supplied to the Committee for approval during meetings. A student appearing before the Committee may request that some or all of the student members not be present during the time of their appearance.

The Chair allocates time limitations on discussion and presents a summary of the Committee’s decisions to the School of Medicine Faculty twice a year, including the number but not the names of students recommended for dismissal and the ultimate action of the Dean.

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.

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 MA215, telephone (573) 882-2923), brownrac@health.missouri.edu, to discuss the process and its consequences.

COMPOSITION OF THE COMMITTEE
The Committee consists of 12 regular voting faculty members and 3 alternates. Four voting members are chosen from the faculty by the Years 1 and 2 Curriculum Directors, four are chosen by the Years 3 and 4 Clinical Clerkship Steering Committee, and four are elected from the School of Medicine Faculty at large. The alternate from each category participates when a regular member in that category is unable to attend a meeting. Nominations for the at large positions may be made by any faculty member or by a medical school class. Elections/appointments take place in the winter semester for terms starting August 1. One-third of voting committee members are (s)elected each year for a 3 year term, and each member may serve up to two consecutive terms. After a three-year interval off the committee, they will again be eligible to serve as a voting member on the committee. A nonvoting Chair is separately appointed by the Associate Dean for Student Programs for a single term of three years, and may be reappointed after a lapse of at least one term. The Associate Dean for Student Programs and other appropriate representatives of the Dean’s office will serve as *ex officio* members of the committee without a vote.

Students serve as non-voting members of the Committee. Each M-1 class provides three nominees through an election process, and then Dean then appoints one of the nominees as a non-voting member of the committee. The student’s term starts May 1, and the student continues through their fourth year unless removed. The Dean of the School of Medicine will make the selection from among three nominees provided by students through an election process. Committee members will be chosen (including election of at large positions) during the winter semester for terms beginning August 1, except that student terms will commence May 1, so that students may be continuously represented.

A quorum of the committee is two thirds of the membership with voting rights.

**GENERAL GUIDELINES FOR DECISIONS CONCERNING PROMOTION AND GRADUATION**

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.

**Criteria for Promotion and Evaluation of Students**

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 School of Medicine requires that its students demonstrate proficiency in a variety of cognitive, problem, manual, communicative and interpersonal skills. Specifically, the CSP bylaws state the following abilities and expectations must be met by all students in the School of Medicine.

1. Students are expected to attend scheduled instruction or otherwise to obtain adequate competency and complete assignments in a timely and diligent manner.
2. Students are expected to obtain and analyze data, synthesize information, solve problems, and reach diagnostic and therapeutic judgments.
3. Students are expected to relate well to patients and establish sensitive and professional relationships with them.
4. Students are expected to obtain a history and perform a physical examination satisfactorily, and communicate results to a colleague with accuracy, clarity and efficiency.
5. Students are expected to understand, perform, and interpret selected laboratory tests and diagnostic procedures.
6. Students are expected to display good judgment in their assessment and recommended treatment of patients
7. Students are expected to learn to respond with precise, quick and appropriate action in emergency situations.
8. Students are expected to respond to criticism by appropriate modification of behavior.
9. Students are expected to interact effectively, humanely and consistently with their colleagues, with all members of the health care team, and with supporting staff.
10. Students are expected to demonstrate honesty and integrity in all aspects of their interaction with patients and staff and, in particular, in assuring the accuracy and completeness of their part of the medical record.
11. Students are expected to display the perseverance, diligence and consistency necessary to complete the medical school curriculum and be prepared to enter the practice of medicine.

The School of Medicine insists that its student adhere to the following general principles of medical ethics:

1. A medical student shall be dedicated to provide competent medical service with compassion and respect for human dignity.
2. A medical student shall deal honestly with patients and colleagues, and strive to expose or otherwise respond in a professional manner to those persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception.
3. A medical student shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patients.
4. A medical student shall respect the rights of patients, of colleagues, and of other health professionals and safeguard patient confidence within the constraints of the law.
5. A medical student shall continue to study, apply and advance scientific knowledge; make relevant information available to patients, colleagues, and the public; suggest consultation; and use the talents of other health professionals when indicated.
6. A medical student shall recognize a responsibility to participate in activities contributing to the improvement of society.

STUDENT PROMOTION, YEARS 1 AND 2
Students must successfully complete all Year 1 and 2 coursework prior to beginning the Year 3 curriculum. All unsatisfactory grades must be rectified in a manner determined by the course faculty and approved by the CSP. All Year 1 and 2 coursework must be completed within 36 months of matriculation, excluding time on approved leaves of absence. The CSP may grant an exception in exceptional circumstances by approval of 2/3 of voting members.

Student performance will be reviewed by the CSP upon a student’s receipt of an unsatisfactory grade, or for other reasons where concern is raised about the student’s development as a physician. The committee includes in its deliberation all available information relating to student performance. The Associate Dean for Student Programs provides a report on the student’s past efforts to improve his or her performance and any evaluations that have been performed, and makes recommendations to the Committee for suggested remediation and further activities to improve performance. The CSP may approve these recommendations or suggest alternative actions; however, actual academic advising occurs outside of the committee.

On the basis of the information they receive the committee will recommend one of the four following actions:

- 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.

**Academic Probation**

The Committee on Student Promotion (CSP) may place on academic probation any student whose academic performance (taking into account knowledge, skills, problem solving, and professionalism) is judged to be inadequate by a majority of voting members.

Probation is automatic under any of the following circumstances:

- Receipt of a second U grade at any time during the first two years whether or not the U grade has been resolved.
- Receipt of a U grade in a course because of a deficiency in professionalism.
- Failure to pass STEP I of USMLE.

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. If probation is due to failure of USMLE Step 1, students will remain on probation until successful completion of this examination.

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.

**Dismissal**

The CSP may recommend to the dean dismissal from medical school for students whose academic performance and/or professional development 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 Dean of the School of Medicine has the ultimate responsibility for dismissal of students.

**Comprehensive Exams**

Following a first failure of the USMLE Step I examination, students will be placed on academic probation. Their performance will be monitored while continuing on their clinical blocks and any unsatisfactory performance will result in immediate suspension from the curriculum. Prior to their second attempt, students will be suspended from the curriculum for the duration of one clerkship (approximately eight weeks) to allow adequate study and preparation time. Students already on probation before taking USMLE Step 1 who then fail Step 1 of USMLE will not be allowed to go on to the clinical blocks. After a second failure of the USMLE Step 1 examination, students must meet with the Associate Dean for Student Programs and prepare a written plan for test preparation to be approved by the Associate Dean for Students Programs and by the CSP. Students, who fail a third time, if retained in medical school, will not take additional clinical training until the USMLE Step 1 requirement is satisfied.

**STUDENT PROMOTIONS YEARS 3 AND 4**

Students must successfully complete all course work prior to graduation. Completion of course work requires rectifying all unsatisfactory (U) grades. These grades will be rectified 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 grade, or for other reasons where concern is raised about the student’s development as a physician. The committee includes in its deliberation all available information relating to student performance. The Associate Dean for Student Programs provides a report on the student’s past efforts to improve his or her performance and any evaluations that have been performed, and makes recommendations to the Committee for suggested remediation and further activities to improve performance. The CSP may approve these recommendations or suggest alternative actions; however, actual academic advising occurs outside of the committee.
On the basis of the information they receive the committee will recommend one of the four following actions:
- 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.

**Academic Probation**

The Committee on Student Promotion (CSP) may place on academic probation any student whose academic performance (taking into account knowledge, skills, problem solving, and professionalism) is judged to be inadequate by a majority of voting members.

Probation is automatic under the following circumstances:

- Receipt of a grade of ‘U’ in a clinical course

The CSP determines the duration of academic probation. 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 the Associate Dean for Student Programs, 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.

**Dismissal**

The CSP may recommend to the dean dismissal from medical school for students whose academic performance and/or professional development is judged to be unacceptable.

There are also circumstances in which votes for dismissal are automatic.
- 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 Dean of the School of Medicine has the ultimate responsibility for dismissal of students.
LEAVE OF ABSENCE

This term applies if a student plans to absent himself/herself from the School of Medicine. Leave of absence is limited to situations when automatic readmission is implied--such as family problems, illness, or other personal considerations, but the committee reserves the right to review the student's situation prior to the time of potential reentrance.

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.

GRADUATION WITH HONORS

Grades of “Honors” earned during the $2^{nd}$, $3^{rd}$ and $4^{th}$ 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.

EXTENDED DURATION OF THE 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.
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.

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.

**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.

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.

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 prescribe 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 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.
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.
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.
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.
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.
The Library

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.
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

• Robert Churchill, MD  
  Interim Dean
  • Roberta Settergren  
    Executive Staff Assistant to the Dean  
    573-884-8733
  • Dianna Staab  
    Executive Staff Assistant to the Dean  
    573-884-9080

• Linda Headrick, MD, MS  
  Senior Associate Dean for Education and Faculty Development
  • Katie Hentges  
    Executive Staff Assistant to the Senior Associate Dean for Education and Faculty Development  
    573-882-5644

• Jamal Ibdah, MD  
  Senior Associate Dean for Research
• Jerry Parker, PhD  
  Associate Dean for Research
  • Debbie Taylor  
    Project Specialist  
    573-882-2841

• Kenneth Hammann  
  Associate Dean for Administration and Finance

• Les W. Hall, MD  
  Senior Associate Dean for Clinical Affairs and Chief Medical Officer
  • Samantha Welsh  
    Executive Staff Assistant  
    573-882-0572

• Weldon Webb  
  Associate Dean for Rural Health
  • Charles Rudkin  
    Administrative Assistant  
    573-882-1566

Office of Medical Education, MA213-215  
573-882-2923
• Rachel Brown, MD
  Associate Dean for Student Programs

• Kimberly Hoffman, PhD
  Associate Dean for Education Evaluation and Improvement

• Associate Dean for Curriculum

• Haley Atkins
  Administrative Assistant

• Bill Connelly
  Business Technology Analyst

• Mariven Easton
  Director of Admissions

• Debby Ferguson
  Laboratory Assistant

• Lindsey Gentry
  Senior Admissions Evaluator

• Gina Graves
  Office Support Staff III

• Peggy Gray
  Coordinator – Program/Project Support

• Melissa Griggs
  Instructional Design Specialist

• Gina Johnson
  Data Quality Coordinator

• Donald Kirkham
  Broadcast Engineer II

• Traci Wilson Kleekamp
  Coordinator: Diversity

• Alison Martin
  Coordinator: Advice, Support and Career Counseling
• Cheri Marks  
Coordinator of Financial Aid  

• Amy Menefee  
Medical Student/Program Assistant  

• Philip Neff  
Systems Support Analyst-Expert  

• Suzanne Neff  
Office Supervisor  

• Christy Old  
Office Support Staff III  

• Shawn Owens  
Senior Receptionist  

• Jen Rachow  
Executive Staff Assistant  

• Charles Redmon  
Electronic Technician  

• Instructional Design Specialist  

• Amy Shumate  
Medical Student/Program Coordinator  

Office of Graduate Medical Education, MA101  
573-882-4637  

• John Gay, MD  
Associate Dean for Graduate Medical Education  

• Dee Anne Erickson  
Coordinator Residency Programs  
573-882-8885  

Education Leaders  

• Carla Dyer, MD  
Faculty Director, Introduction to Patient Care  

• Elizabeth Garrett, MD  
Director of Ambulatory Clinical Experience  

• Stephen Halenda, PhD
Faculty Director, Year 1-2

- **Kevin Kane, MD**
  Faculty Director of Rural Track

- **Caroline Kerber, MD**
  Faculty Director, Year 3-4

- **Michael Misfeldt, PhD**
  Faculty Director of Advanced Biomedical Sciences

- **William Salzer, MD**
  Faculty Director of Advanced Physical Diagnosis

- **Stephen Weinstein, MD**
  Director of Clinical Skills