Welcome to the University of Missouri School of Medicine Student Handbook

Any revisions to this handbook must be approved by the Associate Dean for Student Programs, Dr. Laine Young-Walker.

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

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

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

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

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

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

The faculty, administration, and staff welcome you to one of the nation’s best medical schools

The policies and resources described in the handbook will be very useful to you throughout your time at MU School of Medicine. We strongly encourage everyone to read the whole handbook at least once.

We have divided the handbook into a number of sections to make it easier to navigate.
SECTION ONE describes our educational mission, vision, and values. It lays out the key characteristics we expect our students and residents will acquire. It also includes our professionalism policy and student mistreatment policy.

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

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

SECTION FOUR provides information for students who receive one or more unsatisfactory grades during the first or second years.

SECTION FIVE describes the third- and fourth-year curricula of medical school, and introduces you to the clinical side of your medical education.

SECTION SIX outlines Mizzou Med’s graduation requirements, as well as some additional information regarding the M4 year.

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

SECTION EIGHT includes resources that some students may need, including how to request accommodations, how to engage in research, how to participate in Rural Track, and how to volunteer for MedZou.

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

Some of the information in this handbook is presented from the student perspective in The Panacea. To access The Panacea, go to Mizzou Med Panacea.

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

Our Education-Mission, Vision, and Values
This section sets the tone for our Medical School and the framework for our learning environment. The section includes our education mission, vision and values. It lays out the key characteristics of our graduates. It also includes our professionalism policy and student mistreatment policy with links to supporting campus resources and policies, such as notes on academic integrity and plagiarism, patient documentation and truth in research.

The Mission of the University of Missouri School of Medicine:
To save and improve lives – through exemplary education, research and patient centered-care.

The Education Mission Statement is supported by a series of Vision Statements for Education as follows:
The University of Missouri-Columbia School of Medicine provides educational experiences in which the health of our patients is our first priority.

We prepare physicians who provide patient-centered care by working collaboratively with patients, health professionals, and others to maximize the health of individuals and communities, with special emphasis on the needs of rural Missouri.

Our educational process methods promote intellectual curiosity, professionalism, and skills for lifelong 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. A culture focused on patient-centered high-quality care delivers the best education to 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 atmosphere of
collaboration, **respect**, honesty, and constructive feedback.

3. This environment is supported through our commitment to act ethically, to welcome differences, and to engage in open **communications**.

4. We will not permit consideration of religion, nationality, race, sexual orientation, party politics, social standing, or other differences to intervene in **consistent, equitable, and ethical interactions** with patients, colleagues, and learners.

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

**Educational Goal Statements for the Medical Doctorate (MD) Degree**

The following educational goals are broad statements of skills, abilities, and attitudes expected 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:**

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 health-care team, and support patient-centered care policies and practices of health-care 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 culture, race, ethnicity, religion, gender, sexual orientation, and socioeconomic situation affect a person’s 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 using developing technologies that facilitate patient understanding and improve health literacy.

8. 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 health-care 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.

12. Understand the health-care 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.

13. 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.

14. 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.

15. 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 obstacles to the practice of medicine in themselves and others.

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

**Key Characteristics we expect our students to 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 they prefer, 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 that 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 health-care system. In practice, our graduates understand and adhere to the basic principles of medical ethics, including justice, beneficence, non-malfeasance, and respect for patient autonomy.

**Knowledgeable in biomedical sciences, evidence-based practice, and societal and cultural issues:** Our graduates possess a fund of knowledge that reflects current understanding in basic biomedical sciences, clinical disciplines, population health, and the social and behavioral sciences that have an impact on 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 lifelong 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**

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, where it was created by Dr. Arnold Gold, a pediatrician and neurologist on the faculty. MUSOM adopted the White Coat Ceremony in 1997. During the ceremony, each medical student receives their white coat, a universal symbol of the medical profession. The ceremony marks the symbolic first step to becoming a Doctor of Medicine.

The School of Medicine is very committed to the professionalism of medical practice. Students are expected to fully embrace our school’s Foundation Values (see page 9) and conduct themselves at all times in a manner that exhibits these values and demonstrates respect for the medical profession.

Requirements of medical students at the University of Missouri School of Medicine are the same as those of all other practicing physicians in clinical and academic settings at MU Health Care, and both Springfield health systems. Successful completion of your medical education includes completion of classroom/didactic and clinical assignments and required elements of training and immunizations (including classroom paperwork, clinical documentation, surveys, staff health guidelines, etc.,) by stated deadlines.

The Committee on Student Promotion’s (CSP) responsibilities and functions can be found in Appendix I 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 all students in the School of Medicine must meet. Those pertinent to student conduct include the following:

- Learning and improvement is the expected response to constructive criticism.
- Effective, respectful, and consistent interactions are the standards for working with colleagues, health-care teams, and support staff.
- Honesty and integrity are the hallmarks of good relationships and communication.
with patients and staff, and support accuracy and completeness of medical documentation.

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 who succeed at MU School of Medicine are well-prepared to practice medicine—display good time management skills, timely and high-quality completion of the curriculum, and dedication to patient-centered clinical care.

**Honor Council/Honor Code**

The Honor Code (included in Appendix III of this handbook) is provided to each student upon admission. Under the Code, the students of the School of Medicine recognize that they are engaged in becoming members of a profession. Students pledge to uphold ethics and standards appropriate to the profession of medicine by their act of matriculation into the Mizzou Medicine program. A student may be referred to the Honor Council if a student, faculty, or staff reports concerns regarding student conduct.

The Honor Council is a student-run committee. It may receive reports from students, faculty, staff, or associate deans. Reports are taken seriously and will be addressed, with due attention to student confidentiality. There may be some situations in which Office of Medical Education will need to become involved, but it is not mandatory. The decision of the Council may also ask that the information be included in the student’s Medical Student Performance Evaluation (MSPE). Outcomes of the Honor Council reviews are submitted to the Associate Dean for Student Programs to be included in the student’s academic file.

**Appropriate Appearance**

Students should dress in a manner that contributes to the learning process and should be well groomed at all times. Casual clothing is acceptable for students in preclinical years for lectures, labs, and tutorials; although professional dress with short white coats and ID badge are required in any clinical setting, such as the Ambulatory Clinical Experience (ACE) during years one and two. Medical students performing in clinical areas and simulated patient care areas are required to wear short white coats, to dress in a professional manner, and to wear their ID badge at all times. Open-toed shoes and sandals are not permitted in clinical/patient care areas.
**Plagiarism**

Plagiarism is the act of copying substantially and materially from another author’s publication or other works and presenting the copy as one’s own. Plagiarism is not confined to literal copying, but also includes any of the evasive variations and alterations by which a plagiarist may disguise the source from which the material was copied. Plagiarism, including plagiarism on examinations, is not permitted. Questions regarding the use of footnotes, quotation marks, etc., should be taken to faculty for clarification.

**Confidentiality of Curricular Materials**

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

**Responsible Conduct of Research**

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

These guidelines provide for reporting 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](http://www.umsystem.edu/ums/rules/collected_rules/research/ch420/420.010_research_misconduct).

**Confidentiality of Patient Records**

Students on clinical rotations may be expected to write clinical notes about their care of patients. 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 clinical documentation, including missing 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 MSPE.

Patient records are confidential documents for which access is provided only to authorized persons. In teaching hospitals such as the University Hospital, Women’s and Children’s Hospital, the Harry S. Truman Veterans’ Hospital, CoxHealth Hospital, and Mercy Hospital, patient record access is granted to students who are actively caring for patients. Students are not permitted access to records of patients for whom they are not
actively providing care.

Under no circumstances can any medical record be removed from the hospitals, nor is photocopying of the records permitted. For presentations or rounds, students are permitted to extract information but not to copy substantial parts of the chart.

Conversations containing patient information are confidential. It is unacceptable to discuss information about patients in the hospital corridors, elevators, cafeteria, etc., where non-authorized people might overhear the information. Information about patients must not be shared electronically using unencrypted email, Facebook, Twitter, or other social networking sites. HIPAA – The “Health Insurance Portability and Accountability Act” is United States legislation that provides data privacy and security provisions for safeguarding medical information.


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

**Misconduct**

Concerns regarding student conduct and behavior may come to the attention of faculty or administration through numerous listening avenues. The School of Medicine will balance the circumstances and seriousness of each situation with student confidentiality, educational objectives, uniformity of disciplinary procedures, and fairness to all parties affected. Guidance is available from education leaders, the Associate Dean for Student Programs, and other leaders in Medical Education for faculty to address an issue themselves, with the individual student, or with a larger group, either at the time of its occurrence or a later date. Faculty may choose to give an unsatisfactory grade in a course if they judge that a student’s behavior falls short of expected standards.

Reports of unprofessional behavior received by Medical Education from students, staff, faculty members, or by other means, will be noted and monitored by the Associate Dean of Student Programs. A copy of any reports of unprofessional behavior will be placed on a student’s permanent academic file, drawing attention to the lack of professionalism.

The Associate Dean for Student Programs will be involved in discussions about how to proceed in each individual case. A variety of approaches may be taken, including educational interventions, the placement of a formal letter in a student academic file, and/or report to the Committee on Student Promotions (CSP), and/or to the Honor Council. These reports will also be available to the MSPE committee at the beginning of a student’s fourth year and may or may not be included in the student’s MSPE.

**One School, Two Campuses**

The University of Missouri School of Medicine is comprised of two clinical campuses, in Springfield and Columbia. We fully expect the student experience to be an equally exciting and attractive option at either location.
Students will be assigned to either the Springfield clinical campus or the Columbia clinical campus for their M3 and M4 years using a lottery process, which takes students’ campus preference into consideration.

Valid circumstances for lottery exclusion:

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

Circumstances not valid for lottery exclusion:

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

Once the campus assignment is established, all of the 7 clerkships and 2 week electives will be completed on that campus. Electives and selectives are offered on both campuses or as away electives, and will be under the discretion of University of Missouri School of Medicine faculty. Students may participate in the Rural Track program and Integrated Residency regardless of their clinical campus assignment.

**The Teacher-Learner Relationship at the School of Medicine**

The University of Missouri School of Medicine affirms the view that the teacher-learner relationship should be based on mutual trust, respect, and responsibility and 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 demands 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 as follows:

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

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

**Code of Professional Conduct**

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

**Guiding Principles:**

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

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

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

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

Responsibilities of Teachers and Learners

Teachers should:

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

Students Should:

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

**Relationships Between Teachers and Students**

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

**Policies on Non-Discrimination**

The University of Missouri System is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, ethnicity, disability, or status as a Vietnam-era veteran. The University is committed to providing a positive work and learning environment where all individuals are treated fairly and with respect, regardless of their status. The University does not tolerate mistreatment by or of its students, faculty, residents, staff, or patients. Any person having inquiries concerning the University of Missouri-Columbia’s compliance with implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Assistant Vice Chancellor, Human Resource Services, University of Missouri-Columbia, 130 Heinkel Building, Columbia, Mo. 65211, 573-882-4256 or the Assistant Secretary for Civil Rights, U.S. Department of Education.

The University’s formal discrimination grievance procedure can be found at the following website:
It is the University's special responsibility to provide a positive climate in which students can learn. The University expects that the School of Medicine will provide educational programs and otherwise direct resources to creative and serious measures designed to improve interpersonal relationships, to help develop healthy attitudes toward different kinds of people, and to foster a climate in which students are treated as individuals rather than as members of a particular category of people. The university specifically prohibits consensual amorous relationships between individuals where one has direct supervisory or evaluative responsibility for the other (as between, for example, faculty member and student). The university’s policy in this regard can be found at the following address: https://www.umsystem.edu/ums/rules/hrm/hr500/hr519

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

**Student Mistreatment**

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

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

**Who Should You Ask?**

Medical students are sometimes reluctant to discuss mistreatment for fear of being identified or even receiving reprisals; yet they often want alleged mistreatment incidents to be investigated. The School does not tolerate retaliation or reprisals against students who bring incidents of possible mistreatment to the attention of faculty and/or school officials. The mistreatment of students by patients may be particularly painful. Students are strongly encouraged to discuss such incidents with a trusted supervisor, mentor, or colleague.

In our investigations, educational efforts, policies and procedures, the School of Medicine recognizes that, in some instances, the perception of the individual who believes they were mistreated and the intent of the other person(s) involved are discrepant. Whatever the circumstance, a student who believes they were 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 informal options such as individual medical school faculty, deans and department chairs, advisors, clerkship directors, preceptors, and others.

Concerns, problems, questions, and complaints may be discussed anonymously and confidentially with the Associate Dean for Student Programs, whose role specifically includes student advocacy, and who is available to all enrolled MU medical students.

**Formal Procedures**

Formal processes are also available. At the recommendation of the students, Medical Education implemented an electronic reporting system in June 2015 that is used to report for all clinical experiences, including rural track and the Springfield Clinical Campus. It can be accessed through the Student Portfolio → Tools → Reporting.

If a report is sent to the portfolio that qualifies for Title IX engagement, the Associate Dean for Student Programs is required to report it to the Title IX office.
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. The website can be found at http://civilrights.missouri.edu/. 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.

- The University of Missouri campus reporting system, MU Office for Civil Rights and Title IX, is available to all individuals in the School of Medicine and provides the opportunity to report anonymously. Reports made through MU Office for Civil Rights and Title IX are investigated by the University of Missouri Office of Diversity and Inclusion.

- The University of Missouri Health-Care (UMHC) ‘Patient Safety Network’ (PSN) system may also be used by students to report concerns about incidents in the learning environment. The PSN provides the option of an anonymous report. Reports of mistreatment and unprofessional behavior in the medical student learning environment made through the PSN system are routed to the Associate Dean for Student Programs. Student must self-identify as a medical student (name not required) so the report gets routed to Associate Dean for Student Programs.

- The Bias Reporting Hotline is a reporting mechanism implemented by University of Missouri Health System (UMHS) in academic year 2014-15. The Hotline is available to medical students and all other members of the academic health-center community. It can be found online (https://secure.ethicspoint.com/domain/media/en/gui/40803/index.html) or by
Formal complaints about other medical students may be handled through the School of Medicine’s conduct codes. The bylaws of the School give the Committee on Student Promotions responsibility for determining whether students “have demonstrated the likelihood that they will be able to achieve and maintain the academic competencies and personal qualities required of the physician.” The personal qualities referred to include emotional stability and high ethical standards. Students wishing to proceed with formal complaints about other medical students should contact the Associate Dean for Student Programs.

Formal complaints about faculty, residents, and staff are made through University procedures using the formal grievance procedure found at the address above. Local hospital and health-system human resource departments and physician chiefs of staff at particular sites may also need to be involved.

**CiRCLE**

CiRCLE (Committee for Respect and Civility in the Learning Environment) consists of students and faculty. The Associate Dean of Student Programs is the Medical Education Ex Officio member for the committee and monitors the LCME elements to be reported. Reports of mistreatment that have been submitted through one of the designated routes (student portfolio, PSN, etc.) are reviewed with CiRCLE so that they can provide feedback and suggestions on resolutions. The amount of detail shared with the committee is determined by the reporter and by the Associate Dean for Student Programs (i.e., sometimes the issue is shared but student name is withheld as reporter requested).

CiRCLE committee also prepares a summary report of all mistreatment report data submitted for each academic year; these reports are shared with Medical Education leadership, faculty, staff, and students.

**University of Missouri School of Medicine Non-Involvement**

Students should disclose potential conflicts with health-care providers who supervise them. When a student is assigned to a facilitator, preceptor, or service, or appears before a committee where such a conflict exists, it is the responsibility of all concerned to bring the conflict to the attention of the course or clerkship director and the Medical Education Office, so that an alternative assignment may be made, or action taken that ensures the health-care provider concerned is not involved in the assessment or promotion of the student with whom a care relationship has been established.

Students may disclose new conflicts through their portfolio. Student Portfolio → Tools → Reporting → Conflict Reporting.
The University of Missouri School of Medicine Diversity

The University of Missouri School of Medicine aligns its definitions for diversity and inclusion with the University of Missouri System. The definitions are adopted from the Inclusive Excellence Framework, and the execution of the framework marks the university’s commitment to creating and sustaining a diverse and inclusive environment for all of its constituents.

Diversity is the various mix or combinations of human differences (e.g., personality, learning styles and life experiences) and group/social differences (e.g., race/ethnicity, class, gender/gender identity, sexual orientation, country of origin, and ability. These combinations also include cultural, political, religious or other affiliations that can be engaged in the service of learning and working together.

Inclusion is the active, intentional and ongoing engagement with diversity — in people, in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural and geographical) with which individuals might connect.

The University of Missouri School of Medicine advocates for an inclusive health care and learning environment. We recognize that to achieve institutional excellence it is imperative to not only create a broadly diverse academic community but to embrace it and actively engage inclusiveness through education, opportunity and access, acknowledgement and support, organizational infrastructure and community engagement. Our shared definition of inclusion shifts the responsibility from one person, office or entity to every person who chooses to be a part of our community. We recognize that in the creation of such an environment we not only gain personal benefit but provide a well-equipped physician workforce that is prepared to provide excellent health care to an increasingly diverse population.

As an engaged learning community, the School of Medicine will:
Commit to a welcoming and engaging environment.
Actively and consistently pursue a diverse and qualified community. Acknowledge and reward talent, scholarship and merit in an environment that derives its strength from varied societal differences. Value the enrichment that diversity provides to the practice and art of medicine.

Mistreatment of Staff
See student mistreatment listed in previous section for reporting process of student mistreatment.
The School of Medicine and Medical Education are committed to providing a positive work and learning environment where all are treated fairly and with respect. Intimidation and harassment have no place in our environment. Every member of the team (faculty, staff, students) shall honor the dignity and inherent worth of each person.
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 related to medical students, they are encouraged to report it immediately. The incident reporting process for staff is:

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

Although confidentiality of reports cannot be assured, 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 are referred to campus.
We will, through education and example:

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

Essential Requirements for the Degree of Doctor of Medicine (Technical Standards)
To ensure that patients receive highly effective medical care, certain abilities are required of our students. These requirements include the intellectual, emotional, social, and physical capabilities necessary to participate fully in the curriculum and the technical competencies essential for providing high quality medical care. Successful program completion includes meeting the standards described below, with or without accommodation.

Assess, Diagnose and Treat
- 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
- obtain a medical history and perform a complete physical examination
- elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers
- develop an appropriate diagnostic and treatment plan
- respond to emergency situations in a timely manner and provide general care and emergency treatment to patients
- perform a variety of procedures

Interpersonal Communication:
- relate and communicate effectively, sensitively, and efficiently with patients, families, and members of the health-care team to convey information essential for safe and effective care
- interpret and respond effectively to non-verbal aspects of communication
- read and record information accurately and clearly

Problem Solving, Ethics, and Safety
- demonstrate the intellectual abilities of measurement, calculation, reasoning, analysis, and synthesis
- adhere to the high moral and ethical standards demanded of physicians
- exercise good judgment
- promptly complete all responsibilities attendant to the diagnosis and care of patients
• develop mature, sensitive, and effective relationships with patients
• follow universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities

Personal Characteristics
• tolerate physically and mentally taxing workloads
• function effectively under stress, and display flexibility and adaptability to changing environments
• possess the emotional health required for full use of their intellectual abilities 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 on a case-by-case basis, with a complete and careful consideration of the skills, attitudes, and attributes of the candidate. An accommodation will not be granted if: it poses a direct threat to the health or safety of self and/or others; it requires a substantial modification in an essential element of the curriculum; it lowers academic standards; or it 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. Students can refer to the University of Missouri Campus’ policy on academic accommodations - https://disabilitycenter.missouri.edu/accommodations-services-policies/

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.

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, they are available through the Student Health Center on the University of
Missouri campus, (573) 882-7481 or through Missouri State University, Magers Health and Wellness Center (417-836-4000). Students who do not complete immunization requirements will not be allowed to enter patient areas as per hospital policy.

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

**Tetanus/diphtheria (Td/Tdap)**
Each student must have completed the primary series with booster given within the past 10 years. If the student has not had a Tdap, one should be administered to boost pertussis immunity. Subsequently, a Td booster vaccine will be given every 10 years.

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

**Varicella (chicken pox)**
Each student must have two doses of the vaccine series at least one month apart or have a positive immune titer.

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

**Hepatitis B**
Each student is required to receive the three-dose series of vaccinations. If not already begun or completed prior to matriculation, students should contact the Student Health Center (882-7481) to schedule an appointment to begin the three-dose series within the first four weeks after matriculation (i.e., during the month of August). A student who tests positive for hepatitis B surface antibody (anti-HBs) is not required to receive vaccinations. Students should strongly consider obtaining a Hepatitis B surface antibody regardless of documentation of immunization. Although not required by the University of Missouri, many institutions require proof of Hepatitis B immunity prior to acceptance for a rotation.

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

Students with a documented history of TB disease, a documented previous positive test result for M. tuberculosis infection, or a documented completion of treatment for LTBI or TB disease must provide complete written documentation. Written documentation should include recorded TST results in millimeters (or IGRA result, including the concentration of cytokine measured). Students who have received medication should include drug name, dosage, and duration of course. Written copies of chest X-ray reports should also be included. 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.

**Orientation to Infection Protection**

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

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

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

**Exposure to Bodily Fluids**

Information on infection control is provided as part of required orientations in the first three years. Information is available at other times from the departments or by calling Infection Control.

Blood/body fluid exposure could lead to transmission of blood-borne pathogens and infection. Prophylaxis may need to be given rapidly to achieve maximum protection.
Before doing procedures, students should make sure they have supervision and information about safe techniques.

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

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

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

- For students on rotations at MUHC (hospitals and clinics), evaluation, testing of source and student, counseling, immediate prophylaxis and follow-up testing are provided without charge to students, through Work Injury Services (573-884-9924). Students are instructed to call Work Injury Services Monday through Friday, from 7:30 a.m. to 4:00 p.m. After these hours or during University-recognized holidays, the students should call the hospital operator and ask for the House Manager to notify them of the exposure. Students are informed be aware that, in some circumstances, they will be referred to their private physician or to the Student Health Center (573-882-7481) for follow up and treatment.
- Students at the Harry S. Truman Memorial Veteran’s Hospital are advised to go to VA Employee Health during normal working hours (Monday through Friday, 7:30 a.m. to 4:00 p.m.), and to the VA Emergency Department outside these hours, for initial evaluation. Students will be sent to their private physician or to the Student Health Center (573-882-7481) for any further treatment.
- Students at CoxHealth in Springfield are advised to contact Employee Health at (417) 269-4029.
- Students at Mercy in Springfield are advised to contact Employee Health at (417) 820-2042.

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

Students are expected to take responsibility for protecting their patients and co-workers if they become ill. Questions may be directed to the Associate Dean for Student Programs.
Other Injury
Students may experience other physical injury as a result of accidents or other events while on clinical rotations. They should seek care from the nearest emergency room in life-threatening situations. Care for non-life-threatening injury should be sought from the Student Health Center, the student’s own physician, or other 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.

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

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

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

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

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

Additional Recommendations

Disability Insurance
Disability insurance is optional; however, many professional groups have recommended that medical students purchase it.
**Hepatitis B Surface Antibody Blood Test**
While not required at this institution, hepatitis B surface antibody testing to verify immunity is required by institutions the student may rotate with in years 3 and 4. It is highly recommended that the student have post-vaccination serologic testing for anti-HBs one to two months after the last vaccine dose. Students who have received the hepatitis B series in the remote past should strongly consider serologic testing to verify immunity. If adequate immunity is not demonstrated, the student will require a booster.

**How Does the School of Medicine Communicate with Students?**
It is your responsibility to stay informed. SOM uses a variety of means to communicate with students, faculty, and staff, and will often send information using more than one of the methods described below. Please check your Student Portfolio home page and your mailbox no less than **twice a week**. If your mailbox is full, you may miss important information.

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

**Bulletin**
Medical Education will send you a bulletin via email the beginning of each block during the first two years of medical school and at intervals during years three and four.

**Email**
You will have a computer account that includes email. Please check your email frequently for important information sent by Medical Education or the faculty.

The University considers email to your MU email account to be the official method of communication.

You risk missing important information because messages are bounced back to sender when your inbox is full. During your **M3 and M4 years you are required to check your email daily**. It is important to be informed and failure to check your email is not an acceptable excuse for missing a task or deadline.

**Clinical Advising Tool for Students and Advisors (CATSA)**
Webpage that can be accessed with MU pawprint. Especially useful for M3 and M4 students as it has career advising, quick links, match info, match specialty sheets.. Block bulletins and class emails are posted in the CATSA as well. [https://catsa.missouri.edu/](https://catsa.missouri.edu/)

**Student Town Hall Meetings**
Student Town Hall meetings occur as needed throughout the school year. You are encouraged to attend. The meetings are times when deans and faculty are available to
answer questions from students and provide updates on things happening in the School of Medicine.

**Requirements for Attendance**

Students are expected to attend all scheduled curricular and other learning activities. In situations such as PBL, students are expected to attend and contribute to the discussion. The absence policy applies to all medical students and includes all scheduled activities/events for which MU School of Medicine academic credit is earned.

**Regular Attendance**

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

Anticipated absences should be submitted to the appropriate faculty/staff as soon as they are known and no less than two days before the anticipated absence. For unexpected absences, forms should be completed and submitted within two days of student’s return. For clerkships, excused absences are due no later than two weeks before the start of the clerkship.

**Expectations for Attendance**

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

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

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

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

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 student’s responsibility to review the course attendance
and absence policy at the beginning of each year as stated in the COMPASS course syllabus.

**Excused Absences**

Excused absences include:

- **For Health Reasons**
  Requests for absences for health reasons will generally be excused. Appropriate reasons include, but are not limited to, routine preventive care, urgent health-related emergencies and illnesses, scheduled surgeries or other procedures, pregnancy, childbirth, and adoption-related issues, including absence to allow the partner to be present at and after the birth of a child or the placement of an adoptive child. Students are not required to disclose the health issue for which they are requesting an absence. Students may be required to provide documentation from a health-care provider regarding the need for the absence.

- **For Religious Observance**
  Excused absences may be approved for traditional religious holidays and religious observance.

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

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

- **For Professional Meetings**
  Students in good academic standing may request excused absences to attend professional meetings.

- **Jury Duty**
  Every year, we have a few inquiries from students regarding jury duty and the obligation to serve. For students who receive a summons to serve, we recommend the following:
  
  - Write a personal statement giving your status as a medical student and explain how it would be detrimental to your education to miss any part of the daily curriculum, as it is a cumulative process.
  - If the time for which you have been summoned falls during a scheduled exam week, be sure to include this fact in your personal statement, making it understood your exams are a week-long process (for first- and second-year students).
  - Go online (http://registrar.missouri.edu) and print the letter of enrollment under ‘Grades, Transcripts and Records’ to verify your student status and number of hours enrolled.
Medical Education does not provide letters of enrollment to excuse students from jury duty as the court does not recognize a letter from the School of Medicine as an accepted form of excused service.

Absences for Scheduled Events – M1 and M2 students.

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

- Complete the absence request form (found on Student Portfolio → Tools → Academic Resources → Forms). The form must be completed at least two weeks in advance of the anticipated absence.
- Submit the completed absence request form via email or in person to the Associate Dean for Student Programs (or their designated staff) for review, signature, and filing.

Absences for Scheduled Events – M3 and M4 Students

Initial approval of all M3 and M4 absences is at the discretion of the director of the clerkship or course in Columbia, or the associate director in Springfield. Final approval is at the discretion of the Associate Dean for Student Programs. Absence request forms for M3/M4 students are also found through Student Portfolio → Tools → Academic Resources → Forms.

Students may file a written appeal of the decision of a course director or associate director regarding a requested absence to the Associate Dean for Student Programs within 48 hours of the date of the decision. This appeal will be reviewed by the Clinical Curriculum Steering Committee (CCSC) at their next regularly scheduled meeting.

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

Absences for Unscheduled Events

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

Unexcused Absences

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

Definition of Good Academic Standing

A student who is in good academic standing is satisfactorily progressing in the curriculum.

If a student is on an Individual Study Plan (ISP) then they are not progressing and are
considered not in good standing.

When there is a question of good standing, the Associate Dean for Student Programs and the Associate Dean for Curriculum and Evaluation will review the student’s academic record and performance, taking into consideration any extenuating factors, before determining good standing status. If the student disagrees with the decision, the Senior Associate Dean for Education will make the final pronouncement.

**Extended Leaves of Absence**

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

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

Students may also be on an extended leave of absence in order to pursue a research fellowship or in other academically-related circumstances when approved by the Committee on Student Promotions.

Students are urged to contact the Financial Aid office for assistance with financial queries when taking any kind of leave.

**Deferrals of Examinations and Clerkships**

Students who have compelling health and/or personal issues may request an absence prior to a scheduled examination. Such requests should be directed to the Associate Dean for Student Programs who will communicate with the Associate Dean for Curriculum and Evaluation. During the M1/M2 examination week, students granted an absence will not be permitted to attempt subsequent exams during exam week. An absence for the M1/M2 examination week applies to the rest of the week’s exam schedule. Make-up exams must be scheduled after exam week and coordinated with the block director.

**Deferral of Clerkships into the Senior Year**

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

- Students who have been considered by the Committee on Student Promotions for a mandatory vote for dismissal may not start their M3 year until they have a passing score on USMLE Step 1. Typically, students in this situation will not be ready to start their first clerkship in block 9 and will instead start their M3
requirements in block 10.

- In unusual circumstances, students may request to defer additional core clerkships into the senior academic year. Requests from a student to defer a clerkship will be granted only for compelling health or personal reasons.

Deferral of the start of the M3 year or deferral of a second core clerkship into the senior year will generally be denied for requests: to take additional senior electives in the junior year; for more time to study to potentially improve Step 1 scores and hence competitiveness for residency; or for weddings, personal or family vacations, family reunions, etc.

Students who are requesting deferrals should meet with the Associate Dean for Student Programs; the student may also ask for the request to be reviewed by the CCSC. Identifying information will be removed from the request. Appeals should be addressed to the Senior Associate Dean for Education.

Students who are required to defer block 9 due to consideration by CSP for a vote for dismissal during their M2 year should meet with the Associate Dean for Student Programs before the end of their M2 year.

**Individual Study Plans**

In some circumstances, students may be enrolled in a customized course of study called an Individual Study Plan (ISP). These are created on a case-by-case basis for students who have academic challenges or other compelling reason(s). Individual courses of study are approved by the Associate Dean for Student Programs and the Associate Dean for Curriculum and Evaluation. The CSP is updated with any unsatisfactory progress. Tuition will be charged and students will be enrolled in specified courses. Students in this situation should meet with the Associate Dean for Student Programs.

**Class Cancellations**

In the event of bad weather, the M1 and M2 classes will follow the campus decision to hold or cancel classes. This includes students on Ambulatory Clinical Experience (ACE).

**Protocol for School of Medicine Students due to Campus Closure (Delayed Start, Partial Closure, or Full Closure)**

The protocol to be used for School of Medicine students is below. Students should exercise judgment regarding their ability to travel safely to campus during inclement weather. Students are not expected to place travel for class attendance above considerations for individual health and safety.

**Partial Campus Closure and/or Delayed Start**

If campus administration would designate a partial campus closure:

- M1 and M2 classes/activities will follow the campus decision and would be cancelled or have a delayed start based on the time designated by campus.
  - Notification of this cancellation would be confirmed by the Senior
Associate Dean for Education or his designee (via email). Notice of
campus closure will be sent to students (via email) by the Associate Dean
for Student Programs.
  o This cancellation would include Ambulatory Clinical Experience (ACE),
  Advanced Physical Diagnosis (APD), and Simulation activities; however,
students should attempt to reschedule a clinic with their ACE or APD
preceptor if possible.
  o Cancellations cannot be set or determined by block directors, faculty
facilitators, or staff.

• M3 and M4 Students
  o M3 and M4 students on clinical blocks should check with the clerkship
director, attending, or resident with whom they are working regarding
cancellations.
  o M3 and M4 students on non-clinical blocks such as advanced
biomedical sciences should check with the faculty member teaching
the block.
  o Notice of campus closure will be sent to students (via email) by the
Associate Dean for Student Programs.

• Springfield Clinical Campus
  o SCC will follow the closure announcements made by Missouri State
University (MSU).
  o The Senior Associate Dean for Education and the Associate Dean for
the SCC will make a determination for student attendance. The
associate dean will then contact the associate clerkship director for
each department.

Full Campus Closure
If campus administration would designate a full campus closure:

• M1 and M2 classes/activities will follow the campus decision and would be
cancelled.
  o Notification of this cancellation would be confirmed by the Senior
  Associate Dean for Education or his designee (via email). Notice of
campus closure will be sent to students (via email) by the Associate Dean
  for Student Programs.
  o This cancellation would be all-inclusive of student events, lectures, and
activities.
  o Cancellations cannot be set or determined by block directors, faculty
facilitators, or staff.

• M3 and M4 students
  o During times of University of Missouri campus closures for weather or
other safety issues, medical students at affected locations will be excused
from all clinical rotation activities.
  o Students at unaffected remote sites that are not closed are expected to
continue regular clinical activities.
  o Please contact your clerkship/course director with any questions about school closures.
  o Notice of campus closure will be sent to students (via email) by the Associate Dean for Student Programs.

- Springfield Clinical Campus (SCC)
  o SCC will follow the closure announcements made by Missouri State University (MSU).
  o The Senior Associate Dean for Education and the Associate Dean for the SCC will make a determination for student attendance. The associate dean will then contact the associate clerkship director for each department.

Requirements for Evaluation

Evaluation is a vital part of the educational process. In medical education, evaluation serves two purposes: 1) to assess your performance and 2) to provide the feedback needed to identify areas needing improvement and continuously enhance your performance. The evaluation system serves the crucial function of quality control, ensuring that the medical degree denotes high standards of competency and professionalism.

In addition to routine assessments, the School of Medicine places high importance on self-evaluation and the ability to continuously improve your knowledge and skills. To support the development of reflective practice, you will contribute to your portfolio throughout your time as a medical student. Annually, you will be invited to reflect on your progress in achieving the Key Characteristics, and you will also be expected to submit evidence that you have achieved competence in the Key Characteristics.

End-of-Block Feedback

At the end of each block or clerkship, you will provide comments on the quality of educational experiences that occurred. Thoughtful comments from our students provide the data needed to continuously enhance the curriculum. These comments should be professional, inclusive, and free of profanity and attacks on faculty members’ character. The de-identified information you contribute is aggregated and provided to lecturers, facilitators, block directors and clerkship directors.

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

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

Grades

Assessment of a student’s academic performance takes into account the following four major components: knowledge, skill, clinical reasoning, and professionalism (including but not restricted to initiative, intellectual curiosity, interpersonal relations, and respect
for others). A student who is deficient in any 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 they have been enrolled because their 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 their work. The student and faculty will negotiate the task, time frame, and other details to successfully complete the block/course. The time allowed for the removal of an “I” grade is normally one calendar year from the date of its recording (assuming that the student is in continuous enrollment during the time period). When the incomplete work is accomplished, the resulting grade will be provided to the registrar and the student.

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

**W – Withdrawal**
This grade signifies withdrawal from a course or clinical block no later than two weeks before the last scheduled day of classes with the approval of the course director and the Associate Dean for Curriculum and Evaluation and the Associate Dean of Student Programs.
**Grade /Evaluation Appeals or Written Evaluation**

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

**Curriculum Changes**

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

**Curriculum Overview**

For an overview of the MU School of Medicine curriculum please go to https://medicine.missouri.edu/education/medical-education-curriculum/. Decisions regarding promotion and graduation take into account not only whether students have adequately met traditional classroom requirements, but also whether they have demonstrated the likelihood that they will be able to achieve and maintain the academic competencies and personal qualities required of the physician. Each spring, the Committee on Student Promotion reviews the proposed list of graduates for that year and holds a vote on a committee recommendation for a faculty endorsement at the all-school faculty spring meeting.
SECTION THREE
YOUR FIRST AND SECOND YEARS

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

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

- **BSci/PBL**-In this component, students work through authentic clinical cases each week in small groups with a faculty facilitator. The facilitator is not a content expert, but rather guides the group as they work through the case seeking a diagnosis and patient care plan. BSci/PBL cases guide learning and the application of basic science concepts in clinical scenarios. Basic lectures and laboratory experiences teach concepts that supplement the cases. BSci/PBL features about 10 hours of patient-based learning with about 10 hours of traditional teaching such as lectures or laboratories each week.

- **IPC**-Themes change with each block and focus on clinical skills, including history taking and physical examination, psychosocial issues, and increasing the students’ understanding of epidemiology, diagnostic tests, and psychopathology. The primary learning strategies also emphasize small-group learning with supporting lectures and laboratory experiences.

- **Ambulatory Clinical Experience (ACE)**-This component is required for two blocks (two of three available: blocks 2, 3, and 4). During ACE, each student spends half a day three times per block with a role-model faculty or community physician-preceptor. Check the dress code for ACE and other patient care experiences.

- **Advanced Physical Diagnosis (APD)**-This component 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 student(s); 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 in order to advance to the core clerkships.

- **Independent Learning** Consists of two half days each week as protected time for independent or student-directed learning; no faculty-initiated activities may be scheduled. In the pre-clerkship curriculum, scheduled curricular events typically do not exceed 32 hours per week.

**YEAR ONE**

**Block One**
- **Basic Science/PBL: Structure and Function of the Human Body 1-** Metabolism, molecular biology, genetics, pharmacologic principles, embryology, histology, gross anatomy and nutrition
- **Introduction to Patient Care: Interviewing**- Content and activities will focus on learning the structure and performance of a patient-centered medical interview and establishing a collaborative doctor-patient relationship. Students will also be introduced to the process of diagnostic reasoning and addressing ethical issues.

**Block Two**
- **Basic Science/PBL: Structure and Function of the Human Body 2-** Structure and function of pulmonary, cardiovascular, gastrointestinal, renal, and respiratory systems
- **Introduction to Patient Care: Physical Examination**- Basic physical examination skills and knowledge underlying the exam
- **Ambulatory Clinical Experience**

**Block Three**
- **Basic Science/PBL: Structure and Function of the Human Body 3-** Neurophysiology and anatomy
- **Introduction to Patient Care: Biopsychosocial Aspects of Medicine**- Behavioral medicine, substance abuse, human sexuality, culture and health, and the dying patient
- **Ambulatory Clinical Experience**

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

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

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

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

Block Eight
- Basic Science/PBL: Pathophysiology 4-Clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, and skin and nervous system disorders
- Introduction to Patient Care: Doctor as a Person-Lifestyle balance, stress, careers in medicine, patient safety, current issues in health-care, ethics, end-of-life care, and the changing health-care system. Ward preparation: endotracheal intubation, arterial puncture (ABG) and lumbar puncture, bladder catheterization, and nasogastric tube placement
- Advanced Physical Diagnosis
COMPASS – Contemplating Medicine, Patients, Self, and Society

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

Evaluation in the First and Second Years

All examinations occur during the ninth week of each block. There are no mid-block exams or quizzes. Mid-block formative feedback to the student by the facilitator is required for all PBL and IPC small groups.

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

First-year medical student performance for both BSci/PBL and IPC is graded as either satisfactory (S) or unsatisfactory (U). 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. To pass the course, students need a performance level of 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 through an observational assessment of a student’s ability to demonstrate skills important in the development of a physician including the ability to analyze and organize information, apply information in discussion of cases, identify needed information, gather and critically analyze new information, present accurate information to peers in an organized and coherent manner, and to contribute to the learning process of the group. Professionalism and teamwork are also assessed.

Knowledge-Based Examination

This examination may consist of multiple-choice questions similar to those on the USMLE Step 1 and Step 2 medical licensure exams, short-answer questions, short essay-style questions, questions based on exhibits or slides, oral examination, or other methods of determining knowledge levels. Most knowledge-based
examinations are closed-book examinations 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 closed book.

**The BSc/PBL course components are graded as follows:**
- PBL Facilitator evaluation: satisfactory or unsatisfactory
- PBL Clinical-reasoning exam: satisfactory or unsatisfactory
- PBL Knowledge-based exam: satisfactory (65% or higher) or unsatisfactory

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

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

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

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

**M1/M2 Ambulatory Clinical Experience (ACE) and M2 Advanced Physical Diagnosis (APD)**
Ambulatory Clinical Experience and Advanced Physical Diagnosis are graded curricular requirements. A satisfactory or unsatisfactory grade is assigned by the associated director. Evaluation is based upon observations by the preceptor and demonstrated professional behavior such as attendance, promptness, and interactions with and respect shown for the patients and the staff.

**M2 Honors**
During the M2 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: To be eligible for honors in the BSci/PBL portion of the curriculum, students must earn a satisfactory grade on each of the three components of the clinical reasoning exam.
- Knowledge-based exam: earn a score of 85% or higher

**Honors in IPC**

Honor grades are as follows:

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

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

**Examination Review**

Examination review provides you with information to continuously enhance your performance. Extensive analyses are performed to ensure all examinations are equitable and valid. Exams are not returned to students. Like the National Board of Medical Examiners, we are compiling a bank of test items, which have validity, predictability, and reliability. Medical Education will announce the dates and times following each block when students may review their examinations. The calendar of review dates is available on the student portfolio. All reviews must take place in Medical Education buildings under the Honor Code.

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

Students are not allowed to bring laptops or other electronic devices such as cell phones and/or digital cameras to the exam review site.

Transcription of questions or note taking is not permitted other than annotating the number of the question(s) for the Exam Question Request Form and summarizing written feedback received on the CRE/IPC short answer exams.

Exam review occurs the two weeks immediately following exam grade release. Students working with an academic tutor may request additional time for review. Tutors are not allowed to review exams when students are requesting re-evaluation. Requests for additional time for exam review should be directed to the Academic Assistance
Program Coordinator.

**Request for Re-Evaluation**

If you disagree with exam scores, you may bring it to the Block faculty’s attention for consideration. Limits are placed on the number of re-evaluations that a student may request. 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 and posted on your student portfolio. A re-evaluation will result in either an increase in score, a decrease in score, or no change. 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**

If you are dissatisfied with the result of the faculty committee’s re-evaluation of a pre-clerkship course, you may appeal to the Associate Dean for Curriculum and Evaluation and the Associate Dean for Student Programs. Students’ request for an administrative review must be received in writing within **four weeks** of receipt of the original course grade. The Associate Deans may elect to charge a faculty panel to consider the student’s request. The faculty panel will consist of basic science and clinical faculty with experience in the pre-clerkship curriculum, one clinical course director, and one faculty member drawn at random from the pool of participants. The pool of participants will be solicited annually from pre-clerkship and clinical course leaders. The list of volunteers will be maintained by Medical Education. Names will be drawn randomly by the Associate Deans. If a person whose name is drawn is not able to participate because of prior commitments, another name will be drawn. The panel may gather evidence, review documentation, interview individuals, and request further information from the involved parties. Within 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 Evaluation and the Associate Dean for Student Programs. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Associate Deans will respond to the student in writing within five working days of receipt of the panel’s recommendation.

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

The University Registrar ([https://registrar.missouri.edu/](https://registrar.missouri.edu/)) provides guidelines for
changes in grades. In accordance with the University Registrar’s guidance:

- Neither the Associate Deans nor the faculty committee can substitute their 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 they may, within 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, the student may follow the grievance procedure of the University of Missouri- Columbia campus.

What Should I Do Between My First and Second Years of Medical School?
Remediation of an unsatisfactory grade during the M1 year should be a student’s first priority, and a student’s 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 (academic 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. See Section Four for more information.

A number of school-sponsored opportunities are available during the summer after your first year. Stipends may also be available for some of these experiences. Only one program will be awarded per medical student, whether it is paid or unpaid. Only University of Missouri – Columbia medical students are eligible to apply for these school-sponsored opportunities. Further details of the programs described below, as well as others that may be available in a particular year, are provided at an M1 class meeting in the early spring.

Some of the summer programs that have been available and sponsored through the School of Medicine are described below and can be found here: https://medicine.missouri.edu/education/medical-education-curriculum/learning-experiences/summer.
The Summer Community Program
The Summer Community Program is an opportunity for MU School of Medicine’s rising second-year Rural Scholars to participate in a clinical program located in a rural community setting.

Students work with one or more community-based physicians in a primary-care setting and experience the benefits and rewards of rural practice. Students perform appropriately focused medical histories, physical exams, and other clinical tasks under the supervision of the physician. Students who complete this program will receive a stipend. Rural Scholars must complete six weeks of the Rural Track Summer Community Program or four weeks of the Summer Community Program and the Clinical Rural Immersion Program.

Clinical Rural Immersion Program
The Clinical Rural Immersion program is part of the MU Rural Track Pipeline Program (MU-RTPP) and is coordinated by the MU Area Health Education Center (MU AHEC). Clinical Rural Immersion is an interdisciplinary program designed to highlight the social and communal aspects of rural life, and aims to provide students with firsthand perspective on how health-care providers in rural parts of the state balance life and work in small town. MU School of Medicine, MU School of Nursing, and UMKC School of Pharmacy at MU students will be embedded in a clinical site at one of the Rural Track training locations for two weeks during the summer. Interprofessional teams will complete a variety of activities and present their findings at the end of the two weeks. Medical students participate as part of their Rural Scholars experience. The students will receive a stipend as well as room and board.

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

Research
The Office of Research and the Research Council coordinates a summer research program with the objective of supporting students in full-time mentored research under the direction of a member of the faculty. Specific opportunities will be made available in the late fall of the M1 year, and applications are prepared jointly by the student and their mentor. Faculty mentors provide guidance, facilities, and supplies, and ensure the student’s participation in Health Sciences Research Day, as well as the quality of the student’s research experience.

High School Mini Medical School
Each summer, the School of Medicine hosts Missouri high school students who have been selected to participate in a one-week mini-medical school. During the week, the high school students attend lectures and participate in PBL, meet with physicians and basic science faculty, learn about medical school admissions and financial aid, and get medical students’ perspectives on medical school.
Mini-medical school is offered twice during the summer. Seven to eight rising M2 medical students serve as planners, lecturers, PBL authors, facilitators, and counselors for both one-week sessions. This experience involves staying in the residence hall with the students, being on campus 24/7 during the camp, and attending meetings prior to the start of the camp.

**Orientation and White Coat Ceremony**

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

**Department of Medicine Summer Externship Program**

This program is designed to give medical students in Missouri an opportunity to learn about the specialty of internal medicine early in their medical education. Each student works closely with a practicing internist whose primary responsibility is patient care. This is an exceptional opportunity to establish a one-on-one relationship with a mentor in their own practice and experience what it means to be an internist. **Mentors are available in rural, urban, and suburban practice in internal medicine, medicine-pediatrics, and internal medicine subspecialties.**

**Family Medicine Summer Experience**

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

**Springfield Summer Clinical Experience**

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

It is not uncommon for a student to receive an unsatisfactory grade. If this happens, it is incumbent on the student to evaluate what could have been done differently or better and to identify how to close the gap in skills or knowledge in preparation for the remediation process described below. Learning from mistakes is critical to professional growth and development.

Exam-specific guidelines to review performance, including patterns of errors to look for, are included on the Canvas site Study Strategies for Medical Students available to all M1/M2 students. Depending upon the situation and student requests, academic tutors may be made available to assist individual students review their examination performance. Students can contact Kristi Smalley, senior program/project support coordinator, for more information on tutors.

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

Remediation

Students who receive an unsatisfactory grade will have an opportunity to rectify the deficiency during winter and spring breaks and the summer between the M1 and M2 years. Second-year students who receive a “U” on block exams cannot earn honors through remediation. Students must receive passing grades on all M1 and M2 curriculum components must receive a passing grade before they proceed to the clinical years. A second-year student who has presented before the Committee on Student Promotions in their M2 year cannot begin the required clinical clerkships until they have passed Step 1 of the USMLE.

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 spring break, winter break and summer plans should accommodate the necessary study time and the remediation dates. Students on academic probation (with two or more unsatisfactory grades) should plan to concentrate on successful remediation and are, therefore, generally discouraged from participating in research and summer clinical experiences (especially off-campus activities). Students who have been considered for dismissal (with three or more unsatisfactory grades) will not be eligible for participation in summer clinical experiences. Requests for changes in the remediation schedule must be submitted in writing to the Associate Dean for Curriculum and Evaluation and the Associate Dean of Student Programs. Requests are reviewed by a faculty panel. Changes to the schedule will be accommodated only in rare and compelling circumstances.

Remediation exams may include questions used on the regular block examination or
have higher standards at the discretion of the block faculty. Even when successfully remediated, all initial unsatisfactory grades remain on the student’s university transcript. The transcript shows 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. 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.

The American Association of Medical Colleges (AAMC) 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.

**Guidelines for Re-Remediation Examination**

Students unable to successfully remediate the block examination might be allowed another attempt at remediation if they petition the block committee and explain why their initial attempt at remediation was unsuccessful. Students are encouraged to meet with the Associate Dean for Curriculum and Evaluation and the Associate Dean of Student Programs for the process to prepare a petition. If the petition is granted, the student would have a second attempt to rectify the deficiency. If the petition is denied, the student must repeat the block. Students with questions about this process are encouraged to make an appointment with the Associate Dean for Curriculum and Evaluation or the Associate Dean of Student Programs.
SECTION FIVE
Your Third Year

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

Students are required to take Step 1 of the United States Medical Licensing Examination (USMLE) at the end of the second year, and clerkships usually start in early or mid-June. We will provide orientation to the examination at the M2 orientation and in class meetings during the M2 year. For many students, the third year of medical school is quite intense and it may be a good idea to take a little break before starting.

A few students every year request a leave of absence between their second and third years of medical school to explore research or other fellowship opportunities. Requests for leaves must be approved by the Committee on Student Promotions. Contact the Associate Dean for Student Programs for further information.

Am I ready for promotion to the third year?

During the second year of medical school, you will receive information to help you prepare for your third year. Information will be provided about the curriculum (later in this section), about our Rural Track program (later in this section and in section eight), and about the process you will use to register for your third-year clerkships. Information will also be provided about the requirements for matriculation to the third year. These include an updated physical exam and immunizations training on the electronic health record, provision of information to allow you to receive VA, Mercy, and Cox identification badges, and Code of Conduct training, and more as applicable. There will also be one to two days of mandatory onsite orientation for all students. Students assigned to the Springfield clinical campus will participate in Springfield-specific orientation activities.

A comprehensive knowledge-based examination will be administered to all students at the end of the second year. 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. CSP requires that any second-year student who has been considered for dismissal (accumulation of three or more unsatisfactory grades) during their M2 year is required to pass Step 1 of USMLE before participating in any of the required core third-year clinical clerkships. MU School of Medicine requires a passing Step 1 score for all students prior to promotion to M4 year.

All students will be required to demonstrate comprehensive physical examination and history-taking skills at the end of the second year and prior to proceeding to the third
year. This is currently completed 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 Third-Year Curriculum**

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

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

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

1. A student who wishes to change rotations identifies a student who is willing to switch without any other changes being made to the schedules, including but not limited to specialty weeks and any off-site locations.
   a. Rural track rotation switches are only to occur between rural track rotations at the assigned site.
   b. Clerkship rotation switches should occur at the same campus (Springfield switch with Springfield and Columbia switch with Columbia).

2. Both students **voluntarily** agree to the switch in rotations.

3. Both students have a meeting with the Associate Dean of Student Programs and/or the Associate Dean for Curriculum and Evaluation to confirm the desire to switch. If the switch involves a rural track rotation, the Associate Dean for Rural Programs will be included.

4. Associate Dean for Curriculum and Evaluation notifies the relevant clerkship administration of the request to switch rotations.

5. The switch is approved by both clerkship directors.

6. The process to make a switch should begin several months in advance of the clerkship rotation start date to increase the likelihood of approval. The switch needs to be finalized and confirmed by the clerkship director at least four weeks before the rotation begins if no rural track rotation is involved and at least eight weeks before the rotation begins if a rural track
rotation is involved.

If a student is not able to create an even switch for a core clinical clerkship rotation and there are compelling health or personal reasons for a change, the student needs to meet with the Associate Dean for Student Programs and the Associate Dean for Curriculum and Evaluation to request the change. If the change involves a rural track rotation, the Associate Dean for Rural Programs should be included.

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

**Core Clerkship Deferral Policy**

After successful completion of the M2 academic year, students are expected to complete six of seven core clerkships within the M3 academic year. Rarely, students will need to defer one additional core clerkship into the senior academic year. Appropriate reasons for deferral may include compelling health or personal reasons such as serious personal illness, family illness or emergency. Academic performance issues may also require a deferral.

Deferral of a core clerkship will generally not be granted for the following circumstances: request to take a senior elective in the junior year, weddings, personal or family vacations, family reunions, or additional time to study for Step 1 with the goal of achieving a more competitive Step 1 score.

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

**Alternative Assignment Policy**

A student may request an alternative assignment of a clinical clerkship site for an individual clerkship for compelling personal or health reasons. Students should make the request to withdraw in writing or by email to the Associate Dean for Student Programs who may consult with the Clinical Clerkship Steering Committee (CCSC), the clerkship directors and other appropriate faculty/administrators. Students who wish to appeal the Associate Dean’s decision may do so by putting their request in writing to the CCSC.
The Rural Track Clerkship Program
Rural Scholars are given the unique opportunity to live and work in a rural community to gain personal experience about the rewards of rural practice. Community-based physicians serve as faculty and role models, guiding students through the program, and serving as mentors for professional and personal development. In busy rural settings, students care for a large number of patients and are able to experience continuity of care. Rural Scholars are required to complete three rural clerkships and a community integration project during third year of medical school.

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

Rural Longitudinal Integrated Clerkship
The rural LINC includes medical students in patient care over time, allowing enduring learning relationships to develop with patients and physician-teachers. Students will meet required core clinical competencies in multiple disciplines through interwoven, longitudinal experiences over the course of the clinical training year. In contrast to a block curriculum, students meet and follow their patients across multiple settings of care and different disciplines. Students will participate in the care of children and adults in the outpatient clinic, hospital, operating room, emergency department, and even at home. Students will participate in the care of unique/high-risk (neonates, pregnant women, psychiatrically unstable) and diverse patient populations. Students will be exposed to rural medicine and the unique challenges and benefits of providing care for these populations. Students will experience the breadth and scope of practice of the core clerkship specialties through the provision of care for continuity patients and immersion in team-based care in a variety of healthcare settings.

In academic year 2021-2022 Rural Scholars will have the opportunity to participate in a Rural Longitudinal Integrated Clerkship (LINC) to meet their third-year rural clinical requirements for the Rural Scholars Program. All students chosen to participate in the Rural LINC are part of the Rural Scholars Program. As part of the commitment to the program, Rural Scholars complete clinical rotations at rural training sites across all 4 years of medical school. During their first year in the program, students are assigned to a continuity community (mutual match between student and community). For students indicating an interest in a continuity site that offers the LINC curriculum, the LINC director and Rural Scholar Program staff hold a meeting with interested students to discuss the curriculum. If a student does not want to participate in the LINC curriculum after the discussion, program staff will work to re-assign the student to another continuity site that offers traditional block clerkship rotations.

Prior to beginning the LINC curriculum, students may be asked to be re-assigned to another continuity community that offers traditional block clerkships. After beginning in the LINC curriculum, students will not be allowed to re-enter the regular curriculum unless a compelling health and/or academic reason necessitates a change. The Rural
Track Management Group (consisting of the Associate Dean for Student Programs, Associate Dean for Curriculum and Evaluation, the Associate Dean for Rural Health, the Rural Track Medical Director/LINC Clerkship Director, and the Rural Track Program Director), which provides oversight and alignment of the Rural Track Program with MU School of Medicine policies and procedures, will review any student requests for re-entering into the regular curriculum and determine if the student’s case necessitates a change in curriculum. These cases will be reviewed on a case-by-case basis, and a plan for re-entry into the regular curriculum will be determined based on the timing of exit from the LINC curriculum and completed student assessment.

**Community Integration Project**

The more medical schools, medical communities, and communities-at-large can integrate students, residents, and physicians into the rural area, the better they will understand rural health needs, the culture of the community, its resources, and beliefs. The more effective acculturation and integration are, the better prepared the physician will be for practice and for becoming an integral part of the community. Ultimately, their job satisfaction and retention will be improved while the community enjoys quality health-care. “You can educate students anywhere, but if you want to influence them, you need to involve them.” (Bowman, 2002)

As part of the overall Rural Track Clerkship Experience, we have developed a program to help more fully integrate students into the community in which they will be working and living for a large part of third year. The Community Integration Service Learning Project (CIP) is required for Rural Scholars and is highly encouraged although voluntary for non-Rural Scholars who participate in rural clerkships.

A successful completion of a CIP will be reported to Medical Education for inclusion in the Medical Student Performance Evaluation letter that is sent to the residency programs students apply to. Past participants have enjoyed their participation in CIP and learned a great deal about themselves as well as the various community needs, resources, and services that will benefit them in their medical careers.

For more information on the Rural Track Clerkship Program including the application, selection process and the goals of the program follow this link: [https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program/rural-track-clerkship-program](https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program/rural-track-clerkship-program).

**Rural Track Pipeline Program Commitment (Non-Rural Scholars Only)**

A student’s application is their commitment to participate in the MU RTPP. After submission, requests to withdraw are only granted for compelling personal or health reasons. Students should make the request to withdraw in writing or by email to the Associate Dean for Rural Health who will consult with the Associate Dean of Students Programs and the Rural Track Management Group (RTMG). Students who wish to appeal the decision may do so by putting their request in writing to the RTMG.
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 turns 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 document the week they received mid-rotation feedback using the Patient Log (PLOG) system in their Portfolio.

Completion rates of mid-rotation feedback will be reviewed regularly by the clerkship directors and semi-annually during the Clinical Curriculum Steering Committee meetings.

Grading – Distinguished from Midblock Feedback

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

Two-week electives are graded as satisfactory or unsatisfactory.

Clinical performance, knowledge, and professionalism are evaluated. Each department determines the criteria applied to these three domains. A variety of evaluation procedures are used including observations by residents and faculty, standardized knowledge exams, skills exams, standardized patients, simulations, and projects or papers. To receive honors for the clerkship, a student must perform at the honors level in all three areas. Some clerkships require students to complete pre-clerkship activities 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 or who misses the exam completely is considered late and will not be allowed to take the examination. That student needs to meet with an associate dean to request an excused absence. The date of the make-up exam is determined by the clerkship director. A grade of
incomplete will be submitted for that clerkship and remains 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 is 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 are expected to complete all required evaluations, assignments, and the mid-block feedback form prior to sitting for the end-of-block exam. If they fail to do so, they will be unable to take the exam and will receive an incomplete until they are able to sit for the exam. A retake exam date will be determined by the course director. Most retake exam dates are either during winter break or over the summer inter-block.

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

**Requests for Re-Consideration for Clinical Grades Purpose**

Students may question any component of the grade in a clinical curriculum course. Questions concerning a grade must be submitted in writing to the course director and include a clear statement of the perceived discrepancy and a request for the faculty and/or course director to re-evaluate or re-examine the grade. Requests to re-consider the grade are considered part of the student assessment process and therefore subject to the Honor Code. The deadline to request a grade re-consideration is no later than **two weeks** after the final clerkship grade has been released to the students by Medical Education. When a review of a grade occurs, the student’s entire performance on the component in question will be reassessed.

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

**Requesting a Re-Consideration**

Students will not contact faculty or residents to request a change in clinical evaluations. Any requests made in this manner will be considered unprofessional and will void the student’s opportunity to appeal that component of their grade. A student who wishes to have any component or overall grade re-considered must submit in writing to the course director a clear statement of the perceived discrepancy and a
request for the faculty to re-evaluate or re-consider the grade. This written request must
be received by the deadline stated in the course syllabus (no later than two weeks after
the final clerkship grade has been released). The course director and department chair
have the discretion to discuss the request with the student and other involved parties in an
effort to resolve the discrepancy within the course department. If a discrepancy is
determined to exist and resolved in this manner, the terms of the resolution will be put in
writing and signed by the course director and reported to Medical Education. If they
determine that a discrepancy does not exist, the course director shall respond to the
student in writing within 30 calendar days of receipt of the written request for re-
consideration of the grade.

If the student is uncomfortable approaching the course director, then they 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 they are encouraged to discuss the issue with the Associate Dean for
Student Programs, who will advocate for the student.

**Request for an Administrative Review to the Dean**

Should the student be dissatisfied with the response of the course director and/or
department chair they may, within 10 calendar days of receipt of such response, submit a
written appeal to the Dean of the School of Medicine, through the Associate Dean for
Curriculum and Evaluation. 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 Medical Education. Names will be drawn randomly by
the Associate Dean for Curriculum and Evaluation. No member of the panel may be
from the department of any of the involved parties. If a person whose name is drawn is
not able to participate because of prior commitments, another name will be drawn. The
panel may gather evidence, interview individuals, and request further information from
the involved parties. Within 30 calendar days of the receipt of the appeal, the panel will
give a written copy of their recommendation to the Dean. If the decision of the panel is
not unanimous, the dissenting party may submit a written dissenting opinion at the same
time. The Dean will respond in writing within five working days of receipt of the panel’s
recommendation. The Dean may accept the recommendation, amend it, reverse it, or
refer it back to the panel for reconsideration. The decision of the Dean is final.

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

The University Registrar ([https://registrar.missouri.edu/](https://registrar.missouri.edu/)) provides guidelines for changes
in grades. In accordance with the University Registrar’s guidance:

- Neither the Associate Dean nor the faculty committee can substitute their
  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.

The PCC-OSCE

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

Students will have the opportunity to remediate marginal or unsatisfactory performances on the PCC-OSCE. Students unable to successfully remediate the PCC-OSCE may be allowed another attempt at remediation if they petition the Clinical Curriculum Steering Committee (CCSC) and explain why their initial attempt at remediation was unsuccessful. If the petition is granted, the student may have a second attempt to rectify the deficiency in a manner determined by the CCSC. Successful completion of the PCC-OSCE will be reported to the Committee on Student Promotions as they consider students for graduation. Failure to successfully complete the re-remediation PCC-OSCE will result in referral to the Committee on Student Promotion for further consideration.

Transfer Policy

Current enrollment in the M2 class and the capacity for the clinical clerkships are reviewed by the Medical Education deans in January each year to determine if we can accommodate transfer students or students with advanced standing to join the M3 class in June of the same calendar year. **If there is capacity, students are considered for transfer:**

• If they are a US citizen or permanent resident
• After satisfactorily completing the first two years of medical school at a Liaison Committee on Medical Education (LCME)-accredited MD-granting School of Medicine, an American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation (COCA)-accredited DO-granting medical school, or medical schools listed by the National Committee on Foreign Medical Education and Accreditation (NCFMEA) as having accreditation standards that are comparable to accreditation standards used in the United States.
• After having passed **United States Medical Licensing Examination (USMLE) Step 1** with a score of one-half a standard deviation above the national mean for first-time test takers, as published by the National Board of Medical Examiners for the previous academic year. Transfer applicants applying to MU would enter in the M3 class in June. A transfer applicant applying would need a minimum USMLE Step 1 score of 241.

All transfer students must submit a:

• A request for transfer application (provided by MU School of Medicine Admissions, upon request),
• A curriculum vitae (CV),
• Official undergraduate college/university transcript,
• Official medical school transcript,
• Official USMLE transcript,
• Three letters of recommendation from medical school faculty at student’s current institution who have issued student a grade or with whom the student has had direct contact (type and length of direct contact information must be provided in letter). Letters from teaching assistants will not satisfy this requirement. An additional two letters beyond the three required will be accepted from individuals who can support your application, but who might not be medical school faculty.

The packet is reviewed by the co-chairs of the Admissions Committee, who determine whether to offer interviews, and, once the interviews are completed, the Admissions Committee determines whether to offer a transfer applicant a position in the entering class. Transfer and advanced standing students must complete all required University of Missouri clerkships. Clerkships taken elsewhere may be considered for elective credit. Transfer and advanced-standing students may not be able to graduate with their class in order to fulfill all requirements. If an applicant is accepted as a transfer or advanced-standing student, the student could be assigned to complete third- and fourth-year clerkships and rotations at any of the following three locations:

• Columbia campus
• Springfield campus
• Rural Track program sites

Transfer requests can be sent to:

Laine Young-Walker, M.D. Associate Dean for Student Programs
MU School of Medicine
LC201 Patient-Centered Care Learning Center
Columbia, MO 65212
SECTION SIX
Your Fourth Year, Graduation, and Beyond

Am I Ready for My Senior Year?
All students must pass Step 1 of the United States Medical Licensing Examination (USMLE) prior to beginning the senior year.

Our Fourth-Year Curriculum
Students must successfully pass a minimum of 30 weeks of elective rotations to meet graduation requirements including two four-week advanced clinical selectives, four four-week general electives, one two-week general elective and four weeks of Advanced Biomedical Sciences (ABS) courses. A minimum of four courses must be taken under the supervision of University of Missouri faculty as follows:

Students must take one of the two required clinical selectives, their surgical selective, or their medical selective, under the supervision of University of Missouri School of Medicine faculty or community faculty appointed through the School of Medicine. The other can be done at an away site with approval of the course director. Certain clinical experiences such as the Indian Health Service and designated rural community electives/selectives are considered under the supervision of University of Missouri School of Medicine faculty and will meet the requirement for one of the two clinical selectives.

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

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

Rural Track Elective Program
The Rural Track Pipeline Programs give first priority to Rural Scholars. All MU School of Medicine students are welcome to apply based on availability. The Rural Track Elective Program provides Rural Scholars with additional rural clinical experiences during their final year of medical school, allowing the opportunity to explore and solidify their commitment to practicing rural medicine. A variety of primary care and specialty electives have been developed and faculty approved by the school’s clinical departments
in rural, community-based settings throughout the state. Rural Scholars are required to complete on four-week Rural Track elective during their fourth year of medical school.

Further information on elective availability, course codes, and the application and selection process can be found at the following link: https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program/rural-track-elective-program.

Graduation

Required Examinations

Examinations include comprehensive knowledge based examinations and the Patient-Centered Care Objective Structured Clinical Evaluation.

Passage of Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE) are requirements for graduation from medical school. Please be aware that some states require that Step 3 be completed within seven years of Step 1.

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

Students have the opportunity to remediate marginal or unsatisfactory performances on the PCC-OSCE. Students unable to successfully remediate the PCC-OSCE may be allowed another attempt at remediation if they petition the Clinical Curriculum Steering Committee (CCSC) and explain why their initial attempt at remediation was unsuccessful. If the petition is granted, the student may have a second attempt to rectify the deficiency in a manner determined by the CCSC. Successful completion of the PCC-OSCE will be reported to the Committee on Student Promotions as they consider students for graduation. Failure to successfully complete the re-remediation PCC-OSCE will result in referral to the Committee on Student Promotion for further consideration.

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

Graduation with Latin Honors

Grades of honors earned during the second, third, and fourth years of medical school determine the awarding of Latin honors (cum laude, magna cum laude, and summa cum laude). Those students earning 50% or more honors grades in the eligible courses will be considered for graduating with Latin honors. Eligible courses are all required second year (eight), all clerkships seven7), and fourth-year clinical courses (one ABS, one medical selective and one surgical selective). Courses completed by the end-of-block 19B will be considered for inclusion in determining Latin honors. The number for magna cum laude and summa cum laude may vary slightly each year dependent upon the actual
distribution of grades.

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

Graduates may be hooded by parents or spouse who are:

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

If your parents or spouse meet any of the above criteria, they are eligible to hood you at the commencement ceremony. The Medical Education Office will also consider special requests from graduating students to be hooded during the graduation ceremony by a physician family member who is a graduate of the University of Missouri School of Medicine or completed residency training at the University of Missouri Health System. Requests will be reviewed by the Associate Dean for Student Programs and the Senior Associate Dean for Education and a recommendation will be sent to the Dean. They would dress in commencement regalia (ordered/rented by Medical Education), take part in the procession and recession, and sit on stage during the commencement ceremony.

**Medical 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 they are 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 their MSPE and has an opportunity to contribute to the 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 the final evaluation and recommendation.

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 starting in the close of the M3 year and the start of the M4 year.

Letters of Recommendation

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

Transcripts

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

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

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

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

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

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

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

- Managing time and getting organized
- PBL and learning
- Using the Health Sciences Library
- How to be an active learner
- Tools to aid studying—e.g., concept mapping, case summaries, exam preparation tips, study skills inventories, etc.
- Reviewing examination performance
- Studying for remediation and for the current block at the same time
- Requesting an M4 academic tutor

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

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

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

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

- Receive assistance with getting organized and enhancing active study strategies
- Receive assistance with learning course content
- Review exam performance
- M1/M2 students present to tutors and obtain feedback—tutors do not lecture
- Questions about the academic assistance program and M4 tutors should be directed to the Academic Mentoring Coordinator

Advising and Career Planning

Advising and Career Planning Mizzou Medicine advising and career planning services fall under the Advice, Support and Career Counseling Program (ASC). The ASC program is coordinated through the medical education office under the direction of the Associate Dean for Student Programs. Students assigned to the Springfield Clinical Campus have access to resources and programming coordinated by the Director of Student Services at that campus. The program provides resources, programming, and guidance related to career planning throughout medical school.

Dual Degrees

Students interested in pursuing a dual degree while concurrently enrolled in the School of Medicine must meet with Associate Dean for Curriculum and Evaluation to review their program plan. The degree program plan must include:

- A listing of the planned semesters of enrollment for each program
- The number of courses planned for each semester of enrollment
- A plan of study listing the specific coursework for each semester and how it will meet degree requirements.

The program plan must be submitted and approved prior to the beginning of the first semester of enrollment in the second-degree program. The plan will be reviewed and approved by the Associate Dean for Curriculum and Evaluation.

M1 and M2 Years:

- Introduction to the Association Of American Medical Colleges (AAMC) Careers in Medicine® (CiM) four-year multiphase career planning program combining self-directed activities with one-on-one faculty advising through the ASC program
- Students are matched with an advisor/mentor shortly after M1 orientation to provide support during the transition to medical school and throughout the
preclinical years with one required meeting each block – Block 8. Students and advisors may opt to meet more frequently

- Specialty Exploration Forums provide exposure to faculty from a variety of specialties by way of panel discussions beginning in Block 2 and concluding in Block 7
- Additional exposure for career and residency exploration outside of the ASC program is available through specialty events and student interest group activities

M3 and M4 Years:
- M3 students are matched with a clinical advisor of their choice early in the third year or may continue with their preclinical advisor
- The Clinical Advising Tool for Students and Advisors (CATSA), an online residency preparation and application tool is available for students to use
- M3 students meet with deans and/or faculty advising liaisons to discuss their fourth-year plans
- Early in their fourth year, students are introduced to the residency application and matching process
- CV and personal statement development, assistance, and review is available
- Residency mock interviews are available to all M4s
- An advising team composed of associate deans, faculty and staff is in place to assist and provide resources to M4s throughout the residency application cycle in the fall of their fourth year.

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 the School of Medicine financial aid coordinator.

All students receiving federal financial assistance must be making satisfactory academic progress according to both quantitative and qualitative measures. The School of Medicine’s policy is emailed to all students at the start of each academic year and is posted on the website at https://medicine.missouri.edu/education/student-resources. You may request a copy of the policy at any time

Should you need immediate assistance, contact the coordinator of financial aid:
DeAnna Fuller
Senior Student Services Coordinator, Financial Aid and Student Records
LC356, Patient-Centered Care Learning Center
Columbia, MO 65212
Call: (573) 882-5604
Email: fullerdm@health.missouri.edu
Fax: (573) 884-2736

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

MU Connect

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

Russell D. and Mary B. Shelden Simulation Center

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

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

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

The Clinical Simulation Center located in Springfield, MO, has recently relocated to a new 12,000-square foot facility that allows for ongoing clinical skills training for students located at the Springfield Clinical Campus. The training center has six clinical exam rooms, four simulation rooms with individual control rooms, two debriefing rooms, three task-trainer rooms, a classroom, conference room, and storage rooms. All of the technologies that are available in Columbia sim center are also available in Springfield.

At each site, an advanced AV/IT recording system and a web-based playback system is available for assessment, review, and digital storage of learner data. The Clinical Simulation Centers offer a variety of learning modalities, including the use of simulated participants (SPs), high-fidelity mannequins, hybrid simulation, and computer-based virtual reality simulation. For questions regarding the Simulation Center, call (573) 884-
Security
Please be mindful of your own and others’ security and safety at all times. Please contact security services if, at any time, you believe yourself or others to be threatened or unsafe.

University Hospital Security in Columbia
The hospital security office is located on the first floor of the hospital, room 1W45.
- Students leaving the building late at night are encouraged to plan ahead, and leave in groups, or at minimum, in pairs. If requested, security will provide an escort service within the hospital and transportation to the parking lots; use of this service is encouraged.
- Security officers will also help with those minor emergencies, such as a dead battery.

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

Campus Security in Columbia
The University Police provide similar services on the main campus, and work closely with hospital security services. Emergency telephones are located in prominent locations on campus, including in parking lots, and can be activated and the location pinpointed simply by being taken off the hook.
For non-emergency calls, the number is (573) 882-7201.

Mercy Hospital Security in Springfield
Contact security for assistance by calling (417) 820-2832

Cox South Hospital Security in Springfield
Contact security for assistance by calling (417) 269-6120.

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

Student Health Services

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

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

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

Remember: All students are required to carry personal health insurance. Students enrolled in an outside health insurance plan will be required to submit documentation of health insurance coverage to the Registrar for the School of Medicine.

The Student Health Center is staffed with more than 25 health professionals including primary care physicians, psychiatrists, and nurse practitioners, along with psychologists, and license clinical social workers (LCSWs) from the MU Counseling Center.

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

The Student Health Center is located on the fourth floor of the University Physicians Medical Building (1020 Hitt Street) and open during the following hours:

- Monday, Tuesday, Thursday and Friday 8:00 a.m. to 5:00 p.m.
- Wednesday, 9:00 a.m. to 5:00 p.m.

Note: The Student Health Center is open during campus breaks and is only closed on University-designated holidays.

Students who require specialized medical services will be referred to the University Hospital and Clinics or the provider of their choice. For those students desiring mental health counseling, the Student Health Center, will refer students to the MU Counseling Center or to a community provider. Students may also contact the MU Counseling
Center directly (573-882-6601) or go to the Counseling Center at 119 Parker Hall to schedule an initial evaluation or for a crisis visit.

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 573-882-8091. If the condition is urgent but not life threatening, students should check their insurance plan to find out which urgent care or quick care facility will be covered. The Mizzou Urgent Care Center is located at 3916 S Providence Rd. Mizzou Quick Cares are located in the three Columbia Hy-Vee stores.

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

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

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

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

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

**Hours are:**

- During fall and spring semesters Monday-Friday: 8 a.m.–6 p.m.
- Extended hours (when classes are in session): Tuesdays 4 p.m.–8 p.m. and select Saturdays: 8 a.m.–12 p.m.
- During summer session and intersessions: Monday-Friday: 8 a.m.–5 p.m.

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

Appointments can be scheduled by calling (417) 836-4000. It is important students identify themselves as a University of Missouri School of Medicine students when scheduling the appointment. Please note, bills must be paid at the time of service.

More about the Magers Health and Wellness Center can be found at https://health.missouristate.edu/.

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

**Student Libraries**

**Access to Libraries at the Columbia Campus**

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

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

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

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

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

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

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

**Study rooms**

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

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

**Walk-up Scanner**

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

**Exercise Bikes**

There is an exercise bike located on the fifth floor and one on the sixth floor of the PCCLC available for students to use. An additional desk style exercise bike is located in the M3/M4 lounge.

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

**Lactation Rooms**

The following lactation rooms are available for students to use
- LC366 in the PCCLC
- N714 (code 541-enter)
- Women’s Locker Room in basement at University Hospital
- Pediatric and OB Clinic and Women’s and Children’s have lactation rooms for staff
- Both health systems in Springfield (CoxHealth and Mercy) have lactation rooms available

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

**Missouri State University Meyer Library**

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

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

**Mercy Medical Library**

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

**Expert assistance is available in the library:**
• Monday through Friday, 8 a.m.-4:30 p.m.
• Other times by appointment
• Via email: libstaff@mery.net
• Phone: (417) 820-2795/Fax: (417) 820-5399

Students have after-hour access to use materials in the libraries via their approved Mercy ID badge. The Mercy Medical Library has a cooperative agreement with the University of Missouri School of Medicine and can access Columbia resources for students in Springfield.

**CoxHealth Medical Library**

CoxHealth provides virtual access to premier medical databases, point-of-care resources, and texts via the Library Services site on the employee intranet: https://connect.coxhealth.com/library. You can also email Library@coxhealth.com or call 417-269-3460.

**Student Wellness and Personal Counseling**

Medical school can be a stressful time for students. Medical Education can provide information about professional mental health and counseling resources. The Faculty Liaison Student Coach is also available to meet individually with students for success coaching, emotional support, and to provide information about campus and community resources. This role was created in order to provide additional wellness resources for medical students. All M1 and M2 students meet with the Faculty Liaison – Student Coach for a 15-minute wellness check-in. All students can email the Faculty Liaison - Student Coach directly, Dr. Stephanie Bagby-Stone at bagbystones@health.missouri.edu, to schedule additional meetings. Student requests for resource information will be treated confidentially. No information is included in the student’s academic file that the student sought such services, nor is the knowledge that a student may have been seeking help used to the student’s detriment.

Medical Education supports Student Wellness and sponsors one of its key activities, the M1-M2 Buddy Program. In the M1-M2 Buddy Program, M1 students are partnered with M2 students. This program provides the opportunity for first-year students to have direct contact with upper class students and receive informal advice and mentoring.

Class-elected student wellness representatives together with the medical education faculty liaison student wellness coach and student services coordinator organize activities (such as wellness lectures, student panels, yoga, fitness classes, cooking demos, food fairs, and social community activities). Additionally, the class wellness representatives, in conjunction with Medical Education, organize Show-Me Compassionate Medical Education Day activities and Student Wellness Block Talks each block on topics related to physical and mental wellness. Topics have included resources available, stress management, nutrition and exercise, mindfulness, and self-care.

In honor of Show-Me Compassionate Medical Education Day, to create a culture of support and to raise mental health awareness, all medical students complete the online
Ask Listen Refer suicide prevention training program.

The Mizzou Med Peer Support Program has been created and is committed to normalizing the discussion of academic stress, mental health, and other challenges that medical students face. This program connects medical students with Academic and Wellbeing Peer Support Mentors who are available to listen, provide support, and share information about resources. Students may seek support for academic stress, grade remediation, mistreatment, mental/physical stress, or other personal struggles.

Facilities

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

Smoking is prohibited in all properties owned or operated by University of Missouri Health Care, the University of Missouri School of Medicine or the Sinclair School of Nursing. This also includes Springfield Clinical Campus, CoxHealth Hospital, and Mercy Hospital.
SECTION EIGHT
Additional Resources

Students with Disabilities
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 Technical Standards document again.

1. **Students must register with the Office of Disability Services**
   All medical students requesting academic accommodations for disabilities must register with Disability Services at Memorial Union (573) 882-4696. The office website can be found at [https://disabilitycenter.missouri.edu/](https://disabilitycenter.missouri.edu/).
   The Office of Disability Services is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for planning accommodations in cooperation with students and instructors, as needed and consistent with course requirements.
   The Office of Disability Services reviews the student’s situation, evaluates appropriate documentation provided by the student, and then writes a “letter of accommodation” stating what academic accommodations the student is eligible to receive from the 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, and provide the renewed accommodations to the Associate Dean for Student Programs (or their designated staff).

2. **Students must provide a recent letter of accommodation to the Associate Dean for Student Programs**
   Any student who wishes to use his or her approved accommodations must give the Disability Services letter of accommodation to the Associate Dean for Student Programs. The letter will be maintained in the dean’s office and will not become part of a student’s permanent academic file. The Associate Dean for Student Programs is available to advise and assist students in coordinating accommodations within the School of Medicine. The School also maintains a standing faculty advisory committee.

3. **Students who want accommodations beyond their M2 year must obtain an updated letter of accommodation.**
   Any student who wishes to continue to receive accommodations beyond their M2
year must re-register with the Office of Disability Services and obtain a letter of accommodation dated no earlier than the January prior to the beginning of their clinical clerkships. The letter must be on file in the office of the Associate Dean for Student Programs if a student wishes to receive approved accommodations.

4. **Students who want examination accommodations for the M1 and M2 years must contact the Associate Dean for Curriculum and Evaluation and the Associate Dean of Student Programs.**

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

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 during 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.

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**Students Who Want to Engage in Research**

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

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

Further information may be obtained from the Senior Associate Dean for Research, the Director of the Tom and Anne Smith MD/PhD Program, the Senior Associate Dean for Education, or the Associate Dean for Student Programs.

The PhD degree is available in a variety of departments, with the MD/PhD dual degree involving a time commitment of six to eight years for completion depending upon the field of study. Students must complete the basic and clinical sciences for the medical degree as well as course work and research for the graduate degree. Some of the preclinical courses may count toward 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 they enter while working toward the PhD. Research mentors are chosen through mutual consent between the student and faculty member.

It is imperative that students seeking dual degrees meet jointly with their graduate advisor and a representative from Medical Education to develop a plan of study.
Students Who Want to Complete Part of their Education in a Rural Site

The School’s rural education opportunities are coordinated through the MU Area Health Education Center (MU AHEC) within the Office of Rural Health. The MU Rural Track Pipeline Program (MU-RTPP) was 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 that transitions to the Rural Scholars Program upon matriculation, Summer Community Program, Rural Track Clerkship Program, and the Rural Track Elective Program.

**Bryant Scholars Pre-Admission Program**
The Lester R. Bryant Pre-Admissions (Bryant Scholars) Program is designed to recruit students who have a rural background and an interest in practicing rural medicine for pre-admission to the MUSOM. Students accepted into the pre-admission program are offered acceptance into the MU School of Medicine on the condition that they achieve certain academic standards, demonstrate ongoing professionalism, and participate in required activities.

Students who matriculate to the University of Missouri School of Medicine through the Bryant Scholars Pre-Admissions Program also have curricular requirements while attending medical school. Upon matriculation into the School of Medicine, Bryant Scholars join the Rural Scholars Program, and are required to:

- Attend six rural lectures during the first and second years of medical school
- Establish a mentor relationship with a designated rural faculty member during the first year of medical school
- Meet at least twice per academic year with designated mentor across all four years of medical school
- Complete six weeks of the Rural Track Summer Community Program or four weeks of the Summer Community Program and the Clinical Rural Immersion Program during the summer between the first and second years of medical school
- Complete three rural clerkships and a community integration project during third year of medical school
- Complete one four-week rural elective during the fourth year of medical school
- Assist program staff in the promotion of the Rural Scholar Program to interested students by volunteering to assist with at least two events across all four years of medical school
- If a Bryant Scholar does not fulfill the requirements, they will forfeit the scholarship and the change in education program may require an explanatory note in the Medical Student Performance Evaluation letter sent to residency programs.

**Rural Scholars:**
The Rural Scholars Program is designed to expose and prepare rural interested medical students for rural practice through a variety of experiences including lectures, mentoring,
and clinical programs. Students interested in the Rural Scholars Program apply during their first year of medical school. Each fall, the new M1 class will be given information about the program and have an opportunity to apply and interview. Once accepted students will join the Bryant Scholars in their class to form the Rural Scholars cohort for that year.

Rural Scholars are required to:

- Attend six rural lectures during the first and second years of medical school
- Establish a mentor relationship with a designated rural faculty member during the first year of medical school
- Meet at least twice per academic year with designated mentor across all four years of medical school
- Complete six weeks of the Rural Track Summer Community Program or four weeks of the Summer Community Program and the Clinical Rural Immersion Program during the summer between the first and second years of medical school
- Complete three rural clerkships and a community integration project during third year of medical school
- Complete one four-week rural elective during the fourth year of medical school
- Assist program staff in the promotion of the Rural Scholar Program to interested students by volunteering to assist with at least two events across all four years of medical school

Further information including the application and selection process as well as the goals and benefits of the program is available at the following link:

https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program

Summer Community Program
The Summer Community Program is an opportunity for MU School of Medicine’s rising second-year Rural Scholars to participate in a clinical program located in a rural, community setting. Students work with one or more community-based physicians in a primary-care setting and experience the benefits and rewards of rural practice. Students perform appropriately focused medical histories, physical exams, and other clinical tasks under the supervision of the physician. Students who complete this program receive a stipend. Rural Scholars must complete six weeks of the Rural Track Summer Community Program or four weeks of the Summer Community Program and the Clinical Rural Immersion Program.

Clinical Rural Immersion Program
The Clinical Rural Immersion program is part of the MU Rural Track Pipeline Program (MU-RTPP) and is coordinated by the MU Area Health Education Center (MU AHEC). Clinical Rural Immersion is an interdisciplinary program designed to highlight the social and communal aspects of rural life, and aims to provide students with firsthand perspective on how health-care providers in rural parts of the state balance life and work in a small town. MU School of Medicine, MU School of Nursing, and UMKC School of Pharmacy at MU students may be embedded in a clinical site at one of the Rural Track training locations for two weeks during the summer. Interprofessional teams will
complete a variety of activities and present their findings at the end of the two weeks. Medical students participate as part of their Rural Scholars experience. The students receive a stipend as well as room and board.

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

**Rural Track Clerkship Program**

Rural Scholars are given the unique opportunity to live and work in a rural community to gain personal experience about the rewards of rural practice. Community-based physicians serve as faculty and role models, guiding students through the program and serving as mentors for professional and personal development. In busy rural settings, students care for a large number of patients and are able to experience continuity of care. Rural Scholars are required to complete a minimum of three rural clerkships and a community integration project during the third year of medical school.

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

**Rural Longitudinal Integrated Clerkship**

The rural LINC includes medical students in patient care over time, allowing enduring learning relationships to develop with patients and physician-teachers. Students will meet required core clinical competencies in multiple disciplines through interleaved, longitudinal experiences over the course of the clinical training year. In contrast to a block curriculum, students meet and follow their patients across multiple settings of care and different disciplines. Students will participate in the care of children and adults in the outpatient clinic, hospital, operating room, emergency department, and even at home. Students will participate in the care of unique/high-risk (neonates, pregnant women, psychiatrically unstable) and diverse patient populations. Students will be exposed to rural medicine and the unique challenges and benefits of providing care for these populations. Students will experience the breadth and scope of practice of the core clerkship specialties through the provision of care for continuity patients and immersion in team-based care in a variety of healthcare settings.

In academic year 2021-2022 Rural Scholars will have the opportunity to participate in a Rural Longitudinal Integrated Clerkship (LINC) to meet their third-year rural clinical requirements for the Rural Scholars Program. All students chosen to participate in the Rural LINC are part of the Rural Scholars Program.

**Community Integration Project**

The purpose of the Community Integration Project (CIP) is to provide third year medical students the opportunity to participate service activities that meet community-identified needs and that engage rural track clerkship students in the community outside the clinical environment. Additionally, the CIP serves to:
1. Enhance student knowledge about the community in an effort to influence students to return to rural areas to practice medicine;
2. Complement their clinical education through service learning activities; and
3. Demonstrate the importance of community service through active participation and self-reflection.

During a CIP, Students work with community organizations and other partners to research a relevant community-identified need. Then, they plan, develop, and implement a project that addresses that need. Afterward, the student evaluates the impact of their project and communicates those results to the community as well as to the School of Medicine. CIPs completed in block clerkships will span 4 to 6 months and the LINC CIP spans the entire academic year.

**Rural Track Elective Program**
The Rural Track Elective Program provides Rural Scholars with an additional rural clinical experience during their final year of medical school, which helps the students solidify their commitment to practicing rural medicine. A variety of primary care and specialty electives have been developed and faculty approved by the school's clinical departments in rural, community-based settings throughout the state. Rural Scholars are required to complete one four-week rural track elective during their fourth year of medical school.

Further information on elective availability, course codes, and the application and selection process can be found at the following link: [https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program/rural-track-elective-program](https://medicine.missouri.edu/education/rural-track-pipeline-program/rural-scholars-program/rural-track-elective-program). Rural Scholars are required to complete one four-week rural track elective during their fourth year of medical school.

**Rural Scholars Commitment** A student’s application to the Rural Scholars Program is their commitment to participate in all components of the Rural Track Pipeline Program. A request from a Rural Scholar not to participate in the Summer Community Program, the Rural Track Clerkship Program, or the Rural Track Elective Program will only be considered if there are compelling health or personal circumstances supporting the request. The request will only be granted in very unusual circumstances. Students should make the request in writing or by email to the Associate Dean for Rural Health who will consult with the Rural Track Management Group and the appropriate course directors to discuss and document the issue(s). Issues of professionalism will be noted in the Medical Student Performance Evaluation (MSPE). Students who do not complete medical school curricular requirements for any reason will forfeit the Scholarship.

**Students Who Want to Learn About and Engage in Global-Health**
The mission of the Global-Health Scholars Program (GHSP) is to support interested students in distinguishing themselves as scholars in global-health. Scholars develop a foundation of global-health knowledge and skills that will enable them to confidently incorporate global-health into their future careers. Scholars will grow in the areas of
reflection, education, immersion, and scholastic efforts.

To fulfill the GHSP requirements, students will complete activities within the four areas listed above. The requirements include, but are not limited to: faculty lecture attendance, documentary viewings and discussions, global-health readings and discussions, GHSP-approved immersion experiences, global-health-related research projects or conference presentations, reflection pieces, and presentations to further global-health knowledge and understanding of fellow medical students. All students who are interested in global-health and/or cultural competency are encouraged to apply for the program.

The GHSP was developed by the student-led group Students Interested in Global-Health for Tomorrow (SIGHT), as well as faculty and administration, to provide a formal program of global-health education for medical students at MU-SOM. For more information, please contact Dr. Kathleen Quinn (GHSP Faculty Advisor) at QuinnK@health.missouri.edu.

Students Who Want to Volunteer for MedZou

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

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

Each clinic session is 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 have direct patient contact by serving as clinic administrators and patient interviewers. Third- and fourth-year students occupy roles as teachers and mentors 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/.

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.

- Acute Care Surgery
- Alpha Omega Alpha Medical Honor Society (AOA)
- American Association of Neurosurgeons
- American Medical Association
- American Medical Student Association
- American Medical Women’s Association
- Asian Pan-American Medical Students Association
- Association of Student Internists
- Association of Women Surgeons
- Cardiovascular Medicine Interest Group
- Christian Medical Dental Association
- Dean’s Advisory council on Medical Student Research
- Dermatology Interest Group
- DIVAA SIG
- Eat Healthy, Stay Active
- Emergency Medicine Interest Group
- Family Medicine Interest Group
- Geriatrics Interest Group
- Gold Humanism Honor Society (GHHS)
- Graduate-Professional Council
- Greatest Gift
- Hematology and Oncology Interest Group
- Houses at Mizzou Med
- Humanism in Medicine
- Infectious Disease Interest Group
- Interventional Radiology Interest Group
- Latino Medical Student Association
- MedZou Health Clinic
- Medicine-Pediatrics Interest Group
- Medical Student Affairs Council
- Medical Student Research Interest Group
- Medical Student on Volunteering Endeavors (MOVE)
- Military Medical Student Association
- Mind Over Medicine
- Minority Medical Student Association
- Mizzou Med Pride
- Mizzou Med Student Ambassadors
- MU Jewish Medical Association
- Public Health Interest Group
- OB/Gyn and Women’s Health Interest Group
Students should be aware that the School of Medicine and the University of Missouri have active development and fundraising programs. Fundraising from outside organizations that may compete with existing school or university programs is not permitted. All applications to outside grant-giving organizations must be approved by Medical Education and the School of Medicine Office of Research and Sponsored Programs. Questions should be addressed to the Associate Dean for Student Programs.

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

Students are encouraged to use any or all of the services available to victims or for reporting sexual assault, harassment, or abuse. If you have any questions about which of these resources may be best to consult, please contact or visit [http://missouri.edu/civil-rights-title-ix/](http://missouri.edu/civil-rights-title-ix/), for help to determine the best way to proceed.

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

Contacts for students attending the Columbia campus

- Counseling Center
The Counseling Center offers individual and group therapy, referral services, and 24/7 crisis support to students who have mental-health concerns. Crisis support is available by phone 24/7 by calling 573-882-6601. For additional information on crisis support, see https://counseling.missouri.edu/services/crisis/.

- **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 and 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 Legal Services**  
  (573) 882-9700 or https://msa.missouri.edu/auxiliaries/student-legal-services/  
  Student Legal Services provides legal education and consultation to MU students in an effort to resolve legal conflicts and disputes students may be facing.

- **Women’s Center**  
  (573) 882-6621 or http://women.missouri.edu  
  The Women’s Center offers help to students in crisis and provides educational resources and programs to students, staff, faculty, and community members.

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

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

- **Missouri State University Magers Health and Wellness Center**  
  (417) 836-4000 or https://health.missouristate.edu/

- **The Victim Center**
(417) 863-7273 or https://www.thevictimcenter.org/

- **Harmony House**
  (417) 837-7700 or https://www.myharmonyhouse.org/
SECTION NINE
Academic Policies

Access to Student Records

Academic files

Medical Education makes every effort to assure the confidentiality of academic files. Except for Medical Education personnel, any person authorized through the Family Educational Rights and Privacy Act of 1974 (FERPA) and with a legitimate educational need to access a student’s academic file will be asked to log the date, their name and department and the reason for accessing the record in the student’s file. Requests to review a student’s educational record are approved by the Associate Dean for Student Programs. This procedure assists office personnel in safeguarding the contents of the file and enables any student to monitor the identity of persons who have accessed their record.

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

A student may ask that the School of Medicine amend a component of the record that the student believes to be inaccurate. Requests should be made in writing to the Associate Dean for Student Programs, should clearly identify the part of the record the student wishes to be changed, and why the student believes it 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 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

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 authorizes it in writing in the registrar’s office or 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 a spouse, roommate, etc., without the written permission of the student.

For more information, visit: [http://registrar.missouri.edu/policies-procedures/ferpa.php](http://registrar.missouri.edu/policies-procedures/ferpa.php).
**Changing the Name of a Student**

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

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

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

**Proof of legal change to new name:**

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

Source: [http://registrar.missouri.edu/policies-procedures/name-changes.php](http://registrar.missouri.edu/policies-procedures/name-changes.php)

**Diploma**

Students participating in commencement ceremonies will receive a diploma tube containing a class composite, and inserts provided by campus. If your degree requirements are confirmed and time allows for printing prior to commencement, your diploma along with two notarized copies and one plain copy, will also be enclosed. Following graduation, it is the student’s responsibility to contact the school to receive their diploma if they did not receive it during commencement.

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.
Substance Abuse Policy

(Medical student program)

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

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

B. Responsibilities of the MSHAC
   1. The MHSAC will initially establish whether a student is impaired. It is the responsibility of MSHAC to receive any allegations of impairment of medical students due to substance abuse or mental illness.
   2. 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.
   3. 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.
   4. 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.
   5. 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.
   6. Upon determination that a medical student is impaired due to substance abuse or mental illness, the MSHAC will notify the Dean of the School of Medicine.

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

D. Continuation of enrollment, medical students

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

E. Termination of enrollment in medical school

1. A medical student who has been found to be noncompliant with the MSHAC or the Missouri Physician Health Committee will be reported to the Dean of the School of Medicine.
2. Noncompliance may be grounds for dismissal from medical school.
3. Any dismissal shall conform to applicable University procedures.

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 PCs (computer lab), six iMacs, 53 general-use computers, three flatbed scanners, one Scannx book scanner, and five networked printers available. One PC laptop and one MAC laptop are available for check out. A wide variety of online materials are available through the HSL Computing Labs and Health Sciences Library web sites.

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

Student Lounge
The M3/M4 student lounge has seven workstations and one networked printer available. Student lounges with work stations are available at both CoxHealth and Mercy Hospital. Locations will be identified during orientation. The Springfield clinical campus also has wireless capability compatible with student Print Smart accounts.

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 lounges, and lecture halls have wireless coverage as well.

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

**Personal Computer**

**2020 School of Medicine BYOD Laptop solution:**

All University of Missouri medical students must bring a laptop to the program using a “Bring Your Own Device (BYOD)” method. The BYOD method gives students the flexibility and freedom to use their personal devices for activities and assessments. Student laptops are required for all exams and should be in good working order. Students may choose to bring an existing one or purchase a new device as long as it meets the minimum requirements.

<table>
<thead>
<tr>
<th>PURCHASING A LAPTOP</th>
<th>ALREADY OWN A LAPTOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processor</td>
<td>Intel i5 (7th Generation)</td>
</tr>
<tr>
<td>Memory</td>
<td>16GB</td>
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<tr>
<td>Hard Drive</td>
<td>256GB SSD</td>
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<tr>
<td>Optical Drive</td>
<td>Optional</td>
</tr>
<tr>
<td>Display</td>
<td>HD/4K/Retina</td>
</tr>
<tr>
<td>Network Cards</td>
<td>100/1000 Ethernet (optional) Wireless 802.11 g/n/ac</td>
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<tr>
<td>Warranty</td>
<td>3-year or 4-year</td>
</tr>
<tr>
<td>Operating System</td>
<td>Windows 10 or Mac OS X 10.13</td>
</tr>
</tbody>
</table>

To help ensure reliability, ease of support and the highest quality educational experience, the School of Medicine strongly recommends one of the following specific laptop models at the University of Missouri TigerTech store. Students will see additional savings and as part of our vendor relationships additional IT reviews have been completed for the devices.

The Mizzou Store Tiger Tech - BYOD purchase options "Let your major be your guide page" [https://www.themizzoustore.com/c-934-school-of-medicine.aspx](https://www.themizzoustore.com/c-934-school-of-medicine.aspx)

The Mizzou Store Tiger Tech - BYOD service desk
[https://doit.missouri.edu/tech-support/the-mizzou-store-tigertech-service-desk/](https://doit.missouri.edu/tech-support/the-mizzou-store-tigertech-service-desk/)

The MU Health Academic IT team maintains a small pool of laptops for student use if issues arise with a student's personal device and as a backup option in case of accidents or short-term failure of devices.
Recommended Software and Hardware

- **Antivirus**
  - Avast Antivirus
  - Microsoft Defender

- **Provided Software**
  - Office 365
  - Print Anywhere, Print Smart
  - Cisco VPN, Secure CRT
  - Clickers in the classroom

DoIT Software Distribution Site: [https://myservices.missouri.edu/login.aspx](https://myservices.missouri.edu/login.aspx)

**Support**

For computer assistance, the following resources are available:

**MU Health Academic – Atlas Team**

PBL labs, student lounge and second tier personal computer support
- Email: atlas@health.missouri.edu
- Phone: (573) 882-9293

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

**Click here to view the most up to date Medical Education Directory**

<table>
<thead>
<tr>
<th>Educational Leaders</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Introduction to Patient Care: Dr. Carla Dyer</td>
<td>573-882-1528</td>
<td><a href="mailto:dyerca@health.missouri.edu">dyerca@health.missouri.edu</a></td>
</tr>
<tr>
<td>Director of Ambulatory Clinical Experience Dr. Nancy Mabe</td>
<td>573-882-2923</td>
<td><a href="mailto:maben@health.missouri.edu">maben@health.missouri.edu</a></td>
</tr>
<tr>
<td>Faculty Director of Pre-Clerkship Curriculum Dr. Stephen Halenda</td>
<td>573-882-1528</td>
<td><a href="mailto:halendas@health.missouri.edu">halendas@health.missouri.edu</a></td>
</tr>
<tr>
<td>Faculty Director of Advanced Physical Diagnosis Dr. Teresa Backes</td>
<td>573-884-9066</td>
<td><a href="mailto:backest@health.missouri.edu">backest@health.missouri.edu</a></td>
</tr>
<tr>
<td>MU-AHEC Medical Director Dr. Laura Morris</td>
<td>573-642-5911</td>
<td><a href="mailto:morrislau@health.missouri.edu">morrislau@health.missouri.edu</a></td>
</tr>
<tr>
<td>Faculty Director of the Clinical Curriculum Dr. Scott Kinkade</td>
<td>573-884-2912</td>
<td><a href="mailto:kinkades@health.missouri.edu">kinkades@health.missouri.edu</a></td>
</tr>
<tr>
<td>Director of Evaluation Mr. John Hardwick</td>
<td>573-884-2472</td>
<td><a href="mailto:hardwickj@health.missouri.edu">hardwickj@health.missouri.edu</a></td>
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<table>
<thead>
<tr>
<th>Office of the Dean</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean Dr. Steven Zweig</td>
<td>573-9080</td>
<td><a href="mailto:zweigs@health.missouri.edu">zweigs@health.missouri.edu</a></td>
</tr>
<tr>
<td>Senior Associate Dean for Clinical Affairs and Chief Medical Officer Dr. Stevan Whitt</td>
<td>573-884-9431</td>
<td><a href="mailto:whitts@health.missouri.edu">whitts@health.missouri.edu</a></td>
</tr>
<tr>
<td>Chief Administrative and Operations Officer Pam Mulholland</td>
<td>573-882-1566</td>
<td><a href="mailto:mulhollande@health.missouri.edu">mulhollande@health.missouri.edu</a></td>
</tr>
<tr>
<td>Assistant Dean for Diversity and Inclusion Dr. Laura Henderson-Kelley</td>
<td>573-884-2375</td>
<td><a href="mailto:hendersonle@health.missouri.edu">hendersonle@health.missouri.edu</a></td>
</tr>
<tr>
<td>Assistant Dean for Faculty Affairs Dr. Frederick Fraunfelder</td>
<td>573-882-1029</td>
<td><a href="mailto:fraunfelder@health.missouri.edu">fraunfelder@health.missouri.edu</a></td>
</tr>
<tr>
<td>Position</td>
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<tr>
<td>Senior Associate Dean for Research Dr. William Fay</td>
<td>573-884-0042</td>
<td><a href="mailto:fayw@health.missouri.edu">fayw@health.missouri.edu</a></td>
</tr>
<tr>
<td>Senior Associate Dean for Graduate Medical Education Dr. Debra Koivunen</td>
<td>573-882-4637</td>
<td><a href="mailto:koivunend@health.missouri.edu">koivunend@health.missouri.edu</a></td>
</tr>
<tr>
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**Useful Websites**

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Appendices

Appendix I

Committee on Student Promotion -effective pre- September 13, 2020
Accepted by vote of the Faculty June 1980. Amended and accepted by vote of the Faculty October 1991, August 1999, and October 2008.

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 three alternates: four members and one alternate to be chosen by the Years 1 and 2 curriculum block directors, four members and one alternate to be chosen by Years 3 and 4 Clinical Clerkship Steering Committee, and four at-large positions and one 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 three-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 one 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 their voting privilege to anyone except a designated alternate. No member of the Committee shall vote on an issue in which they have a personal conflict of 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 three 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 the student 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 lifelong 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
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 they have been enrolled because their 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 their 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 Promotions, 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 their 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 and Professional Development, 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 to 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 their performance and any evaluations that have been performed. The Associate Dean will then make recommendations to the Committee for suggested remediation and further activities to improve performance. The CSP may approve these recommendations or suggest alternative actions; however, actual academic advising will occur elsewhere. The Committee will recommend one of four actions on the basis of this information:
   1. Dismissal from school. The Dean of the School of Medicine has the ultimate responsibility for dismissal of students. All sections below relating to dismissal apply to actions taken by the Committee for Student Promotion with respect to recommendations to the Dean.
   2. Academic probation with or without special provisions.
   3. Special programs or provisions, without academic probation.
   4. Proceed without probation or special programs/provisions.
D. Dismissal from School.
   1. For students in clinical training, the Committee for Student Promotion may at any time recommend to the Dean dismissal of a student whose academic performance is judged to be unacceptable.
   2. The CSP must consider the motion. “The student shall be dismissed from the School of Medicine,” for any student who accumulates three U grades during the clinical curriculum.
   3. A motion to recommend dismissal must pass by two-thirds of the voting members present.

E. Academic Probation
   1. Criteria for placement on academic probation.
      a. The Committee on Student Promotion (CSP) may place on academic probation any student whose academic performance and/or professional development is judged to be inadequate.
      b. The CSP must place on probation any student receiving a grade of U in a clinical course.
   2. Duration.
      The duration of academic probation during the clinical curriculum will be at the discretion of the CSP.
      The CSP will delineate specific expectations for student performance while on probation. At the conclusion of the probationary period, the CSP will review the student's performance and take one of the following actions:
      a. Remove from probation.
      b. Continue probation.
      c. Recommend dismissal from medical school. A motion for dismissal must pass by two-thirds of the voting members present.
   4. Intervention for the student while on academic probation. The CSP may recommend interventions intended to facilitate student performance. Examples include regular meetings with the Associate Dean for Student Programs, assistance from educational specialists, or medical or psychiatric evaluation. If a student is on probation because of a deficiency in professionalism, all faculty evaluating the student during the probationary period will be notified of the student's status and provided with that background information about the student sufficient and appropriate to form a valid judgment about the student's progress.

VIII. Regular Graduation
The Committee shall recommend medical students for graduation upon evidence of their satisfactory completion of the curriculum and upon evidence of the personal qualities required of the physician. Names of students recommended for graduation shall be forwarded to the Faculty Assembly of the School of Medicine for approval. A student may not graduate with an unrectified U grade on their
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 their 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 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 their 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 their 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 their academic records.
   3. The student appears before the Committee in person to present their 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.

Appendix II

The Committee on Student Promotion (CSP) - effective September 14, 2020

Accepted by vote of the Faculty June 1980. Amended and accepted by vote of the Faculty October 1991, August 1999, and October 2008. Revised and accepted by Faculty Affairs Council September 14, 2020.

Preamble

The Committee on Student Promotion (CSP, or "Committee") 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 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 CSP 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 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 United States Medical Licensing Examinations (USMLEs).

II. Composition of the Committee

A. The CSP shall consist of 12 regular voting members and three alternates: four members and one alternate to be chosen by the Years 1 and 2 curriculum block directors, four members and one alternate to be chosen by Years 3 and 4 Clinical Clerkship Steering Committee, and four at large positions and one 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 three-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 one 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 their voting privilege to anyone except a designated alternate. No member of the Committee shall vote on an issue in which they have a personal conflict of interest.
C. Voting shall proceed as follows. For recommendations to the Dean for student dismissal, voting shall be by secret ballot, and on those votes a two-thirds or greater majority of voting members present in a quorum is required to pass. A simple majority of voting members present in a quorum is required to pass all other motions, which can be voted by verbal “yes,” “no,” or “abstain.”
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 for Student Programs 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, or other acceptably verifiable means of communication, 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 Chair 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 each academic year, before attending a CSP meeting that year.

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 consideration.

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. The Committee will exercise due consideration of the extent to which the student conduct is consistent with the School of Medicine’s Mission Statement, Values Statement, Vision Statement, and Education Goals Statement.

A. Criteria for Promotion and Evaluation of Students
1. 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 to permit a student who has not satisfactorily completed a course in a preceding grading period to continue. Each student shall demonstrate proficiency in each required course.

2. 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.

3. The School of Medicine requires that its students demonstrate proficiency in a variety of cognitive, problem-solving, manual, communicative and interpersonal, and other skills. Therefore, the following abilities and expectations must be met by all students in the School of Medicine:
   a. Students are expected to attend scheduled instruction or to otherwise obtain adequate competency and complete assignments in a timely and diligent manner.
   b. Students are expected to obtain and analyze data, synthesize information, solve problems, and reach diagnostic and therapeutic judgments.
   c. Students are expected to relate well to patients and establish sensitive and professional relationships with them.
   d. 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.
   e. Students are expected to understand, perform, and interpret selected laboratory tests and diagnostic procedures.
   f. Students are expected to display good judgment in their assessment and recommended treatment of patients.
   g. Students are expected to learn to respond with precise, quick and appropriate action in emergency situations.
   h. Students are expected to respond to criticism by appropriate modification of behavior.
   i. Students are expected to interact effectively, humanely and consistently with their colleagues, with all members of the health-care team, and with supporting staff.
   j. 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.
   k. 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 lifelong learner.

4. 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, revised as of 2001, which are described there as "not laws, but standards of conduct which define the essentials of honorable behavior for the physician.").
   a. A medical student shall be dedicated to provide competent medical service with compassion and respect for human dignity.
   b. 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.

c. 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.

d. 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.

e. 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.

f. A medical student shall recognize a responsibility to participate in activities contributing to the improvement of society, including the betterment of public health.

g. A medical student shall, while caring for a patient, regard responsibility to the patient as paramount.

h. A medical student shall support access to medical care for all people.

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 they have been enrolled because their 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 their 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 Promotions, Years 1 (M1) and 2 (M2)
A. Requirement for Successful Completion of Course Work.
Students must successfully complete all preclinical (i.e., M1 and M2) 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 two-thirds of the voting members.
B. Referral to Committee on Student Promotions.
1. Student performance will be reviewed by the Committee 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.
1. The Committee may 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 their performance and any evaluations that have been performed. The Associate Dean for Student Programs 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 its deliberations regarding this information:

a. 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 CSP with respect to recommendations to the Dean.

b. Academic probation, with or without special provisions.

c. Special programs or provisions, without academic probation.

d. Proceed without probation or special programs/provisions.

D. Dismissal from School.

1. The CSP may recommend to the Dean dismissal from medical school for students whose academic performance and/or professional development is judged to be unacceptable. CSP voting on whether or not to send a recommendation for dismissal to the Dean for a student must be by secret ballot. A recommendation for dismissal shall pass only if approved by two-thirds or greater majority of voting members present in quorum.

2. For any matter deemed serious enough, any voting CSP member can make a motion, which if seconded, shall compel a vote on whether or not to proceed with a secret ballot vote for dismissal. If a majority of CSP voting members present in a quorum vote to proceed, then a secret ballot vote will occur. That secret ballot vote will be on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

3. The CSP must vote on whether or not to send a recommendation for dismissal to the Dean for any student who accumulates four or more unsatisfactory grades during the preclinical (i.e., M1 and M2) curriculum. This vote shall be by secret ballot and requires a two-thirds or greater majority of a voting members present in a quorum vote to pass.

4. When a student receives an unsatisfactory grade in a course due to a deficiency in professionalism, the student shall appear before the CSP in a timely fashion. The Committee shall vote on whether or not to send a recommendation for dismissal to the Dean. This vote shall be by secret ballot and requires a two-thirds or greater majority of a voting members present in a quorum vote to pass.

E. Academic Probation.

1. Criteria for placement on academic probation.

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

b. Probation is automatic under any of the following circumstances:

i. After two unsatisfactory grades at any time during the preclinical curriculum (i.e., M1 and M2 years), a student must submit to a timely meeting with the Dean or their designee who will decide on further steps. However, after a third unsatisfactory grade at any time during the preclinical curriculum (i.e., M1 and M2 years), a student shall be on academic probation, and shall appear before the CSP in a timely fashion. Any voting CSP member can make a motion, which if seconded, shall compel a vote on whether or not to proceed with a secret ballot vote for dismissal. If a majority of CSP voting members present in a quorum vote to proceed, then a secret ballot vote will occur. That secret ballot vote will be on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

ii. A student who receives an unsatisfactory grade in a course because of a deficiency in professionalism shall be on probation and shall appear before the CSP in a timely fashion. The Committee shall vote on whether or not to send a recommendation for dismissal to the Dean. This vote shall be by secret ballot and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

iii. Failure to pass Step I of USMLE

2. Duration
   The duration of academic probation will be determined by the CSP. Students placed on probation after the end of the last semester of preclinical (i.e., M1 and M2) course work will remain on probation at least 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. After a minimum of three consecutive blocks of all satisfactory grades or better, the CSP must vote on whether or not to remove a student off of probation.

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 unsatisfactory grades while on academic probation
mandates a CSP vote for whether or not to send a recommendation for dismissal to the Dean. This vote shall be by secret ballot and requires a two-thirds or greater majority of a voting members present in a quorum vote to pass.

4. Intervention for the Student While on Academic Probation

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

If a student is on probation because of a deficiency in professionalism, all faculty evaluating the student during the probationary period will be notified of the student's status and provided with 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 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.
   a. Passage of Step I and Step II of the USMLE is a requirement for graduation from medical school.

VII. Student Promotions, Years 3 (M3) and 4 (M4)

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 grades. These grades will be rectified in a manner to be determined by the course faculty.

B. Referral to Committee on Student Promotion.
   1. Student performance will be reviewed by the CSP 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 on Student Promotion Deliberations.
   1. The Committee may include in its deliberations all available information relating to student conduct and performance. The Associate Dean for Student Programs will report on the student’s past efforts to improve their conduct and performance and any evaluations that have been performed. The Associate Dean for Student Programs 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:
      a. 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 CSP with respect to recommendations to the Dean.
      b. Academic probation with or without special provisions.
      c. Special programs or provisions, without academic probation.
      d. Proceed without probation or special programs/provisions.

D. Dismissal from School.
   1. When voting on whether or not to send a recommendation for dismissal to the Dean for any student, CSP voting on such a consideration must be by secret ballot. A recommendation for dismissal shall occur only if there is a two-thirds or greater majority of voting members present in quorum.
2. For any matter deemed serious enough, any voting CSP member can make a motion, which if seconded, shall compel a vote on whether or not to proceed with a secret ballot vote for dismissal. If a majority of CSP voting members present in a quorum vote to proceed, then a secret ballot vote will occur. That secret ballot vote will be on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

3. The CSP must vote on whether or not to send a recommendation for dismissal to the Dean for any student who accumulates three or more unsatisfactory grades during the clinical (i.e., M3 and M4) curriculum. That vote shall be by secret ballot, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

4. A student already on academic probation receiving a first unsatisfactory grade during the clerkship shall appear before the CSP in a timely fashion. Any voting CSP member can make a motion, which if seconded, shall compel a vote on whether or not to proceed with a secret ballot vote for dismissal. If a majority of CSP voting members present in a quorum vote to proceed, then a secret ballot vote will occur. That secret ballot vote will be on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

5. A student already on academic probation with two unsatisfactory grades during the clinical (i.e., M3 and M4) curriculum shall appear before the CSP in a timely fashion. The CSP must vote on whether or not to send a recommendation for dismissal to the Dean. That vote shall be by secret ballot, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

6. Any student who receives three or more unsatisfactory grades during the clinical (i.e., M3 and M4) curriculum shall appear before the CSP in a timely fashion. The CSP must vote on whether or not to send a recommendation for dismissal to the Dean. That vote shall be by secret ballot, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

E. Academic Probation.

1. Criteria for placement on academic probation.
   a. The CSP may place on academic probation any student whose academic performance and/or professional development is judged to be inadequate.
   b. After one unsatisfactory grade during the clinical (i.e., M3 and M4) curriculum, a student must submit to timely meeting with the Dean or their designee who will decide on further steps.
c. For any student who had had two or more unsatisfactory grades in the preclinical (i.e., M1 and M2) curriculum, after one unsatisfactory grade during the clinical (i.e., M3 and M4) curriculum, the student shall be placed on academic probation, and shall appear at the CSP in a timely fashion. Any voting CSP member can make a motion, which if seconded, shall compel a vote on whether or not to proceed with a secret ballot vote for dismissal. If a majority of CSP voting members present in a quorum vote to proceed, then a secret ballot vote will occur. That secret ballot vote will be on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

2. Duration.
   a. After three straight blocks of satisfactory grades or better in the clinical (i.e., M3 and M4) curriculum, without any unsatisfactory grades, the CSP must vote on whether or not to remove a student from probation.
   b. Except as noted, the duration of academic probation during the clinical curriculum will be at the discretion of the CSP.

   The CSP will delineate specific expectations for student performance while on probation. At the conclusion of the probationary period, the CSP will review the student's performance and take one of the following actions:
   a. Remove from probation.
   b. Continue probation.
   c. Recommend dismissal from medical school. This recommendation would occur based on a secret ballot vote on whether or not to recommend dismissal to the Dean, and requires a two-thirds or greater majority of a voting members present in a quorum to pass.

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, and/or medical and/or psychiatric evaluation.

5. 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 unsatisfactory grade on their 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 unsatisfactory 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.
D. 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 unsatisfactory grade on their 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 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 CSP. 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 their 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. The Committee will give approval only in those instances when the Committee determines that 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 their 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 their academic records.

3. The student appears before the Committee in person to present their 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.

Appendix III

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 the Honor 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.