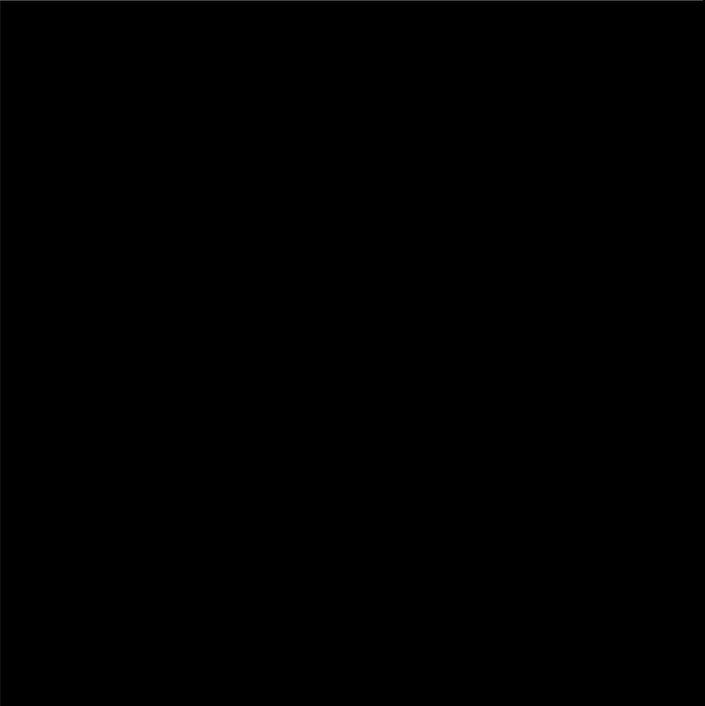


School of Medicine

University of Missouri Health System

Student Handbook

Revised June, 2016



Any revisions to this handbook must be approved by the Associate Dean for Student Programs and Professional Development, Offices of Medical Education, MA215 Medical Sciences Building (573-882-2923)

Welcome to the University of Missouri School of Medicine Student Handbook.

The policies and resources described in the handbook will be very useful to you throughout your time at MU School of Medicine. It is your responsibility to familiarize yourself with them.

All students should read the whole handbook at least once.

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

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

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

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

SECTION FIVE describes the third and fourth years of medical school.

SECTION SIX outlines our graduation requirements, and some of the other details of your fourth year.

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

SECTION EIGHT includes resources that some students may need.

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

The Student Handbook is revised each year. If you have suggestions about the Handbook, please contact Carrie Nicholson at nicholsonc@health.missouri.edu

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SECTION ONE – Introduction to the School

Our Education Mission, Vision and Values

The Mission and Vision Statements of the University of Missouri School of Medicine

Our Foundation Values

Our Educational Goals

Our Critical Success Factors (Key Characteristics)

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

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Our Education Mission, Vision and Values

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

The Mission 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.

Specific to education:

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

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 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 an excellence that is achieved through diligent effort, both individual and collective. Pursuing excellence means being satisfied with no less than the highest goals we can envision.

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, health care 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.

Below are the Key Characteristics we expect our students and residents will acquire.

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

Able to deliver effective patient-centered care: Our graduates are able to deliver care that improves the health of individuals and communities. 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-maleficence, 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 health care.

Able to collaborate with patients and other members of health care 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 - Columbia are not different from requirements of any practicing physician at University Hospital and Clinics, 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.

The requirements for professional attitudes and standards of conduct expected of all medical students are outlined in the "Rules and Regulations of the Committee on Student Promotion". The full bylaws of the School of Medicine can be found at <http://medicine.missouri.edu/faculty/bylaws.html>. 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 health care 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 Professional Development, and other leaders in the Office of Medical Education 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 the OME from students, staff, faculty members or by other means, will be noted and monitored by the Dean of Student Programs and Professional Development. 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 and Professional Development 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 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 cases, learning objectives, lecture files and other curricular materials must not be shared outside of the 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).

Truth in research

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

These guidelines provide for reporting 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/collected_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 and the Ellis Fischel Care Center 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 Offices of Medical Education (OsME) are committed to providing a positive work and learning environment where all are treated fairly and with respect, regardless of their status. 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. Below is the incident reporting process for staff:

1. The staff member should report the incident in writing to their supervisor.
2. Subsequently, the Associate Dean for Student Programs and Professional Development will be notified of the incident by the supervisor.
3. The Associate Dean for Student Programs and Professional Development will meet with the staff member about the reported incident.
4. The Associate Dean for Student Programs and Professional Development will meet with the medical student(s) for investigation about the reported incident.
5. The Associate Dean for Student Programs and Professional Development will follow up with the staff member and/or supervisor, as appropriate.
6. Appropriate documentation will be maintained. The Associate Dean for Student Programs and Professional Development 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.

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 life-long learning.”

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

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

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.

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 address: http://www.umsystem.edu/ums/rules/collected_rules/grievance/ch390/grievance_390.010.

The University's formal policy on maintaining a positive work and learning environment can be found at: http://www.umsystem.edu/ums/hr/handbook/positive_work_and_learning_environment.

It is the university's special responsibility to provide a positive climate in which students can learn. The University expects that the School of Medicine will provide educational programs and otherwise direct resources to creative and serious measures designed to improve interpersonal relationships, to help develop healthy attitudes toward different kinds of people, and to foster a climate in which students are treated as individuals rather than as members of a particular category of people. The university specifically prohibits consensual amorous relationships between individuals where one has direct supervisory or evaluative responsibility for the other (as between, for example, faculty member and student). The university's policy in this regard can be found at the following address: <http://www.umsystem.edu/ums/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, 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 are: 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, removal of privileges); 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 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 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 towards all students in the health professions. Medical students will, of course, undertake much of their education in working hospitals and clinics. Many health care systems, including the University of Missouri Health Care (UMHC), have policies concerning staff and physician “disruptive behavior” that are directed at supporting an environment where all individuals are treated with respect, courtesy and dignity.

Whom 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.

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

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 and Professional Development, whose role specifically includes student advocacy and who is available to all enrolled MU medical students.

Associate Dean for Student Programs and Professional Development is Rachel Brown, MD

Office of Medical Education (MA215)

Telephone: 573-882-2923

Email: brownrac@health.missouri.edu

Students may choose to resolve a problem informally, either directly with another individual or group of individuals (faculty, staff, residents or other students) and/or after involving school or university administration. The Associate Dean for Student Programs and Professional Development

is available within the School of Medicine to assist in such an informal resolution. Other faculty, staff and students may also be very helpful in the informal resolution of issues. Hospital ‘disruptive behavior’ policies and procedures may also be supportive. MU Office for Civil Rights and Title IX is the university resource for informal inquiry and mediation. The circumstances of a particular case will determine the specific outcome.

Formal Procedures

At the recommendation of the students, MU SOM implemented a new electronic reporting system in June 2015, accessed through each student’s home page in the Student Portfolio.

Go to Tools > Reporting > Mistreatment Reporting > Click New

Student Portfolio

Mizzou Med ▾ Tools Reflection ▾ Course ▾

My Performance Evaluations My Enrollment Academic Resources **Reporting** Exam Re-Evaluation My Profile

Reporting

Mistreatment Reporting

Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner. (AAMC GQ)

At MU School of Medicine it is important that we have a respectful learning environment. If you have experienced or witnessed an incident of mistreatment, we encourage you to use the different reporting avenues available to you. If you choose not to report an incident through your portfolio, here are additional options:

- The University of Missouri Health System Bias Reporting Hotline
<http://www.muhealth.ethicspoint.com>
- The University of Missouri bias reporting site
<http://equity.missouri.edu/bias-reporting>
- The Patient Safety Network
https://apps.muhealth.org/psn_public/

You will have the option of deciding whether your report is de-identified or not when it is shared with the Associate Dean for Student Programs and the Committee for Respect and Equity in the Learning Environment. Wherever possible, the student's request for de-identification will be respected; however, in certain circumstances (e.g. Title IX requirements, criminal offenses etc.), the School may not be able to honor a student's request. [Click here to read the entire reporting process.](#)

+ New

Date entered	Setting	Status	Action
N/A	N/A	N/A	N/A

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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 (telephone 882-3880). Their website can be

accessed at <http://missouri.edu/civil-rights-title-ix/>.

- 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 utilized 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 and Professional Development.
- The Bias Reporting Hotline is a new 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 accessed online (<https://secure.ethicspoint.com/domain/media/en/gui/40803/index.html>) or by calling a live operator (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 and Professional Development (MA215: telephone 573-882-2923).

Formal complaints about faculty, residents and staff are made through University procedures utilizing the formal grievance procedure at the address above. Local hospital and health system Human Resource departments and physician Chiefs of Staff at particular sites may also need to be involved.

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 Office of Medical Education, in order that an alternative assignment may be made, or action taken that ensures the health care provider concerned is not involved in the assessment or promotion of the student with whom a care relationship has been established. Faculty, residents, students or other health professionals who have questions about this policy are requested to contact Rachel Brown MD, Associate Dean for Student Programs and Professional Development (brownrac@health.missouri.edu; MA215, (573) 882-2923).

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

Student Portfolio

Mizzou Med ▾ Tools Reflection ▾ Course ▾

My Performance Evaluations My Enrollment Academic Resources **Reporting** Exam Re-Evaluation My Profile

Reporting

Mistreatment Reporting Conflict Reporting

MUSOM policy states that any health professional who currently provides health services of any kind to a University of Missouri School of Medicine medical student must have NO involvement in the current or subsequent academic assessment or promotion of the medical student who received or is receiving those services.

It is the responsibility of all concerned to call attention to a potential conflict. It is NOT necessary to disclose the nature of the relationship.

Once a conflict is identified, the educational program will make every attempt to manage the conflict and still provide the equivalent educational learning experience.

Each student completes this form yearly. If you have additional conflicts to report between the annual report, please report any future conflicts that come up during the year by contacting Dr. Hoffman as soon as possible.

You can fill out the [Conflict of Interest Report](#) and bring to the Office of Medical Education.

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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.

The faculty in the School of Medicine embraces MU's commitment to diversity and we recognize the special role of the medical school in the development of a physician workforce prepared to serve an increasingly diverse state and national populace. It is both our responsibility and in our institutional self-interest to recruit and retain faculty, staff, and students to our medical community who reflect and understand the larger community that we serve. 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

(and continue to pay attention to while you are enrolled)

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

Other Requirements of all Enrolled Students

Health Insurance

Medical History

Immunizations

Orientation to Infection Prevention

School Policy on HIV

Basic Cardiac Life Support Training

Code of Conduct Certification

How does the School of Medicine Communicate With Students?

Requirements for Attendance

Springfield Clinical Campus

Requirements for Evaluation

Work Hours

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

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

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 health care 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. Information about disability coverage may be obtained in the Office of Medical Education.

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 may be obtained through the Student Health Center on the campus, (573) 882-7481. Students who do not complete immunization requirements will not be allowed to enter patient areas.

Polio

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

Tetanus/diphtheria (Td/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

Annual influenza immunization each fall is required.

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 may be substituted. Annual TST testing must be performed each year during medical school.

Students with a documented history of TB disease, documented previous positive test result for *M. tuberculosis* infection, or documented completion of treatment for LTBI or TB disease must provide appropriate 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. Students not able to provide 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 Clinic (882-7481) to schedule their immunizations 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 antibody 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 postvaccination 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 present, student will require a booster.

Orientation to Infection Protection

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

Students should call Work Injury Services M-F 07.30 am to 4.00 pm immediately following blood/body fluid exposure which may lead to transmission of bloodborne pathogens and infection. After these hours, the student calls the hospital operator and asks for the House Manager to notify them of the exposure. If deemed high risk, infectious disease service will be consulted.

Prophylaxis must be given rapidly to achieve maximum protection. Students are expected to take responsibility for protecting their patients and co-workers if they become ill. Information is available from the departments or by calling Infection Control. Information about Infection Protection for students on away rotations should be a component of orientation to each away rotation. Students should clarify procedures at the time of orientation and prior to entering patient areas at any institution. Questions may be directed to Rachel Brown MD, Associate Dean for Student Programs and Professional Development (MA215, 573-882-2923).

Exposure to Bodily Fluids

Information on Infection Control is provided as part of required orientations in Years 1, 2 and 3. 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. Below are the procedures for students at University of Missouri Health Care (MUHC) and the Harry S. Truman Memorial Veteran's Hospital.

- 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 M-F 07:30 am to 4.00 pm. After these hours or during University recognized holidays, the student calls the hospital operator and asks 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 (7:30 AM – 4 PM, M – F), 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 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 Rachel Brown MD, Associate Dean for Student Programs and Professional Development (MA215, 573-882-2923).

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 Student Health, the student's own physician, or other health care 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 health care setting. Work Injury at MUHC will not provide care for students with injuries apart from those related to bodily fluid exposure as described above.

Human Immunodeficiency Virus (HIV)

The School of Medicine has a policy concerning students infected with HIV. Further information regarding that policy can be obtained from the Office of Medical Education.

Basic Cardiac Life Support (BCLS)

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

Background Check

The School of Medicine requires that students undergo a criminal background evaluation prior to matriculation.

Drug Screening

Satisfactory completion of a drug screening by the designated testing facility is required for enrollment (see Appendix for necessary forms).

Code of Conduct certification

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

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. You are responsible for checking your Student Portfolio home page and mailbox **twice a week**, and for making sure your email inbox is not full.

Student Portfolio

Many informative notices from the Office of Medical Education and faculty are posted on your Student Portfolio. You are expected to check your Student Portfolio a minimum of **twice per week** for official communications from the Dean's Office and from departments. Failure to do so is not an acceptable excuse for missing important notices, deadlines, etc.

Blackboard

Course content, lectures, assignments, dates of required activities, etc. are posted on Blackboard, and may be changed at short notice. Please check Blackboard regularly to ensure that you are up to date with the most recent schedule. You will not receive an excused absence if you miss an activity that was posted accurately on Blackboard, but not posted accurately on a calendar prepared by classmates or peers.

Bulletin

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

E-mail

Students are provided with a computer account including e-mail. Many informative notices from the Office of Medical Education and faculty are sent by e-mail. It is the student's responsibility to check his/her e-mail. Failure to do so is not an acceptable excuse for missing important notices, deadlines, etc.

The University considers e-mail to your MU e-mail account to be the official method of communication.

You are responsible for checking your e-mail on a regular basis. *Do not let your inbox fill to capacity.* You risk missing important information because messages are bounced back to sender when your inbox is full. During your **M3 and M4 years you are required to check your email daily.**

Mailboxes

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

Students are asked to have all personal mail (this includes any medical journals to which you may subscribe) delivered to their homes or permanent mailboxes and not to their school mailboxes. The hospital mailroom is not a substation of the US Postal Service and cannot function as one.

Unauthorized use of WATS (Long Distance Phone Service)

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

Student Town Hall Meetings

Student Town Hall meetings are conducted as needed throughout the school year. All students 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. For more information on the upcoming meetings, contact Carrie Nicholson, nicholsonc@health.missouri.edu.

Requirements for Attendance

Regular Attendance

Introduction

This absence policy applies to all medical students on all placements for which they receive MU School of Medicine academic credit including rotations taken at the Springfield clinical campus, off-site, on the Rural Track and electives.

Medical school is a full time commitment. Students are expected to meet a high level of professional standards, and absences are expected only in unusual and specific situations.

The School of Medicine supports student involvement in extra-curricular activities and a wide variety of ‘non-formal’ learning experiences, including research, student leadership activities, clinical experiences that are additional to those that are required, participation in school and university committees and volunteer activities, including MedZou. However, students should be aware that required curricular activities/formal learning experiences always take precedence over non-formal learning experiences.

The process for requesting excuses, and the circumstances in which a request for an excused

absence may be approved, are detailed below.

Students with questions are encouraged to discuss their individual circumstances with the Associate Dean for Student Programs and Professional Development Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882 2923.

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. Absences, even if excused, in excess of the limits specified will result in a requirement that the student either repeat or remediate the course, and may result in an ‘Unsatisfactory’ evaluation on the professionalism component of the final evaluation, and therefore in an automatic ‘Unsatisfactory’ final grade. Students who miss scheduled examinations without an excused absence will receive an Unsatisfactory grade.

M1 and M2 student attendance requirements include, but are not limited to: Patient-Based Learning small group sessions, Introduction to Patient Care small group sessions, attendance at ACE (Ambulatory Care Experience), APD (Advanced Physical Diagnosis, and Standardized Patient Encounters, all laboratory sessions, all scheduled examinations and other sessions as required by faculty. Note that attendance is **required for the group or session to which the student is assigned**. An excused absence must be obtained before a student can request that the course director assigns them to another group or session. ‘Switching’ sessions, groups or assignments directly with another student is not permitted. Excused absences may be granted for a maximum of five days over the course of an eight week block.

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, including the Patient Centered Objective Structured Clinical Examination (PCC-OSCE) which is scheduled toward the end of the M3 year. It is the responsibility of the student

to review each course's attendance and absence policy detail at the beginning of the block. Students who are off-site are responsible for contacting the clerkship director's office just as if they were on site. If a student knows of an anticipated absence before the course begins (e.g. for a wedding or conference presentation), s/he should discuss the request with the clerkship director at least two weeks prior to the beginning of the course. 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 may be approved up to the maximum number of days per block that is specified above. The School is not obliged to approve any request for an excused absence except those for health reasons. Non urgent requests that are submitted without adequate lead time are not likely to be approved.

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 health care provider of the need for the absence.

For religious observance

Excused absences may be approved for religious holidays and to allow 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. Such requests may or may not be approved. Examples of situations in which absences are likely to be excused include: 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. Absences are not likely to be excused for vacations, including family vacations, illness or death of someone who is not an immediate family member, college reunions, parties and attendance at other events involving family or friends. The clerkship director's review of these requests will be considered in the context of the clerkship's requirements and scheduling needs.

For professional meetings

Students in good academic standing may request excused absences to attend professional meetings. See below for the definition of good academic standing. Such requests may or may not be excused. Examples in which absences are more likely to be excused include: presentation of a project or poster at a professional meeting, appearance to receive an award or accolade and official representation of MU SOM at a professional meeting. Absences are not likely to be excused for a meeting that a student wishes to attend for networking purposes or to learn more about a particular specialty or field. Excused absences must be obtained for any meeting where the student's travel and attendance is supported financially by the School, whether or not the student is missing required curriculum.

How to request an excused absence

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 must do the following unless they are requesting an absence from COMPASS (see below for the COMPASS process):

- Complete the required form (obtainable in the OME from the M1/M2 student coordinator, the COMPASS coordinator or online on Blackboard under Med Ed Information). The form must be completed at least two weeks in advance of the anticipated absence.
- Obtain the signature of the Associate Dean for Student Programs and Professional Development FIRST.
- Notify and obtain the signature of the faculty and director of each curricular component (PBL, IPC, Anatomy, ACE, COMPASS etc.) impacted by their absence.
- Present the completed absence request form to the Office of Medical Education for review 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. 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 regarding a requested absence to the Associate Dean for Student Programs and Professional Development within 48 hours of the date of the decision. This appeal will be reviewed by the Clinical Curriculum Steering Committee at their next regularly scheduled meeting. Students who wish to request an excused absence for a scheduled event must do the following unless they are requesting an absence from COMPASS (see below for the COMPASS process).

- Complete the required form (obtainable in the OME from the M3/M4 student coordinator, the clerkship coordinator, the COMPASS coordinator or online on Blackboard under Med Ed Information) as soon as possible and, in all cases, no later than two weeks prior to the start date of the rotation or course in which the absence will occur. Initial approval is at the discretion of the director of the clerkship or course.
- Obtain the signature of the course/clerkship director of the curricular component FIRST.
- Present the completed absence request form to the Office of Medical Education for final approval by the Associate Dean for Student Programs and Professional Development.

Initial approval of absences from COMPASS is at the discretion of the director of COMPASS. Final approval is at the discretion of the Associate Dean for Student Programs. Students in any class who wish to request an excused absence from COMPASS must do the following:

- Complete the required form (obtainable in the OME from the M1/M2 student coordinator, the M3/M4 student coordinator, the COMPASS coordinator or online on Blackboard under Med Ed Information) as soon as possible and, in all cases, no later than two weeks prior to the date of the anticipated absence.
- Return the form to the COMPASS coordinator in the OME (Carrie Nicholson nicholsonc@health.missouri.edu (573) 884-2472 who will forward the form for signature to the faculty director of COMPASS and then to the Associate Dean for Student Programs and Professional Development.

Absences for unscheduled events

Students in any class who wish to request an excused absence for an unscheduled event (e.g. health related, personal or other urgent/emergent situation) must do the following:

- M3/M4 students should call or email the clerkship/elective office as soon as reasonably possible at the time of the event. Messages may be left on the clerkship/elective office number after hours. Students who will miss COMPASS should also call the OME. If a call to the clerkship/elective office is not possible or in a very urgent situation, a single call to an OME Dean will be sufficient. Messages may be left on the OME phone line (573-882-2923) after hours.
- M1/M2 students should call or email the Office of Medical Education as soon as reasonably possible at the time of the event. In emergency, a single call to an OME Dean will be sufficient. After hours, messages may be left on the OME main number (573) 882-2923. OME personnel will notify those individuals, including COMPASS faculty, who need to know of the absence.
- All students who are absent for an unscheduled event must complete the required form (obtainable in the OME from the M1/M2 student coordinator, the M3/M4 coordinator, the clerkship coordinator, the COMPASS coordinator or online on Blackboard under Med Ed Information). The form must be completed within one week of return to school. Failure to do so will result in an unexcused absence being recorded.
 - M1/M2 students must obtain the signature of the Associate Dean for Student Programs and Professional Development FIRST, and then signatures from faculty in all components missed, including COMPASS.
 - M3/M4 students must obtain the signature of the clerkship/elective director and/or COMPASS director FIRST, and then the signature of the Associate Dean for Student Programs and Professional Development.

Final approval of excused absences for unscheduled events is at the discretion of the Associate Dean for Student Programs and Professional Development.

Copies of each absence request form for all four years will be maintained in the Office of Medical Education for review and filing.

Unexcused absences

In no circumstance is an unexcused absence acceptable. Unexcused absences are considered in the School's evaluation of a student's development as a medical professional. The specific consequences of an unexcused absence will be determined by the course/block director and by the Office of Medical Education. Unexcused absences will be considered in the final block, clerkship or elective evaluation and may be reported to the Committee on Student Promotions and may be noted in a student's permanent academic record. The permanent academic record is utilized in the preparation of the Medical Student Performance Evaluation (MSPE) (see Section Six of this Handbook). Unexcused absences may result in required remediation, failure of the course or clerkship and/or dismissal from school. In all circumstances, remediation takes precedence over other student organized activities.

Definition of good academic standing mean?

A student in good academic standing is not on probation, has not faced a vote for dismissal by the Committee on Student Promotions and has not been brought to the attention of the Committee on Student Promotions for professionalism issues.

Exceptions may be made to the stipulation that a student not be on academic probation in individual cases, if attendance at a meeting, an away elective, or another event is considered to otherwise be in the best interests of a student's professional development. Academic probation does mean that a student has had to struggle to meet medical school requirements and may be ill-advised to consider taking time away from the curriculum. Students on academic probation who are considering a request to travel to a professional meeting, an away elective or other event are encouraged to discuss the request as early as possible with the Associate Dean for Student Programs and Professional Development, Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882-2923.

An absence will not be excused for a student to attend a professional meeting at which the student is

presenting or represents the University of Missouri School of Medicine if that student has faced a mandatory vote for dismissal by the Committee on Student Promotions, or has been brought to the attention of the Committee, within the 90 days immediately prior to the professional meeting. Exceptions to this stipulation will be considered if the absence is deemed by both the Office of Medical Education (OME) Deans and the student's Block Director (years one and two) or Clerkship Director (years three and four) not to be likely to interfere with the student's academic progression.

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 and Professional Development, Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882-2923, may grant an extended leave of absence for up to one year. The student may be required to provide documentation of the need for absence from a health care provider. The Associate Dean for Student Programs and Professional Development may choose to refer a particular student issue for consideration by the Committee on Student Promotions. If a student wishes to request an extension to such a leave beyond one calendar year, the request must be approved by the Committee on Student Promotions (CSP).

The CSP must approve all other requests for extended leaves of absence from the curriculum prior to the leave commencing (see CSP description Section Nine of this Handbook). In urgent situations, the Associate Dean for Student Programs may grant the student's request until the next CSP meeting. If a student wishes to make such a request, they should contact the Associate Dean for Student Programs and Professional Development, Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882-2923. Commonly approved requests include requests to complete research or other fellowships, including the MU School of Medicine Post Sophomore Fellowship in Pathology and childbirth or child care related leaves.

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

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](#) (Cheri Marks MA213, Telephone (573) 882-2921, E-mail marksc@health.missouri.edu) 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 and Professional Development (Rachel Brown MD, MA215, telephone (573) 882-2923, browrac@health.missouri.edu). During the M1/M2 examination week students granted an absence will not be permitted to attempt subsequent exams during exam.

In rare and compelling circumstances, students may make a request for a change or deferral of the examination schedule for remediation. Remediation is expected to take precedence over student scheduled activities, or personal commitments. To request a change of schedule for a remediation examination, the student should contact the Associate Dean for Curriculum and Assessment (Dr. Kimberly Hoffman, MA215, telephone (573) 882-2923, email hoffmank@health.missouri.edu). Requests will have identifying information removed and will then be considered by a faculty committee.

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.

- 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. Compelling reasons include serious personal illness,

family illness or other emergency. Physician documentation of health problems may be required.

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 and Professional Development, Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882-2923. If the Associate Dean for Student Programs and Professional Development 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 Associate Dean for Student Programs and Professional Development 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.

Individual study plans

In some circumstances, students are enrolled in individualized courses 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 and Professional Development, Rachel Brown MD, MA215, brownrac@health.missouri.edu (573) 882-2923

Are classes ever cancelled for bad weather?

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); however, students should attempt to reschedule a clinic with their preceptor if possible.

M3 and M4 students on clinical blocks should check with the clerkship director, 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.

Springfield Clinical Campus

In AY 2016 and 2017, a small number of students will be assigned to the clinical campus in Springfield for their M3 and M4 years. Student assignments will be determined according to who volunteers to go to either Springfield or remain in Columbia. Assignments will be made from the entering class of 2016 in spring 2017 for AY 2018/19. In the event that there are insufficient numbers of volunteers for either site student assignment will be determined by lottery. All student names in each class will be entered in the lottery and excused only made from the assignment for compelling health/personal reasons.

Requirements for Evaluation

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

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

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

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

End-of-Block Feedback Requirement

At the end of each block or clerkship, you will be required to provide comments on the quality of educational experiences that occurred. Thoughtful comments from our students provide the data needed to continuously enhance the curriculum. 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. Student contribution to the continuous improvement of the curriculum is a medical school requirement and a critical element in our efforts to provide quality learning experiences. To fulfill this medical school requirement, you must log into the evaluation system and provide comments for the specified topics. At the end of each block or rotation, a report is generated indicating those students who have not completed their end-of-block evaluations. Students who do not fulfill this medical school requirement will not have grades posted to their portfolio. Students enrolled in clerkships who do not fulfill this medical school requirement will not be permitted to attempt the end-of-block evaluation.

Students enrolled in COMPASS are expected to complete an end of year evaluation of the course and their faculty guides. Timely completion is mandatory and failure to do so will be considered when determining a final grade.

Students in 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, respect for others, dependability, reliability, honesty, integrity, compassion, empathy, moral values and ethical standards). A student who is deficient in any one major component cannot receive a satisfactory grade for the course.

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

First year

- Satisfactory (S)
- Unsatisfactory (U)

Second year

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

Third and fourth years

- Honors (HN)
- Letters of Commendation (LC)
- Satisfactory (S)
- Unsatisfactory (U)

I – Incomplete

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

W – Withdrawal

This grade signifies withdrawal from a course or clinical block no later than two weeks before the last scheduled day of classes with the approval of the course director and the Associate Dean for Curriculum and Assessment. When the “W” grade is awarded for a required course, the entire course must be repeated.

Change in grade 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 (2) weeks from the time grades are received in the Office of Medical Education to submit questions or concerns about either grades. In cases where there is unresolved disagreement between the student and faculty about grades or narrative comments, the student has the right to add to his/her academic file a letter of explanation.

Curriculum Changes

The University of Missouri School of Medicine reserves the right to modify the medical school curriculum and educational requirements at any time the medical school faculty or administration determines the change is in the best interest of the School of Medicine.

Curriculum Overview

For an overview of the MU School of Medicine curriculum please go to <http://catalog.missouri.edu/schoolofmedicine/#text>. 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. Any student wishing to graduate with the MD degree must be recommended to the faculty by the Committee on Student Promotion. Graduation must be approved by faculty vote.

SECTION THREE - YOUR FIRST AND SECOND YEARS

Our Curriculum

Evaluation in the First and Second Years

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

Our Curriculum

The curriculum at the University of Missouri School of Medicine emphasizes clinical reasoning, self-directed learning, collaborative learning and early clinical experiences. It integrates the basic sciences and clinical reasoning. In years 1 and 2, 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 scheduled between 8am-5pm 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 9-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 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.

ACE (Ambulatory Clinical Experience) is required two blocks (two out of three available: blocks 2, 3, and 4). During the ACE each student spends half a day three times per block with a role-model faculty or community physician-preceptor.

Advanced Physical Diagnosis (APD) is required during the second year. Students are assigned to a clinician mentor for the academic year. Times and frequency of meetings are at the discretion of the faculty member and the students; however, it is recommended that they meet at least twice each

month. The emphasis of this APD experience is on history and physical exam skills and clinical reasoning. Successful completion of APD is required for advancing to the core clerkships.

Independent learning: two half days each week are protected time for independent or student-directed learning; no faculty-initiated activities may be scheduled. In the preclerkship 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** (6 hours)

Metabolism, molecular biology, genetics, pharmacologic principles, embryology, histology, gross anatomy and nutrition

- **Introduction to Patient Care: Interviewing** (3 hours)

Interviewing, history of the present illness, past medical history, the doctor-patient relationship and ethics

Block two

- **Basic Science/PBL: Structure and Function of the Human Body 2** (6 hours)

Structure and function of pulmonary, cardiovascular, gastrointestinal, renal and respiratory systems

- **Introduction to Patient Care: Physical Examination** (3 hours)

Basic physical examination skills and knowledge underlying the exam

- **Ambulatory Clinical Experience**

Block three

- **Basic Science/PBL: Structure and Function of the Human Body 3** (6 hours)

Neurophysiology and anatomy

- **Introduction to Patient Care: Biopsychosocial Aspects of Medicine** (3 hours)

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** (6 hours)

Microorganisms, immune response, reproductive structure and function and the endocrine system

- **Introduction to Patient Care: Clinical Epidemiology and Preventive Medicine** (3 hours)

Distribution and dynamics of disease, clinical epidemiology, risk, prevalence, incidence, disease outbreaks, diagnostic testing, critically reading the literature and population health

- **Ambulatory Clinical Experience**

Year two

Block five

- **Basic Science/PBL: Pathophysiology 1** (6 hours)

Cell injury, hemodynamic disturbances, genetic disorders, neoplasia, infection, autoimmune disease, immune deficiency and hypersensitivity

- **Introduction to Patient Care: Diagnostic Tests and Medical Decisions** (3 hours)

Diagnostic tests, imaging, tests of function, differential diagnosis and iterative hypothesis testing

Block six

- **Basic Science/PBL: Pathophysiology 2** (6 hours)

Cardiovascular, respiratory, blood disorders and nutritional diseases

- **Introduction to Patient Care: Psychopathology and Behavioral Medicine** (3 hours)

Normal psychosocial development, psychopathology, psychotherapy, psychopharmacology, when to refer and psychosocial factors in aging

- **Advanced Physical Diagnosis**

Block seven

- **Basic Science/PBL: Pathophysiology 3** (6 hours)

Gastrointestinal, liver, endocrine, renal and genitourinary disorders

- **Introduction to Patient Care: Clinical Practicum** (3 hours)

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** (6 hours)

Clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, and skin and nervous system disorders

- **Introduction to Patient Care: Doctor as a Person** (3 hours)

Lifestyle balance, stress, careers in medicine, patient safety, current issues in health care, ethics, end-of-life care and the changing health-care system. 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 4 year longitudinal COMPASS course is to foster the professional development of patient-centered physicians in relation to patients, self and society. 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 4 medical school classes and 2 faculty Guides. This course is a graduation requirement..

M1, M2, M3 students

First, second and third year medical students are required to be in Columbia to attend all scheduled small group sessions in person. The exception to this requirement is that during AY 2016-17, third year medical students participating in Springfield-based rotations, Rural Track rotations or in the Child Health offsite rotation in St. Louis are required to attend the first session in person. These same students must attend all remaining small group sessions, but may do so either through remote participation via distance learning technology or in

M4 students

We recognize that fourth year students participate in residency interviews and away electives. As such, fourth year medical students on away rotations or traveling for residency interviews may request to attend COMPASS sessions using distance learning technology. This request must be submitted at least 30 days prior to the COMPASS session and be preapproved by the course directors. During AY 2016-17 fourth year medical students are required to cover the material for 3 out of the 4 sessions. Completion of the M4 capstone assignment will be done in lieu of one of the 4 sessions. Of the 3 remaining sessions, students may fulfill the requirements by:

1. Fully participating onsite in person or offsite via distance learning technology (minimum of 2 sessions).
2. Completing a make-up assignment for an excused absence (maximum of one session).

Absence requests will be considered for rare and compelling circumstances subject to approval by the COMPASS course director and the Associate Dean of Student Programs and Professional Development. As always, personal health issues or sensitive information may be discussed first with the Associate Dean of Student Programs and Professional Development prior to completing and submitting the absence request form. Any student planning to miss or unexpectedly misses any of the COMPASS sessions will be required to submit an absence request form to the COMPASS Coordinator (nicholsonc@health.missouri.edu) in OME no later than 2 weeks before the COMPASS session. Unexcused absences will be handled per the policy outlined in the section of this handbook entitled “Requirements for Attendance”.

COMPASS Assessment: COMPASS faculty Guides will observe each student’s interactions and level of professionalism during the sessions. Unsatisfactory performance will be recorded and shared with the COMPASS director. Guides will also provide a written formative assessment of each student’s performance at mid-year and the end of each academic year. This non-graded feedback will help students reflect on their individual professional development and progress towards achieving the course competencies.

M4 students will participate in a capstone assessment that includes a written reflection assignment.

Students will receive a final course grade (satisfactory or unsatisfactory) on their transcript at the end of their M4 year. The final course grade will reflect the student's participation and performance in the small group sessions and performance on the M4 capstone assessment.

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 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 for IPC. When students advance to the second year, the grading system expands to include "Honors" (HN).

BSci/PBL Evaluation

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

Performance in the PBL group (Facilitator Evaluation)

Student performance in PBL groups is assessed throughout the block by the PBL facilitator. This is an observational assessment of each student's 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 are typically “open-book” tests requiring library research but may take other formats.

BSci/PBL passing grades are as follows:

- Facilitator evaluation: No numeric values are awarded by the facilitator; “satisfactory” is the designated passing grade.
- Clinical-reasoning exam: 70% or higher
- Knowledge-based exam: 65% or higher

IPC Evaluation

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

IPC passing grades are as follows:

IPC Knowledge-based exams: 70% or higher

IPC facilitator evaluation: satisfactory

Performance of skills, attendance and other requirements

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

- 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 criterion levels will be announced at the beginning of the block.

Examination Review

Examination review provides the student with information that s/he needs to continuously enhance performance. Extensive 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. The Office of Medical Education will announce the dates and times following each block when students may review their examinations. All reviews must take place in the Office of Medical Education under the Honor Code.

The exam review process is bound to the same conditions of exam week and subject to the Honor Code. By signing in to review an exam, students acknowledge that they are subject to the Honor Code. Just as during exam week, students should work as individuals during exam review.

Students are not allowed to bring laptops or other electronic devices such as cell phones and/or digital cameras to the exam review site. No transcription of questions is allowed. Note taking 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. Exam review dates are published at the beginning of the academic year and posted to the student portfolio. Exam review occurs the two weeks immediately following exam release. Students working with an academic tutor may request additional time for review. Requests for additional time for exam review should be directed to the Associate Dean for Curriculum and Assessment. All exam review will close four weeks prior to the remediation exam.

Request for Re-Evaluation

If during an examination review, a student finds something s/he believes deserves credit not received, he/she 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.

Administrative review of a pre-clerkship grade

Purpose

Students may question any component of the grade in a pre-clerkship course with the exception of the facilitator evaluation. Directions for requesting a re-evaluation of the grade are located on the Student's Portfolio and described above. When re-evaluation of an exam occurs, **the student's entire performance on the component in question will be reviewed**.

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

Should the student be unsatisfied with the result of the faculty committee's request for re-evaluation of a pre-clerkship course the student may appeal to the Associate Dean for Curriculum and Assessment (Kimberly Hoffman, PhD, MA215, (573) 882-2923, hoffmank@health.missouri.edu). Students' request for an administrative review must be received in writing within four weeks of

receipt of the original course grade. The Associate Dean may elect to charge a faculty panel to consider the student's request. The faculty panel will consist of basic science and clinical faculty with experience in the pre-clerkship curriculum, one clinical course director and one faculty member drawn at random from the pool of participants. The pool of participants will be solicited annually from pre-clerkship and clinical course leaders. The list of volunteers will be maintained by the Offices of Medical Education. Names will be drawn randomly by the Associate Dean. If a person whose name is drawn is not able to participate because of prior commitments, another name will be drawn. The panel may gather evidence, review documentation, interview individuals and request further information from the involved parties. Within 30 calendar days of the receipt of the request for an administrative review, the panel will give a written copy of their recommendation to the Associate Dean for Curriculum and Assessment. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Associate Dean will respond to the student in writing within five working days of receipt of the panel's recommendation.

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 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.

Appeals to the Dean of the School of Medicine

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

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

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

Remediation of an unsatisfactory grade should be a student's first priority, and his/her summer plans should accommodate the necessary study time and the remediation dates. It is highly recommended that students consult the remediation schedule before making plans. Students with two or more unsatisfactory grades (probation) should plan to concentrate on successful remediation and generally are discouraged from participating in summer clinical experiences (especially those that will take the student off site) or research experiences. Students who have been considered for dismissal will not be eligible for participation in summer clinical experiences.

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

The 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 4-8 week program (Bryant Scholars are required to complete 6-8 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 the Office of Medical Education.

Requests from Bryant Scholars not to participate in the Summer Community Program

Students pre-admitted to the School of Medicine as Bryant Scholars make a commitment to participate in all components of the MU-RTPP. A request from a Bryant Scholar not to participate in the Summer Community 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 Student Programs and Professional Development who may consult with the Rural Track Management Group. Further information is available at the following link

<http://medicine.missouri.edu/ahec/summer.html>.

Research

The purpose of the School of Medicine Summer Fellowship program is to support students in full time mentored research under the direction of a member of the faculty. The program is coordinated by the Research Council and the Research Deanship of the School of Medicine. Specific opportunities will be made available in the late Fall of the M2 year, and applications are prepared jointly by the student and his/her sponsor. Faculty sponsors provide guidance, facilities and supplies, and accept responsibility for the quality of the student's research experience. Further information is available at the following link <http://medicine.missouri.edu/research/summer-research-fellowship.html>.

Mini Med 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 dormitory with the students. Further information about Mini-Medical School can be found at <http://medicine.missouri.edu/admissions/minimed.html>.

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. Additional information about orientation and the White Coat ceremony is available from our Admissions Office (MA215, telephone (573) 882-9219).

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.** Additional

information about this program is available from: Dr. Robert Lancey lanceyr@health.missouri.edu, telephone (573) 884-3014, or Adam Tipton tiptonsa@health.missouri.edu, telephone (573) 884-1606.

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 a 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 and room and board. Students also have the option of staying with a family member who lives in the area if they so choose. Further information about the Springfield Summer Clinical Experience can be found at <http://medicine.missouri.edu/education/springfield-summer-clinical-experience.html>.

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 blackboard 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, M4 Academic Tutors may be made available to assist individual students review their examination performance.

Assistance with time management and study strategies is also available. See section on resources for more information on the Academic Assistance Program.

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 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 Kimberly Hoffman, PhD, Associate Dean for Curriculum and Assessment. 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 to the block evaluation committee and explain why their initial attempt at remediation was unsuccessful. Students are encouraged to meet with the Associate Dean for Curriculum and Assessment 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 Student Programs and Professional Development or the Associate Dean for Curriculum and Assessment.

SECTION FIVE – Your Third Year

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

Am I ready for promotion to the third year?

Our Curriculum

Evaluation in the third year

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

You probably won't have much time to do anything! Students are required to take Step 1 of the United States Medical Licensing Examination (USMLE) at the end of the second year and clerkships usually start in early or mid-June. We will provide orientation to the examination at the 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 Rachel Brown, MD, Associate Dean for Student Programs and Professional Development, MA215, telephone (573) 882-2923, brownrac@health.missouri.edu for further information.

Am I ready for promotion to the third year?

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

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

All students are required to take Step 1 of the USMLE at the end of the second year of medical school and must pass it prior to beginning the senior year. Any second-year student who has been considered for dismissal (is on academic probation and who receives another unsatisfactory “U”

grade) and is allowed to remain in school is required to pass Step 1 of USMLE before participating in any of the required core third-year clinical clerkships.

All students will be required to demonstrate comprehensive physical examination and history-taking skills at the end of the second year and prior to proceeding to the third year. This is currently done in Advanced Physical Diagnosis, a 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 4 week, the Psychiatry clerkship is 6 weeks and all others are 8 weeks. Six of the 7 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 choose which clerkship to defer during the M3 enrollment process. If Psychiatry is taken in the M3 year, it is paired with a 2 week elective or 2 weeks of vacation. If neurology is taken in the M3 year, it is paired with a 4 week elective. There are a limited number of 4 week electives available to M3 students (most require completion of at least 5 of the 7 clerkships). Also, M4 students have priority in the enrollment process.

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.

Students may take up to three core clerkships developed and approved by School of Medicine departments through the University of Missouri School of Medicine Rural Track Clerkship Program. The Rural Track Clerkship Program offers third year students clinical education in community based educational centers throughout the state. Students are given the unique opportunity to live and work in one of these communities to gain personal experience regarding the rewards of rural practice. Community based physicians serve as faculty as well as role models, guiding our students through the program and serving as mentors for professional as well as personal development. In these busy rural settings, students have an opportunity to care for a large number of patients and 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 the Office of Medical Education. Rural Scholars (all Bryant Scholars) are required to complete three clinical rotations at one of the community based training sites. Exceptions are only made in rare and compelling personal circumstances.

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 Student Programs and Professional Development 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.

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 Student Programs and Professional Development who will consult with the Rural Track Management Group.

Core Clerkship Deferral policy

After successful completion of the M2 academic year, students are expected to complete six of seven core clerkships within the junior 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.

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

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 and Professional Development 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.

COMPASS – Contemplating Medicine, Patients, Self and Society

The purpose of the 4 year longitudinal COMPASS course is to foster the professional development of patient-centered physicians in relation to patients, self and society. 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 4 medical school classes and 2 faculty Guides. This course is a graduation requirement.

M1, M2, M3 students

First, second and third year medical students are required to be in Columbia to attend all scheduled small group sessions in person. The exception to this requirement is that during AY 2016-17, third year medical students participating in Springfield-based rotations, Rural Track rotations or in the Child Health offsite rotation in St. Louis are required to attend the first session in person. These same students must attend all remaining small group sessions, but may do so either through remote participation via distance learning technology or in person.

M4 students

We recognize that fourth year students participate in residency interviews and away electives. As such, fourth year medical students on away rotations or traveling for residency interviews may request to attend COMPASS sessions using distance learning technology. This request must be submitted at least 30 days prior to the COMPASS session and be preapproved by the course directors. During AY 2016-17, fourth year medical students are required to cover the material for 3 out of the 4 planned sessions. Completion of the M4 capstone assignment will be done in lieu of one of the 4 sessions. Of the 3 remaining sessions, students may fulfill the requirements by:

1. Fully participating onsite in person or offsite via distance learning technology (minimum of 2 sessions).
2. Completing a make-up assignment for an excused absence (maximum of one session).

Absence requests will be considered for rare and compelling circumstances subject to approval by the COMPASS course director and the Associate Dean of Student Programs and Professional Development. As always, personal health issues or sensitive information may be discussed first

with the Associate Dean of Student Programs and Professional Development prior to completing and submitting the absence request form. Any student planning to miss or unexpectedly misses any of the COMPASS sessions will be required to submit an absence request form to the COMPASS Coordinator (nicholsonc@health.missouri.edu) in OME no later than 2 weeks before the COMPASS session. Unexcused absences will be handled per the policy outlined in the section of this handbook entitled “Requirements for Attendance”.

COMPASS Assessment: COMPASS faculty Guides will observe each student’s interactions and level of professionalism during the sessions. Unsatisfactory performance will be recorded and shared with the COMPASS director. Guides will also provide a written formative assessment of each student’s performance at mid-year and the end of each academic year. This feedback will help students reflect on their individual professional development and progress towards achieving the course competencies.

M4 students will participate in a capstone assessment that includes a written reflection assignment.

Students will receive a final course grade (satisfactory or unsatisfactory) on their transcript at the end of their M4 year. The final course grade will reflect the student’s participation and performance in the small group sessions and performance on the M4 capstone assessment.

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 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 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

2 week electives are graded as satisfactory or unsatisfactory.

Clinical performance, knowledge and professionalism are evaluated. Each department determines the criteria applied to these 3 domains. A variety of evaluation procedures are used including observations by residents and faculty, standardized knowledge exams, skills exams, departmental exams, standardized patients, simulations and projects or papers. To receive honors for the clerkship, a student must perform at the honors level in all 3 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 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.

Similarly, a student who misses the exam completely 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.

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 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 2 weeks** after the final clerkship grade has been released to the students by the Offices of 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-consider 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 the Offices of Medical Education. If they determine that a discrepancy does not exist, the course director shall respond to the student in writing within thirty (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 and Professional Development who will advocate for the student.

Re-consideration of grade requests to the Dean

Should the student be dissatisfied with the response of the course director and/or department chair he/she may, within ten (10) calendar days of receipt of such response, submit a written appeal to the Dean of the School of Medicine, through the Associate Dean for Curricular 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 Curricular 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 (5) working days of receipt of the panel's recommendation. The Dean may accept the recommendation, amend it, reverse it or refer it back to the panel for reconsideration. The decision of the Dean is final.

(Also see the University of Missouri Employee Grievance Policy: 380.010)

SECTION SIX – Your Fourth Year, Graduation and Beyond

Am I Ready for my Senior Year?

Our Curriculum

What Else Do I Need to Graduate?

Medical Student Performance Evaluation (MSPE)

Applying for Residency and the Match

Letters of Recommendation

Transcripts

Am I ready for my senior year?

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

Our Curriculum

During the fourth year, two four-week clinical selectives, three four-week general electives, one two-week general elective and four weeks of Advanced Biomedical Sciences are required. A minimum of four courses must be taken under the supervision of Columbia or Springfield-based School of Medicine faculty as follows:

Students must take one of the two required clinical selectives under the supervision of Columbia or Springfield-based School of Medicine faculty or community faculty appointed through the School of Medicine. One of the required selectives must be a surgical selective, and one must be a medical selective. Certain clinical experiences such as the Indian Health Service and designated rural community electives/selectives are considered under the supervision of Columbia or Springfield-based School of Medicine faculty and will meet the requirement for one of the two clinical selectives. Many students will have completed the 2 week elective requirement during the third year, coupled with the Psychiatry clerkship. A few students will have completed one of the four-week general elective requirements if they took neurology during the third year.

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

Requests from Bryant Scholars not to participate in the Rural Track Elective Program

Students pre-admitted to the School of Medicine as Bryant Scholars make a commitment to participate in all components of the MU-RTPP. A request from a Bryant Scholar not to participate in the Rural Track Elective 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 Student Programs and Professional Development who may consult with the Rural Track Management Group.

The Advanced Biomedical Sciences requirement can be met in several ways as described in the catalog. Students should discuss these options with an Associate Dean.

What else do I need to do to graduate?

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

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

A Patient-Centered Care Objective Structured Clinical Evaluation (PCC-OSCE) will be administered at the end of the third year. Beginning with the graduating class of 2012, 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 by the October preceding their graduation in May.

Students will have the opportunity to participate in a remediation PCC-OSCE. Students must remediate the entire exam, not just the individual station(s) on which they performed poorly. 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.

Beginning with the graduating class of 2017, successful completion of the Contemplating Medicine, Patients, Self and Society (COMPASS) course is a requirement for graduation from medical school. Clinical 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 2nd, 3rd, and 4th, 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, 2 med/surg selectives). Cutoff for this consideration is block 19B. 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 the OME), take part in the procession and recession, and sit on stage during the commencement ceremony.

Medical Student Performance Evaluation (MSPE) formerly known as the Dean's Letter

Each senior medical student has an MSPE sent to the residency training programs to which he or she is applying. This MSPE summarizes the student's academic performance, reflects extracurricular achievement, and provides the School's recommendations for continued training.

Each student participates in the preparation of his or her MSPE and has an opportunity to help shape its content. Though intended to be a generally supportive document, the MSPE must provide a fair and accurate picture of the candidate as a potential house staff officer and the MSPE Committee (and ultimately the Dean) retains sole responsibility for its final content and recommendations.

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

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

Applying for residency and the match

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

Letters of Recommendation

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

Transcripts

The Office of Medical Education cannot produce University transcripts; that capability is held solely by the MU Registrar's Office. When you need to obtain a transcript, you may go directly to the Registrar's Office in 125 Jesse Hall or go online to <http://registrar.missouri.edu/transcripts-records/official-transcripts.php> to make your request. Official transcripts can be delivered by mail, FAX, or electronically. Requests received through the online ordering system that are delivered by mail or fax are sent the next business day after receipt. Requests received through our online ordering system that are delivered electronically are sent within a few hours if received between the hours of 8 am until 4 pm on Monday through Friday. Orders submitted after business hours are processed the morning of the next business day.

An official transcript cost \$15 per copy if it is mailed, delivered electronically, or picked up in our office. Official transcripts delivered by FAX cost \$15 for domestic delivery or \$20 delivered outside the US per copy. Transcript requests ordered online must be paid by credit card. The University of Missouri accepts Discover, American Express, MasterCard or Visa.

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/> 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 4-6 weeks after the end of the term.

Contact the University Registrar's office for assistance at 573-882-8252

SECTION SEVEN – Resources All Students Will Need

Security

Financial Aid

Advising and Career Planning

Academic Assistance Program

Student Wellness and Personal Counseling

J. Otto Lottes Health Sciences Library

Russell D and Mary B Shelden Simulation Center

The Student Health Center

Mental Health and Counseling Services

Facilities

Security

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

Hospital security

The hospital security office is located on the first floor of the hospital, room 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

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

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

Other services

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

Financial aid

All accepted students receive 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 posted on the school's website: <http://medicine.missouri.edu/financial/uploads/Satisfactory-Academic-Progress-Policy.pdf>.

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

Cheri Marks

Coordinator of Financial Aid and Student Records

School of Medicine

MA213 Medical Sciences Building

Columbia, MO 65212

Call

(573) 882-2921

E-mail

marksc@health.missouri.edu

Fax

(573) 884-2988

Office hours

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

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

Refund of fees

The School of Medicine follows the University of Missouri's policies regarding tuition refunds. Our policy is posted on the website here: <http://medicine.missouri.edu/students/uploads/School-of-Medicine-Tuition-Refund-Policy.pdf>.

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 shortly after students matriculate and access to CiM is granted. Faculty advisor assignments and additional services provided under the ASC program are curriculum vitae, personal statement assistance and mock interviews.

Shortly after M1 orientation students are matched with a Preclerkship 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 preclerkship advisors may continue working together during the M3-M4 years. First- and second-year students may utilize 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 a 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 utilizing 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 the Office of Medical Education under the direction of the Associate Dean for Student Programs and Professional Development and Alison Martin, Director of Admissions, Recruitment, & Career Planning. Additional information may be obtained from the Program Coordinator, Jen Rachow, by phone (884-0759), in person at 0183E Galena or by email (rachowj@health.missouri.edu).

Student Wellness and Personal Counseling

Medical school can be a stressful time for students. If desired, the Office of Medical Education can provide information about professional mental health and counseling resources. The Faculty Liaison - Student Coaching is also available to meet individually with students for emotional support, success coaching and to provide information about campus and community resources. This

role was created due to the expanding class size and the recognition of a need for more wellness resources for medical students. Students can email the Faculty Liaison - Student Coaching, 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.

The Office of Medical Education supports the Student Wellness Interest Group and sponsors one of their key activities, the Big Sib program. In Big Sib, 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 Interest Group representatives organize activities and publish electronic newsletters throughout the year with a calendar of events (such as lectures, fitness and social community activities) and recipes. Additionally, the class representatives in conjunction with the Office of 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.

Academic Assistance Program

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

Blackboard Site. "Study Strategies for Medical Students," a blackboard site, is available on to all M1 and M2 students as a resource for use at any time. After logging into blackboard using your pawprint, the site is found under the "My Organizations" tab. 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
- 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 Dean for Curriculum and Assessment, the Academic Mentoring Coordinator, and M4 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” blackboard site. Forms can also be obtained and submitted in MA213F of the OME. 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 OME’s Academic Mentoring Coordinator, Kristi Smalley, at smalleyk@health.missouri.edu or 573-884-6714.

J. Otto Lottes Health Sciences Library

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

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

- Monday through Thursday 7 a.m. to 1 a.m.
- Friday 7 a.m. to 6 p.m.
- Saturday 10 a.m. to 7 p.m.

- Sunday noon to 1 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.

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>
- Via text messaging; text: otto to: 573-535-6818

Russell D. & Mary B. Shelden Simulation Center

The Russell D. & Mary B. Shelden Clinical Simulation Center serves 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 standardized patient encounters. The center is also utilized by multidisciplinary teams and staff of the hospital to increase patient safety and satisfaction.

The state-of-the-art Clinical Simulation Center, which totals 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. 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 Center offers a variety of learning modalities, including the use of Standardized Patients, High-Fidelity Mannequins, Hybrid Simulation and computer-based Virtual Reality Simulation. For questions regarding the Simulation Center, call 573-884-0277.

The Student Health Center

Included in the fees you pay each semester is a health fee for use of the campus Student Health Center. Services covered by the health fee include unlimited office visits to a primary care provider for acute illness, injury, physical exams, chronic medical issues, wellness and preventative care and referral assistance. Also covered by the fee are four visits to a psychiatrist, four visits to a psychologist, and four visits to a licensed clinical social worker (LCSW) each semester, with modest charges for additional visits. Services not covered by the health fee (procedures, immunizations, allergy shots, etc.) may be paid for at the time of the visit, or they may be charged to the MU student account. Labs and x-rays will be obtained and billed through the University Hospital. Student Health will assist with filing claims to insurance carriers.

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

The Student Health Center is staffed with over 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's Prevention and Immunization staff will assist students with immunization and tuberculosis documentation that maybe required for fourth year education experiences at other institutions. Students 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 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 a.m. to 5 p.m.
- Wednesday 9 a.m. to 5 p.m.

Note: The Student Health Center is closed every day from 11:45 am – 12:45 pm; however, appointment lines are open.

More about the Student Health Center can be found at <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 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 HyVee stores. The health fee does NOT pay for emergency, urgent care or quick care centers.

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/>

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

Facilities

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

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

SECTION EIGHT – Resources Some Students will Need

**Procedures for Students Requesting Accommodations for a
Disability**

Students Who Want to Engage in Research

**Students Who Want to Complete Part of their Education at a
Rural Site**

Students Who Want to Volunteer for MedZou

**Resources for students who may have been victims or wish to
report sexual assault**

Lactation rooms

Procedures for Students Requesting Accommodations for a Disability

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

Procedures for Students Requesting Accommodations

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

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

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

1. Students must register with the Office of Disability Services

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

The Office of Disability Services is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for accommodations planning in cooperation with students and instructors, as needed and consistent with course requirements.

The Office of Disability Services will review the student's situation, evaluate appropriate documentation provided by the student and then write a "letter of accommodation" stating what

academic accommodations should be provided in medical school. Medical students requesting academic accommodations beyond their 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 utilize his or her approved accommodations must give the Disability Services letter of accommodation to the Associate Dean for Student Programs and Professional Development, Dr. Rachel Brown, in the Office of Medical Education. The letter will be maintained in Dr. Brown's office and will not become part of a student's permanent academic file. Dr. Brown is available to advise and assist students in coordinating accommodations within the School of Medicine. The School also maintains a standing faculty advisory committee.

3. Students who want accommodations beyond their 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 and Professional Development 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 Curriculum and Assessment

Accommodations for examinations in the M1 and M2 years are coordinated through the office of Kimberly Hoffman, PhD, Associate Dean for Curriculum and Assessment. Specific requests should be made to Dr. Hoffman, in person, by phone (573)882-2923 or by email hoffmank@health.missouri.edu and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs and Professional Development. 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.

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

Curricular accommodations are coordinated through the office of the Associate Dean for Curriculum and Assessment. Specific requests should be made to in person, by phone (573-882-2923) or by email and must be supported by a Disability Services letter of accommodation on file in the office of the Associate Dean for Student Programs and Professional Development. Students who want curricular accommodations in their M3 year and beyond must have a letter of accommodations dated no earlier than January prior to the start of the clerkship year.

Students who want to engage in research

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

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

Further information may be obtained from the Senior Associate Dean for 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 and Professional Development.

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 the Office of Medical Education to develop a plan of study.

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

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

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

The MU AHEC Rural Track Pipeline Program (MU-RTPP) was then 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 exciting 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- to eight-week program, students directly experience the benefits and rewards of rural practice (Bryants are required to complete 6-8 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.

Application and Selection Process

Students complete a brief application form on which they are asked to express their desire to participate in the program. Students are required to attach their CV to the application form. Applicants must be in good academic standing. Those with an expressed interest in rural practice are given preference. Bryant Scholars are required to complete six to eight weeks.

Student Responsibilities

Active participation is required for student success while in the community setting. Students are expected to identify learning issues based on their clinical encounters and to address the learning issues during the course of the experience. At a minimum, students perform appropriately focused

history and physical exams under the supervision of the preceptor. At all times, MU medical students are expected to conduct themselves in a manner consistent with professional standards and norms.

Goals of the program:

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

Further information is available at the following link

<http://medicine.missouri.edu/ahec/summer.html>

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 two to three core clerkships developed and approved by the School of Medicine’s clinical departments. Through this exposure, the program aims to increase the number of physicians who choose to practice in rural Missouri. Bryant Scholars are required to complete three clinical rotations at one of the community-based training sites.

The exposure to practicing rural medicine does not end with the workday. Because students live in the community, they participate in the complete experience of practicing and residing in a rural area. Students often attend community events with community-based faculty and engage in the social life of the community. Housing for students is provided by Missouri Area Health Education Centers (MAHEC), in cooperation with local hospitals.

Curriculum

While adjustments are made to the rural track experience to reflect the program’s goals, the curriculum still addresses the discipline-specific objectives of MU School of Medicine. Each year, the Rural Track Clerkship Program's experience is evaluated to ensure equivalency with the campus-based program.–Evaluation criteria are the same in the on-site and rural settings.

Application and selection process

During the second year, the application process is explained and information is distributed. Selection for the Rural Track Clerkship Program is based primarily on interest in rural practice, academic performance and professionalism. Bryant Scholars are given placement priority in the program.

Goals of the Program:

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

Further information is available at the following link <http://medicine.missouri.edu/ahec/rural-track.html>.

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 <http://medicine.missouri.edu/ahec/rural-track-elective.html>.

Students Who Want to Volunteer for MedZou

The MedZou Clinic is a student-operated medical clinic that provides free primary health care. Students work with community partners to provide patient care and education for the residents of Columbia without insurance. A multi-disciplinary team of health professional students and faculty, including family medicine doctors, nurses, pharmacists and social workers contribute to providing a quality health care experience.

Medical students have the opportunity to provide patient education for individuals dealing with chronic health issues. These students may expect to learn about the philosophies of working with underserved populations and raise awareness in the minds of medical students, physicians, health-care workers, and the community as a whole regarding social justice issues by helping to meet real world health needs. This is accomplished through direct service, learning, structured reflection, and advocating for our patients in the community. 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 receive 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/>

Resources for students who may have been victims or wish to report sexual assault

Please utilize any of these services when needed.

If you have any questions about which of these resources may be best to consult, **please contact Ellen Eardley, MU's Title IX Administrator at 573-882-3880, eardley@missouri.edu or visit <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.

Counseling Center

573-882-6601 or <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/>

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>

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 (Mental Health Services)

573-882-1483 or <http://studenthealth.missouri.edu/needtoknow/sexualviolence.html>

The Student Health Center has trained professionals to assist students with many mental health issues and sexual assault.

Student Legal Services

573-882-9700

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.

Lactation rooms

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

- N714 (code 541-enter)
- Women's Locker Room in basement at University Hospital.
- Pediatric and OB Clinic have lactation rooms for staff

SECTION NINE – Reference Materials

Access to Student Records

Release of Public Information

The Committee on Student Promotions

Honor Code of the School of Medicine

Student Interest Groups

The J. Otto Lottes Health Sciences Library

Important Contacts

Access to student records

A. Admissions files

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

B. Academic files

The Offices of Medical Education (OME) makes every effort to assure the confidentiality of academic files. Except for OME 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 and Professional Development. 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 Office of Medical Education except for use by the Medical School Performance Evaluation Committee or the Committee on Student Promotion or after review by a dean within the Office of Medical Education.

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

Procedures for release of public information

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

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

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

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

Option One

The University may not release public information as defined above without my consent

Option Two

The University may release public information as defined above without my consent.

The default option is option two.

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

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

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

The School of Medicine annually publishes a directory which lists student addresses and phone numbers and is distributed to medical students and medical school staff. To update your name, address or phone number, or emergency contact information, see the receptionist in the Office of Medical Education MA215, (573) 882-2923.

For more information, visit: <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](#) to the [Office of the 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>

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.

3. Required academic performance.

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.

DIPLOMA

Students participating in commencement ceremonies will receive a diploma tube containing a class composite, 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.

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 and Professional Development 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 and Professional Development, 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 and Professional Development 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 proscribe appropriate action.

Section 4

The Honor Council will prepare a verbatim record of the hearing.

Section 5

The Honor Council, after hearing a specific case, shall make an official document of verdict and disposition. Possible disciplinary action could include anything from a simple reprimand to the individual(s) being expelled from the School of Medicine. The official document shall be filed in the permanent records of the Honor Council with copies going to the accused and the Associate Dean for Student Programs and Professional Development. 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 and Professional Development, may appeal or request review of any offense upon which action has been taken by the Honor Council. The first level of appeal is to be confined within the University of Missouri-Columbia School of Medicine and is outlined below. The role of the first level appellate body is to affirm, reverse, or remand the Honor Council's sentence. This is to be done only after a total review of all evidence has been made. The record, for the purpose of such review, will include:

- a. Formal notice of the charges
- b. Verbatim record of the hearing;
- c. Written findings of the Honor Council and its decision concerning the sentence passed.

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

- **First level**

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

- **Section level**

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

Section 2

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

Section 3

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

Article IV

Confidentiality of the Honor Council meetings

Section 1

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

Section 2

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

Article VII

Status of the Honor Council and Constitution

Section 1

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

Section 2

All enrolled students are subject to the jurisdiction of the Honor Code upon enrollment. To 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 MSHAC 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 MSHAC 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 probable 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 MSHAC 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
- American Medical Association
- American Medical Student Association
- American Medical Women's Association
- Association of Student Internists (ASI)
- Christian Medical Association
- Dean's Advisory Council on Medical Student Research
- Dermatology Interest Group
- Emergency Medicine Interest Group
- Family Medicine Interest Group
- Families Assisting Medical Student (FAMS)
- Geriatrics Interest Group
- Graduate-Professional Council
- Greatest Gift
- Hematology and Oncology Interest Group
- Humanism in Medicine
- Infectious Disease Interest Group
- Leadership and Management Development
- MedZou
- 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
- Public Health Interest Group
- OB/Gyn & Women's Health Interest Group
- Ophthalmopathy Interest Group
- Organization of Student Representatives
- Orthopedic Interest Group
- Otolaryngology Interest Group
- Pathology Interest Group
- Physical Medicine and Rehabilitation Interest Group
- Psychiatry Interest Group
- Radiology Interest Group
- Rural Medicine Interest Group
- Senior Teacher Education Partnership
- Sports Medicine Interest Group
- Stethotones
- Student National Medical Association
- Students Interested in Anesthesiology
- Students Interested in Global Health for Tomorrow
- Students Interested in Pediatrics
- Surgery Club
- Urology Interest Group
- Wellness Committee
- Wilderness Medical Society

Students should be aware that the School of Medicine and the University of Missouri have active development and fundraising programs. Fundraising from outside organizations that may compete with existing school or university programs is not permitted. All applications to outside grant giving organizations must be approved by the Office of Medical Education. Questions should be addressed to the Associate Dean for Student Programs and Professional Development.

The Library

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

Study rooms

Three small-group study rooms are available on the third floor of the library. These rooms are for the use of medical students only and are protected by a combination lock. See the receptionist in the Office of Medical Education to obtain the combination. Eating (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.

Photocopy service

Three copy machines are located in the copy room, HSL-201, of the library. They work on a 'Venda-Card System'. Each student is issued a card, similar to a credit card, which has a certain number of copy credits programmed into it.

First and second year students will receive a quota of 100 copies at the beginning of the academic year and can re-charge their copy card each semester for this same amount.

At the end of each time period, you will turn your card into the Office of Medical Education to have it reprogrammed for the next time period.

Please do not feel obligated to use your entire allotment during a semester as it will carry forward. There are many times when you need to make copies for class or for study aids. Now you can do that without worrying about having pocket change.

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 40-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.

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

Personal Computer

2016 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:

	PURCHASING A LAPTOP	ALREADY OWN A LAPTOP
Processor	Intel i7	i5
Memory	8GB	8GB
Hard Drive	256GB SSD	500GB or 256 SSD
Optical Drive	Optional	Optional
Display	HD or Retina	SXGA, WXGA, WSXGA or WUXGA
Network Cards	100/1000 Ethernet (optional) Wireless 802.11 g/n/ac	10/100 BASE-T Ethernet (optional) Wireless 802.11 b/g/n
Warranty	3– year or 4–year	3– year or 4–year
Operating System	Windows 10 or Mac OS X 10.9	Windows 7 or Mac OS X 10.9

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 E5470
- Dell Latitude E5570
- Dell Latitude E7270
- Dell Latitude E7470
- Apple MacBook
- Apple MacBook Pro

Recommended Software & Hardware

- 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 (8GB Minimum)
- 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:

School of Medicine

Phil Neff – System Support Analyst

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

- E-mail: neffp@health.missouri.edu
- Phone: 882-7296

Additional resources

- SoMIT – Team Atlas: somit@health.missouri.edu
- DoIT HelpDesk: 882-5000
- TigerTech: 882-2131
- Hospital HelpDesk: 884-HELP (4-4357) – Clinical applications

Email and usage Policies

Please see pages 34

Important Contacts

Office of Medical Education		
 <p>Senior Associate Dean for Education Dr. Linda Headrick</p> <p>Executive Staff Assistant Sharree Rose</p>	<p>(573) 882-5644</p> <p>(573) 882-5644</p>	<p>headrickl@health.missouri.edu</p> <p>rosesn@health.missouri.edu</p>
 <p>Associate Dean for Student Programs and Professional Development Dr. Rachel Brown</p> <p>Executive Staff Assistant Gina Graves</p>	<p>(573) 884-5146</p> <p>(573) 884-5146</p>	<p>brownrac@health.missouri.edu</p> <p>gravesg@health.missouri.edu</p>
 <p>Associate Dean for Curricular Improvement Dr. John Gay</p> <p>Executive Staff Assistant Kristin Black</p>	<p>(573) 882-0279</p> <p>(573) 882-0279</p>	<p>gayj@health.missouri.edu</p> <p>blackk@health.missouri.edu</p>
 <p>Associate Dean for Curriculum and Assessment Dr. Kimberly Hoffman</p> <p>Executive Staff Assistant Kristin Black</p>	<p>(573) 882-0279</p> <p>(573) 882-0279</p>	<p>hoffmank@health.missouri.edu</p> <p>blackk@health.missouri.edu</p>

 <p>Associate Dean for Rural Health Dr. Kathleen Quinn Executive Staff Assistant Sharree Rose</p>	<p>(573) 884-2024 (573) 882-5644</p>	<p>quinnk@health.missouri.edu rosesn@health.missouri.edu</p>
 <p>Associate Dean for Springfield Clinical Campus Implementation Weldon Webb, MA Executive Staff Assistant Sharree Rose</p>	<p>(573) 882-7253 (573) 882-5644</p>	<p>webbw@health.missouri.edu rosesn@health.missouri.edu</p>
 <p>Associate Dean and Chief Academic Officer for Springfield Clinical Campus Andrew Evans, MD Executive Staff Assistant Teresa Leatherman</p>	<p>(417) 720-7161 (417) 720-7170</p>	<p>evansa@health.missouri.edu leathermant@health.missouri.edu</p>

OME Staff		
Kristen Bailey	(573)882-2921	baileykm@health.missouri.edu
Anita Berry	(573) 882-9219	berryaj@health.missouri.edu
Kristin Black	(573) 882-0279	blackk@health.missouri.edu
Ya-Wen Cheng	(573) 884-4269	chengyaw@health.missouri.edu
Robin Clay	(573) 884-8213	clayrb@health.missouri.edu
Anna Cox	(573) 882-6947	accmr5@health.missouri.edu
Kaitlyn Dryer	(573) 884-4633	dryerk@health.missouri.edu
Lindsey Gentry	(573) 882-5647	gentrylr@health.missouri.edu
Karen Gordy-Panhorst	(573) 884-6737	gordypanhorstk@health.missouri.edu
Shannon Granger	(573) 884-6321	grangersp@health.missouri.edu
Gina Graves	(573) 884-5146	gravesg@health.missouri.edu
Melissa Griggs, PhD	(573) 884-6589	griggsm@health.missouri.edu
Young Hong	(573) 884-6408	hongr@health.missouri.edu
Alex Horn	(573) 884-5056	hornab@health.missouri.edu
Gina Johnson	(573) 289-2273	johnsongm@health.missouri.edu
James Luan	(573) 884-2250	luanz@health.missouri.edu
Cheri Marks	(573) 882-5604	marksc@health.missouri.edu
Alison Martin	(573) 882-8047	martinat@health.missouri.edu
Suzanne Neff	(573) 882-3490	neffse@health.missouri.edu
Carrie Nicholson	(573) 884-2472	nicholsonc@health.missouri.edu
Shawn Owens	(573) 882-9219	owensjul@health.missouri.edu
Ryan Qi	(573) 884-3836	qiwe@health.missouri.edu
Jen Rachow	(573) 884-0759	rachowj@health.missouri.edu
Lisa Royse	(573) 884-6627	roysel@health.missouri.edu
Andrea Simmons	(573) 884-6375	simmonsa@health.missouri.edu
Kristi Smalley	(573) 884-6714	smalleyk@health.missouri.edu
Naomi Tucker	(573) 882-2925	tucker@health.missouri.edu
Isaac Tuttle	(573) 884-1941	tuttlei@health.missouri.edu

Suwit Viyanon	(573) 882-9395	viyanons@health.missouri.edu
Paul Xiong	(573) 882-9395	ziongp@health.missouri.edu
Wayne Zhao	(573) 882-9045	zhaowy@health.missouri.edu
MU Area Health Education Center (AHEC)		
Allison Fuemmeler	(573) 884-3566	fuemmeleran@health.missouri.edu
Sheila Marushak	(573) 882-5662	marushaks@health.missouri.edu
Jana Porter	(573) 884-1716	porterjl@health.missouri.edu
Jessica Schuster	(573) 884-7370	nationj@health.missouri.edu
Russell D. and Mary B. Shelden Clinical Simulation Center		
Dena Higbee	(573) 884-8490	higbeed@health.missouri.edu
Steve Chott	(573) 884-3599	chotts@health.missouri.edu
Marie Knoop	(573) 884-0277	knoopm@health.missouri.edu
Jane Mandel	(573) 882-9610	mandelj@health.missouri.edu
Elaine Louder	(573) 884-1208	loudere@health.missouri.edu
Beth Perkins	(573) 884-8472	perkinsbet@health.missouri.edu
Marty Runyan	(573) 884-1574	runyanr@health.missouri.edu
Chris Sanders	(573) 884-8482	sandersc@health.missouri.edu
Sara Squires-Weber	(573) 884-0277	squireswebers@health.missouri.edu
Office of Graduate Medical Education		
Dr. Debra Koivunen Senior Associate Dean for Graduate Medical Education	(573) 882-4637	koivunend@health.missouri.edu
Christy Cranmer	(573) 882-8886	cranmerc@health.missouri.edu
M. Louise Hay	(573) 884-4834	hayml@health.missouri.edu
Leah Hickam	(573) 882-4637	hickamls@health.missouri.edu
Charles Rudkin	(573) 882-4637	rudkinc@health.missouri.edu

Educational Leaders		
Director of Introduction to Patient Care Dr. Carla Dyer	(573) 882-1528	dyerca@health.missouri.edu
Director of Ambulatory Clinical Experience Dr. Elizabeth Garrett	(573) 882-9219	garrette@health.missouri.edu
Faculty Director of Pre-Clerkship Curriculum Dr. Stephen Halenda	(573) 882-1528	halendas@health.missouri.edu
Faculty Director of Evaluation, Years 1-2 Dr. Mark Martin	(573) 882-5654	martinma@health.missouri.edu
Faculty Director of Curriculum and Evaluation Dr. Kevin Kane	(573) 882-2925	kanek@health.missouri.edu
Faculty Director of Advanced Physical Diagnosis Dr. William Salzer	(573) 882-1528	salzerw@health.missouri.edu
MU-AHEC Medical Director Dr. Jim Stevermer	(573) 882-5662	stevermerj@health.missouri.edu
Office of the Dean		
Dean Dr. Patrice Delafontaine	(573) 884-9080	delafontaine@health.missouri.edu
Executive Staff Assistant Linda Kaufman	(573) 884-9080	kaufmanll@health.missouri.edu
Associate Dean for Alumni Affairs Dr. Ted Groshong	(573) 882-8934	groshongt@health.missouri.edu
Senior Associate Dean for Clinical Affairs and Chief Medical Officer Dr. Stevan Whitt	(573) 884-9431	whitts@health.missouri.edu
Executive Staff Assistant Nena Kallenbach	(573) 884-9431	kallenbachn@health.missouri.edu
Associate Dean for Administration Marla Lampp	(573) 882-4945	lamppm@health.missouri.edu

Executive Staff Assistant Linda Kaufman	(573) 884-9080	kaufmanll@health.missouri.edu
Senior Associate Dean for Education Dr. Linda Headrick	(573) 882-5644	headrickl@health.missouri.edu
Executive Staff Assistant Sharree Rose	(573) 882-5644	rosesn@health.missouri.edu
Senior Associate Dean for Research Dr. Jamal Ibdah	(573) 882-7349	ibdahj@health.missouri.edu
Executive Staff Assistant Katie Campbell	(573) 882-7349	campbellkl@health.missouri.edu
Senior Associate Dean for Diversity and Inclusion Dr. Warren Lockette	(573) 882-2273	lockettew@health.missouri.edu
Executive Staff Assistant Debbie Taylor	(573) 884-0042	taylord@health.missouri.edu
Senior Associate Dean for Faculty Affairs Dr. Michael Misfeldt	(573) 882-8710	misfeldtm@health.missouri.edu
Project Specialist Barb Montgomery	(573) 882-0003	montgomeryb@health.missouri.edu
Associate Dean for Research Dr. Jerry Parker	(573) 884-0042	parkerjc@health.missouri.edu
Project Specialist Debbie Taylor	(573) 884-0042	taylord@health.missouri.edu
Associate Dean for Springfield Clinical Campus Implementation Weldon Webb, MA	(573) 882-2256	webbw@health.missouri.edu
Executive Staff Assistant Sharree Rose	(573) 882-5644	rosesn@health.missouri.edu
Associate Dean for Rural Health Dr. Kathleen Quinn	(573) 884-2024	quinnk@health.missouri.edu
Executive Staff Assistant Sharree Rose	(573) 882-5644	rosesn@health.missouri.edu

Senior Associate Dean for Information Technology Beth Chancellor, M.Ed.	(573) 882-3503	chancellorb@missouri.edu
Senior Associate Dean for Graduate Medical Education Dr. Debra Koivunen	(573) 882-4637	koivunend@health.missouri.edu
Chief Financial Officer Brian Steines, MBA	(573) 882-1398	steinesb@health.missouri.edu
Useful Websites		
Student Portfolio		https://ome.som.missouri.edu/StudentPortfolio/Login.aspx
Blackboard		http://bblearn.missouri.edu/webapps/portal/frameset.jsp
MyZou		https://myzou.missouri.edu/prd/signon.html
Health Sciences Library		http://library.muhealth.org/

Appendix

Health Professions Students - Urine Drug Screen Testing

Please note the testing provider that matches with your academic program. Students who do not use the appropriate provider may require repeat testing. Also, note the urine drug test agreement form must be completed and returned to the Student Health Center before confirmation of compliance is provided to the student's program

Panel 14 Drug Screen (The 14 drugs tested are Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Ethanol, Ketamine, Meprobamate, Methadone, Meperidine, Opiates, Oxycodone, Propoxyphene, Tramadol).

Students in the following programs need a Panel 14 test:

1. School of Nursing
2. Dietetics
3. Nuclear Medicine
4. Radiography
5. Respiratory therapy
6. Ultrasound

Students in these programs must go to the Mid Missouri Drug Testing Collections office located at 405 Bernadette Drive Suite B, Columbia MO 65203 (573-424-0976).

- Must pay cash, check, credit card, or money order at the time tested
- Hours are Monday – Friday, 9am-4pm, on a walk-in basis
- Bring photo ID with you (e.g. driver's license, school ID)
- Students will be notified by confidential e-mail when Student Health has received the results.

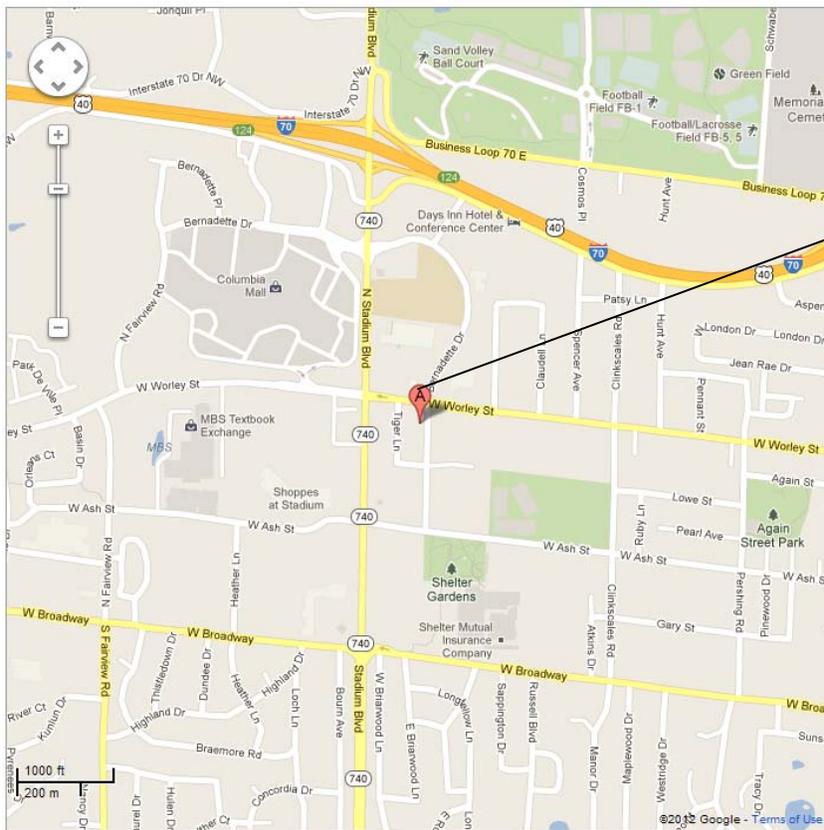
Panel 8 Drug Screen (The 8 drugs tested are Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Ethanol, Opiates, PCP)

Students in the following programs need a Panel 8 test:

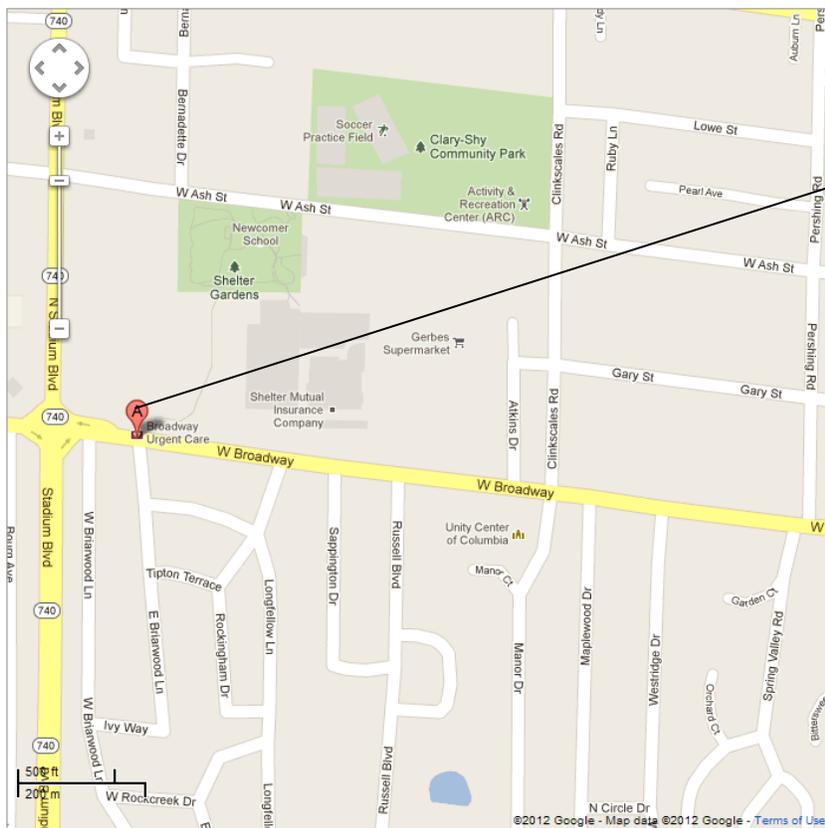
1. School of Medicine
2. Occupational Therapy
3. Physical Therapy
4. Child Life
5. Clinical Lab Sciences
6. Athletic Training Program

Students must go to the Boyce and Bynum Laboratory located at 2003 W. Broadway Suite 103 Columbia, MO. 65203 (Located in the Shelter Office Plaza, on the NE corner of Broadway and Stadium) (573-886-4631)

- Students can ask that their insurance be filed for payment consideration.
- Hours are Monday - Friday 9 am – 11:45 am and 1 pm – 4 pm, on a walk-in basis
- Bring photo ID with you (e.g. driver's license, school ID)
- Students will be notified by confidential e-mail when Student Health has received the results.



Mid-Missouri Drug Testing Collections
 405 Bernadette Dr.
 Columbia 65203



BBPL Shelter Plaza PSC
 Hours: 7:30 - 6:30 M-F,
 9:00 - 1:00 Sat
 Drug collection hours:
 9:00-4:00 M-F
 2003 West Broadway
 Suite 103
 Columbia, MO 65203
 Phone: (573) 886-4559