Student Handbook

Revised July 2018
Welcome to the University of Missouri School of Medicine Student Handbook.

Medical students have outstanding academic records. They come to medical school with a desire to improve the lives of others. Your goal of becoming a physician is a great career choice.

Medical students work hard to master the science and art of clinical practice. Their altruism enables them to endure the intellectually, physically, emotionally and financially demanding aspect of medical school and residency training.

Medical students are privileged to explore the mysteries of the human body. Our knowledge of the human body expands at such a speed that physicians must be life-long learners.

The doctor-patient relationship is one of the most intimate and personal human relationships and is forged in trust and respect. Some of the conversations and decisions between the doctor and the patient have to do with life and death. Patients share their dreams and their fears.

The wonders of the human body, the importance of health, and the fulfillment that comes from patient care define the physician's world and the clinical practice of medicine. But, along with the pride and respect of medicine comes an underlying terror—the fear of making a mistake and harming the patient. The core principle of medicine is, “Primum non nocere or First, do no harm.”

Medical school is not the first step. You worked hard to get here and were selected from thousands of applicants because of your academic and personal accomplishments. You will be joining others like you and others very different from you. You will make lifelong friends and appreciate the diversity of your class. The University of Missouri School of Medicine takes great pride in its graduates who practice around the nation and the world. Many of our graduates will be your teachers.

The faculty, administration and staff welcome you to one of the nation’s best medical schools.
The policies and resources described in the handbook will be very useful to you throughout your time at MU School of Medicine. We strongly encourage everyone to read the whole handbook at least once.

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

SECTION ONE 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.

SECTION TWO will give you information that you will need before you start or immediately after you start medical school.

SECTION THREE will help you navigate the first- and second-year curriculum and introduce you to our evaluation system.

SECTION FOUR provides information for those student who receive an unsatisfactory grade during the first or second years.

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, including: how to request accommodations, how to engage in research, how to participate in Rural Track, and volunteering for MedZou.

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.
Some of the information in this handbook is discussed from the student perspective in The Panacea. To access The Panacea go here: Mizzou Med Panacea.

The Student Handbook is revised each year. If you have suggestions about the Handbook, please contact Dr. Young-Walker, youngwalkerl@health.missouri.edu.
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SECTION ONE
Introduction to the School of Medicine

Our Education Mission, Vision and Values

This section sets the tone for our Medical 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 of the University of Missouri School of Medicine:
To improve the health of all people, especially Missourians, through exemplary education, research, and patient-centered care.

The Education 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 methods 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.
The University of Missouri School of Medicine’s education program rests on our 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 a level of 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.

Educational Goal Statements for the M.D. Degree

The following educational goals are broad statements of skills, abilities and attitudes we expect of graduates from MU School of Medicine. These goals are the foundation for course-specific objectives in support of the Key Characteristics.

MU SOM graduates will:

1. Demonstrate integrity, respect, compassion, selflessness and a commitment to the greater good encompassed by service to patients and society. Our graduates will be aware that the profession of medicine is an ideal towards which the physician should continually strive. They will manifest these attributes in observable attitudes and behaviors towards patients, colleagues and society.

2. Provide patient-centered care in the context of a physician-patient relationship; contribute to patient-centered care in the context of a healthcare team and in support of patient-centered care policies and practices of healthcare organizations.

3. Demonstrate knowledge and in-depth understanding of the sciences of medicine. They will incorporate new and evolving knowledge into patient care.
4. Individualize care by taking into account how a person's culture, race, ethnicity, religion, gender, sexual orientation and socioeconomic situation impact their health, healthcare beliefs and access to services. Graduates will also display insight into their own sociocultural background and how it affects the physician-patient interaction.

5. Commit to the practice of evidenced-based medicine. They will demonstrate the ability to comprehensively search and critically appraise the best available evidence, interpret new data, judge the quality of evidence-based resources and use that knowledge at the point of patient-centered care.

6. Perform both a focused and comprehensive history and examination. They will accurately select the pertinent points of a patient's presentation, develop a patient-centered differential diagnosis and test these hypotheses in an efficient and cost effective manner. They will accurately and efficiently document their findings using appropriate technology.

7. Communicate clearly and effectively using plain language and verbal and non-verbal methods, including utilizing developing technologies, that facilitate patient understanding and improve health literacy.

8. Actively engage the patient and involved family members and friends in an informed, shared decision-making process, applying the best medical evidence while demonstrating respect for each patient's rights, autonomy and desires.

9. Understand the behavioral, psychological and social aspects of medicine. They will be able to facilitate behavior change in addressing the challenges of health, disease, health promotion, and disease prevention.

10. Function effectively within a healthcare team. They will understand and respect the roles and responsibilities of team members. They will collaborate and problem solve in the service of effective patient-centered care.

11. Demonstrate the application of continuous improvement principles to improve patient care and safety. They will reflect on clinical performance in light of objective clinical and service quality outcomes. Graduates will identify and report medical errors and near misses and will engage in processes that resolve mistakes and promote patient safety. Understand the healthcare system, including issues of access, equity, cost, the regulatory environment, and the medico-legal environment. They will apply this knowledge in the delivery of patient-centered care.

12. Understand the interconnectedness of people, their communities and society and how the health of one affects the health of the others. Graduates will identify and anticipate the needs and resources of communities and populations with attention to the medically underserved. They will have the skills to apply population-based prevention and health improvement strategies.
13. Understand the principles of clinical and translational research. They will be able to describe how these principles are important to sustained delivery of effective patient-centered care.

14. Be aware of the strengths and limitations of their professional expertise. They will reflect on their professional and personal attributes, welcome feedback and seek out assistance when appropriate. Graduates will recognize and address impairment to practice medicine in themselves and others.

15. Set goals in the context of lifelong learning, including learning from patients. They will gather, organize and synthesize information and develop strategies for continued self-assessment and improvement.

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. Effective patient-centered care:

- **Respects** individual perspectives, beliefs, values and cultures.
- **Shares** timely, complete, accurate and understandable information to inform health choices.
- **Engages** each person as he/she prefers, understanding that care choices belong to that individual.
- **Partners** in decision-making and the delivery of care.

Our graduates are active participants in the creation of policies, programs and environments that promote care that is patient-centered, grounded in the best available evidence, and conserves limited resources. The care they provide is marked by compassion, empathy, cultural humility, and patient advocacy.

Honest with high ethical standards: Our graduates’ behavior reflects honesty in relationships with patients, colleagues and the broader healthcare system. In practice our graduates understand and adhere to the 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: Our graduates possess a fund of knowledge that reflects current understanding in basic biomedical sciences, clinical disciplines, population health, and the social and behavioral sciences that impact patient care.
Critical thinker; problem solver: Problem solving and critical thinking engage three interdependent components: knowledge base, processing skills, and insight (metacognition). Building from a strong knowledge base, our graduates seek, synthesize and evaluate information through intellectual curiosity and by questioning the status quo.

Able to communicate with patients and others: Our graduates effectively communicate 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 healthcare.

Able to collaborate with patients and other members of healthcare team: Our graduates are skilled in the collaborative processes by which patients and interprofessional teams create and implement integrative care plans. They work together 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. They assess the results of current practice, analyze the literature to determine best practice, and take action to close any gaps. Our graduates recognize their own limitations and acknowledge their responsibilities in delivering safe and effective care. They problem solve and reconcile errors and near misses. They are committed to proactive systems improvement.

Committed to life-long learning and professional formation: Our graduates are aware that the profession of medicine is a lifelong endeavor. They are committed to reflection, self-assessment and self-improvement. They continually appraise and assimilate evidence to keep abreast of changes in best practice.

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

The School of Medicine considers its commitment to professionalism very seriously. Students should read our Foundation Values (see page 9) carefully and thoughtfully. Medical students are expected to conduct themselves at all times in a manner that would not raise doubt about their professionalism.

Requirements of medical students at the University of Missouri School of Medicine are not different from requirements of any practicing physician at University Hospital and Clinics, or at either Springfield Health Systems both in clinical and academic settings. Throughout your medical
education you will be expected to be in compliance with training, immunizations and completing assignments (including paperwork and surveys) by stated deadlines.

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.

A description of the Committee on Student Promotion (CSP) responsibilities and functioning can be found in Section Nine of this Handbook. This includes MU School of Medicine’s expectations for the ethical behavior of medical students.

The bylaws include (section II.A.) a list of abilities and expectations that must be met by all students in the School of Medicine. Those pertinent to student conduct include the following:

- students are expected to respond to criticism by appropriate modification of behavior
- students are expected to interact effectively, humanely and consistently with their colleagues, with all members of the healthcare team, and with supporting staff
- 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
- 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

Concerns about student conduct and behavior may come to the attention of the faculty or administration of the School of Medicine by a variety of means. Reports about such concerns are taken seriously and will be addressed, with due attention to student confidentiality. Since every situation is different, the approach of the School of Medicine will vary according to the circumstances. We seek a balance between education in support of student development and disciplinary procedures and processes that will protect the public and future patients.

At times, with or without discussion with other education leaders, a faculty member may choose to address the conduct themselves, with an individual student, or with a larger group, either at the time of its occurrence or a later date. Guidance is available from education leaders, the Associate Dean for Student Programs, and other leaders in the Medical Education Office for faculty wishing to take this approach. Faculty may choose to give an unsatisfactory grade in a course if they judge that a student’s behavior falls short of expected standards.

Reports of unprofessional behavior received by Medical Education from students, staff, faculty members or by other means, will be noted and monitored by the Associate Dean of Student Programs. A copy of any reports of unprofessional behavior will be placed on your permanent
academic file, drawing attention to the lack of professionalism. The Associate Dean for Student Programs will be involved in discussions about how to proceed in each individual case. A variety of approaches may be taken, including educational interventions, the placement of a formal letter in a student academic file and/or report to the Committee on Student Promotions (CSP) and/or to the Honor Council. These reports will also be available to the Medical Student Performance Evaluation (MSPE) committee at the beginning of your fourth year and may or may not be included in your MSPE.

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 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 professional 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 in section 9 of 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 real and simulated 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 so.

**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 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.
Confidentiality of Curricular Materials

PBL (patient-based learning) cases, learning objectives, lecture files, pathology cases, and other curricular materials must not be shared outside of one’s own medical student class. As an M1, you are encouraged to share with other M1s and help each other learn; however, it is harmful to the learning process and unprofessional for M2s or any upperclassman to “hand down” curricular materials to M1s (for example). This includes exam materials.

Responsible Conduct of 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 of 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 and at [http://www.umsystem.edu/ums/rules/collection_rules/research/ch420/420.010_research_misconduct](http://www.umsystem.edu/ums/rules/collection_rules/research/ch420/420.010_research_misconduct).

Patient Records

Students on clinical rotations may be expected to write clinical notes about 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 generate 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, Women’s and Children’s Hospital, the Harry S. Truman Veterans’ Hospital, CoxHealth Hospital, and Mercy Hospital, patient record access is granted to students who are actively caring for patients. Students are not permitted access to 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 records permitted. For presentations or rounds, students are permitted to extract information but not to copy substantial parts of the chart.
Conversations containing patient information are confidential. It is unacceptable to discuss information about patients in the hospital corridors, elevators, cafeteria, etc., where non-authorized people might overhear the information. Information about patients must not be shared electronically using unencrypted email, Facebook, Twitter, or other social networking sites.

All students are required to complete a code of conduct training prior to matriculation and repeat it prior to entry into their M3 year.

**Positive Work and Learning Environment**

The School of Medicine and Medical Education are committed to providing a positive work and learning environment where all are treated fairly and with respect. Intimidation and harassment have no place in our environment. Every member of the team (faculty, staff, students) shall honor the dignity and inherent worth of everyone.

It is a School of Medicine expectation that all medical students will conduct themselves in a professional manner in interactions with all individuals. If any staff member feels they have been subjected to, witnessed, or been the target of inappropriate behavior, they are encouraged to report it immediately. The incident reporting process for staff is:

1. The staff member should report the incident in writing to their supervisor.
2. Subsequently, the Senior Associate Dean will be notified of the incident by the supervisor.
3. The Senior Associate Dean will discuss student issues with the Associate Dean for Student Programs
4. The Associate Dean for Student Programs will follow up with the Senior Associate Dean who will communicate with the staff member and/or supervisor, as appropriate.
5. Appropriate documentation will be maintained. The Associate Dean for Student Programs will monitor interactions for trends, document appropriately, and make referrals, as deemed appropriate.

Although reports cannot be assured of confidentiality, investigations will be conducted in a professional and sensitive manner. Staff who report incidents of this nature are protected from retaliation. All reports must be consistent with Title IX policy and incidents would be referred to campus.

See student mistreatment beginning on page 21 for reporting process of student mistreatment.

**One School, Two Campuses**

The University of Missouri School of Medicine is comprised of two clinical campuses, Springfield and Columbia. Students will be assigned to either the Springfield clinical campus or the Columbia clinical campus for their M3 and M4 years. We fully expect that either assignment will be an exciting and attractive option. There will be a lottery to determine assignments for the Springfield and Columbia clinical campuses. Preferences for location will be taken into consideration.
Examples of reasons that may result in exclusions are:

- Significant health problem and established treatment in Springfield or Columbia affecting student/spouse/child
- Child established in K-12 education program in Springfield or Columbia

Examples of reasons that will likely not be accepted as an excuse from the lottery are:

- Spouse/significant other with a job in Springfield or Columbia
- Purchase of a property in Springfield or Columbia
- Health problem in family member other than spouse or child

Once the campus assignment is established, all of the clerkships will be completed on that campus. Electives and selectives may be taken on either campus, or as an away elective and will be under the direction of University of Missouri School of Medicine faculty. Students may participate in the Rural Track program regardless of campus assignment.

The Teacher-Learner Relationship at the School of Medicine

The University of Missouri School of Medicine affirms the view that the teacher-learner relationship should be based on mutual trust, respect and responsibility. We believe that the relationship should be carried out in a professional manner, in a learning environment that places strong focus on education, high quality patient care and ethical conduct. Our Vision Statement for Medical Education and our Foundation Values support this view. We recognize that a number of factors place demand on medical school faculty to devote a greater proportion of their time to revenue-generating activity and that greater severity of illness among inpatients also places heavy demands on residents and fellows. In the face of sometimes conflicting demands on their time, we believe that educators must work to preserve the priority of education and place appropriate emphasis on the critical role of teacher.

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 lifelong 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

In the teacher-learner relationship, each party has certain legitimate expectations of the other. We expect that our teachers will provide instruction, guidance, inspiration and leadership in learning. We expect that our learners will make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Each party can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

Certain behaviors are inherently destructive to the teacher-learner relationship. The University of Missouri and the School have specific policies on discrimination and student mistreatment.

**Code of Professional Conduct**

The University of Missouri School of Medicine’s Foundation Values emphasize collaboration and collegiality, respect for others and a commitment to diversity. We hold in high regard professional behaviors and attitudes, including altruism, integrity and the pursuit of excellence. We assert that effective learning is best fostered in an environment of mutual respect between teachers and learners, in which teachers are role models and set the tone for learners. Accordingly, teachers are held to a high standard of conduct and professionalism.

**Guiding Principles:**

**Duty:** Medical educators have a duty to convey the knowledge, skills, values and attitudes required for advancing the medical profession’s mission of health and social contract with its patients. Learners have a duty to be diligent, making the most of each opportunity provided them, so that they learn to practice excellent patient-centered care.

**Integrity:** Our learning environment must be conducive to the conveying of professional values. Students, residents and fellows learn professionalism by observing and emulating role models who demonstrate an authentic commitment to professional values and attitudes. This environment requires that all teachers and learners possess honesty and integrity of character, and genuinely abide by this code of conduct.

**Respect:** Respect for oneself, others, and the truth is fundamental to the ethic of medicine. Learners must demonstrate respect for their teachers. Teachers must demonstrate respect for their learners,
and acknowledge that they have a special obligation to avoid mistreating them. All teachers and learners must respect patients, staff and administrators.

**Inclusivity:** Ours is an inclusive learning environment that values the varied and different identities of its members. Each and every person has a dynamic identity informed by a lifetime of experiences. Learners and teachers should act to understand and learn from these unique perspectives.

**Responsibilities of Teachers and Learners**

**Teachers should:**
- Act in a professional manner at all times including being prepared and on time
- Always be honest, possess integrity and model compassion for others
- Treat all individuals fairly and respectfully
- Sympathize with the choices and life circumstances of others
- Value diversity, and respect each individual’s opinions, attitudes, beliefs and values
- Provide quality education for students
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, and objective feedback on a regular basis, and provide thoughtful and timely evaluations at the end of a course or clerkship
- Demonstrate a commitment to life-long learning and professional development
- Utilize questioning which stimulates learning and self-discovery, and avoid aggressive questioning which is intended to be hurtful, humiliating, degrading or punitive
- Appreciate and attend to feedback from students regarding their educational experiences, receiving it without defensiveness, and being willing to consider and incorporate it
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately
- Recognize and interrupt hurtful language or unprofessional behavior whenever it is witnessed, and report witnessed to the Associate Dean for Student Programs
- Administer all educational activities without discrimination based on race, religion, national origin, age, sex, sexual orientation, veteran status, handicapped status or disability as required by law.

**Students should:**
- Demonstrate professionalism at all times including being prepared and on time
- Always be honest, possess integrity and model compassion for others
- Treat all individuals fairly and respectfully
- Empathize with the choices and life circumstances of others
- Value diversity, and respect each individual’s opinions, attitudes, beliefs and values
- Recognize that students take primary responsibility for one’s own learning
- Be active, enthusiastic, curious learners
- Recognize that not all learning stems from formal and structured activities
- Demonstrate a commitment to life-long learning and professional formation
- Recognize personal limitations and seek help as needed
• Recognize the privileges and responsibilities inherent in working with patients, including respecting patients’ dignity, rights to privacy, confidentiality, informed consent and autonomy
• Recognize the duty to place patient welfare above their own
• Solicit performance feedback and welcome constructive criticism, receiving it without defensiveness, appreciating it, and being willing to consider and incorporate it
• Engage in all educational activities without discrimination based on race, religion, national origin, age, sex, sexual orientation, veteran status, handicapped status or disability as required by law.

Relationships Between Teachers and Students
Students and teachers must recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers must strive to develop their relationship to one another characterized by mutual trust, acceptance and confidence. They must both recognize the potential for conflict of interest and respect appropriate boundaries.

Policies on Non-Discrimination
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. 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 website: https://www.umsystem.edu/ums/rules/collected_rules/grievance/ch390/grievance_390.010

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: https://www.umsystem.edu/ums/rules/hrm/hr500/hr519
The School of Medicine’s 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.

Student Mistreatment

Behaviors such as violence, sexual harassment or inappropriate discrimination based on personal characteristics will not be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents or students which is consensually disapproved by society and by the academic community as either exploitive or punishing. Examples of inappropriate behavior include the following: physical punishment or physical threats; sexual harassment; discrimination based on race, religion, ethnicity, sex, age, sexual orientation, gender identity and physical disabilities; repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation); grading used to punish a student rather than to evaluate objective performance; assigning tasks for punishment rather than educational purposes; requiring the performance of personal services; taking credit for another individual's work; intentional neglect or intentional lack of communication. On the institutional level, abuse may be defined as policies, regulations or procedures that are socially disapproved as a violation of individuals' rights. Examples of institutional abuse are: policies, regulations or procedures that are discriminatory based on race, religion, ethnicity, sex, age, sexual orientation, gender identity and physical disabilities; and requiring individuals to perform unpleasant tasks that are entirely irrelevant to patient care or their education as physicians. While criticism is part of the learning process, in order to be effective and constructive, it should be handled in a way to promote learning. Negative feedback is generally more useful when delivered in a private setting that fosters discussion and behavior modification. Feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling. Because people's opinions will differ on whether specific behavior is acceptable, teaching programs should encourage open discussion and exchange among teacher and learner to promote effective educational strategies.

Medical students should be aware that the same standards of behavior are expected by and toward all students in the health professions. Medical students will, of course, undertake much of their education in working hospitals and clinics. Many healthcare systems, including the University of Missouri Health Care (UMHC), CoxHealth, and Mercy in Springfield 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.

Who Should You Ask?

Medical students are sometimes reluctant to discuss mistreatment for fear of being identified or even receiving reprisals; yet they 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.

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 he/she was mistreated are strongly encouraged to bring it to the attention of appropriate school or university officials.

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.

**Formal Procedures**

At the recommendation of the students, Medical Education implemented an electronic reporting system in June 2015 that is used to report for all clinical experiences, including rural track and the Springfield Clinical Campus. It is accessed through each student’s home page in the Student Portfolio.

**Mistreatment Portfolio**

Alternative formal reporting mechanisms for students experiencing discrimination and mistreatment are also available. A listing of university wide resources is available through the MU Equity website. MU Office for Civil Rights and Title IX is the University office responsible for helping all members of the university community satisfactorily resolve equity-related problems. MU Office for Civil Rights and Title IX is located in Memorial Union. Their website can be accessed at
The University of Missouri campus reporting system, MU Office for Civil Rights and Title IX, is available to all individuals in the School of Medicine and provides the opportunity to report anonymously. Reports made through MU Office for Civil Rights and Title IX are investigated by the University of Missouri Office of Diversity and Inclusion.

The University of Missouri Health Care (UMHC) ‘Patient Safety Network’ (PSN) system may also be used by students to report concerns about incidents in the learning environment. The PSN provides the option of an anonymous report. Reports of mistreatment and unprofessional behavior in the medical student learning environment made through the PSN system are routed to the Associate Dean for Student Programs.

The Bias Reporting Hotline is a reporting mechanism implemented by University of Missouri Health System (UMHS) in academic year 2014-15. The Hotline is available to medical students and all other members of the academic health-center community. It can be found online (https://secure.ethicspoint.com/domain/media/en/gui/40803/index.html) or by calling a live operator at (855) 645-1384. Reports made via the Hotline are investigated by the Title IX coordinator for UMHS.

Formal complaints about other medical students may be 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.

Formal complaints about faculty, residents and staff are made through University procedures using the formal grievance procedure found 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.

CiRCE
The CiRCE committee (Committee for Respect and Civility in the Learning Environment) consists of students and faculty. The Associate Dean of Student Programs is a member of the committee as well. Events submitted on the portfolio system are identified and reviewed with CiRCE so that they can provide feedback and suggestions on resolutions. The CiRCE committee also prepares an annual report of all mistreatment reports submitted through the portfolio system.

University of Missouri School of Medicine Non-Involvement
When a student is assigned to a facilitator, preceptor or service or appears before a committee where such a conflict exists, it is the responsibility of all concerned to bring the conflict to the attention of the course or clerkship director and the Medical Education Office, so that an alternative
assignment may be made, or action taken that ensures the healthcare provider concerned is not involved in the assessment or promotion of the student with whom a care relationship has been established.

Students will be invited to disclose potential conflicts with healthcare providers that supervise them. Students may disclose new conflicts through their portfolio.

University of Missouri School of Medicine Diversity

The University of Missouri and its School of Medicine share the following definitions of diversity and inclusion. Diversity is reflective of a community of people of differing genders, racial-ethnic backgrounds, languages, religious beliefs, sexual orientations, abilities and disabilities, national and geographical origins, socio-economic class, veterans' status and political views. Inclusion means that diversity should be included as an integral component of every effort to improve education, research and patient care. Inclusion should be reflected in the campus climate, curriculum, intellectual discourse, leadership, scholarly products, and recruitment and retention efforts.

The School of Medicine promotes an inclusive academic health-care community. A diverse population offers a rich environment that leads to greater knowledge, understanding, acceptance, and mutual respect.
We will, through education and example:

- Commit to a welcoming, engaged environment for all;
- Pursue a diverse and qualified community within the School of Medicine;
- Recognize and reward talent, scholarship, and merit in an environment that derives its strength from our varied societal experiences;
- Value the enrichment that diversity provides to the practice and art of medicine.

SECTION TWO
What You Need to Know Before You Start Medical School

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

Because of our obligation to ensure that patients receive highly effective medical care, certain abilities are required of our students. All students of medicine must possess those intellectual, emotional, social and physical capabilities necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required by the faculty. Students must be able to meet the standards described below, with or without accommodation, for successful completion.

Candidates for the medical degree must be able to make accurate observations and competently observe and perform a variety of procedures. Candidates must be able to observe and evaluate a patient accurately, at a distance and close at hand, in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. They must be able to obtain a medical history and perform a complete physical examination and to develop an appropriate diagnostic and treatment plan.

Candidates must be able to relate and communicate effectively, sensitively and efficiently with patients, their families and members of the healthcare team to convey information essential for safe and effective care. They must be able to interpret and respond effectively to non-verbal aspects of communication. They must be able to read and record information accurately and clearly.

Candidates must be able to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general care and emergency treatment to patients. They must adhere to
universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

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, candidates 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.

Candidates must be able to tolerate physically and mentally taxing workloads, function effectively under stress, and to display flexibility and adaptability to changing environments. They must be able to contribute to collaborative, constructive learning and working environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. It is expected that minimum accommodation will be requested with regards to this set of standards.

Candidates with disabilities: Admitted candidates with disabilities’ requests for accommodation will be reviewed individually, on a case-by-case basis, with a complete and careful consideration of the skills, attitudes and attributes of the candidate. An accommodation will be deemed unreasonable if: it poses a direct threat to the health or safety of self and/or others; providing it requires a substantial modification in an essential element of the curriculum; it lowers academic standards; or poses an undue administrative or financial burden. Except in very rare instances, the use of surrogates to perform any of the functions described above will be considered an unacceptable method of accommodation.

I have read and understand the above technical standards and I hereby certify that I believe that I am able to meet these standards, either with or without accommodation*, if I become a medical student at the University of Missouri-Columbia School of Medicine. Should a change in my ability to perform these standards occur, I may be released from the program. Such a release would follow an interview and review by medical school officials, and a recommendation from the Associate Dean for Student Programs.

CHECK ONE:   YES__________;  NO_________.

*Process:

Admitted candidates who have a disability and wish to request accommodations should contact the Disability Center as soon as the offer of admission is received and accepted. It is the responsibility of the candidate with a disability to provide the information necessary to document the nature and extent of the disability and functional limitations. Evaluating and facilitating accommodation requests is a collaborative process among the candidate, the School of Medicine and the Disability Center.
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. However, many professional groups have recommended that medical students purchase it.

Medical History Forms
The School of Medicine requires that students complete a medical history form before matriculation.

Immunizations
The School of Medicine requires written documentation of the following immunizations before a student matriculates. If additional immunizations or tests become necessary thereafter, these are available through the Student Health Center on the University of Missouri campus, (573) 882-7481 or through Missouri State University, Magers Health and Wellness Center (417-836-4000). 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/Tdap)
Each student must have completed the primary series with booster given within the past 10 years. If the student has not had a Tdap, one should be administered to boost pertussis immunity. Subsequently a Td booster vaccine will be given every 10 years.

Measles/mumps/rubella
Each student must have completed two doses of MMR. The first dose must have been given at age 12 months or later. The second dose must have been given at least one month after the first one. Note: if both MMR vaccines were received prior to 1980, a MMR booster is required.
**Varicella (chicken pox)**

Each student must have two doses of the vaccine series at least one month apart or have a positive immune titer.

**Influenza**

Each student is required to be vaccinated annually unless there is a religious reason not to. Please see Dean of Student Programs for further information.

**Tuberculosis**

Each student must have written documentation of a two-step tuberculin skin test (TST)/Mantoux skin test (measured in millimeters of induration) performed in the U.S. within the prior year. Documentation must include date administered, signature of person performing the test and TST results including induration measures in millimeters. An Interferon-gamma Release Assay (IGRA) with written documentation, performed in the U.S. within three months of matriculation, is a suitable substitute. An annual TST test is required during medical school.

Students with a documented history of TB disease, a documented previous positive test result for *M. tuberculosis* infection, or a documented completion of treatment for LTBI or TB disease must provide complete written documentation. Written documentation should include recorded TST results in millimeters (or IGRA result, including the concentration of cytokine measured). Students who have received medication should include drug name, dosage and duration of course. Written copies of chest X-ray reports should also be included. Written documentation will undergo baseline testing for *M. tuberculosis* infection as determined by the Student Health Center medical staff. These students will also undergo annual symptom review in place of TST.

Students with a newly recognized positive TST may require the IGRA test and will receive an appropriate clinical evaluation and chest X-ray as determined by the Student Health Center medical staff. These students will also undergo annual symptom review in place of TST.

**Hepatitis B**

Each student is required to receive the three dose series of vaccinations. If not already begun or completed prior to matriculation, students should contact the Student Health Center (882-7481) to schedule an appointment to begin the three-dose series within the first four weeks after matriculation (*i.e.*, during the month of August). A student who tests positive for hepatitis B surface antibody (anti-HBs) is not required to receive vaccinations.

**Hepatitis B Surface Antibody Blood Test**

While not required at this institution, hepatitis B surface antibody testing to verify immunity is required by institutions the student may rotate with in years 3 and 4. It is highly recommended that
the student have post vaccination serologic testing for anti-HBs 1–2 months after the last vaccine dose. Students who have received the hepatitis B series in the remote past should strongly consider serologic testing to verify immunity. If adequate immunity is not demonstrated, the student will require a booster.

Orientation to Infection Protection

Students are required to attend orientation to infection protection in Columbia and/or Springfield. Before doing procedures, students should make sure they have supervision and information about safe techniques.

Students in Columbia should call Work Injury Services (573-884-9924) Monday- Friday, from 7:30 a.m. to 4:00 p.m. immediately following blood/body fluid exposure which may lead to transmission of blood-borne pathogens and infection. After these hours, the student should call the hospital operator and ask for the House Manager to notify them of the exposure. If deemed high risk, infectious disease service will be consulted. Students at CoxHealth in Springfield should contact infection prevention at (417) 269-4031. Students at Mercy in Springfield should contact Infection Prevention at (417) 820-2797.

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 the Associate Dean for Student Programs.

Exposure to Bodily Fluids

Information on infection control is provided as part of required orientations in the first three years. Information is available at other times from the departments or by calling Infection Control. Blood/body fluid exposure could lead to transmission of blood-borne pathogens and infection. Prophylaxis may need to be given rapidly to achieve maximum protection. Before doing procedures, students should make sure they have supervision and information about safe techniques.

Students are expected to carry health insurance that will cover the evaluation and treatment of injuries, including blood/body fluid exposures, incurred during their educational experiences in the classroom, hospitals and clinics. The health insurance offered via Aetna through MU includes coverage; students who buy private insurance, or who are on their parents’ plans should check to ensure that appropriate coverage is included.

Students who have life-threatening injuries are advised to go immediately to the nearest Emergency Department.

In certain circumstances, as a courtesy, clinical training sites may cover evaluation, counseling, follow up, and immediate prophylaxis for blood/body fluid exposure. Students on rotations and in clinics outside of MUHC are instructed to clarify procedures at the time of orientation and prior to entering patient areas at any institution. The procedures for students at University of Missouri
Health Care (MUHC) and Harry S. Truman Memorial Veteran’s Hospital in Columbia, as well as CoxHealth Hospital and Mercy Hospital in Springfield.

- For students on rotations at MUHC (hospitals and clinics), evaluation, testing of source and student, counseling, immediate prophylaxis and follow up testing are provided, without charge to students, through Work Injury Services (573-884-9924). Students are instructed to call Work Injury Services Monday through Friday, from 7:30 a.m. to 4:00 p.m. After these hours or during University recognized holidays, the student calls the hospital operator and ask for the House Manager to notify them of the exposure. Students are informed be aware that, in some circumstances, they will be referred to their private physician or to the Student Health Center for follow up and treatment.

- Students at the Harry S. Truman Memorial Veteran’s Hospital are advised to go to VA Employee Health during normal working hours (Monday through Friday, 7:30 a.m. to 4:00 p.m.), and to the VA Emergency Department outside these hours for initial evaluation. Students will be sent to their private physician or to the Student Health Center for any further treatment.

- Students at CoxHealth in Springfield are advised to contact Employee Health at (417) 269-4029.

- Students at Mercy in Springfield are advised to contact Employee Health at (417) 820-2042.

Students who receive exposures outside of MUHC are expected to follow up with their private physician or through the Student Health Center once they return to Columbia.

Students are expected to take responsibility for protecting their patients and co-workers if they become ill. Questions may be directed to the Associate Dean for Student Programs.

Other Injury
Students may experience other physical injury as a result of accidents or other events while on clinical rotations. They should seek care from the nearest emergency room in life-threatening situations. Care for non-life-threatening injury should be sought from the Student Health Center, the student’s own physician, or other healthcare provider locally. Students are expected to carry their own health insurance, and should ensure that their insurance covers injuries related to educational activities in the healthcare setting. Work Injury at MUHC will not provide care for students with injuries apart from those related to bodily fluid exposure as described above.

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.
**Background Check**

The School of Medicine requires that students undergo a criminal background evaluation prior to matriculation. A background check may also be required for rotations or electives at other institutions.

**Drug Screening**

Satisfactory completion of a drug screening by the designated testing facility is required for enrollment (see Appendix for necessary forms). A drug screening may also be required for rotations or electives at other institutions.

**Code of Conduct certification**

You are required to complete an on-line Code of Conduct certification prior to seeing patients. You will renew this annually. You will receive an email explaining how to complete the online tutorial and examination.

**Student Photograph**

The photograph that is taken during orientation is the only official school photo that will be utilized by the school to identify the student to faculty, staff and others within the university.

**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. Please check your Student Portfolio home page and your mailbox **twice a week**. If your mailbox is full, you may miss important information.

**Canvas**

Course content, lectures, assignments, dates of required activities, etc. are posted on Canvas. Please check Canvas regularly because notices and information are frequently updated. Canvas is your official source of information.

**Bulletin**

Medical Education will send you a bulletin at the beginning of each block during the first two years of medical school and at intervals during years three and four.
E-mail

You will have a computer account that includes e-mail. Please check your e-mail frequently for important information sent by Medical Education or the faculty.

| 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. 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. It is important to be informed and not checking your e-mail is not an acceptable excuse for missing a task or deadline.

Student Town Hall Meetings

Student Town Hall meetings occur as needed throughout the school year. You are encouraged to attend. This is a time when deans and faculty are available to answer student questions and to update you on things happening in the School of Medicine.

Requirements for Attendance

Students are expected to attend all scheduled curricular and other learning activities. In situations such as PBL, students are expected to attend and contribute to the discussion. This absence policy applies to all medical students on all placements for which they receive MU School of Medicine academic credit.

Regular Attendance

Attendance and participation in scheduled learning experiences are considered to be aspects of professionalism. Students are expected to meet a high level of professional standards, and absences are expected only in unusual and specific situations. While the School of Medicine encourages extracurricular activities and recreation, such activities must not take precedence over formal scheduled experiences.

Anticipated absences should be submitted to the Mizzou Med Office at least two days before the anticipated absence or within two days of an unexpected absence. For clerkships, excused absences are due no later than two weeks before the start of the clerkship.

Expectations for Attendance

Required activities may be scheduled for any medical student at any time throughout the year, during the day, evening hours, at night and on weekends. Student work hours are limited to an average of 80 hours per week while participating in course work activities. This excludes personal
study time. The experience of long hours in the clinical environment, including nights and weekends, is an important learning experience. On occasion, therefore, the requirements of a clerkship or elective will mean that students are in school, or the clinical setting, throughout the night and the entire following day.

Students who are absent are always responsible for all work missed, whether or not their absence is excused. Excessive absences or unexcused absences may lead to a course failure and/or require remediation as determined by the faculty.

For M1 and M2 students, ‘switching’ sessions, groups or assignments directly with another student is not permitted.

M3 and M4 attendance requirements will vary somewhat according to the specific policies of each clerkship or (s) elective. Attendance is required at all scheduled sessions and for all scheduled examinations. Excused absences may be granted for a maximum of five days over the course of an eight week rotation, four days for a six week rotation, three days for a four week rotation and one day for a two week rotation.

All students in all years are required to attend COMPASS (Contemplating Medicine, Patients, Self, and Society) sessions. Successful completion of the COMPASS course is a graduation requirement. It is the responsibility of the student to review the course attendance and absence policy at the beginning of each year as stated in the COMPASS course syllabus.

**Excused Absences**

Excused absences include:

- **For Health Reasons**

  Requests for absences for health reasons will generally be excused. Appropriate reasons include, but are not limited to, routine preventive care, urgent health-related emergencies and illnesses, scheduled surgeries or other procedures, 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 not required to disclose the health issue for which they are requesting an absence. Students may be required to provide documentation from a healthcare provider of the need for the absence.

- **For Religious Observance**

  Excused absences may be approved for traditional religious holidays and religious observance.

- **For Committee Participation and Other Official School or University Activity**

  Excused absences may be approved to allow students to participate in official School of Medicine committees, including the Curriculum Board, Committee on Admissions, etc. and for other School or University sponsored official activities.
• **For Family Reasons**

Students may request excused absences for family related reasons including: illness of the student or a dependent relative; illness or death of a close family member; participation in a wedding of a close family member or friend; and the birth/adoptive placement of a child to the student or partner/spouse.

• **For Professional Meetings**

Students in good academic standing may request excused absences to attend professional meetings.

• **Jury Duty**

Every year, we have a few inquiries from students regarding jury duty and the obligation to serve. For students who receive a summons to serve, we recommend the following:

- Write a personal statement giving your status as a medical student and explain how it would be detrimental to your education to miss any part of the daily curriculum, as it is a cumulative process.
- If the time for which you have been summoned falls during a scheduled exam week, be sure to include this fact in your personal statement, making it understood your exams are a week-long process (for first- and second-year students).
- Go online (http://registrar.missouri.edu) and print the letter of enrollment under ‘Grades, Transcripts & Records’ to verify your student status and number of hours enrolled.

Medical Education does not provide letters of enrollment to excuse students from jury duty as the court does not recognize a letter from the School of Medicine as an accepted form of excused service.

**Absences for Scheduled Events – M1 and M2 students.**

Approval of all M1 and M2 absences is at the discretion of the Associate Dean for Student Programs. M1 and M2 students who wish to request an excused absence for a scheduled event should do the following:

- Complete the absence request form (obtainable in Medical Education from the M1/M2 student coordinator, the COMPASS coordinator or online on Canvas. The form must be completed at least two weeks in advance of the anticipated absence.
- Present the completed absence request form to the Medical Education Office for review, signature and filing.
Absences for Scheduled Events – M3 and M4 Students

Initial approval of all M3 and M4 absences is at the discretion of the director of the clerkship or course in Columbia, or the associate director in Springfield. Final approval is at the discretion of the Associate Dean for Student Programs. Students may file a written appeal of the decision of a course director or associate director regarding a requested absence to the Associate Dean for Student Programs within 48 hours of the date of the decision. This appeal will reviewed by the Clinical Curriculum Steering Committee (CCSC) at their next regularly scheduled meeting.

Initial approval of absences from the COMPASS course is at the discretion of the director of COMPASS. Final approval is at the discretion of the Associate Dean for Student Programs.

Absences for Unscheduled Events

Final approval of excused absences for unscheduled events is at the discretion of the Associate Dean for Student Programs. Appeals may be made to the Senior Associate Dean for Education.

Unexcused Absences

Unexcused absences are considered in the School's evaluation of a student's development as a medical professional.

Definition of Good Academic Standing

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.

Extended Leaves of Absence

There are times when a student may face life-threatening or serious personal illnesses or other issues affecting the student or a close family member and need to be absent from school for an extended period of time. In such circumstances, the Associate Dean for Student Programs may grant an extended leave of absence for up to one year. All decisions are appealable to the Senior Associate Dean and ultimately the Dean of the School of Medicine.

Students on extended leave for health/personal reasons are typically not engaged in any academically-related activities. The student will not be enrolled in any classes and will not be charged tuition. University-based health and malpractice insurance may not cover a student on extended leave for these reasons.

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

Contact the Financial Aid office for assistance with financial queries.

Deferrals of Examinations and Clerkships

Students who have compelling health and/or personal issues may request an absence prior to a scheduled examination. Such requests should be directed to the Associate Dean for Student
Programs who will communicate with the Associate Dean for Education Improvement. During the M1/M2 examination week, students granted an absence will not be permitted to attempt subsequent exams during exam week.

**Deferral of Clerkships into the Senior Year**

All students must take one required clerkship during their senior year. Additional deferrals may be required for some students. For example:

- Students who have been considered by the Committee on Student Promotions for a mandatory vote for dismissal may not start their M-3 year until they have a passing score on USMLE Step One. Typically, students in this situation will not be ready to start their first clerkship in block 9 and will instead start their M-3 requirements in block 10.
- In unusual circumstances, students may request to defer additional core clerkships into the senior academic year. Requests from a student to defer a clerkship will be granted only for compelling health or personal reasons.

Deferral of the start of the M3 year or deferral of a second core clerkship into the senior year will generally not be granted for the following circumstances: request to take additional senior electives in the junior year; request for more time to study to potentially improve Step 1 scores and hence competitiveness for residency; requests for weddings, personal or family vacations, family reunions, etc.

Students who are requesting deferrals, or who have been considered by CSP for a vote for dismissal should meet with the Associate Dean for Student Programs. The student may ask for the request to be reviewed by the CCSC. Identifying information will be removed from the request. Appeals should be addressed to the Senior Associate Dean for Education.

**Individual Study Plans**

In some circumstances, students may be enrolled in an individualized course of study. These are designed on an individual basis for students who have academic or professionalism challenges or another compelling reason. Individual courses of study must be approved by the CSP. Tuition will be charged and students will be enrolled in specified courses. Students in this situation should meet with the Associate Dean for Student Programs.

**Class Cancellations:**

In the event of bad weather, the M1 and M2 classes will follow the campus decision to hold or cancel classes. This includes students on Ambulatory Clinical Experience (ACE).
M3 and M4 students on clinical blocks should check with the Columbia clerkship director or associate clerkship director in Springfield, attending or resident with whom they are working regarding cancellations. M3 and M4 students on non-clinical blocks such as Advanced Biomedical Science should check with the faculty member teaching the block.

Requirements for Evaluation

Evaluation is a vital part of the educational process. In medical education, evaluation serves two purposes: 1) to assess your performance and 2) to provide the information needed to continuously enhance your performance. 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 you about your progress and areas requiring their attention.

In addition to routine assessments, the School of Medicine places high importance on self-evaluation and the ability to continuously improve your knowledge and skills. 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 achieving the Key Characteristics and you will also be expected to submit evidence that you have achieved competence in the Key Characteristics.

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. These comments should be professional, inclusive and free of profanity and attacks on faculty members’ character. The de-identified information you contribute is aggregated and provided to lecturers, facilitators, block directors and clerkship directors.

You will be enrolled in COMPASS. Please review the expectations for this learning experience. You are expected to complete an end-of-year evaluation of the course and faculty guides.

The M1 and M2 years have a second, voluntary opportunity to provide feedback on the block and examination process after grades are released.

Grades

An assessment of a student’s academic performance takes into account the following four major components: knowledge, skill, clinical reasoning and professionalism (including but not restricted to initiative, intellectual curiosity, interpersonal relations and respect for others). 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 student and faculty will negotiate the task, time frame and other details to successfully complete the block/course. 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.

Students who are officially approved for a Leave of Absence (LOA) or Individualized Study Plan (ISP) may be allowed to withdraw from a course if less than 60% of the course has been completed (example, participating in less than 5 weeks of an 8-week course).

**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 Education Improvement and the Associate Dean of Student Programs.
Grade /Evaluation Appeals or Written Evaluation

In the first and second years, students will have a designated period of time after grades are received to submit questions or concerns about their grades or written evaluative statements. In the third and fourth years, students will have two weeks from the time grades are received in Medical Education to submit questions or concerns about either grades or written evaluative statements.

Curriculum Changes

The University of Missouri School of Medicine is constantly updating and revising the learning experiences to reflect changes in medical knowledge and skills and learning and evaluation strategies. As a general rule, changes will not be made during the academic year to preserve consistency although this may not always be possible.

Curriculum Overview

For an overview of the MU School of Medicine curriculum please go to https://medicine.missouri.edu/education/medical-education-curriculum/. 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. Each student on the graduation list is recommended to the faculty by the Committee on Student Promotions. This must be approved by a faculty vote.
SECTION THREE
YOUR FIRST AND SECOND YEARS

Our Curriculum

The curriculum at the University of Missouri School of Medicine emphasizes: information mastery, clinical reasoning, self-directed learning, collaborative learning and early clinical experiences. It integrates the basic sciences and clinical reasoning. In the first two years, emphasis is placed on small group learning, with some lectures and labs and there are no department or discipline-based courses. In general M1/M2 courses are generally scheduled between 8 a.m. to 5 p.m. daily. However some required M1/M2 curricular components will be scheduled after hours and on weekends. This allows students experience in clinical environments not available during routine hours.

Background

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

• **BSci/PBL** - In this component, students work through authentic clinical cases each week in small groups 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 cases guide learning and the application of basic science concepts in clinical scenarios. Basic lectures and laboratory experiences teach concepts that supplement the cases. BSci/PBL features about 10 hours of patient-based learning with about 10 hours of traditional teaching such as lectures or laboratories 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.

• **Ambulatory Clinical Experience (ACE)** - Is required for two blocks (two out of three available: blocks 2, 3, and 4). During ACE each student spends half a day three times per block with a role-model faculty or community physician-preceptor. Check the dress code for ACE and other patient case experiences.
• **Advanced Physical Diagnosis (APD)** - Is required during the second year. Students are assigned to a clinician mentor for the 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** - Consists of two half days each week as protected time for independent or student-directed learning; no faculty-initiated activities may be scheduled. In the pre-clerkship curriculum, scheduled curricular events typically do not exceed 32 hours per week.

**Year One**

**Block one**

- **Basic Science/PBL: Structure and Function of the Human Body 1** - Metabolism, molecular biology, genetics, pharmacologic principles, embryology, histology, gross anatomy and nutrition

- **Introduction to Patient Care: Interviewing** - Content and activities will focus on learning the structure and performance of a patient centered medical interview and establishing a collaborative doctor-patient relationship. Students will also be introduced to the process of diagnostic reasoning and addressing ethical issues.

**Block Two**

- **Basic Science/PBL: Structure and Function of the Human Body 2** - Structure and function of pulmonary, cardiovascular, gastrointestinal, renal and respiratory systems

- **Introduction to Patient Care: Physical Examination** - Basic physical examination skills and knowledge underlying the exam

- **Ambulatory Clinical Experience**

**Block Three**

- **Basic Science/PBL: Structure and Function of the Human Body 3** - Neurophysiology and anatomy

- **Introduction to Patient Care: Biopsychosocial Aspects of Medicine** - Behavioral medicine, substance abuse, human sexuality, culture and health and the dying patient

- **Ambulatory Clinical Experience**
Block Four

- **Basic Science/PBL: Structure and Function of the Human Body 4** - Microorganisms, immune response, reproductive structure and function and the endocrine system
- **Introduction to Patient Care: Clinical Epidemiology and Preventive Medicine** - Distribution and dynamics of disease, clinical epidemiology, risk, prevalence, incidence, disease outbreaks, diagnostic testing, critically reading the literature and population health
- **Ambulatory Clinical Experience**

Year Two

Block Five

- **Basic Science/PBL: Pathophysiology 1** - Cell injury, hemodynamic disturbances, genetic disorders, neoplasia, infection, autoimmune disease, immune deficiency and hypersensitivity
- **Introduction to Patient Care: Diagnostic Tests and Medical Decisions** - Diagnostic tests, imaging, tests of function, differential diagnosis and iterative hypothesis testing

Block Six

- **Basic Science/PBL: Pathophysiology 2** - Cardiovascular, respiratory, blood disorders and nutritional diseases
- **Introduction to Patient Care: Psychopathology and Behavioral Medicine** - Normal psychosocial development, psychopathology, psychotherapy, psychopharmacology, when to refer and psychosocial factors in aging
- **Advanced Physical Diagnosis**

Block Seven

- **Basic Science/PBL: Pathophysiology 3** - Gastrointestinal, liver, endocrine, renal and genitourinary disorders
- **Introduction to Patient Care: Clinical Practicum**
  
  Procedures: Therapeutic injections and venipuncture, intravenous catheterization, suture lab, TB testing, hematology procedures, pulmonary procedures and arthrocentesis
  
  Ward preparation: Adult and pediatric hydration, nutrition, wound care, ABG basics, pain control and infection control
  
  Documentation: Admission and progress notes, admission orders, prescriptions and e-mail communication
- **Advanced Physical Diagnosis**
Block Eight

- **Basic Science/PBL: Pathophysiology** 4- Clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, and skin and nervous system disorders

- **Introduction to Patient Care: Doctor as a Person**- Lifestyle balance, stress, careers in medicine, patient safety, current issues in health care, ethics, end-of-life care, and the changing health-care system. Ward preparation: endotracheal intubation, arterial puncture (ABG) and lumbar puncture, bladder catheterization, and nasogastric tube placement

- **Advanced Physical Diagnosis**

**COMPASS – Contemplating Medicine, Patients, Self, and Society**

The purpose of the four year longitudinal COMPASS course is to foster the professional development of patient-centered physicians. This is accomplished through an innovative longitudinal small group experience using a variety of learning methods including group discussion, reflective writing, storytelling, reading and case problem solving. The small group membership includes students from each of the four medical school classes and two faculty guides. Successful completion of COMPASS is a graduation requirement. See the course syllabus for information about the course requirements.
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. Mid-block formative feedback to the student by the facilitator is required for all PBL and IPC small groups.

Each student receives a grade for BSci/PBL and a grade for IPC for each block. In addition, students must participate in and receive grades for Ambulatory Clinical 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 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 clinical reasoning. In order to pass each block, a student needs to attain the level of performance reasoned to be satisfactory on each of the three components:

Performance in the PBL Group (Facilitator Evaluation)

Student performance in PBL groups is assessed throughout the block by the PBL facilitator. This is an observational assessment of a student’s ability to demonstrate skills important in the development of a physician including the ability to analyze and organize information, apply information in discussion of cases, 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. Professionalism and teamwork are also assessed.

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. Most knowledge-based examinations are a closed-book examination taken in a designated area(s).

Clinical - Reasoning Examination

This examination may consist of patient presentations and a series of questions requiring analysis and synthesis of information. Clinical reasoning examinations may be either “closed-book” or “open-book” tests requiring library research but may take other formats.
The BSci/PBL course components are graded as follows:
- PBL Facilitator evaluation: Satisfactory or Unsatisfactory
- PBL Clinical-reasoning exam: Satisfactory or Unsatisfactory
- PBL Knowledge-based exam: Satisfactory (65% or higher) or Unsatisfactory

Please refer to the course syllabus for further information about grading criteria for the PBL course.

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, simulations, objective structured clinical examinations (OSCE), papers, group projects, presentations, observations of skills performance, and faculty assessment of performance in small groups. Professionalism is also assessed.

The IPC course components are graded as follows:
- IPC Knowledge-based exam/short answer exam: Satisfactory (70% or higher) or Unsatisfactory
- IPC practical/standardized patient exam: Satisfactory or Unsatisfactory
- IPC facilitator evaluation: Satisfactory or Unsatisfactory

Please refer to the course syllabus for further information about grading criteria for the IPC course.

M1/M2 Ambulatory Clinical Experience (ACE) and M2 Advanced Physical Diagnosis (APD)
Ambulatory Clinical Experience and Advanced Physical Diagnosis are graded curricular requirements. A satisfactory or unsatisfactory grade is assigned by the associated 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.

M2 Honors
During the M-2 year, “Honors” (HN) is added to the grading scheme to recognize excellence. Consult the characteristics established by faculty for honors performance.

Honors in PBL Facilitator Evaluation BSci/PBL
Honor grades are as follows:
- Facilitator evaluation: No numeric values are awarded by the facilitator but the facilitator may designate Honors for students who truly distinguish themselves in the PBL process.
- Clinical-reasoning exam: 90% or more correct responses
- Knowledge-based exam: 85% or higher
Honors in IPC

Honor grades are as follows:

- Facilitator evaluation (where applicable): No numeric values are awarded by the facilitator but they may designate Honors.
- Examination and/or attendance as specified: 90%

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

Examination Review

Examination review provides you with information that you need to continuously enhance your performance. Extensive analyses are 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. Medical Education will announce the dates and times following each block when students may review their examinations. The calendar of review dates is available on the student portfolio. All reviews must take place in Medical Education buildings under the Honor Code.

The exam review process is bound to the same conditions as exam week and subject to the Honor Code. This opportunity to review your exam is optional and may help you to increase your understanding. Test materials cannot be copied so computers, phones and other devices are not allowed.

Students are not allowed to bring laptops or other electronic devices such as cell phones and/or digital cameras to the exam review site. Note taking is not permitted other than a) annotating the number of the question(s) for the Exam Question Request, and b) noting short phrases on the self-assessment form for clinical reasoning exams as short notes to guide future study. Exam review occurs the two weeks immediately following exam grade release. Students working with an academic tutor may request additional time for review. Tutors are not allowed to review exams when students are requesting re-evaluation. Requests for additional time for exam review should be directed to the Academic Assistance Program Coordinator, Dr. Kristi Smalley.

Request for Re-Evaluation

When reviewing your exam, if you find something you believes deserves credit not received, you may bring it to the Block faculty’s attention for consideration. Limits are placed on the number of requests for re-evaluation that a student may make. Students may request re-evaluation of any component of their grade except the facilitator evaluation. Questions concerning a grade must be submitted in writing and in compliance with the published schedule, and 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. Partial points or more may be added to the student’s score on that component of the evaluation.
2. Partial points or more may be subtracted from the student’s score when the entire component is re-evaluated.
3. The component score may remain unchanged.

Each student has an opportunity to participate in the re-evaluation process and may request reconsideration of only their own exams. Should additional credit be awarded as part of the re-examination process, it is awarded only to the student making the request.

A re-evaluation request 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.

**Administrative Review of a Pre-Clerkship Grade**

**Purpose**

If you are dissatisfied with the result of the faculty committee’s request for re-evaluation of a pre-clerkship course, you may appeal to the Associate Dean for Education Improvement and the Associate Dean for Student Programs. Students’ request for an administrative review must be received in writing within **four weeks** of receipt of the original course grade. The Associate Deans 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 Medical Education. Names will be drawn randomly by the Associate Deans. 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 thirty (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 Education Improvement and the Associate Dean for Student Programs. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Associate Deans will respond to the student in writing within five (5) working days of receipt of the panel’s recommendation.

A student request for an administrative review 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.
The University Registrar (http://registrar.missouri.edu/policies-procedures/grade-appeals.php) provides guidelines for changes in grades. In accordance with the University Registrar’s guidance:

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

**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. Only ONE program will be awarded PER medical student, whether it is paid or unpaid. Only University of Missouri – Columbia medical students are eligible to apply for these school-sponsored opportunities. 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.

Some of the summer programs that have been available and sponsored through the School of Medicine are described below and can be found here:
The 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 located in a rural, community setting. During this four to six week program (Bryant Scholars are required to complete six weeks), 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.

The Summer Community Program is part of the MU Rural Track Pipeline Program (MU-RTPP) and is organized through MU’s Area Health Education Center (MU AHEC). Students wishing to participate must apply and be accepted through MU AHEC and be in good academic standing as determined by Medical Education.

Research

The goal of the School of Medicine Summer Fellowship program is to support students’ participation in research under the direction of a member of the faculty. The program is coordinated by the Research Council and the Office of Research in the School of Medicine. Specific opportunities will be made available in the late fall of the M1 year, and applications are prepared jointly by the student and his/her mentor. Faculty mentors provide guidance, facilities, and supplies, and ensure the student’s participation in Health Sciences Research Day, as well as the quality of the student’s research experience.

High School Mini Medical 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. Seven to eight rising M2 medical students serve as planners, lecturers, PBL authors, facilitators and counselors for both one-week sessions. This experience involves staying in the residence hall with the students, being on campus 24/7 during the camp, and attending meetings prior to the start of the camp.

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, learn about PBL, 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.

**Department of Medicine 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, urban, and suburban practice in internal medicine, medicine-pediatrics, and internal medicine subspecialties.**

**Family Medicine Summer Experience**

This program is designed for students to be assigned to a primary clinic site in Columbia working with several family physicians in their clinic. Through the clinical experience, students will improve their clinical skills in history taking, physical examination, assessment and medical management. They will explore management of acute health problems, chronic disease management and preventive care or patients of all ages. The experience can be tailored to a student’s particular interests and could include time spent with out Sports Medicine faculty, Family Medicine physicians who practice maternity care and deliver babies, Geriatric and Palliative Care specialists, nursing home care, research in Family Medicine and the residency. Students will also have the opportunity to interact with our Family Medicine residents during the weekly Tuesday afternoon lecture time.

**Springfield Summer Clinical Experience**

The Springfield Summer Clinical Experience is a great opportunity for MU School of Medicine’s rising M2 medical students to participate in a summer clinical program located in Springfield, Missouri. During this four-week experience, the students have an opportunity to learn from physicians in Springfield while being introduced to the practice of medicine in that community. Preceptors from both CoxHealth and Mercy health systems will be available in several specialties. Students may spend four weeks with one specialty or two weeks in two specialties. Students will receive a stipend for this experience.
SECTION FOUR
What Happens if You Receive a Failing Grade in your First or Second Year?

When students receive an unsatisfactory grade for 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.

Guidelines for how to review performance on each examination, including patterns of errors to look for, are included on the Canvas site, “Study Strategies for Medical Students” available to all M1/M2 students. These guidelines are also provided in hard copy for students who check out their examinations for review during days set aside for review. Depending upon the situation and student requests, Academic Tutors may be made available to assist individual students review their examination performance.

Academic Tutors may be made available to assist individual students review their examination performance.

All unsatisfactory grades are reviewed by the Committee on Student Promotions.

Remediation
Students who receive an “unsatisfactory” grade may have an opportunity to rectify the deficiency during the winter and spring breaks and summer between the M1 and M2 years. Second-year students who receive a “U” on block exams 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 at the beginning of the academic year. 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 on probation (with two or more unsatisfactory grades) should plan to concentrate on successful remediation; and therefore, are generally discouraged from participating in research and summer clinical experiences (especially those that will take the student off site). Students who have been considered for dismissal will not be eligible for participation in summer clinical experiences. Requests for changes in the remediation schedule must be submitted in writing to the Associate Dean for Education Improvement and the Associate Dean of Student Programs. 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 regular block examination. The pass criterion is determined by the block faculty at the time of construction of the remediation exam.

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

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 the block committee and explain why their initial attempt at remediation was unsuccessful. Students are encouraged to meet with the Associate Dean for Education Improvement and the Associate Dean of Student Programs for the process to prepare 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. Students with questions about this process are encouraged to make an appointment with the Associate Dean for Education Improvement or the Associate Dean of Student Programs.
SECTION FIVE
Your Third Year

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

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 M2 orientation and in class meetings during the M2 year. For many students, the third year of medical school is quite intense – it may be a good idea to try to 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 the Associate Dean for Student Programs 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. Information will also be provided about requirements for matriculation to the third year. These requirements include updated physical exam and immunization requirements, training on the electronic health record, provision of information to allow you to receive VA, Mercy, and Cox identification badges, Code of Conduct training and other requirements. There will also be one to two days of mandatory onsite orientation for all students. Students assigned to the Springfield clinical campus will participate in Springfield-specific orientation activities.

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 third 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 year-long experience in the M2 year. The means of resolving a failure will be determined on an individual basis by the CSP.

Our Curriculum

Seven core clerkships are required in family medicine, internal medicine, neurology, obstetrics and gynecology, child health, psychiatry and surgery. During these core clerkships students learn the fundamentals of good patient care. Faculty assess students’ competencies upon completion of the clerkship. These clinical experiences are supervised by School of Medicine faculty. The neurology clerkship is four weeks, the Psychiatry clerkship is six weeks and all others are eight weeks. Six of the seven core clerkships are required to be taken in the third year (blocks 9-14), with one clerkship being deferred to the fourth year. Students will identify their preferences for which clerkship to defer during the M3 enrollment process. If Psychiatry is taken in the M3 year, it is paired with either a two-week elective or two-weeks of vacation per the student’s choice. If Neurology is taken in the M3 year, it is paired with a four week elective. There are a limited number of four-week electives available to M3 students. M4 students have priority in the four-week elective enrollment process. Once M3 clerkship assignments are released, students may request to switch a clerkship with another student.

Protocol for Requesting a Change in Assigned Clerkships During the M3 Year

After the core clinical clerkship rotations are assigned, they will only be changed if the following criteria are met:

1) A student who wishes to change rotations identifies a student who is willing to switch without any other changes being made to the schedules, including but not limited to specialty weeks and any off-site locations.
   a. Rural track rotation switches are only to occur between rural track rotations at the assigned site.
   b. Clerkship rotation switches should occur at the same campus (Springfield switch with Springfield and Columbia switch with Columbia).
2) Both students voluntarily agree to the switch in rotations.
3) Both students have a meeting with the Associate Dean of Student Programs and/or the Associate Dean for Education Improvement to confirm the desire to switch. If the switch involves a rural track rotation, the Associate Dean for Rural Programs will be included.
4) Associate Dean for Education Improvement notifies the relevant clerkship administration of the request to switch rotations.
5) The switch is approved by both clerkships directors.
6) The process to make a switch should start several months in advance of the clerkship rotation start date to increase the likelihood of approval. The switch needs to be finalized and confirmed by the clerkship director at least 4 weeks before the rotation begins if no rural track rotation is involved and at least 8 weeks before the rotation begins if a rural track rotation is involved.
If a student is not able to create an even switch for a core clinical clerkship rotation and there are compelling health or personal reasons for a change, the student needs to meet with the Associate Dean for Student Programs and the Associate Dean for Education Improvement to request the change. If the change involves a rural track rotation, the Associate Dean for Rural Programs should be included.

All medical student interactions with patients must be supervised by a physician (attending or resident) or by an appropriately licensed practitioner. The supervisor must either directly observe the student or be immediately available. The decision to provide direct observation is at the discretion of the supervisor and will depend on the level of training of the student and the nature of the clinical activity.

The Rural Track Clerkship Program offers third-year students clinical training in community-based educational centers throughout the state. Students are given the unique opportunity to live and work in a rural community 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 are usually 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 Clerkship 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 Medical Education. Bryant Scholars are required to complete at least three clinical rotations at one of the community-based training sites. Exceptions are only made in rare and compelling personal circumstances.

A student’s application for the Rural Track Clerkship Program is their commitment to participate. After submission, requests to withdraw are only granted for compelling personal or health reasons. Students should make the request to withdraw in writing or by email to the Associate Dean for Rural Health who may consult with the Rural Track Management Group (RTMG). Students who wish to appeal the Associate Dean’s decision may do so by putting their request in writing to the RTMG.

M3 students enrolled in a two-week elective during the third year will complete it at the site at which they are assigned to complete all or part of their M3 year (Columbia campus, Springfield campus, Rural Track).

M3 students enrolled in a four-week elective or M4 students enrolled in a two-week elective may be approved to participate in the course at an away site if the following criteria are met:

- Elective approved by the MU course director
- Elective approved by the host institution
- The student has completed five of the seven required clerkships
- Request approved after meeting with the Associate Dean for Student Programs
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 MU Rural Track Pipeline Program (MU-RTPP). A request from a Bryant Scholar not to participate in the Rural Track Clerkship Program will only be considered if there are compelling health or personal circumstances supporting the request. Students should make the request in writing or by email to the Associate Dean for Rural Health who will consult with the Rural Track Management Group (RTMG).

Core Clerkship Deferral Policy

After successful completion of the M2 academic year, students are expected to complete six of seven core clerkships within the M3 academic year. Rarely, students will need to defer one additional 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; or additional time to study for Step 1 with the goal of achieving a more competitive Step 1 score.

Requests for deferral of an additional core clerkship into the senior year should be discussed with the Associate Dean for Student Programs. If the Associate Dean for Student Programs does not consider the reasons for requesting a deferral to be compelling, the student may ask for the request to be reviewed by the Clinical Curriculum Steering Committee (CCSC). Any identifying information will be removed from the request and it will be forwarded anonymously by email to the CCSC. The CCSC will then consider requests for deferral during the monthly regularly scheduled meetings. If the request for deferral is denied by the CCSC, the student may appeal. Appeals should be addressed to the Senior Associate Dean for Education 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.

Alternative Assignment Policy

A student may request an alternative assignment of a clinical clerkship site for an individual clerkship for compelling personal or health reasons. Students should make the request to withdraw in writing or by email to the Associate Dean for Student Programs who may consult with the Clinical Clerkship Steering Committee (CCSC), the clerkship directors and other appropriate faculty/administrators. Students who wish to appeal the Associate Dean’s decision may do so by putting their request in writing to the CCSC.

Evaluation in the Third Year

Mid-Rotation Feedback of Student’s Performance

Students are required to complete and submit a mid-rotation feedback form at least once during every clerkship. This form is intended to be used as a tool for providing students with formative
feedback. The student will turn in this completed form to the clerkship director and must do so before being allowed to sit for the end of clerkship examination. This form will not be used as a component of the final grade. Students will document the week they received mid-rotation feedback using the Patient Log (PLOG) system in their Portfolio.

Clerkships are required to provide students with mid-rotation formative feedback about their performance. Effective formative feedback can be accomplished in a variety of ways and is left to the discretion of the clerkship directors. Students share responsibility for seeking feedback and are required to document when this feedback occurred into the Patient Log (PLOG) system. Completion rates of mid-rotation feedback will be reviewed regularly by the clerkship directors and semi-annually during the Clinical Curriculum Steering Committee meetings.

Grading – Distinguished from Midblock Feedback

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

Two-week electives are graded as satisfactory or unsatisfactory.

Clinical performance, knowledge and professionalism are evaluated. Each department determines the criteria applied to these three domains. A variety of evaluation procedures are used including observations by residents and faculty, standardized knowledge exams, skills exams, standardized patients, simulations and projects or papers. To receive honors for the clerkship, a student must perform at the honors level in all three areas. Some clerkships require students to complete pre-clerkship activities in a timely manner prior to the start of the block. An unreasonable delay in a student’s response or other unprofessional behavior related to these pre-clerkship activities may affect the professionalism grade for that clerkship.

Late Arrival and Absence Policy for End of Clerkship Examination

All students are required to be present in the testing location at least 30 minutes prior to the examination start time.

A student who arrives within 15 minutes after the examination start time will be allowed to take the exam and must provide an explanation for being late. The time allowed to take the exam in this situation will not be affected.

A student who arrives 15 minutes after the examination start time is considered late and will not be allowed to take the examination. That student will need to meet with an associate dean to request an excused absence. The date of the make-up exam will be determined by the clerkship director. A
grade of “Incomplete” will be submitted for that clerkship and remain on the transcript until the exam is taken and a final grade determined.

Similarly, a student who misses the exam completely will meet with an associate dean to request an excused absence. The date of the make-up exam will be determined by the clerkship director. A grade of incomplete will be submitted for that clerkship and remain on the transcript until the exam is taken and a final grade determined.

Students with non-compelling reasons for being late or missing the exam may have a statement about a lack of professionalism included in their clerkship comments and/or MSPE.

A student who becomes ill during the exam and unable to complete it should contact the proctor immediately. Upon resolution of the illness, the student will meet with a dean to request an excused absence. The date of the make-up exam will be determined by the clerkship director. A grade of “Incomplete” will be submitted for that clerkship and remain on the transcript until the exam is taken and a final grade determined.

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

Students will be expected to complete all required evaluations, assignments, and the mid-block feedback form prior to sitting for the end-of-block 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 during winter break or over the summer inter-block.

All clerkship grades must be submitted within six weeks after completion of the clerkship. The timeliness of grade submission will be reviewed regularly by the clerkship directors and semi-annually during the Clinical Curriculum Steering Committee meetings. Fourth year course grades must be submitted within six weeks of completion of the course requirements.

**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 a grade re-consideration is no later than **two weeks** after the final clerkship grade has been released to the students by Medical Education. When a review 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

Students will not contact faculty or residents to request a change in clinical evaluations. Any requests made in this manner will be considered unprofessional and will void the student’s opportunity to appeal that component of their grade.

A student who wishes to have any component or overall grade re-considered 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 a discrepancy is determined to exist and resolved in this manner, the terms of the resolution will be put in writing and signed by the course director and reported to Medical Education. If they determine that a discrepancy does not exist, the course director shall respond to the student in writing within 30 calendar days of receipt of the written request for re-consideration of the grade.

If the student is uncomfortable approaching the course director, then he/she should submit the request for re-consideration to the clerkship department’s chairperson. If the student is uncomfortable approaching the department course director or chairperson, then he/she is encouraged to discuss the issue with the Associate Dean for Student Programs who will advocate for the student.

Request for an Administrative Review to the Dean

Should the student be dissatisfied with the response of the course director and/or department chair he/she may, within 10 calendar days of receipt of such response, submit a written appeal to the Dean of the School of Medicine, through the Associate Dean for Education Improvement. 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 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 for Education Improvement. 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 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.

A student request for an administrative review 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.
The University Registrar [http://registrar.missouri.edu/policies-procedures/grade-appeals.php](http://registrar.missouri.edu/policies-procedures/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.
- 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.
SECTION SIX
Your Fourth Year, Graduation and Beyond

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
Students must successfully pass a minimum of thirty weeks of elective rotations to meet graduation requirements including two 4-week advanced clinical selectives, four four-week general electives, one two-week general elective and four weeks of Advanced Biomedical Sciences (ABS) course. A minimum of four courses must be taken under the supervision of University of Missouri faculty as follows:

Students must take one of the two required clinical selectives under the supervision of University of Missouri School of Medicine faculty or community faculty appointed through the School of Medicine. One of the required selectives must either be a surgical selective or a medical selective. Certain clinical experiences such as the Indian Health Service and designated rural community electives/selectives are considered under the supervision of University of Missouri School of Medicine faculty and will meet the requirement for one of the two clinical selectives.

Some students may have completed the two-week elective requirement during the third year, coupled with the psychiatry clerkship. Some students may also have completed one of the four-week general elective requirements if they took neurology clerkship during the third year.

General electives may be taken at sites approved by the department, the advisor and Medical Education. Students wishing to take courses at another medical school must comply with all application policies required by the host school. Electives, selectives, and ABS courses completed at the Springfield campus are considered equal to those in Columbia.

All fourth-year medical students may apply to take rural electives (Bryant Scholars are required to complete one rural elective). Students wishing to take rural electives must be accepted through MU AHEC and be in good academic standing as determined by Medical Education.

What Else do I need to do to Graduate?
Examinations (comprehensive knowledge based examinations and the Patient-Centered Care 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. Step 2 is divided into two required sections, Clinical Knowledge (CK) and Clinical Skills (CS). Please be aware that some states require that Step 3 be completed within seven years of Step 1.

A Patient-Centered Care Objective Structured Clinical Evaluation (PCC-OSCE) will be administered near the end of the third year. Successful completion of this PCC-OSCE is a requirement for graduation from medical school. Clinical faculty will determine satisfactory performance on the PCC-OSCE exam. Students must rectify PCC-OSCE deficiencies prior to their graduation in May.

Students will have the opportunity to remediate marginal or unsatisfactory performances on the PCC-OSCE. Students unable to successfully remediate the PCC-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. 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 PCC-OSCE will be reported to the Committee on Student Promotions as they consider students for graduation. Failure to successfully complete the re-remediation PCC-OSCE will result in referral to the Committee on Student Promotion for further consideration.

Successful completion of the Contemplating Medicine, Patients, Self, and Society (COMPASS) course is a requirement for graduation from medical school. Faculty will determine satisfactory performance in the COMPASS course. Students must rectify COMPASS course deficiencies prior to their graduation in May.

**Graduation with Latin Honors**

Grades of “Honors” earned during the second, third, and fourth years of medical school determine the awarding of Latin honors (cum laude, magna cum laude, and summa cum laude). 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 (8), all clerkships (7), and fourth year clinical courses (1 ABS, 1 medical selective and 1 surgical selective). Courses completed by the end of block 19B will be considered for inclusion in determining Latin honors. The number for magna cum laude and summa cum laude may vary slightly each year dependent upon the actual distribution of grades.

**Commencement hooding policy for the University of Missouri-Columbia School of Medicine**

Graduates may be hooded by parents or spouse who are:

- Current faculty of the University of Missouri-Columbia School of Medicine, or
- Alumni of the University of Missouri-Columbia School of Medicine, or
- Alumni of the University Hospital and Clinics residency programs

If your parents or spouse would meet any of the above criteria, they are eligible to hood you at the commencement ceremony. They would dress in commencement regalia (ordered/rented by Medical
Education), take part in the procession and recession, and sit on stage during the commencement ceremony.

Medical Education will also consider special requests from graduating students to be hooded during the commencement ceremony by a physician family member who is a graduate of the University of Missouri School of Medicine or completed residency training at the University of Missouri Health System. Requests will be reviewed by the Associate Dean for Student Programs and the Senior Associate Dean for Education, and a recommendation will be sent to the dean.

**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 University of Missouri utilizes the National Student Clearinghouse transcript fulfillment service. When you need to obtain a transcript, you may log into myZou; click Self Service > Student Center > Official Transcripts on the pull down menu in the academics section. Your myZou login serves as the required consent to release your records. Official transcripts can be delivered by mail, FAX, electronically, or held for pick up at 125 Jesse Hall. You may track or order online or sign up for free text alerts.

The cost to obtain a transcript varies depending on the delivery method and quantity. The cost will be presented in the ordering process before you finalize your transaction. Transcript requests must be paid by debit or credit card.

All holds must be cleared before your transcript can be released. Contact the Cashier's office for assistance with financial holds at [http://cashiers.missouri.edu](http://cashiers.missouri.edu) or (573) 882-3097.

Transcripts that are held for semester grades are processed approximately one week after the end of the term. Transcripts that are held for degree award are processed approximately four-six weeks after the end of the term.

Contact the University Registrar's office for assistance at (573) 882-7881.
SECTION SEVEN
Resources All Students Will Need

MU Connect
The School of Medicine utilizes MU Connect for scheduling appointments with the Associate Deans and some Medical Education staff members. With just a few simple clicks, you’ll be able to view availability, schedule, edit, or even cancel appointments. You may request a meeting in-person, on the phone, or online via Zoom. You will also receive appointment reminders via your MU email account. To access MU Connect, login using your pawprint and password at https://muconnect.missouri.edu, click “My Success Network” from the left menu, and then click on Medical Education. Click on Program Advising for the Associate Deans or Student Services for staff. Click “Schedule Appointment” under the person’s profile.

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.

University Hospital Security in Columbia
The hospital security office is located on the first floor of the hospital, room 1W45.

- 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 in Columbia
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.

Mercy Hospital Security in Springfield
Feel free to contact security for assistance by calling (417) 820-2832.
Cox South Hospital Security in Springfield

Feel free to contact security for assistance by calling (417) 269-6120.

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 an email regarding financial aid; those who are in need of financial assistance are encouraged to make early contact with our financial aid coordinator.

All students receiving federal financial assistance must be making satisfactory academic progress according to both quantitative and qualitative measures. The School of Medicine’s policy is emailed to all students at the start of each academic year. You may request a copy of the policy at any time.

Should you need immediate assistance, contact the coordinator of financial aid:

Cheri Marks
Sr. Student Services Coordinator, Financial Aid and Student Records
LC356, Patient-Centered Care Learning Center, Columbia, MO 65212

Call: (573) 882-5604
E-mail: marksc@health.missouri.edu
Fax: (573) 884-2988

Additional information about financial aid at the School of Medicine can be found at the following link: https://medicine.missouri.edu/financial-aid.

Advising and Career Planning

Mizzou Medicine advising and career planning services fall under the Advice, Support and Career Counseling Program (ASC). Under ASC, the Association of American Medical Colleges’ (AAMC) Careers in Medicine® (CiM) program is introduced. Students can access CiM using their AMCAS number to set-up an account. The ASC program arranges faculty advisor assignments, curriculum vitae (CV) and personal statement review and assistance and M4 residency mock interviews.

Shortly after M1 orientation students are matched with a pre-clerkship ASC advisor. This advisor is available to help students by supporting them in a variety of ways as they transition into medical
school. Students and advisors work together during the first two years of medical school. Depending on specialty interest, students and their pre-clerkship advisors may continue working together during the M3-M4 years. First- and second-year students may use the CiM four-year multi-phase career planning program combining self-directed activities with one-on-one faculty advising through the ASC program.

Students have considerable opportunities for career and residency exploration through specialty events and student interest group activities. Specialties Exploration Forums are held once each block for students beginning in Block 2 and concluding with Block 7. These forums provide exposure to faculty from a variety of specialties by way of panel discussions.

During the third year, students are matched with a clinical advisor of their choice. They may begin using the Career Advising Tool for Students and Advisors (CATSA), an on-line residency preparation and application tool. Early in their fourth year, students are introduced to the residency application and matching process. Fourth-year students have the option to participate in mock interviews. Assistance with CV and personal statement development is also available. Students continue to receive guidance from their clinical advisor until graduation and beyond.

Careers in Medicine® and ASC are coordinated through Medical Education under the direction of the Associate Dean for Student Programs.

Students assigned to the Springfield Clinical Campus will have access to resources through the Director of Student Services.

**Student Wellness and Personal Counseling**

Medical school can be a stressful time for students. If desired, Medical Education can provide information about professional mental health and counseling resources. The Faculty Liaison - Student Coach is also available to meet individually with students for success coaching, emotional support, and to provide information about campus and community resources. This role was created in order to provide additional wellness resources for medical students. Students can email the Faculty Liaison - Student Coach directly, Dr. Stephanie Bagby-Stone at bagbystones@health.missouri.edu to schedule a meeting. Student requests 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.

Medical Education supports the Student Wellness Interest Group and sponsors one of its key activities, the M1-M2 Buddy Program. In the M1-M2 Buddy Program, M1 students are partnered with M2 students. This program provides the opportunity for first-year students to have direct contact with upper class students and receive informal advice and mentoring. Class elected Student Wellness representatives organize activities and publish electronic newsletters throughout the year with a calendar of events (such as lectures, yoga and social community activities) and recipes. Additionally, the class wellness representatives in conjunction with Medical Education organize Student Wellness Block Talks each block on topics related to physical and mental wellness. Topics include resources available, stress management, nutrition and exercise, and self-care.
**Academic Assistance Program**

Academic assistance is offered to students through a Canvas site, through one-on-one meetings with Medical Education staff about time management, transitioning to medical school and learning to use active study strategies. M4 and faculty academic tutors are also made available to students who request such help and meet certain criteria.

**Canvas Site**

“Study Strategies for Medical Students,” a Canvas site, is available to all M1 and M2 students as a resource for use at any time. Topics covered include:

- Managing Time and Getting Organized
- PBL and Learning
- Using the Health Sciences Library
- How to be an Active Learner
- Tools to Aid Studying – e.g., concept mapping, case summaries
- Reviewing Examination Performance
- Studying for Remediation and for the Current Block at the Same Time
- Requesting an M4 Academic Tutor

**Transition Support**

The associate deans and the academic mentoring coordinator are available to provide support and counsel to students as they make the transition to medical school. Guidance and support are provided to help students

- Develop and follow weekly schedules
- Get organized
- Adjust to the volume of material to be learned
- Adjust to the pace of learning
- Maintain a “can do” attitude.

**Study Strategy Counseling**

Counseling and advice about study strategies is available to all students and is most commonly provided by the Associate Deans, the Academic Mentoring Coordinator, and M4 and faculty academic tutors. Students learn to approach studying in ways that foster deep rather than superficial learning. Staff members also emphasize the use of active as opposed to passive learning strategies.

**Academic Tutoring**

One-on-one academic tutoring is available most times throughout the academic year. Tutoring is provided primarily by M4 students. Any M1/M2 student may request a tutor by submitting a completed “Tutor Request Form”. Students are assigned to tutors, first, on the basis of tutor availability, then need for academic assistance, and finally on a first-come-first-served basis. Another criterion used is the student’s history of submitting “Student Progress Reports.” Instructions and the “Tutor Request Form” for requesting an M4 Tutor are found on the “Study
Strategies for Medical Students’ Canvas site. Forms can also be obtained and submitted in LC332. Tutoring involves M1/M2 students meeting with M4 tutors to

- Receive assistance with getting organized and enhancing active study strategies
- Receive assistance with learning course content
- Review exam performance
- M1/M2 students present to tutors and obtain feedback – tutors do not lecture.

Questions about the academic assistance program and M4 tutors should be directed to the Academic Mentoring Coordinator.

Student Libraries

Access to Libraries at the Columbia Campus

The Health Sciences Library is available to all students: [http://library.muhealth.org/](http://library.muhealth.org/). Quick links to recommended and useful resources for medical students are on this page: [http://libraryguides.missouri.edu/medstudents](http://libraryguides.missouri.edu/medstudents)

Regular hours for the Library during both fall and winter semesters are:

- Monday through Thursday 7:00 a.m. to 12:00 a.m.
- Friday 7:00 a.m. to 6:00 p.m.
- Saturday 10:00 a.m. to 7:00 p.m.
- Sunday 12:00 p.m. to 12:00 a.m.

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

Study rooms are available on the west end of the third floor, and can be booked in advance.

Expert assistance is available in the library:

- Monday through Friday 8 a.m. to 5 p.m.
- Other times by appointment
- Via email and chat: [http://libraryguides.missouri.edu/contact](http://libraryguides.missouri.edu/contact)
- Via text messaging: (573) 535-6818

Study rooms

Three small-group study rooms for the use of medical students only are available on the third floor of the library. These rooms are protected by a combination lock. See the receptionist in Medical Education to obtain the combination. Eating (except for non-messy snack foods) and smoking in
those rooms is prohibited. Failure to comply with these restrictions can result in loss of the use of these study rooms.

Six additional small-group study rooms are available on a first-come-first-served basis. They can be reserved online from the library's website http://library.muhealth.org/.

**Walk-up Scanner**

One self-service scanner is available in HSL-201 that is very easy to use for copying documents and printed material. Additional scanners are on the first and third floors. Scanned material can be sent to your e-mail, phone or to a USB drive. There is no charge for using these scanners. If you wish to print the material, you may use your print quota to send the scanned material to a printer. For color printing or large printing jobs, use the Digiprint Center located in Ellis Library.

**Exercise Bikes**

Two slow-motion exercise bikes are available for patron use in the Health Sciences Library Copy Room. They have work tables attached to them so you can use your laptop or read a book while also getting some mild exercise. The bikes were placed there to assist students who study long hours in the Health Sciences Library. The library staff asks that you limit your time on the bikes to 30 minutes when someone is waiting to use them.

**Access to Libraries at the Springfield Clinical Campus**

**Missouri State University Meyer Library**

The Missouri State University Meyer Library is available to all students attending the Springfield Clinical Campus: https://libraries.missouristate.edu/Meyer.htm

Regular hours for the Meyer Library vary. Please visit: https://libraries.missouristate.edu/HoursCalendar.htm for current hours.

**Mercy Medical Library**

The Mercy Medical Library is located on the second floor of Mercy Hospital and is available to all students attending the Springfield Clinical Campus. The Medical Library’s services and resources are directed primarily towards health care professionals to enable them to provide excellent patient care and to support their continuing education needs.

**Expert assistance is available in the library:**

- Monday through Friday, 8:00 a.m. - 4:30 p.m.
- Other times by appointment
- Via email: libstaff@mery.net
Students have after-hour access to use materials in the libraries via their approved Mercy ID badge. The Mercy Medical Library has a cooperative agreement with the University of Missouri School of Medicine and can access Columbia resources for students in Springfield.

CoxHealth Medical Library

The CoxHealth Medical Library has two locations, one at CoxSouth in the Wheeler Building main lobby (Hartman Library) and at CoxNorth in the J-200 hallway (across from A-200 meeting room). Both locations can be accessed by calling (417) 269-3460. The CoxHealth Medical Library has a cooperative agreement with the University of Missouri School of Medicine and can access Columbia resources for students in Springfield.

Russell D. & Mary B. Shelden Simulation Center

The Russell D. & Mary B. Shelden Clinical Simulation Center serves Columbia and Springfield as a resource to the School of Medicine for the education, training and evaluation of medical students, residents and licensed physicians in the areas of simulation and simulated participant encounters. The centers are also utilized by multidisciplinary teams and staff of the hospital to increase patient safety and satisfaction.

Opened in 2017, the state-of-the-art Patient-Centered Care Learning Center (PCCLC) Clinical Simulation Center consists of approximately 15,000 square feet of space that includes 16 patient exam rooms, 3 multi-modality simulation suites with individual control rooms, two debriefing rooms, an observation room, simulated participant training room, and a classroom.

The original Clinical Simulation Center, located in the Clinical Support & Education (CS&E) building since 2008, consists of 10,000 square feet in space, has four multi-functional simulation suites, an eight-room patient exam clinic, two control rooms, as well as a debriefing room, observation room, classroom and a high-tech conference center.

There is also a 6,200 square foot Clinical Simulation Center located in Springfield, MO to allow for ongoing clinical skills training for students located at the Springfield Clinical Campus.

An advanced AV/IT recording system and a web-based playback system is available for assessment, review and digital storage of learner data. The Clinical Simulation Centers offer a variety of learning modalities, including the use of Simulated Participants, High-Fidelity Mannequins, Hybrid Simulation and computer-based Virtual Reality Simulation. For questions regarding the Simulation Center, call (573) 884-0277.
Student Health Services

The Student Health Center, Columbia Campus

The Student Health Center is committed to providing quality health care for all MU students. The Center offers medical, behavioral health and wellness services. For most services, the Center uses a fee-for-service billing model, similar to a private physician’s office. There are charges for primary care office visits and office procedures (e.g. sutures, skin lesion treatments, IV fluids, immunizations and orthopedic supplies). The University Hospital provides lab and X-ray services and does its own billing. Behavioral health services are covered differently. The health fee students pay each semester covers a behavioral health consultation during medical visits and the initial assessment and treatment visits (up to four with psychologists, social workers and psychiatrists), if needed. If more than four visits are needed, the fee-for-service model will apply.

The health fee also covers visits with the Center’s prevention and immunization staff. The staff will assist students with immunization and tuberculosis documentation that may be required for educational experiences at MU and other institutions. The cost of labs, immunizations and tuberculosis testing is fee-for-service. Students planning educational experiences at other institutions should review instructions found at http://studenthealth.missouri.edu/forms&policies/awayrotation.html for details on the process. Students should plan well in advance of deadlines since this process may take up to four weeks.

The Center participates with most major insurance networks. Based on a student’s specific health insurance coverage, the Center collects copays and files insurance claims. Fees for office visits vary depending upon the type and complexity of the visit. The complexity level of the visit is based on whether status as a new or established patient, the nature of the condition, examination and counseling time. The actual level of complexity is determined after the visit is complete, so it is not possible to determine the cost of the visit in advance.

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

The Student Health Center is staffed with more than 25 health professionals including primary care physicians, psychiatrists, nurse practitioners, psychologists, LCSW’s and certified health specialists. Students who require specialized medical services will be referred to the University Hospital and Clinics or the provider of their choice.

Students should call (573) 882-7481 to schedule an appointment. At the time of the first appointment, students will have a continuity primary provider designated. The scheduling system is designed to provide primary care appointments on the same or next day.

The Student Health Center is located on the fourth floor of the University Physicians Medical Building and open during the following hours:

- Monday, Tuesday, Thursday and Friday 8:00 a.m. to 5:00 p.m.
- Wednesday 9:00 a.m. to 5:00 p.m.
Note: The Student Health Center is closed every day from 11:45 a.m. – 12:45 p.m.; however, appointment lines are open.

More about the Student Health Center can be found at [http://studenthealth.missouri.edu/](http://studenthealth.missouri.edu/).

When the Student Health Center is closed, students should go to the nearest emergency room for life threatening conditions. The University Hospital Emergency Center’s telephone number is 573-882-8091. If the condition is urgent but not life threatening, students should check their insurance plan to find out which urgent care or quick care facility will be covered. The Mizzou Urgent Care Center is located at 551 E. Southampton Drive in the South Providence Medical Park. Mizzou Quick Cares are located in the three Columbia Hy-Vee stores.

The University Hospital and Clinics has numerous outpatient clinics. More information about the MU Health Care locations can be found at [http://www.muhealth.org/locations/](http://www.muhealth.org/locations/).

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 Medical Education with the knowledge that their enrollment will be protected within the framework of the policy statement included in reference materials below.

**Access to Student Health Services at the Springfield Clinical Campus**

Students attending the Springfield Clinical Campus have access to health services through the Missouri State University Magers Health and Wellness Center. The Magers Health and Wellness Center is located at 715 S. Florence.

Free parking spaces are available for patient use in lot 6, the parking lot on the east side of the Magers Health and Wellness Center. Please remember to sign the parking register at the reception desk when you check-in or you may be ticketed.

**Hours are:**

- During fall and spring semesters
  Monday - Friday: 8:00 a.m. – 6:00 p.m

- Extended Hours (when classes are in session): Tuesdays 4pm-8pm and select Saturdays: 8:00 a.m.-12:00 p.m.

- During summer session and intersessions
  Monday - Friday: 8:00 a.m. – 5:00 p.m.

Magers Health and Wellness Center is not open on Saturdays and Sundays or during University holidays. Magers Health is open limited hours between Christmas and New Year.

Appointments can be scheduled by calling (417) 836-4000. It is important a student identifies himself/herself as a University of Missouri School of Medicine student when scheduling the appointment. Please note, bills must be paid at the time of service.
More about the Magers Health and Wellness Center can be found at https://health.missouristate.edu/.

When the Magers Health and Wellness Center is closed, students should go to the nearest emergency room for life threatening conditions or dial 911. Cox South Emergency and Trauma Center telephone number is (417) 269-4083, Cox North Emergency Department telephone number is (417) 269-3393, and the Mercy Emergency Trauma telephone number is (417) 820-2115. If the condition is urgent but not life threatening, students should check their insurance plan to find out which urgent care or quick care facility will be covered. The health fee does not pay for emergency, urgent care or quick care centers.

Facilities

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 School of Medicine or the Sinclair School of Nursing. This also includes Springfield Clinical Campus, CoxHealth Hospital, and Mercy Hospital.
SECTION EIGHT
Additional Available Student Resources

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 again.

Information about accommodations for students with disabilities is provided at orientation. Students are directed to the Student Handbook and to the office of Associate Dean for Student Programs for further information.

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. The office website can be found at [https://disabilitycenter.missouri.edu/](https://disabilitycenter.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 M2 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 use his or her approved accommodations must give the Disability Services letter of accommodation to the Associate Dean for Student Programs. The letter will be maintained in the dean’s office and will not become part of a student’s permanent academic file. The Associate Dean for Student Programs 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 M2 year must obtain an updated letter of accommodation.**

Any student who wishes to continue to receive accommodations beyond their M2 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 M1 and M2 years must contact the Associate Dean for Education Improvement and the Associate Dean of Student Programs.**

Accommodations for examinations in the M1 and M2 years are coordinated through Associate Dean for Education Improvement and the Associate Dean of Student Programs and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs. Requests for accommodations for examinations must be received two weeks prior to the start of exam week to allow for appropriate scheduling of the requests.

5. **Students who want examination accommodations for their M3 year must contact each clerkship coordinator promptly.**

Accommodations for examinations in the M3 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.

**Students Who Want to Engage in Research**

There are many opportunities 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 Research, the Director of the Tom and Anne Smith MD/PhD Program, 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 eight years for completion depending upon the field of study. 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 may count towards the graduate degree depending upon the PhD course of study. During the time spent in graduate research, the student is supported by the graduate program he/she enters while working towards the PhD. Research mentors are chosen through mutual consent between the student and faculty member.

It is imperative that students seeking dual degrees meet jointly with their graduate advisor and a representative from 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.

The MU AHEC Rural Track Pipeline Program (MU-RTPP) is designed to encompass four distinct but related curriculum and clinical components. The sequential programs provide students with ongoing exposure to rural medicine. Programs include the Bryant Scholars Pre-Admission Program, the Summer Community Program, and the Rural Track Clerkship Program and the Rural Track Elective Program.

Summer Community Program

The Summer Community Program is an opportunity for MU School of Medicine’s rising second-year medical students to participate in a clinical program located in a rural, community setting. During this four – six week program, students directly experience the benefits and rewards of rural practice (Bryants are required to complete six weeks). Students work with a community-based physician and are sponsored by a participating hospital. The participating hospitals supply a stipend per student, as well as room and board where possible, unless the student chooses to stay with a family member living in the community.

The application and selection process, as well as student responsibilities, and goals of the program can be found on the website: https://medicine.missouri.edu/education/rural-track-pipeline-program/summer-community-program/

Rural Track Clerkship Program

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 four 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. Bryant Scholars are required to complete at least three clinical rotations at one of the community-based training sites.

Housing for students is provided by Missouri Area Health Education Centers (MAHEC), in cooperation with local hospitals. Each year, the Rural Track Clerkship Program's experience is evaluated to ensure equivalency with the campus-based program. Evaluation criteria are the same in the on-site and rural settings.

Further information including the application and selection process as well as the goals of the program is available at the following link: https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-track-clerkship-program/

**Rural Track Elective Program**

All fourth-year medical students can apply to take rural electives; however, they are not available in all locations. Rural electives must be arranged by MU AHEC and the local AHEC staff upon student request. Bryant Scholars are required to take one rural elective. Evaluation and grading criteria are the same in the on-site and rural settings.

Further information is available at the following link: https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-track-elective-program/.

**Students Who Want to Volunteer for MedZou**

The MedZou Community Health Clinic is a student-operated medical clinic that provides free healthcare to patients living without insurance. Our mission is to provide high-quality, patient-centered care for uninsured residents of Central Missouri while educating health care students about working with underserved populations. Students work with community partners to provide patient care and education for the residents of mid-Missouri. A multi-disciplinary team of health professional students and faculty, including physicians, nurses, pharmacists and social workers contribute to providing a quality healthcare experience.

Medical students have the opportunity to provide patient education for individuals living with chronic health concerns and help to meet the real world needs of low-income and underserved communities. Medical students, physicians, health care workers should expect to learn about the philosophies of social justice issues and advocacy applied to healthcare settings.

Each clinic session will be run by a predetermined clinical team to include first-, second-, third-, and fourth-year students who will have defined roles for each clinic session.
Pre-clerkship students will have direct patient contact by serving as clinic administrators and patient interviewers. Third- and fourth-year students will occupy the role as teacher and mentor to first- and second-year students.

Multiple specialty clinics are available as volunteer opportunities and pre-clerkship students may volunteer to serve as leadership for the clinic. For more information, visit: [http://medicine.missouri.edu/medzou/](http://medicine.missouri.edu/medzou/).

**Resources for Students Who May Have Been Victims or Wish to Report Sexual Assault, Harassment, and/or Abuse.**

Please use any of these services when needed.

If you have any questions about which of these resources may be best to consult, please contact or visit [http://missouri.edu/civil-rights-title-ix/](http://missouri.edu/civil-rights-title-ix/), and she can help you determine the best way to proceed.

The list below is not exhaustive as we have many concerned professionals at MU, including faculty, academic advisors and others whom you may prefer to contact.

**Contacts for students attending the Columbia campus**

- **Counseling Center**
  (573) 882-6601 or [http://counseling.missouri.edu](http://counseling.missouri.edu)
  The Counseling Center offers individual, group and crisis counseling to students who have mental health concerns.

- **Family Violence Clinic**
  (573) 882-7872 or [http://law.missouri.edu/jd/skills/family-violence-clinic/](http://law.missouri.edu/jd/skills/family-violence-clinic/)
  The Family Violence Clinic provides legal consultation for abused women and parents. Legal representation is available for women who are at or below 150 percent of the federal poverty level.

- **Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Resource Center**
  (573) 884-7750 or [http://lgbtq.missouri.edu](http://lgbtq.missouri.edu)
  The LGBTQ Resource Center offers support, provides education and conducts training programs on issues facing the LGBTQ community. The center also has information on services for individuals seeking help for mental health or sexual assault.
• **MU Police Department**

(573) 882-7201 or http://mupolice.missouri.edu

The MUPD has jurisdiction over any crime committed on University of Missouri property. MUPD officers are responsible for the safety and security of the MU campus.

• **Relationship & Sexual Violence Prevention (RSVP) Center**

(573) 882-4696 or http://rsvp.missouri.edu

The RSVP Center is a comprehensive education and resource service serving students who have experienced relationship or sexual violence.

• **Student Health Center (Behavioral Health)**

(573) 882-1483 or http://studenthealth.missouri.edu/needtoknow/sexualviolence.html

The Student Health Center has licensed professionals to assist students with many mental health issues and sexual assault and will provide referrals as appropriate.

• **Student Legal Services**

(573) 882-9700 or https://msa.missouri.edu/auxiliaries/student-legal-services/

Student Legal Services provides legal education and consultation to MU students in an effort to resolve legal conflicts and disputes students may be facing.

• **Women’s Center**

(573) 882-6621 or http://women.missouri.edu

The Women’s Center offers help to students in crisis and provides educational resources and programs to students, staff, faculty and community members.

**Contacts for students attending the Springfield Clinical Campus**

• **Springfield Police Department**

(417) 864-1810 or https://www.springfieldmo.gov/171/Police

• **Missouri State University Magers Health and Wellness Center**

(417) 836-4000 or https://health.missouristate.edu/
• The Victim Center
(417) 863-7273 or https://www.thevictimcenter.org/

• Harmony House
(417) 837-7700 or https://www.myharmonyhouse.org/

Lactation Rooms

The following lactation rooms are available for medical students to use.

• LC366 in the PCCLC
• N714 (code 541-enter)
• Women’s Locker Room in basement at University Hospital
• Pediatric and OB Clinic have lactation rooms for staff
• Both health systems in Springfield (CoxHealth and Mercy) have lactations rooms available
SECTION NINE
Reference Materials

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

Medical Education makes every effort to assure the confidentiality of academic files. Except for Medical Education 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 in the student’s file. Requests to review a student’s educational record are approved by the Associate Dean for Student Programs. 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 paper file at any time. No student records may be taken from the 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 Medical Education Office.

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 and 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
• E-mail address
• Major of field of study
• Dates of attendance
• Student level
• 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

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.

For more information, visit: [http://registrar.missouri.edu/policies-procedures/ferpa.php](http://registrar.missouri.edu/policies-procedures/ferpa.php).
Changing Names for Students

Current students and alumni of the University of Missouri may change their names in the student records system for University of Missouri use during or after attendance.

The student/graduate must submit one of the legal documents listed below under "Proof of legal change to new name."

The document submitted must have date of birth, a photograph and a signature. If you have multiple documents that prove your legal name change, please bring copies of the documents along with the name change form (available online) to the Office of the University Registrar.

Proof of legal change to new name:

1. current, government-issued ID card such as a driver's license, military ID, passport
2. current, valid Social Security card with new name
3. federally recognized Indian tribe's enrollment card or a US Bureau of Indian Affairs identification card containing the new name, the signature and photograph of the individual
4. certified copy of a court order or a marriage certificate or a dissolution decree reflecting the new name in full

Source: http://registrar.missouri.edu/policies-procedures/name-changes.php

Diploma

Students participating in commencement ceremonies will receive a diploma tube containing a class composite, inserts provided by campus, and if all of your degree requirements have been confirmed by ceremony time, your diploma and three copies will also be enclosed. Following graduation, it is the student’s responsibility to contact the school to receive their diploma.

If your diploma becomes damaged or lost, you may request a duplicate by contacting the Office of the University Registrar, 125 Jesse Hall, 573-882-2227 or diploma@missouri.edu. There is a $60 fee for a duplicate diploma. If you changed your legal name and would like a reprinted diploma, legal documentation of the name change must accompany the request.

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. To ensure that the Committee functions are discharged in a consistent manner which is harmonious with the wishes of the faculty, the following Rules and Regulations are promulgated.

To maintain an appropriate balance between faculty authority/privilege and the rights of students to confidentiality, the faculty hereby delegates to the Committee its traditional authority/privilege pertaining to promotion, deceleration of curriculum, leaves of absence, extended duration of curriculum, and recommendation for termination of students, but retains to itself the approval for graduation of those students recommended by the Committee to the Dean and Faculty. To properly discharge the responsibilities and authority so delegated, it is deemed essential that the Committee be broadly representative of the Faculty closely involved in medical student teaching and that these faculty representatives be responsible for conveying appropriate information to other members of the Faculty. The Committee on Student Promotion is adjured to maintain in confidence those personal or family matters of students which come to their knowledge through the functioning of the Committee and to ensure that the minutes of their meetings which are distributed outside the Committee shall refer to such matters only in general terms. This adjuration to maintain confidentiality shall not be interpreted to mean the elimination of the legitimate academic record of any such medical student from such minutes or the withholding of appropriate information from the Faculty of the School of Medicine.

To safeguard the right of the student to a fair and unbiased evaluation and to ensure that the responsibility of the Faculty to the student and to the citizens of Missouri is properly safeguarded, the process by which any vote of the Committee to terminate a student 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 shall be made available to the ad hoc review committee. (Rev. July 1992)

Finally, it is the will of the Faculty that any abridgements of or amendments to these Rules and Regulations shall not be made without prior presentation to the Faculty Assembly in open meeting and approval by mail ballot thereafter.

I. Committee Functions

The Committee, acting under the authority delegated to it by the Faculty of the School of Medicine, shall be responsible for:

A. The recommendation of students for graduation and academic honors.

B. The review and approval of proposed remediation plans for students having academic difficulty.
C. The promotion or termination of students in the academic program.

D. The consideration of requests for leave of absence and curriculum deceleration.

E. The review of student performance on the National Board examinations.

II. Composition of the Committee

A. The CSP shall consist of 12 regular voting members and 3 alternates: 4 members and 1 alternate to be chosen by the Years 1 & 2 curriculum block directors, 4 members and 1 alternate to be chosen by Years 3 & 4 Clinical Clerkship Steering Committee, and 4 at large positions and 1 alternate elected from the School of Medicine Faculty. The alternate from each category will participate 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.

B. One-third of voting committee members will be selected or elected each year for a 3 year term, and they 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.

C. To implement provision B, following its adoption, all 12 members and the three alternates will be selected in a single year but with one-third of the voting members and 1 alternate having a one-year term, a two-year term, and a full term, respectively. Individuals who are serving on the committee prior to the adoption of this procedure will be eligible for one additional consecutive term.

D. A nonvoting Chair of the CSP shall separately be appointed by the Associate Dean for Student Programs for a single term of three years. Former Chairs may be reappointed after a lapse of at least one term. E. 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.

F. To provide for student representation at each meeting, the following procedure will be followed. One student from the M1 class will be appointed by the Dean of the School of Medicine each Fall semester to serve on the committee as a non-voting member. Student members will continue service through the 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. To fill the initially vacant positions when these rules first go into
effect, there will be a one-time selection of students from the M1, M2, and M3 classes, using the same nominating and selection procedure described in the previous sentence.

G. 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.

III. Procedures

A. A quorum shall be defined as two-thirds of the membership with voting rights.

B. A member of the Committee may not delegate his/her voting privilege to anyone except a designated alternate. No member of the Committee shall vote on an issue in which he/she has a personal conflict or interest.

C. Voting on recommendations for student dismissal shall be by secret ballot. A two-thirds majority of voting members present is required to pass all motions of dismissal. A simple majority of voting members present is required to pass all other motions.

D. The CSP shall meet in a timely fashion after each block and in no case longer than 10 weeks after the beginning of the following block. Additional meetings may be called by the Chair as needed.

E. The Chair shall distribute a written agenda for each regularly scheduled CSP meeting at least 3 business days prior to the meeting.

F. The Associate Dean for Student Programs shall be responsible for informing any student whose problems are scheduled to come before the Committee at least one week in advance. The Associate Dean will offer to meet with the student and will inform him or her of committee procedures, including the option of having up to two advisors also attend the meeting, so long as there is notification of the committee chair at least 24 hours in advance. The Associate Dean for Student Programs shall be responsible for informing the student by certified mail of any decision concerning him/her which is made by the Committee.

G. The Associate Dean for Student Programs shall be responsible for the production of minutes of all meetings of the Committee. Minutes are submitted only to the Chairman of the Committee and the official copy is retained in the Office of the Associate Dean for Student Programs. Committee members are provided viewing copies only for approval during meetings. Copies of the minutes are collected by the Associate Dean for Student Programs to maintain confidentiality.
H. The CSP is a closed committee. However, the Committee may invite block directors, clerkship directors, or any other faculty directly involved with the education of a student scheduled for discussion. The presence of such invitees must be approved by the Chair or a majority vote of the committee.

I. The Chair shall be granted full authority to allocate time limitations on discussions. These time limitations may, however, be overridden by a majority vote.

J. All information presented to the CSP, CSP deliberations, and CSP decisions are confidential, except as provided elsewhere in these regulations for review of committee decisions. All committee members and guests must sign a Code of Confidentiality agreement before attending a CSP meeting.

K. The committee shall establish a procedure to allow students appearing before the committee to request that some or all of the student members not be present during the time that the student is appearing before the committee.

L. Recommendations of the Committee shall be forwarded to the Dean for action.

M. A summary of all decisions will be presented by the Chair of the Committee to the assembled Faculty on two occasions, yearly; after the Fall semester, and after the Winter semester. The Chair shall report the number of students recommended for dismissal along with the ultimate action of the Dean of the School of Medicine. In these reports, no names of students will be included.

IV. 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 will evaluate 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.
A. Criteria for Promotion and Evaluation of Students

In general, the promotion from one grading period to the next is contingent upon the satisfactory completion of the courses of each grading period. It is the prerogative of the Committee on Student Promotion to permit a student who has not satisfactorily completed a course in a preceding grading period to continue. Each student will demonstrate proficiency in each required course.

The evaluation of student progress in courses is based on such examinations or other tests as are established by each department or course and on professional standards and clinical skills as deemed appropriate by the department or course.

The School of Medicine requires that its students demonstrate proficiency in a variety of cognitive, problem-solving, manual, communicative and interpersonal skills. Therefore, 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 to otherwise 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 to establish sensitive and professional relationships with them.

4. Students are expected to obtain a history and satisfactorily perform a physical examination and to communicate the 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 to be prepared to enter the practice of medicine as a life-long learner.

The School of Medicine insists that its students adhere to the following general principles of medical ethics. (These are modified from the American Medical Association's Principles of Medical Ethics, 1982, which are described there as "not laws, but standards of conduct which define the essentials of honorable behavior for the physician.")

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 patient.

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.
V. Grades

An assessment of academic performance takes into account the following four major components: a student's knowledge, skill, problem-solving abilities, and professionalism (including but not restricted to initiative, intellectual curiosity, interpersonal relations, respect for others, dependability, reliability, honesty, integrity, compassion, empathy, and moral values and ethical standards).

A student who is deficient in any one major component of his/her assessment cannot receive a satisfactory grade for the course.

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

First Year: Satisfactory (S); Unsatisfactory (U)

Second Year: Honors (H); Satisfactory (S); Unsatisfactory (U)

Third/Fourth Years: Honors (H); Letter of Commendation (LC); Satisfactory (S); Unsatisfactory (U)

Incomplete (I).

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 for good reason 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, proper notification of the grade to be assigned will be provided to the Registrar and the student.

WNG Withdrawal No Grade.

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 a Dean for Medical Education. When the WNG grade is awarded, the entire course must be repeated.
Reporting Final Course Grades:

Final course grades are due four weeks after completion of the course. If there are extenuating circumstances which preclude giving the final grade at this time, a Dean for Medical Education will be notified with an explanation of the extenuating circumstances. This extension of time should not be used to simply allow a student to rectify a poor grade to keep it off the permanent transcript. After satisfying the requirements to rectify an unsatisfactory grade, the new grade will be added to the transcript, but the previous grade will remain on the record.

VI. Student Promotion, Years 1 and 2

A. Requirement for Successful Completion of Course Work.

Students must successfully complete all preclinical course work prior to beginning the clinical curriculum. Completion of preclinical course work requires rectifying all unsatisfactory grades. Unsatisfactory grades must be rectified in a manner to be determined by the course faculty and approved by the CSP. All course requirements in the preclinical curriculum must be satisfied within 36 months of matriculation, excluding time on approved leaves of absence. The CSP may grant an extension in exceptional circumstances by approval of 2/3 of the voting members.

B. Referral to Committee on Student Promotions (CSP).

1. Student performance will be reviewed by the Committee on Student Promotion upon a student's receipt of an unsatisfactory grade in any course.

2. The CSP may also review a student for reasons other than a deficient grade such as a non-grade-related instance when concern is raised about the student's development as a physician.

C. Committee Deliberations.

The Committee will include in its deliberations all available information relating to student performance. The Associate Dean for Student Programs will report on the student’s past efforts to improve his or her performance and any evaluations that have been performed. The Associate Dean will then make 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 will occur elsewhere. The Committee will recommend one of four overall actions on the basis of this information:

1. Dismissal from school. The Dean of the School of Medicine has the ultimate responsibility for dismissal of students. All sections below
relating to dismissal apply to actions taken by the Committee for Student Promotion with respect to recommendations to the Dean.

2. Academic probation, with or without special provisions.

3. Special programs or provisions, without academic probation.

4. Proceed without probation or special programs/provisions.

D. Dismissal from School.

The Committee on Student Promotion (CSP) may recommend to the Dean dismissal from medical school for students whose academic performance and/or professional development is judged to be unacceptable.

1. The CSP must vote on sending a recommendation for dismissal to the Dean for any student who accumulates three $U$ grades during the preclinical curriculum.

2. A motion for recommended dismissal will be automatic when a student receives a $U$ grade while on probation.

3. A motion to recommend dismissal will be automatic when a student receives a $U$ grade in a course because of a deficiency in professionalism.

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

E. Academic Probation.

1. Criteria for placement on academic probation.
   a. 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.
   
   b. Probation is automatic under any of the following circumstances:
      
      i. Receipt of a second $U$ grade at any time during the first two years whether or not the $U$ grade has been resolved.
      
      ii. Receipt of a $U$ grade in a course because of a deficiency in professionalism.
      
      iii. Failure to pass STEP I of USMLE
2. Duration

The duration of academic probation will be determined by Committee on Student Promotions (CSP), and the first time will consist of a minimum of one block. Students placed on probation after the end of the last semester of preclinical course work will remain on probation until all unsatisfactory grades are rectified. If probation is due to failure of USMLE STEP I, students will remain on probation until successful completion of this examination.

3. Required Academic Performance

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

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

4. Intervention for the Student While on Academic Probation

Academic probation triggers intervention which should maximize the opportunity for the student to learn. The Committee on Student Promotion (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 that background information about the student sufficient and appropriate to form a valid judgment about the student's progress.

F. Comprehensive Exams

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

2. 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. The means of resolving a failure will
be determined on an individual basis by the Committee on Student Promotions (CSP).

3. Students will be 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.

4. 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.

5. Passage of Step I and Step II of the USMLE is a requirement for graduation from medical school.

VII. Student Promotions, Years 3 and 4

A. Requirements for Successful Completion of Course Work.

   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.

B. Referral to Committee on Student Promotion (CSP).

   1. Student performance will be reviewed by the Committee on Student Promotion upon a student's receipt of an unsatisfactory (U) grade in any course.

   2. The CSP may also review a student for reasons other than a deficient grade such as a non-grade-related instance when concern is raised about the student's development as a physician.
C. Committee on Student Promotion (CSP) Deliberations.
   The Committee will include in its deliberations all available information relating to student performance. The Associate Dean for Student Programs will report on the student’s past efforts to improve his or her performance and any evaluations that have been performed. The Associate Dean will then make 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 will occur elsewhere. The Committee will recommend one of four actions on the basis of this information:

   1. Dismissal from school. The Dean of the School of Medicine has the ultimate responsibility for dismissal of students. All sections below relating to dismissal apply to actions taken by the Committee for Student Promotion with respect to recommendations to the Dean.

   2. Academic probation with or without special provisions.

   3. Special programs or provisions, without academic probation.

   4. Proceed without probation or special programs/provisions.

D. Dismissal from School.

   1. For students in clinical training, the Committee for Student Promotion may at any time recommend to the Dean dismissal of a student whose academic performance is judged to be unacceptable.

   2. The CSP must consider the motion. “The student shall be dismissed from the School of Medicine," for any student who accumulates three U grades during the clinical curriculum.

   3. A motion to recommend dismissal must pass by two-thirds of the voting members present.

E. Academic Probation.

   1. Criteria for placement on academic probation.

      a. The Committee on Student Promotion (CSP) may place on academic probation any student whose academic performance and/or professional development is judged to be inadequate.

      b. The CSP must place on probation any student receiving a grade of “U” in a clinical course.
2. Duration.

The duration of academic probation during the clinical curriculum will be at the discretion of the CSP.


The CSP will delineate specific expectations for student performance while on probation. At the conclusion of the probationary period, the CSP will review the student's performance and take one of the following actions:

a. Remove from probation.

b. Continue probation.

c. Recommend dismissal from medical school. A motion for dismissal must pass by two-thirds of the voting members present.

4. Intervention for the student while on academic probation. The CSP may recommend interventions intended to facilitate student performance. Examples 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 that background information about the student sufficient and appropriate to form a valid judgment about the student's progress.

VIII. Regular Graduation

The Committee shall recommend medical students 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 shall be forwarded to the Faculty Assembly of the School of Medicine for approval. A student may not graduate with an unrectified U grade on his/her record.

IX. Non-calendar Graduation

The Committee may recommend non-calendar graduation of a student in the following circumstances:
A. The student shall have been recently enrolled as a student at least four years in a medical school setting, including time prior to or after admission to the University of Missouri-Columbia School of Medicine.

B. The student shall have no unrectified U grades on the medical school record.

C. The student shall present documentation of the prior experience which is to be used in lieu of free-time blocks in fulfilling the four-year requirement. The committee shall judge the experience as to its suitability.

The names of the students recommended for non-calendar graduation shall be forwarded to the Faculty Assembly of the School of Medicine for approval.

X. Graduation with Honors.

Graduation with honors is based upon academic achievement of the individual.

A. Each course in the second, third, and fourth years will be assigned an "Honor Points" value that is based upon the number of credit hours on record with the University of Missouri Registrar.

B. Students will accumulate points for the eligible courses in which they have earned Honors.

C. A student with 50 percent of the potential honor points for the preclinical and clinical courses taken at the University of Missouri-Columbia School of Medicine will be considered for graduation cum laude.

D. A student with 75 percent of the potential honor points for the preclinical and clinical courses taken at the University of Missouri-Columbia School of Medicine will be considered for graduation magna cum laude.

E. A student with 90 percent of the potential honor points for the preclinical and clinical courses taken at the University of Missouri-Columbia School of Medicine will be considered for graduation summa cum laude.

F. No student with more than one U grade on his record will be awarded academic honors.

G. Honors recommendation for clinical elective work done away from the University of Missouri-Columbia Hospital and Clinics will not be recognized nor added to the total honor points the student has accumulated.

H. No student convicted of academic dishonesty will be awarded academic honors.
I. Students admitted with advanced standing in the School of Medicine will be considered for graduating with honors based on a minimum of seventy (70) credit hours taken after admission to the University of Missouri-Columbia School of Medicine.

J. Upon petition, students admitted with advanced standing in the School of Medicine, as well as those who have achieved "advanced placement," will have pertinent prior course work reviewed for School of Medicine honors by a special subcommittee of the Committee on Student Promotion. It must be emphasized that the basis for awarding School of Medicine honors lies within the course work done while the student is at the University of Missouri-Columbia School of Medicine.

XI. Leave of Absence

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

B. Leave of absence will be considered by the Committee in the following circumstances.

   1. The student shall submit in writing a detailed explanation of his/her request.

   2. The Associate Dean for Student Programs shall determine that the student is currently in good standing and/or whether continuing satisfactory performance may be jeopardized by the considerations referred to above.

   3. The Committee or Committee Chair may request or require that the student appear in person, except where considerations referred to above make this impossible or undesirable.

C. Approval will be given only in those instances where such a leave is clearly in the best interest of the students.

D. The Committee may approve other absences when necessary on an individual basis by a simple majority of voting members present.

E. The Associate Dean for Student Programs may approve a leave of absence for compelling urgent reasons on an interim basis until the next CSP meeting.
XII. Extended Duration of Curriculum without Academic Deficiency

A. This term shall apply when a student extends the duration of his/her undergraduate medical training beyond the customary four years.

B. Extension of curriculum will be considered by the committee when:

1. Requested by a student in writing, including a detailed description of the student's plans and the rationale behind the request. Letters of support shall be obtained from those faculty members involved in the curriculum change.

2. The Dean of Medical Education documents that the student is in good standing and provides the committee with his/her academic records.

3. The student appears before the Committee in person to present his/her plans and answer questions.

C. 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.

D. It shall be 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 students 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, with the exception of the class treasurer, which shall be a four-year term. 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.
• Second 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 ensure 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

There are a number of active student organizations at MU School of Medicine. Student interest determines the level of activity of particular organizations, or the establishment of new ones. Student governance is through the Medical Student Affairs Council, which is a component of MU’s Graduate Professional Council.
• Alpha Omega Alpha Medical Honor Society (AOA)
• American Medical Association
• American Medical Student Association
• American Medical Women’s Association
• Association of Student Internists (ASI)
• Association of Women Surgeons
• Cardiovascular Medicine Interest Group
• Christian Medical Dental Association
• Dean's Advisory Council on Medical Student Research
• Dermatology Interest Group
• Emergency Medicine Interest Group
• Family Medicine Interest Group
• Geriatrics Interest Group
• Gold Humanism Honor Society (GHHS)
• Graduate-Professional Council
• Greatest Gift
• Hematology and Oncology Interest Group
• Humanism in Medicine
• Infectious Disease Interest Group
• Leadership and Management Development Group
• MedZou Health Clinic
• Mind Over Medicine
• Medicine-Pediatrics Interest Group
• Medical Student Affairs Council
• Medical Students on Volunteering Endeavors (MOVE)
• Military Medical Student Association
• Mizzou Med Pride
• Mizzou Med Student Ambassadors
• MU Jewish Medical Association
• Public Health Interest Group
• OB/Gyn & Women’s Health Interest Group
• Ophthalmology Interest Group
• Organization of Student Representatives
• Orthopedic Interest Group
• Otolaryngology Interest Group
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 Medical Education and the School of Medicine Office of Research and
Sponsored Programs. Questions should be addressed to the Associate Dean for Student Programs.

**Information Technology**

**Library**
The computer facilities of the J. Otto Lottes Health Sciences Library are available to anyone with an
active UM system computer login ID. The Health Sciences Library has 20 PC’s (computer lab), 6 iMac’s,
53 general use computers, 1 flatbed scanner and 5 networked printers available. A wide variety of online
materials are available through the HSL Computing Labs and Health Sciences Library web sites.

**Patient-Based Learning (PBL) Rooms**
Each PBL room has a fully networked computer, wireless keyboard/mice and 70-inch display. A
networked printer is available in both the M1 and M2 lab areas.

**Student Lounge**
The M3/M4 student lounge has seven workstations and one networked printer available. Student lounges
with work stations are available at both CoxHealth and Mercy Hospital. Locations will be identified
during orientation. The Springfield clinical campus also has wireless capability with student Print Smart
capability.
Wireless Access
Wireless network access is available throughout the Health Sciences complex. Coverage includes the following locations: School of Medicine, Health Sciences Library and School of Nursing. All PBL labs, student lounge and lecture halls have wireless coverage as well.

Available Networks:
- TigerWiFi – Campus wide wireless network
- UMHWirelessII - Allows access to Hospital specific resources
- Students have wireless access at CoxHealth and Mercy Hospitals in Springfield

Personal Computer

2018 School of Medicine Laptop Purchasing Information: Recommended laptop computer: If you plan to purchase a laptop or you already own a laptop, it should meet the following specifications:

<table>
<thead>
<tr>
<th></th>
<th>PURCHASING A LAPTOP</th>
<th>ALREADY OWN A LAPTOP</th>
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<tbody>
<tr>
<td>Processor</td>
<td>Intel i5</td>
<td>i5</td>
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<tr>
<td>Memory</td>
<td>8GB</td>
<td>8GB</td>
</tr>
<tr>
<td>Hard Drive</td>
<td>256GB SSD</td>
<td>500GB or 256 SSD</td>
</tr>
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<td>Optical Drive</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td>Display</td>
<td>HD/4K/Retina</td>
<td>SXGA, WXGA, WSXGA or WUXGA</td>
</tr>
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<td>Network Cards</td>
<td>100/1000 Ethernet (optional)</td>
<td>10/100 BASE-T Ethernet (optional)</td>
</tr>
<tr>
<td></td>
<td>Wireless 802.11 g/n/ac</td>
<td>Wireless 802.11 b/g/n/ac</td>
</tr>
<tr>
<td>Warranty</td>
<td>3– year or 4–year</td>
<td>3– year or 4–year</td>
</tr>
<tr>
<td>Operating System</td>
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<td>Windows 10 or Mac OS X 10.13</td>
</tr>
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</table>

To help ensure reliability, ease of support and the highest quality educational experience, the School of Medicine strongly recommends one of the following specific laptop models:
- Dell Latitude E5490
- Dell Latitude E5590
- Dell Latitude E7390
- Dell Latitude E7490
- Apple MacBook
- Apple MacBook Pro
Recommended Software & Hardware

- Avast Antivirus
  - FREE and paid versions acceptable
- Microsoft Office
  - Current Version
- MU-ready Software
  - Microsoft Security Essentials, Print Anywhere, Cisco VPN, Secure CRT, Secure FX
- Stedman’s Plus Spellchecker
- USB Flash Drive
- Box account - http://doit.missouri.edu/hosting/box.html

DoIT Software Distribution Site: https://myservices.missouri.edu/login.aspx

Support

For computer assistance, the following resources are available:

MU Health Academic – Atlas Team

PBL Labs, Student Lounge and 2nd tier Personal Computer support

- E-mail: atlas@health.missouri.edu
- Phone: (573) 882-9293

Additional resources

- DoIT HelpDesk: (573) 882-5000
- TigerTech: (573) 882-2131
- Hospital HelpDesk: (573) 884-HELP (4-4357 from campus phone) – Clinical applications
- Springfield: All above resources are available at Springfield Clinical campus as well as local IT support

Email and usage Policies

Please see pages 31.
## Important Contacts

### Medical Education

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Medical Education: Columbia Campus

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<tbody>
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<td>Phone Number</td>
<td>Email Address</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
<td>--------------------------------------</td>
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</tr>
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**SOM- Technology Support**

<table>
<thead>
<tr>
<th>Name</th>
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<th>Email Address</th>
</tr>
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<tbody>
<tr>
<td>Shannon Granger</td>
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### Medical Education: Springfield Clinical Campus

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Nancy Clapper</td>
<td>(417) 720-7168</td>
<td><a href="mailto:clappern@health.missouri.edu">clappern@health.missouri.edu</a></td>
</tr>
<tr>
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</tr>
<tr>
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<td><a href="mailto:clairb@health.missouri.edu">clairb@health.missouri.edu</a></td>
</tr>
<tr>
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</tr>
<tr>
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<td><a href="mailto:risbyk@health.missouri.edu">risbyk@health.missouri.edu</a></td>
</tr>
<tr>
<td>Beth Perkins</td>
<td>(417) 425-5469</td>
<td><a href="mailto:Perkinsbet@health.missouri.edu">Perkinsbet@health.missouri.edu</a></td>
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</tbody>
</table>

### MU Area Health Education Center (AHEC)

<table>
<thead>
<tr>
<th>Name</th>
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<th>Email</th>
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<tbody>
<tr>
<td>Allison Fuemmeler</td>
<td>(573) 884-3566</td>
<td><a href="mailto:fuemmeleran@health.missouri.edu">fuemmeleran@health.missouri.edu</a></td>
</tr>
<tr>
<td>Sheila Marushak</td>
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<td><a href="mailto:marushaks@health.missouri.edu">marushaks@health.missouri.edu</a></td>
</tr>
<tr>
<td>Jana Porter</td>
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<td><a href="mailto:porterj@health.missouri.edu">porterj@health.missouri.edu</a></td>
</tr>
<tr>
<td>Kelly Risby (Springfield)</td>
<td>(417) 720-7140</td>
<td><a href="mailto:risbyk@health.missouri.edu">risbyk@health.missouri.edu</a></td>
</tr>
<tr>
<td>Jessica Schuster</td>
<td>(573) 884-7370</td>
<td><a href="mailto:schusterj@health.missouri.edu">schusterj@health.missouri.edu</a></td>
</tr>
<tr>
<td>Victoria McGhee</td>
<td>(573) 882-4109</td>
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### Russell D. and Mary B. Shelden Clinical Simulation Center

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Dena Higbee</td>
<td>(573) 884-8490</td>
<td><a href="mailto:higbeed@health.missouri.edu">higbeed@health.missouri.edu</a></td>
</tr>
<tr>
<td>Jason Snyder</td>
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<tr>
<td>Marie Knoop</td>
<td>(573) 884-8472</td>
<td><a href="mailto:knoopm@health.missouri.edu">knoopm@health.missouri.edu</a></td>
</tr>
<tr>
<td>Jane Mandel</td>
<td>(573) 882-9610</td>
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</tr>
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</tr>
</tbody>
</table>
## Educational Leaders

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

## Office of the Dean

<table>
<thead>
<tr>
<th>Position</th>
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<th>Phone Number</th>
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