Welcome to the University of Missouri-Columbia 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 in and respect for 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-Columbia 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 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-Columbia 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
The University of Missouri-Columbia School of Medicine provides educational experiences in which the health of our patients is our highest 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-Columbia School of Medicine’s education program rests on our Foundation Values for Medical Education.

1. A culture focused on patient-centered high-quality care delivers the best education to future physicians.
2. Respect for oneself, 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.

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**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 toward which the physician should continually strive. They will manifest these attributes in observable attitudes and behaviors toward 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 considering 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 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 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 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-Columbia 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 are the expected responses 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 consider 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 and Honor Code**

The Honor Code (included in Appendix II 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 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 always be well groomed. 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 always wear their ID badge. Open-toed shoes and sandals are not permitted in clinical/patient care areas or the anatomy lab.
**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**

Patient-based learning (PBL) cases, learning objectives, lecture files, pathology cases, exam content, 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). Sharing of any curricular material between classes is a violation of the MU School of Medicine policy and the Honor Code.

**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. The “Health Insurance Portability and Accountability Act” (HIPAA) 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-Columbia 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 prior to matriculation, using a lottery process, that considers students’ campus preferences. Depending on individual circumstances, students could ask for exclusion from the lottery and/or appeal assignment based on legitimate reasoning. (Please see appendix for the Clinical Campus Assignment Policy).

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 seven clerkships 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 Scholars program and Integrated Residency regardless of their clinical campus assignment.

The Teacher-Learner Relationship at the School of Medicine

The University of Missouri-Columbia 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-Columbia 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:

“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 oneself, 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** *(last updated May 17, 2017)*

The University of Missouri-Columbia 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 Principle**

**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. 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:**

- Always act in a professional manner 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 everyone’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:
• Always demonstrate professionalism, 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 everyone’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, 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
https://www.umsystem.edu/ums/rules/collected_rules/grievance/ch390/grievance_390.010

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

Mistreatment Portfolio

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 Scholars 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 Office of Institutional Equity website at [http://civilrights.missouri.edu/](http://civilrights.missouri.edu/). MU Office of Institutional Equity is the University office responsible for helping all members of the university community satisfactorily resolve equity-related problems. MU Office of Institutional Equity is located in Memorial Union.

- The University of Missouri campus reporting system, MU Office of Institutional Equity, is available to all individuals in the School of Medicine and provides the opportunity to report anonymously. Reports made through MU Office of Institutional Equity 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 University of Missouri System Integrity and Accountability 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](https://secure.ethicspoint.com/domain/media/en/gui/40803/index.html)) or by calling a live operator at 855-645-1384. Reports made via the Hotline are investigated by the Title IX coordinator for UMHS.

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

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

**CiRCLE**

The Committee for Respect and Civility in the Learning Environment consists of students and faculty. The Associate Dean for 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 it 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.
Protocol for Tragedy Involving Students

Death of a student
- Parent, spouse/partner, or primary family member are contacted personally by one of the Associate Deans, the Senior Associate Dean of Medical Education, and the Dean of the SOM to express condolences
  - Request permission to notify students, faculty, and staff of the death and funeral arrangements
- Email notification of students, faculty, and staff (including information regarding support services)
  - Student Health Center
  - Hospital Pastoral Services
- Notification of funeral arrangements disseminated to students, faculty, and staff (if approved)
- Any student interested in attending funeral services should request leave as normal
  - Clerkships notified of the potential of students wanting to attend the funeral
  - Contact the Associate Dean for Student Programs if there are problems with getting time off
- Dr. Stephanie Bagby-Stone will reach out to student body in addition to Med Ed’s email with resources available to students
- Organize memorial service at Mizzou for students, faculty, and staff

Death of parent, spouse/partner, child, sibling, or grandparent of a student
- Student is allowed time off for bereavement
- Dr. Bagby-Stone will reach out to student with resources
- When made aware of death, an Associate Dean will reach out to the student
  - Request permission to notify students, faculty, and staff of the death and funeral arrangements
- Notification of death and funeral arrangements disseminated to students, faculty, and staff (if approved)
  - Clerkships notified of the potential of students wanting to attend the funeral
  - Contact the Associate Dean for Student Programs if there are problems with getting time off

Serious injury of a student
- Contact one of the Associate Deans to inform them
- Associate Dean reaches out to student and/or their family

University of Missouri-Columbia 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 Medical Education, 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. (Screenshot follows.)

**University of Missouri-Columbia School of Medicine Diversity**

The University of Missouri-Columbia 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 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-Columbia 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 for Students

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

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

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

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

Problem solving is a critical cognitive skill demanded of physicians and it requires the intellectual abilities of measurement, calculation, reasoning, analysis, and synthesis. In addition to these skills, candidates must possess the high moral and ethical standards demanded of physicians and the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgement, the prompt completion of all responsibility’s attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients.

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

Candidates with disabilities; admitted candidates with disabilities’ requests for accommodation will be reviewed individually, on a case-by-case basis, with a complete and careful consideration of the skills, attitudes, and attributes of the candidate. An accommodation will be deemed unreasonable if: it poses a direct threat to the health or safety of self and/or others; providing it requires a substantial modification in an essential element of the curriculum; it lowers academic standards; or poses an undue administrative or financial burden. Except in very rare instances, the use of surrogates to perform any of the functions described above will be considered an unacceptable method of accommodation.
All potential applicants and current medical students will be asked to attest that they have read these standards and that they meet the standards, either with or without accommodation. Should a change in ability to perform these standards occur, students could be released from the program. Such a release would follow an interview and review by medical school officials, and a recommendation from the Associate Dean for Student Programs.

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 to contribute to collaborative, constructive learning and working environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes

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1 Process:
Admitted candidates who have a disability and wish to request accommodations should contact the Disability Center as soon as the offer of admission is received and accepted. It is the responsibility of the candidate with a disability to provide the information necessary to document the nature and extent of the disability of functional limitations. Evaluating and facilitating accommodation requests is a collaborative process among the candidates, the School of Medicine, and the Disability Center.
It is expected that minimum accommodation will be requested with regard 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 at 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.

Immunizations and Medical History Appointment
The School of Medicine requires a medical history on each student and an immunization review appointment conducted by the Student Health Center prior to matriculation. The list of required immunizations will be given to students prior to matriculation, and is also available on the Student Health Center’s website https://wellbeing.missouri.edu/medical-care-services/immunizations/. If additional immunizations or tests become necessary after matriculation, 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, unless they have a approved exemption for the location of their rotation.

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

Tetanus/Diphtheria/Pertussis
Each student must have completed the primary series with booster given within the past 10 years.

Measles/mumps/rubella
Each student must have completed two doses of 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 or medical reason not to. Please see Dean of Student Programs for further information.
Covid-19 Vaccine Series
Each student is required to have two primary Covid-19 vaccines. Students are encouraged, but NOT mandated to get the third or fourth booster vaccines. Please see Dean of Student Programs for further information.

Hepatitis B
Each student is required to receive the three-dose series of Hepatitis B vaccine. Additionally, each student is required to show proof of immunity through a Hepatitis B surface antibody test.

Tuberculosis
Each student must have two-step TB skin testing with annual update. If submitting TB skin test results from another facility or physician, results must include “signature of person performing test, date read, mm of induration, and if negative or positive.” An Interferon-gamma Release Assay (IGRA) with written documentation, done within three months of matriculation may be substituted.

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 at 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 should 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 should 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 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 Life Support (BLS)
Students are required to have documentation of successful completion of Basic Life Support training on file prior to matriculation and throughout their enrollment. A copy of their certificate will be kept in the student’s file. Students who do not have up to date BLS certification will not be allowed to enter patient areas.
Background Check
The School of Medicine requires that students undergo a criminal background check prior to matriculation through Certiphi and the AMCAS application. A state background check is also required through the University Hospital prior to starting school. A background check may also be required for rotations or electives at other institutions. Any costs associated with the background checks will be the student’s responsibility.

Urine Drug Screening
Satisfactory completion of a drug screening by a designated testing facility is required for enrollment. A drug screening may also be required for rotations or electives or at other institutions. Drug screening costs will be the student’s responsibility.

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 composite 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.

Disability Insurance
Disability insurance is optional; however, many professional groups have recommended that medical students purchase it.

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 for these items.

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 if messages are bounced back to sender when your inbox is full. **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)
This is MU School of Medicine’s primary resource for the career development of its students, M1-M4. Advisors play a very important role in students’ career development, so the CATSA also contains helpful information for advisors, preclinical and clinical. In addition, the CATSA houses a career development folder for every student, which can be found on the individual class pages. Students and their advisors have sole access to these folders and can use them as a place to share information, career assessment results, and notes. New information is added to the CATSA regularly, so please check back often.

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 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 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 four days over the course of a six- or seven-week rotation, three days for a four- or five-week rotation, three days for a four-week rotation and one day for a two-week rotation.
Clinical students will be allowed a maximum of 15 days of excused absences per clinical year. There will be flexibility to consider exceptions on a case-by-case basis for compelling health and personal reasons. Students who exceed this 15-day maximum should contact the Associate Dean for Student Programs to discuss the reasons for requesting additional absences.

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**

- **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.

- **M4 students** will be allowed time away from educational responsibilities, including clinical courses, for participation in Supplemental Offer and Acceptance Program (SOAP).
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:

- Complete the absence request form (found on Student Portfolio → Tools → Reporting → Absence Forms). The form must be completed at least two weeks in advance of the anticipated absence.

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 → Reporting → Absence 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 its next regularly scheduled meeting.

Initial approval of absences from the COMPASS course is at the discretion of the director(s) 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. 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 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.

**Deferral of Clerkships into the Senior Year**
Clerkship 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 will 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).
Inclement Weather Policy for the SOM
Students should exercise judgement regarding their ability to travel safely to campus during inclement weather. Students are not expected to place course attendance above considerations for individual health and safety.

Delayed Start, Early Closure, or Full Campus Closure
Although notice of closure is sent to the public media and to individuals via messaging, notice of the closure will also be sent via email to medical students with any additional information by the Associate Dean for Student Programs or a designee. Campus guidelines cannot be reversed or altered by block directors, faculty facilitators, or staff.

- M1 and M2 Students
  - Classes/activities including PBL groups, IPC groups, anatomy labs, and lectures will be remote
  - The following activities will be cancelled:
    - Ambulatory Clinical Experience (ACE)
    - Advanced Physical Diagnosis (APD)
    - Simulation activities
    - Labs (example: venipuncture lab)
  - Students should attempt to reschedule a clinic with their ACE preceptor

- M3 and M4 students at the Columbia Clinical Campus
  - Notice of campus closure will be sent to students (via email) by the Associate Dean for Student Programs or the designee
  - M3 and M4 students on clinical blocks will be contacted by the clerkship/elective director and coordinator regarding cancellations and their need to report or not to the clinical duties
    - If clerkship directors deem it necessary for students to report, it would be for clinical duties only and all other educational activities would either take place via Zoom or be rescheduled/cancelled
  - M3 and M4 students on non-clinical blocks such as Advanced Biomedical Sciences should check with the faculty member teaching the block
  - If students are asked to stay home during inclement weather, they will still be expected to participate in online clerkship activities (Zoom lectures, online cases, readings, etc.)

- M3 and M4 students at the Springfield Clinical Campus
  - The Senior Associate Dean for Education and the Associate Dean for the SCC will decide on student attendance
  - The Associate Dean for the SCC or the designee will notify M3 and M4 students at the Springfield Clinical Campus via email if in-person attendance is cancelled. This decision cannot be altered by individual faculty or preceptors
  - The Associate Dean for the SCC or the designee will then contact the Associate Clerkship Directors
  - Students are asked to contact their individual preceptor(s) for the day to let them know
  - If students are asked to stay home during inclement weather, they will still be expected to participate in online clerkship activities (Zoom lectures, online cases, readings, etc.)
Remote Locations
- Students at remote locations affected by dangerous conditions are expected to be excused from educational activities, regardless of whether the MU campus is affected, open, or closed. If in doubt, students and preceptors should check with the Associate Dean for Student Programs (Columbia campus), the Associate Dean for the SCC (Springfield campus) or their designee.
- Students at unaffected remote sites that are not closed or affected by inclement weather are expected to continue regular clinical activities. If in doubt, students and preceptors should check with the Associate Dean for Student Programs (Columbia campus), the Associate Dean for the SCC (Springfield campus) or their designee.

Requirements for Evaluation
Evaluation is a vital part of the educational process. In medical education, evaluation serves two purposes: to assess your performance and to provide the feedback needed to identify areas needing improvement and to 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
Academic performance is assessed in the following areas including, but not limited to: knowledge, skill, clinical reasoning, and professionalism (including but not restricted to initiative, intellectual curiosity, interpersonal relations, and respect for others). Specific grading criteria can be found in each course syllabus.

The following grades are recorded by the University of Missouri-Columbia 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 does not complete all components of a course in which they have been enrolled will receive an “I” grade. An “I” grade may be assigned only when the completed portion of the student’s work is of passing quality, and 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 Associate Dean for Curriculum and Evaluation will meet with the student to discuss an Individual Study Plan (ISP) to outline the tasks, time frame, and other details to successfully complete the block/course. A student may be required to take a Leave of Absence before beginning the ISP. Incomplete grades are reported to the Registrar’s office and will remain on the student transcript until the ISP is complete. After rectifying the incomplete, a grade change will be submitted to the Registrar.

W – Withdrawal
This grade signifies withdrawal from a course or clinical block and requires approval from the Associate Dean for Curriculum and Evaluation and the Associate Dean of Student Programs.

Clinical Shadowing
Some departments offer clinical shadowing experiences to allow students to explore their interest in different specialties. These experiences are typically observational in nature and may occur in the inpatient, outpatient, or operating room settings. The availability of such experiences is approved and coordinated by the department and may include required orientation sessions.

MU School of Medicine students are covered by the Medical, Professional and Patient General Liability Plan, as outlined in CRR 490.020, if the shadowing experience is approved by university affiliated faculty and/or coordinators and in a location with an active affiliation agreement.

Shadowing experiences done at a non-University of Missouri hospital or clinic without the approval of MU faculty or without an active affiliation agreement are not covered by malpractice liability insurance. An example of an uncovered experience includes student arranged shadowing in their hometown over school breaks.

Shadowing experiences are considered extra-curricular and should not be scheduled during formal scheduled curricular activities including, but not limited to, lectures, case-wrap-up, PBL/IPC small groups, COMPASS sessions, Simulation Center activities, clerkship activities, etc.

Curriculum Changes
The University of Missouri-Columbia School of Medicine during weekdays persistent processes of Continuous Quality Improvement to evaluate all aspects of the academic experience, changes in body of knowledge, and best practices in pedagogy. While recognizing that consistency is an important aspect of learning, it may be necessary to change or improve processes during the academic year.
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 consider 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-Columbia School of Medicine emphasizes knowledge mastery, clinical reasoning, self-directed learning, collaborative learning for the basic sciences and early clinical experiences.

In the first two years, emphasis is placed on small-group learning, didactic lectures, laboratory, and simulated patient experiences. There are no department- or discipline-based courses. In general, M1/M2 courses are scheduled during weekdays between 8 a.m. and 5 p.m.; 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 blocks each. All summative evaluation occurs during the last week. Each block consists of several components:

- **Basic Science/Patient-Based Learning (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.

- **Introduction to Patient Care (IPC)** - Themes change with each block and focus on clinical skills, including history taking and physical examination, psychosocial issues, 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 patient history, physical exam skills, and clinical reasoning. Successful completion of APD is
required 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 Four**
- **Basic Science/PBL: Structure and Function of the Human Body 4**-Microorganisms, immune response, reproductive structure and function, and the endocrine system
- **Introduction to Patient Care: Clinical Epidemiology and Preventive Medicine**-Distribution and dynamics of disease, clinical epidemiology, risk, prevalence, incidence, disease outbreaks, diagnostic testing, critically reading the literature, and population health
- **Ambulatory Clinical Experience Year Two**

**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-Life:** 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.

**Assessment of Competency in the First and Second Years**

All summative examinations occur during the last week of each block. 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) during the first year and Advanced Physical Diagnosis (APD) during the second year.

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). Refer to the course syllabi for the individual grade components for each course including criteria for grade determination.

Examination schedules are sent to students the week before exams will take place. Schedules include dates, start time, submit times, and location. All examinations are subject to adherence to the Honor Code.

Refer to the policy in the student portfolio for additional information.

**BSci/PBL Assessment**

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 competency in required components as outlined in the course syllabi. This may include: 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 contribute to the learning process of the group. Professionalism and teamwork are also assessed.

**Knowledge-Based Examination**
This examination will consist of high-level multiple-choice questions based on exhibits or images, or other methods of determining knowledge levels.

**Clinical-Reasoning Examination**
This examination will consist of patient cases that may include laboratory values, clinical presentation, history, physical examination results, and other information. Students respond with a written analysis of these components and apply clinical reasoning to support diagnostic hypotheses.

**The BSci/PBL course components are graded as follows:**
- PBL Facilitator Evaluation: Satisfactory or Unsatisfactory
- PBL Clinical-Reasoning Exam: Satisfactory or Unsatisfactory
- PBL Knowledge-Based Exam: Satisfactory (65% or higher) or Unsatisfactory

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

**IPC Assessment**
The final grade for IPC is determined by student performance on assessments that may include: knowledge-based examinations, simulated patient examination and documentation, research papers, service-learning projects, performance of clinical skills, or other methods of determining knowledge levels, and faculty assessment of performance in small groups. Professionalism is also assessed. Types of assessment will vary by block.

**Performance in the IPC Group (Facilitator Evaluation)**
Student performance in IPC groups is assessed throughout the block by the IPC facilitator through an observational assessment of a student’s competency in required components as outlined in the course syllabi. This may include: demonstrate clinical skills, actively participate in activities and simulations, present accurate information to peers in an organized and coherent manner, and contribute to the learning process of the group. Professionalism and teamwork are also assessed.

**Knowledge-Based Examination**
This examination will consist of high-level multiple-choice questions, questions based on exhibits or images, or other methods of determining knowledge levels such as short-answer or essay questions.

**The IPC course components are graded as follows:**
- IPC Knowledge-Based Exam: Satisfactory (70% or higher) or Unsatisfactory
- IPC 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.

**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. Course syllabi contain specific information on Honors grade designations for each course.

**Honors in PBL**
To achieve an Honors grade designation, all applicable criteria below must be achieved.
- 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 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**
To achieve an Honors grade designation, all applicable criteria below must be achieved.
- Facilitator Evaluation (where applicable): No numeric values are awarded by the facilitator, but they may designate honors for students who truly distinguish themselves
- Knowledge-Base Exam: 90% or higher
- Satisfactory completion of any additional requirements by published dates as outlined in the course syllabus: 100%
- Standardized Patient Summative Examinations: Satisfactory grade

**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, interactions with, and respect shown for the patients and the staff.

**Examination Review**
Examination review provides students with an opportunity to review graded examination materials in a proctored environment. The calendar of review dates is available in the student portfolio. Medical Education will announce specific dates, times, and procedures when grades are released. All reviews must take place in Medical Education buildings under the Honor Code.

Refer to the policy in the student portfolio for additional information.

**Request for Exam Question Review**
If a student disputes the correct answer to an exam question, they may request their answer to be reviewed. Limits are placed on the number of questions that a student may request. Question review forms and a detailed justification of why the student’s answer is superior to the keyed answer must be submitted in compliance with the published schedule. A question review request is part of the student assessment process and is therefore subject to the Honor Code. A request for review will result in either an increase in score, a decrease in score, or no change. Each student may request reconsideration of only their own exams. Should credit be awarded, it is awarded only to the student making the request.

Refer to the policy in the student portfolio for additional information.
Administrative Review of a Pre-Clerkship Grade

Purpose
Students’ requests for an administrative review must be received in writing by the Associate Dean for Curriculum and Evaluation and the Associate Dean for Student Programs 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 its 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 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 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 or travel arrangements. Students with three 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.

Several 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 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 early spring. Some of the summer programs that have been available and sponsored through the School of Medicine can be found at [https://medicine.missouri.edu/education/medical-education-curriculum/summer-programs](https://medicine.missouri.edu/education/medical-education-curriculum/summer-programs).

**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 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. Several 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 at 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 an 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 receive a stipend for this experience.

**MedPrep Summer Program Assistant**

The MedPrep Summer Program Assistant provides an online presence in Canvas for MedPrepII and Medical Explorations. The position requires an energetic, warm, and friendly person who will build community, provide instructions, lead conversations, follow-up on comments in voice thread, discussion boards, announcements, and virtual social hours in the Canvas and Zoom environment.

**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 available to assist individual students in reviewing their examination performance. Students can contact the Academic Assistance Program Coordinator for more information on tutors.

**Remediation**

Students who receive an unsatisfactory grade must rectify the deficiency before advancing. Students must receive passing grades on all M1 and M2 curriculum components before starting any clinical clerkship. 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. A schedule of remediation examination dates is published in the student
If a student does not successfully complete remediation, they must meet with the Associate Dean for Curriculum and Evaluation and the Associate Dean for Student Programs to determine an academic plan.

Refer to the policy in the student portfolio for additional information.

**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. Orientations to the Step 1 examination are given at the M2 orientation and in class meetings during the M2 year. Block 8 of the M2 year typically ends the last week of April and clerkships usually start in early or mid-June of the M3 year. Many students use the time (about six weeks) between the end of Block 8 and the start of clerkships to study for and take Step 1. 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 leaves 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 receive information to help you prepare for your third year. Information is provided about the curriculum (later in this section), about our rural program (in this section and in section eight), and about the process you will use to register for your third-year clerkships. Information about the requirements for matriculation to the third year is also provided. 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 M3 students. Students assigned to the Springfield clinical campus participate in Springfield-specific orientation activities.

A comprehensive knowledge-based examination is 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 considered for dismissal (accumulation of three or more unsatisfactory grades) during their M2 year must 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 are 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 five weeks, the psychiatry clerkship is six weeks, and all others are seven weeks. All seven clerkships are completed in the M3 year. M4 students have priority in the four-week elective enrollment process. There is a reading week designated alongside psychiatry, equating to seven weeks total per block. 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 another 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 must 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 meet 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 Health 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 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 must 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 or a Springfield student, the Associate Dean for Rural Health or Associate Dean for Springfield Clinical Campus 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 all seven core clerkships within the M3 academic year. Rarely, students will need to defer a 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.
Deferrals of a core clerkship are generally not 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 a 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 compelling, the student may ask for the request to be reviewed by the Clinical Curriculum Steering Committee (CCSC). Identifying information is removed from the request, and it is 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 are forwarded anonymously to the chair of the CCSC who may or may not revisit the issues with the CCSC. Students with approved deferrals 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.

After completing the Summer Community Program, Rural Scholars may request a change in their continuity community if a compelling personal or health issue arises. 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 (consisting of the Associate Dean for Student Programs, Associate Dean for Curriculum and Evaluation, the Associate Dean for the Springfield Clinical Campus, the Associate Dean for Rural Health, the Rural Track Medical Director, and the Rural Track Program Director) and, as necessary, the appropriate course directors to discuss and document any issue(s).

After beginning the LINC curriculum, LINC students may not re-enter the block curriculum unless a compelling health and/or academic reason necessitates a change. The Rural Track Management Group, along with the LINC Clerkship Director, provide oversight and alignment of the Rural Track Program with MU School of Medicine policies and procedures, reviews student requests for re-entering the block curriculum and determines whether the student’s case necessitates a change in curriculum. These are reviewed on a case-by-case basis, and a plan for re-entry into the block curriculum is determined based on timing of exit from the LINC curriculum and completed student assessment.

**The Rural Track Clerkship Program**

Rural Scholars are given the opportunity to live and work in a rural community to gain 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 many patients and can experience continuity of care. Rural Scholars complete three rural block clerkships or the longitudinal integrated clerkship, and a community integration project during third year of medical school at their assigned rural continuity training site.

Housing for these 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 longitudinal integrated clerkship (LINC) includes medical students in patient care over time, allowing enduring learning relationships to develop with patients and physician-teachers. Students meet all required core clerkship competencies through interwoven, longitudinal experiences in the clinical training year. In contrast to a block curriculum, students meet and follow their patients across multiple settings of care and different disciplines over several months. Students participate in the continuity care of rural patients across a spectrum of ages and conditions in the outpatient clinic, hospital, operating room, emergency department, and even at home. Students are exposed to the benefits and challenges of providing team-based rural medical care for these unique, divers, and high-risk populations.

Since 2021-2022, Rural Scholars have had the opportunity to participate in a Rural 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 Community Integration Project (CIP) provides third-year Rural Scholars the opportunity to participate in 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
3. Demonstrate the importance of community service through active participation and self-reflection

Projects completed in block clerkships will span four to six months and the entire academic year for students participating in the longitudinal integrated clerkship.

For more information on Rural Scholars’ programs, including the goals of the program, see the Rural Scholars’ pages on the MU SOM web site.

**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 used as a tool for providing students with formative feedback. The student must turn in this completed form to the clerkship director before being allowed to sit for the end-of-clerkship examination. This form is not 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 are reviewed regularly by the clerkship directors and semi-annually during the Clinical Curriculum Steering Committee meetings.

**Grading – Distinguished from Mid-block Feedback**
Grading for required clerkships and 4-week 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 its 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 a clerkship, student must perform at the honors level in all three areas. Some clerkships require students to complete 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
Students are required to be present in the testing location at least 30 minutes prior to the examination start time.

Students who arrive 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 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 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 to resolve the discrepancy within the course department. If a discrepancy is determined to exist and is 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. 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, a 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 Dean’s decision 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
The PCC-OSCE
A Patient-Centered Care Objective Structured Clinical Examination (PCC-OSCE) is 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.

Students have the opportunity to remediate 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 the fall of each year. This determines if the MU School of Medicine is able to accommodate transfer students or students with advanced standing to join the M3 class in June of the same calendar year.

Requirements to Transfer (if capacity allows)
- Must be a US citizen or permanent resident.
- Satisfactorily completion of the first two years of medical school at a:
  - Liaison Committee on Medical Education (LCME)-accredited MD-granting school of medicine.
  - or 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.
- Need to be actively enrolled and in good standing at current medical institution.
- All applicants must pass the United States Medical Licensing Examination (USMLE) Step 1 exam by the last test date in March of the matriculating year.
  - Those who took Step 1 prior to 2022, must have a minimum score of 242. (One-half a standard deviation about the national mean for first-time test takers, as published by the National Board of Medical Examiners for the previous academic year.)
  - Those who took Step 1 after the score reporting changed from a three-digit numerical score to Pass/Fail must receive a passing score.

Potential Transfer Student Must Submit
- A transfer application (provided by MU School of Medicine Admissions)
- A Curriculum Vitae (CV)
- Official undergraduate college/university transcript
- Official transcript and an official letter of evaluation from the Dean/Associate Dean for Student Affairs or other appropriate official of the applicant’s current medical school.
  - The transcript should document the applicant’s entire academic history at the medical school, including notation of any leaves-of-absence, schedule modifications, and an explanation of the grading system (if not already included on the school’s transcript).
The letter of evaluation should state the eligibility (or expected eligibility) of the individual for promotion to the next academic year at the student’s current school. The letter should address the academic and non-academic qualifications of the individual for the eventual practice of medicine. Specific comment should be included on any infractions of the school’s code of ethical and behavioral conduct.

- Official MCAT score report
- Official USMLE transcript
- Three letters of recommendation from medical school faculty at the applicant’s current institution who have issued the applicant a grade or with whom the applicant has had direct contact.

Transfer Timeline
- **Late October**: capacity to transfer into the M3 class that following June released
- **January**: Application and all supporting materials due (if capacity allows)
- **February**: Admissions interview
- **March**: Admissions decision released

Contact
For more information regarding the transfer policy or capacity, please email the MU School of Medicine Admissions Office mizzoumed@missouri.edu.
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 32 weeks of elective rotations to meet graduation requirements including three four-week advanced clinical selectives (one medical, one surgical, and one either medical or surgical), four four-week general electives, 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 three required clinical selectives, their surgical selective, or their medical selective, under the supervision of University of Missouri-Columbia School of Medicine faculty or community faculty appointed through the School of Medicine. The others 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-Columbia School of Medicine faculty and will meet the requirement for one of the three clinical selectives.

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.

Two-week introductory electives may be taken during the M3 or M4 year. Two-week electives taken in the M3 year are scheduled during the two-week period immediately following the five-week neurology clerkship. Two-week electives do not count towards the 32 weeks of required elective credit for graduation but will be included on your official transcript. A student may not take two two-week electives and count them toward credit for one four-week elective.

Rural Track Elective Program
The Rural Track Pipeline Programs give 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 a 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: https://medicine.missouri.edu/offices-programs/education-rural-scholars/rural-track-elective-program.
Graduation

Required Examinations
Examinations include comprehensive knowledge-based examinations and the Patient-Centered Care Objective Structured Clinical Examination (PCC-OSCE).

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 Examination (PCC-OSCE) is administered near the end of the third year. Successful completion of this PCC-OSCE is a requirement for graduation from medical school. Clinical faculty determine satisfactory performance on the PCC-OSCE exam. Students must rectify PCC-OSCE deficiencies prior to graduation in May.

Students remediate 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 (CSP) as they consider students for graduation. Failure to successfully complete the re-remediation PCC-OSCE will result in referral to the CSP 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.

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). 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 (seven), and fourth-year clinical courses (one ABS, one medical selective, and one surgical selective). Courses completed by the end-of-block 25 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 hoding 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-Columbia School of Medicine or who 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. The family member dresses in commencement regalia (ordered/rented by Medical Education), takes part in the procession and recession, and sits on stage during the commencement ceremony when appropriate.
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 issue 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 at the close of the M3 year and the start of the M4 year.

Integrated Residency

Integrated Residency is a program for students who have chosen their specialties and know they want to stay at the University of Missouri for residency. Integrated residents can learn the responsibilities of a resident and to get to know the department during their fourth year of medical school. Integrated residents earn a scholarship upon successful completion of their department’s requirements. For more information about Integrated Residency, including a list of participating departments and the timeline, please reach out to Heather Miles at milkshj@health.missouri.edu or 573-884-3162.

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](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, and through one-on-one meetings about time management, transitioning to medical school, and learning to use active study strategies with Medical Education staff. M4 and faculty academic tutors are also 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. 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, Step 1 study plans, 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 are available to all students and are 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. M1/M2 students may request a tutor by submitting a completed tutor request form. Students are assigned to tutors first based on 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**

Mizzou Medicine advising, and career planning services fall under the Advice, Support, and Career Counseling Program (ASC). The ASC program is coordinated through Medical Education 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. The mentor provides support during the transition to medical school and throughout the preclinical years with one required meeting each block. Students and advisors may opt to meet more frequently.
- Specialty exploration forums provide exposure to faculty from a variety of specialties through 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 they may continue with their preclinical advisor.
- The Clinical Advising Tool for Students and Advisors (CATSA), an online residency preparation and application tool, is available.
- 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 need 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
LC212, 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: 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 will 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, log in 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 for simulation and simulated participant (SP) 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 (SP) 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 of space, has four multi-functional simulation suites, an eight-room patient exam clinic, two control rooms, a debriefing room, observation room, classroom, and a high-tech conference center.

The Clinical Simulation Center located in Springfield is located in a 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 the technologies available in Columbia’s simulation centers 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 573-884-0277.

**Security**
Please be mindful of your own and others’ security and safety at all times. Please contact security services if 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 in prominent locations on campus, including in parking lots, and can be activated and the location pinpointed simply by taking the phone off the hook.

For non-emergency calls, the number is 573-882-7201.
While on the Springfield Clinical Campus, please call 911 in an emergency.

**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 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 a.m. to 5 p.m.
- Wednesday, 9 a.m. to 5 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 at 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 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 901 S. National Ave. in Springfield.

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 that students identify themselves as a University of Missouri-Columbia School of Medicine student when scheduling the appointment. Please note, bills must be paid at the time of service.

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

When the Magers Health and Wellness Center is closed, students should go to the nearest emergency room for life-threatening conditions or dial 911. Cox South Emergency and Trauma Center telephone number is 417-269-4083, Cox North Emergency Department telephone number is 417-269-3393, and the Mercy Emergency Trauma telephone number is 417-820-2115. If the condition is urgent but not life
threatening, students should check their insurance 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 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

**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 in the M3/M4 lounge.

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

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

**Missouri State University Meyer Library**
The Missouri State University Meyer Library is available to all students attending the Springfield Clinical Campus: [https://libraries.missouristate.edu/Meyer.htm](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 toward 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@mercy.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-Columbia 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.

Lactation Rooms
The following lactation rooms are available for students to use:
- LC366 in the PCCLC
- N714 (code to enter: 541)
- Women’s Locker Room in basement at University Hospital
- UH fifth floor (near green elevators)
- UH sixth floor (near green elevators)
- UH seventh floor (near green elevators)
- Pediatric and OB Clinic have lactation rooms for staff
- Women’s Hospital 1237 (near ER)
- Women’s Hospital 2251 (near NICU)
- Both health systems in Springfield (CoxHealth and Mercy) have lactation rooms available

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 Director of Medical Student Well-being is also available to meet individually with students for success mentoring, emotional support, and to provide information about campus and community resources. This role provides solely support and mentoring. These sessions are not treatment, and the faculty and student are not engaged in a treatment relationship. All M1 and M2 students meet with the Faculty Director of Medical Student Well-being for a 15-minute wellness check-in. Students can email the director, Dr. Stephanie Bagby-Stone, directly at bagbystones@health.missouri.edu, to schedule additional meetings. Student requests for resource information are confidential. 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.

All medical students have access to personal counseling through the MU Counseling Center, situated in Strickland Hall on the main university campus, a short walking distance from the medical school. The Counseling Center assists students in learning to cope with emotional, social, and academic concerns interfering with their success while at MU. Services include access to TAO Connect; brief individual
psychotherapy; group therapy; clinical skills classes; crisis intervention; psycho-educational workshops; outreach presentations; and consultation to students, faculty, staff, and parents. The staff includes licensed psychologists and counselors, psychology residents, psychology interns and masters and doctoral level graduate students in psychology. Any undergraduate or graduate student currently enrolled at the MU campus is eligible for services. Therapy length is tailored to each individual student’s needs within a brief therapy model. Group therapy may be an option for up to a total of three semesters. Students must be enrolled in the term during which they seek services. Consultation services through the MU Counseling Center are available for any students, faculty, and staff that are concerned about an MU student. General well-being outreach services are provided by Student Health and Well-being. Counseling, outreach programs, and consultation services are offered at no additional charge. A portion of student fees are allocated to the Counseling Center in order to support these services. Students can access free and anonymous online mental health screening through the MU Wellbeing website at http://screening.mentalhealthscreening.org/mizzou.

Medical Education offers multiple wellness events in recognition of Show Me Compassionate Medical Education Day. The Missouri legislature passed Senate Bill 52 recognizing this day with the intention to bring awareness to medical student well-being, mental health-stress management, and student treatment. These activities have focused on helping students to connect and to raise awareness of mental health risks and resources. All medical students complete an M1 Wellness Orientation and the online Ask Listen Refer suicide prevention training program.

Class-elected student wellness representatives, together with the Faculty Director of Medical Student Well-being and student services coordinator, organize activities such as wellness lectures, student panels, fitness classes, cooking demos, food fairs, and social community activities. The class wellness representatives, in conjunction with Medical Education, organize the Show-Me Compassionate Medical Education 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.

We offer several programs to aid in the transition to starting medical school. In the M1 and M2 Buddies program, each M1 student is partnered with an M2 student in the first few weeks of medical school. In the PBL Mentor program, M2 students serve as mentors to each M1 lab, serving to provide academic, social, and emotional support throughout the course of Block 1. These programs provide the opportunity for first-year students to have direct contact with upper-class students and receive informal support, advice, and mentoring.

For ongoing peer support, the Mizzou Med Peer Support Program has been created for 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 well-being 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.

MU Health Care also has several resources available for students. The ForYOU team is available to meet with health-care providers, including our medical students, who are involved in an unanticipated adverse patient event, medical error and/or a patient-related injury and become victimized in the sense that the provider is traumatized by the event. The hospital chaplains are also available to meet with our medical students.
**Facilities**
Please help preserve the appearance of our medical school during your tenure here. Your assistance will be greatly appreciated by the students who follow you.

Smoking is prohibited in all properties owned or operated by University of Missouri Health Care, the University of Missouri-Columbia School of Medicine, or the Sinclair School of Nursing. 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-Columbia 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 MU Disability Center.
   All medical students requesting academic accommodations for disabilities must register with the Disability Center at Memorial Union, 573-882-4696. The office website can be found at https://disabilitycenter.missouri.edu. The Disability Center 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 Disability Center 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.

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 Center’s 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 Disability Center 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 must be supported by a Disability Center 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 Center letter of accommodation on file in the office of the Associate Dean for Student Programs, dated no earlier than January prior to the start of the clerkship year. Students who do not make specific requests for examination accommodations within the first two weeks of a clerkship may not receive accommodations.

**Students Who Want to Engage in Research**

There are many opportunities for medical students to incorporate research training and experience, and students are strongly encouraged to do so. Opportunities range from a single summer research fellowship to pursuing an additional degree (MD/PhD).

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

The PhD degree is available in a variety of departments, with the MD/PhD dual degree involving a time commitment of six to eight years for completion depending upon the field of study. Students must complete the basic and clinical sciences for the medical degree as well as course work and research for the graduate degree. Some of the preclinical courses may count 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 Rural Scholars Program (includes students in the Bryant Scholars Pre-Admission Program), the Summer Community Program, the Rural Track Clerkship Program, and the Rural Track Elective Program.

**Rural Scholars 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 MU SOM. 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. Upon matriculation to MU School of Medicine, Bryant Scholars participate in the Rural Scholars Program.

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. The Rural Scholars Program is open to all first-year medical students. Each fall, first-year students will be given information about the program and have an opportunity to apply and interview.
Rural Scholars (including Bryant Scholars) are required to participate in the following activities to be eligible for a scholarship during their fourth year.

- 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.
- Be assigned to a continuity training site the fall of M1 year. Scholars may be assigned to a continuity site that is a block clerkship site or to a Longitudinal Clerkship Site (LINC). A specific training site cannot be guaranteed.
- 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 or the rural longitudinal integrated clerkship and a community integration project during the third year of medical school at their assigned continuity site.
- Complete at least one four-week rural elective during the fourth year of medical school at their assigned continuity site.

Further information including the application and selection process as well as the goals and benefits of the program is available at:
https://medicine.missouri.edu/offices-programs/education/rural-scholars-program

Rural Scholars Commitment
A request from a rural scholar to not 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 referred to the Committee on Student Promotion (CSP) and may be noted in the Medical Student Performance Evaluation (MSPE). Students who do not complete medical school curricular requirements for any reason 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 grow in the areas of reflection, education, immersion, and scholastic efforts.

To fulfill the GHSP requirements, students 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 can 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 several active student organizations at MU School of Medicine. Student interest determines the level of activity of organizations, or the establishment of new ones. Student governance is through the Medical Student Affairs Council, a component of MU’s Graduate Professional Council.

- AMA
- American Physician Scientist Association (APSA)
- AMWA
- Anesthesiology Interest Group
- Asian Pacific American Medical Student Association (APAMSA)
- Association for Advancement of Diversity in Surgery (AADS)
- Association of Women Surgeons (AWS)
- Cardiovascular Interest Group (CVIG)
- Catholic Medical Student Association
- Christian Medical and Dental Association (CMDA)
- Dermatology Interest Group
- Eat Healthy, Stay Active!
- Emergency Medicine IG (EMIG)
- Family Medicine Interest Group (FMIG)
- Finance for Future Physicians (FFP)
- Geriatric Interest Group (GIG)
- Global Surgery Student Alliance (GSSA)
- Good Skincare Initiative
- Healer’s Art
- Infectious Disease Interest Group (IDIG)
- Internal Medicine Interest Group
- Jewish Medical Association (JMA)
Students should be aware that the School of Medicine and the University of Missouri-Columbia 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 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 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**
  573-882-6601 or [http://counseling.missouri.edu](http://counseling.missouri.edu)
  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/](https://counseling.missouri.edu/services/crisis/).

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

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

- **MU Police Department**
  573-882-7201 or [http://mupolice.missouri.edu](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](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/](https://msa.missouri.edu/auxiliaries/student-legal-services/)
  Student Legal Services provides legal education and consultation to MU students to resolve legal conflicts and disputes students may be facing.

- **Women’s Center**
  573-882-6621 or [http://women.missouri.edu](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](https://www.springfieldmo.gov/171/Police)

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

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

- **Harmony House**
  417-837-7700 or [https://www.myharmonyhouse.org/](https://www.myharmonyhouse.org/)
Section Nine  
Academic Policies  

Access to Student Records  

1. **Purpose**—The purpose of this regulation is to set forth the guidelines governing the protection of the privacy of student records and to implement The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment; Pub. L. 93-380, as amended). These regulations apply to all students who are or have attended the University of Missouri.

2. **Definitions**
   b. **“Attendance”** at the University includes, but is not limited to:
      i. The term means the period of time during which a student attends the University. Examples of dates of attendance includes an academic year, a spring semester, a fall semester, a summer semester, or a summer session.
      ii. The term does not include specific daily records of a student’s attendance at the University.
   c. **“Directory Information/Public Information”** includes a student’s name, address, e-mail address, telephone listing, major field of study, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, student level, and full- or part-time status.
   d. **“Disclosure”** means to permit access to or the release, transfer, or other communication of personally identifiable information contained in education records to any party, by any means, including oral, written, or electronic means.
   e. **“Education Records”** The term means those records that are:
      i. Directly related to a student; and
      ii. Maintained by the University or by a party acting for the University.
      iii. The term does not include:
         1. Records that are kept in the sole possession of the maker of the record, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record;
         2. Records of a law enforcement unit of the University, but only if education records maintained by the University are not disclosed to the unit, and the law enforcement records are:
            a. Maintained separately from education records;
            b. Maintained solely for law enforcement purposes; and
            c. Disclosed only to law enforcement officials of the same jurisdiction;
         3. Records relating to an individual who is employed by the University, that:
            a. Are made and maintained in the normal course of business;
            b. Relate exclusively to the individual in that individual’s capacity as an employee; and
            c. Are not available for use for any other purpose.
i. Records relating to an individual in attendance at the University who is employed as a result of the individual’s status as a student are education records and not excepted under Section 180.020.B.5.b(3) of this definition.

4. Records on a student who is attending the University, that are:
   a. Made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in a professional capacity or assisting in a paraprofessional capacity;
   b. Made, maintained, or used only in connection with treatment of the student; and
   c. Disclosed only to individuals providing the treatment. For the purpose of this definition, “treatment” does not include remedial educational activities or activities that are part of the program of instruction at the University; and

5. Records that only contain information about an individual after he or she is no longer a student at the University.

f. “Parent” means a natural parent, an adoptive parent, or the legal guardian of the student.

g. “Party” means an individual, agency, institution, or organization.

h. “Personally identifiable information” includes:
   i. The student’s name;
   ii. The name of the student’s parent or other family member;
   iii. The address of the student or student’s family;
   iv. A personal identifier, such as the student’s social security number or student number;
   v. A list of personal characteristics that would make the student’s identity easily traceable; or
   vi. Other information that would make the student’s identity easily traceable.

i. “Record” means information or data recorded in any medium, including, but not limited to handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche.

j. “Student” means any person who is or has been in attendance at the University where the University maintains education records or personally identifiable information on such person.

3. Notification of Access Rights by the University
   a. The University shall annually notify students currently in attendance of their rights under the Act.

b. Notice must be included in each campus’s information manual, or other publication, and must inform students that they have the right to:
   i. Inspect and review the student’s education records;
   ii. Seek amendment of the student’s education records that the student believes to be inaccurate, misleading, or otherwise in violation of the student’s privacy rights;
   iii. Consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that the Act and Section 180.020.M authorize disclosure without consent; and
   iv. File with the Department of Education’s Family Policy Compliance Office a complaint under Sections 99.63 and 99.64 of the Act concerning alleged failures by the University to comply with the requirements of the Act.

v. The notice must include all of the following:
   1. The procedure for exercising the right to inspect and review education records;
2. The procedure for requesting amendment of records under Section 180.020.I; and

3. A specification of criteria for determining who constitutes a school official and what constitutes a legitimate educational interest, as listed in Section 180.020.M.1.a.

vi. The University may provide this notice by any means that are reasonably likely to inform the students of their rights. The University shall effectively notify students who are disabled.

4. **Records of the University’s Law Enforcement Unit**

   a. “**Law enforcement unit**” means any individual, office, department, division, or other component of the University, such as the University of Missouri Police Department or noncommissioned security guards, that is officially authorized or designed by the University to:

      i. Enforce any local, state, or federal law, or refer to appropriate authorities a matter for enforcement of any local, state, or federal law against any individual or organization other than the University itself; or

      ii. Maintain the physical security and safety of the University.

   b. A component of the University does not lose its status as a “law enforcement unit” if it also performs other, non-law enforcement functions for the University, including investigation of incidents or conduct that constitutes or leads to a disciplinary action or proceedings against the student.

   c. “**Records of law enforcement unit**” means those records, files, documents, and other materials that are:

      i. Created by a law enforcement unit;

      ii. Created for a law enforcement purpose; and

      iii. Maintained by the law enforcement unit.

   d. “**Records of law enforcement unit**” does not mean:

      i. Records created by a law enforcement unit for a law enforcement purpose that are maintained by a component of the University other than the law enforcement unit; or

      ii. Records created and maintained by a law enforcement unit exclusively for a non-law enforcement purpose, such as disciplinary action or proceeding conducted by the University.

      iii. The University may contact its law enforcement unit, orally or in writing, for the purpose of asking that unit to investigate a possible violation of, or to enforce, any local, state, or federal law.

      iv. Education records, and personally identifiable information contained in education records, do not lose their status as education records and remain subject to the Act, as well as the disclosure provisions of Section 180.020.L, while in possession of the law enforcement unit.

5. **Rights of Inspection and Review of Education Records**

   a. The University shall provide students access to their educational records except as provided in Section 180.020.G.

   b. The University shall comply with a request within a reasonable period of time, but in no case more than 45 days after the request has been received.

   c. The University shall respond to reasonable requests for explanations and interpretations of those records.

   d. If circumstances effectively prevent the student from exercising the right to inspect and review the student’s education records, the University shall:

      i. Provide the student with a copy of the records requested; or
ii. Make other arrangements for the student to inspect and review the requested records.
e. The University shall not destroy any education records if there is an outstanding request to inspect and review the records under this section.

6. Fees for Copies of Educational Records
a. Unless the imposition of a fee effectively prevents a student from exercising the right to inspect and review the student’s education records, the University may impose a reasonable fee for reproduction costs. This fee will not exceed the actual cost of production.
i. The University shall not charge a fee to search for or to retrieve the education records of a student.

7. Limitation on Access
a. If the education records of a student contain information on more than one student, the student may inspect and review or be informed of only the specific information about that student.
b. The University will not permit a student to inspect and review education records that are:
i. Financial records, including any information those records contain, of the student’s parents;
   1. Confidential letters and confidential statements of recommendation placed in the education records of the student before January 1, 1975, as long as the statements are used only for the purposes for which they were specifically intended; and
   2. Confidential letters and confidential statements of recommendation placed in the student’s education records after January 1, 1975, if:
      a. The student has waived the right to inspect and review those letters and statements; and
      b. Those letters and statements are related to the student’s:
         i. Admission to the University;
         ii. Application for employment;
         iii. Receipt of an honor or honorary recognition.

8. Waivers
a. A waiver under Section 180.020.G.2.c. is valid only if:
i. The University does not require the waiver as a condition for admission to or receipt of a service or benefit from the University; and
ii. The waiver is made in writing and signed by the student, regardless of age.
iii. If a student has waived the rights under Section 180.020.G.2.c., the University shall:
   1. Give the student, on request, the names of the individuals who provided the letters and statements of recommendation; and
   2. Use the letters and statements of recommendation only for the purpose for which they were intended.
iv. A Waiver under Section 180.020.G.2.c. may be revoked with respect to any actions occurring after the revocation. A revocation must be in writing.

9. Amendment of Education Records
a. If a student believes the education records relating to the student contain information that is inaccurate, misleading, or in violation of the student’s rights of privacy, he or she may ask the University to amend the record by contacting the University Registrar.
b. The University shall decide whether to amend the record as requested within a reasonable time after the request is received.
c. If the University decides not to amend the record as requested, the University Registrar shall inform the student of its decision and of the right to a hearing under Section 180.020.J.
10. **Rights to a Hearing**

   a. The University shall give a student, on request, an opportunity for a hearing to challenge the content of the student’s education records on the grounds that the information contained in the education records is inaccurate, misleading, or in violation of the privacy rights of the student.

   b. If, because of the hearing, the University decides that the information is inaccurate, misleading, or otherwise in violation of the privacy rights of the student, it shall:
      i. Amend the record accordingly; and
      ii. Inform the student of the amendment in writing.

   c. If, as a result of the hearing, the University decides that the information in the education record is not inaccurate, misleading, or otherwise in violation of the privacy rights of the student, it shall inform the student of the right to place a statement in the record commenting on the contested information in the record or stating why he or she disagrees with the decision of the University, or both.

   d. If the University places a statement in the education records of a student, it shall:
      i. Maintain the statement with the contested part of the record for as long as the record is maintained; and
      ii. Disclose the statement whenever it discloses the portion of the record to which the statement relates.

11. **Conduct of a Hearing**—Upon the request of the University official charged with custody of the records of the student, the hearing required by Section 180.020.J. shall be conducted.

   a. The request for a hearing shall be submitted in writing to the campus Chancellor, who will appoint a hearing officer or a hearing committee to conduct the hearing.

   b. The hearing shall be conducted and decided within a reasonable period following the request for the hearing. The University shall give the student notice of the date, time, and place, reasonably in advance of the hearing.

   c. The hearing shall be conducted, and the decision rendered by an appointed hearing official or officials who shall not have a direct interest in the outcome of the hearing.

   d. The student shall be afforded a full and fair opportunity to present evidence relevant to the hearing and may be assisted or represented by individuals of the student’s choice at the student’s own expense, including an attorney.

   e. The decision of the University shall be based solely upon the evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision.

   f. The decision shall be rendered in writing within a reasonable period of time after the conclusion of the hearing.

   g. Either party may appeal the decision of the hearing official or officials to the campus Chancellor.

12. **Conditions Under Which Prior Consent is Required**

   a. The student shall provide a signed and dated written consent before the University discloses personally identifiable information from the student’s education records, except as provided in Section 180.020.M.

   b. The written consent must:
      i. Specify the records that may be disclosed;
      ii. State the purpose of the disclosure; and
      iii. Identify the party or class of parties to whom the disclosure may be made.

   c. If a student so requests, the University shall provide him or her with a copy of the records disclosed.
13. **Conditions Under Which Prior Consent is Not Required**

a. The University may disclose personally identifiable information from an education record of a student without the consent required by Section 180.020.L. if the disclosure meets one or more of the following conditions:

i. The disclosure is to other University officials, including instructors, within the University who have been determined by the University to have legitimate educational interests.

ii. The disclosure is to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student is notified of the transfer, receives a copy of the record if requested, and has an opportunity for a hearing to challenge the content of the record.

iii. The disclosure is, subject to the requirements of Section 180.020.P., to authorized representatives of:
   1. The Comptroller General of the United States;
   2. The Attorney General of the United States;
   3. The Secretary; or
   4. State and local educational authorities.

iv. The disclosure is in connection with financial aid—defined as a payment of funds provided to an individual (or a payment in kind of tangible or intangible property to the individual) that is conditioned on the individual’s attendance at the University—for which the student has applied or which the student has received, if the information is necessary for such purposes as to:
   1. Determine eligibility for the aid;
   2. Determine the amount of the aid;
   3. Determine the conditions for the aid; or
   4. Enforce the terms and conditions of the aid.

v. The disclosure is to state and local officials or authorities to which such information is specifically required to be reported or disclosed pursuant to a state statute adopted prior to November 19, 1974.

vi. The disclosure is to an organization(s) conducting studies for, or on behalf of, educational agencies or institutions to develop, validate, or administer predictive tests, administer student aid programs, or improve instruction. Such studies are to be conducted in such a manner as will not permit the personal identification of students or their parents by persons other than representatives of the organization, and this information will be destroyed when no longer needed for the purpose for which the study is conducted.

vii. The disclosure is to accrediting organizations to carry out their accrediting functions.

viii. The disclosure is to parents of a dependent student, as defined in Section 152 of the Internal Revenue Code of 1986, as amended.

ix. The disclosure is to comply with a lawfully issued subpoena.

x. The University may disclose this information only if it makes a reasonable effort to notify the student of the order or subpoena in advance of compliance, so that the student may seek protective action, unless the disclosure is in compliance with:

1. A Federal grand jury subpoena and the court has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed; or

2. Any other subpoena issued for a law enforcement purpose and the court or other issuing agency has ordered that the existence or the contents of
the subpoena or the information furnished in response to the subpoena is not disclosed.

3. If the University initiates legal action against a parent or student, the University may disclose to the court, without a court order or subpoena, the education records of the student that are relevant for the University to process with the legal action as plaintiff.

4. If a parent or eligible student initiates legal action against the University, the University may disclose to the court, without a court order or subpoena, the student’s education records that are relevant for the University to defend itself.

xi. The disclosure is in connection with a health or safety emergency, under the conditions described in Section 180.020.Q.

xii. The disclosure is information the University has designated as “directory information,” under the conditions described in Section 180.020.R.

xiii. The disclosure is to the student.

xiv. The disclosure, subject to the requirements in Section 180.020.S., is to a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense.

xv. The disclosure may only include the final results of the disciplinary proceeding conducted by the University with respect to that alleged crime or offense. The University may disclose the final results of the disciplinary proceeding, regardless of whether the University concluded a violation was committed.

xvi. The disclosure, subject to the requirements in Section 180.020.S., is in connection with a disciplinary proceeding at the University providing that the University determines that:

1. The student is an alleged perpetrator of a crime of violence or non-forcible sex offense; and
2. With respect to the allegation made against him or her, the student has committed the violation of the University’s rules or policies.

xvii. The University may not disclose the name of any other student, including a victim or witness, without the prior written consent of the other student.

xviii. This section applies only to disciplinary proceedings in which the final results were reached on or after October 7, 1998.

xix. The disclosure is to a parent of a student under the age of twenty-one at the time of disclosure and is limited to a determination that the student violated University regulations pertaining to the use or possession of alcohol or a controlled substance, as provided by and under the restrictions contained in Section 180.025.

14. Record Keeping

a. The University shall maintain a record of each request for access to and each disclosure of personally identifiable information from the education records of each student, for as long as the records are maintained.

b. For each request or disclosure the record must include:

   i. The parties who have requested or received personally identifiable information from the education records; and

   ii. The legitimate interests the parties had in requesting or obtaining the information.

c. If the University discloses personally identifiable information from an education record with the understanding authorized under Section 180.020.O.2., the record of the disclosure required under this section must include:

   i. The names of the additional parties to which the receiving party may disclose the information on behalf of the University; and
ii. The legitimate interests under Section 180.020.M. which each of the additional parties has in requesting or obtaining the information.

d. The following parties may inspect the record relating to each student:
   i. The student;
   ii. The school official or the school official’s assistants who are responsible for the custody of the records; and
   iii. Those parties authorized in Section 180.020.M.1.a. and M.1.c. for the purposes of auditing the recordkeeping procedures of the University.

e. Paragraph 1 of this section does not apply if the request was from, or the disclosure was to:
   i. The student;
   ii. A University official under Section 180.020.M.1.a.;
   iii. A party with written consent from the student;
   iv. A party seeking directory information; or
   v. A party seeking or receiving the records as directed by a Federal grand jury or other law enforcement subpoena and the issuing court or other issuing agency has ordered that the existence or the contents of the subpoena or the information furnished in response to the subpoena not be disclosed.

15. Limitations to the Redisclosure of Information

a. The University may disclose personally identifiable information from an education record only on the condition that the party to whom the information is disclosed will not disclose the information to any other party without the prior consent of the student. The officers, employees, and agents of a party that receives information may use the information, but only for the purposes for which the disclosure was made.

b. This does not prevent the University from disclosing personally identifiable information with the understanding that the party receiving the information may make further disclosures of the information on behalf of the University if:
   i. The disclosures meet the requirements of Section 180.020.M.; and
   ii. The University has complied with the requirements of Section 180.020.N.3.

c. Section 180.020.O.1 does not apply to disclosures made pursuant to court orders, lawfully issued subpoenas, litigation under Section 180.020.M.1.i., to disclosures of directory information under Section 180.020.M.1.k., to disclosures made to a parent or student under Section 180.020.M.1.j., to disclosures made in connection with a disciplinary proceeding under Section 180.020.M.1.n., or to disclosures made to parents under Section 180.025.

d. Except for disclosures under Section 180.020.M.1.k., l., m., and n., the University shall inform a party to whom disclosure is made of the requirements of this section.

e. If the University determines that a third party improperly rediscloses personally identifiable information from education records in violation of Section 180.020.O.1., the University may not allow that third party access to personally identifiable information from education records for at least five years.

16. Disclosure of Information for Federal or State Program Purposes

a. The officials listed in Section 180.020.M.1.c. may have access to education records in connection with an audit or evaluation of federal or state supported education programs, or for the enforcement of or compliance with federal legal requirements which relate to those programs.
   i. This information must:
      1. Be protected in a manner that does not permit personal identification of individuals by anyone except the officials referred to in Section 180.020.M.1.c.; and
2. Be destroyed when no longer needed for the purposes listed in Section 180.020.M.1.c.
   ii. Section 180.020.P.2. does not apply if:
       1. The student has given written consent for the disclosure under Section 180.020.L.; or
       2. The collection of personally identifiable information is specifically authorized by federal law.

17. Release of information for Health or Safety Emergencies—The University may release information from an education record to appropriate persons in connection with an emergency, during that emergency, if the knowledge of such information is necessary to protect the health or safety of a student or other persons. The factors which will be taken into account in determining whether the records may be released under this section include the following:
   a. The seriousness of the threat to the health or safety of the student or other persons;
      i. The need for such records to meet the emergency;
      ii. Whether the persons to whom such records are released are in a position to deal with the emergency; and
      iii. The extent to which time is of the essence in dealing with the emergency.

   a. The University may disclose directly information if it has given public notice to students in attendance at the University of:
      i. The types of personally identifiable information that the University has designated as directory information;
         1. A student’s right to refuse to let the University designate any or all of those types of information about the student as directory information; and
         2. The period of time within which a student has to notify the University in writing that he or she does not want any or all of those types of information about the student designated as directory information.
      ii. The University may disclose directory information about former students without meeting the conditions of this section. However, if a parent or eligible student, within the specified time period during the student’s last opportunity as a student in attendance, requested that directory information not be disclosed, the University must honor that request until otherwise notified or unless such disclosure is required by law.

19. Definitions Applying to the Nonconsensual Disclosure of Records in Connection with Disciplinary Proceedings Concerning Crimes of Violence or Non-Forcible Sex Offenses—as used in this part:
   a. “Alleged perpetrator of a crime of violence” is a student who is alleged to have committed acts that would, if proven, constitute any of the following offenses or attempts to commit the following offenses that are defined in Title 18, “Crimes and Criminal Procedure,” of the United States Code:
      i. Arson;
      ii. Assault offenses;
      iii. Burglary;
      iv. Criminal homicide—manslaughter by negligence;
      v. Criminal homicide—murder and non-negligent manslaughter;
      vi. Destruction/damage/vandalism of property;
      vii. Kidnapping/abduction;
      viii. Robbery; or
      ix. Forcible sex offenses.
b. “Alleged perpetrator of non-forcible sex offense” means a student who is alleged to have committed acts that, if proven, would constitute statutory rape or incest. These offenses are defined in Title 18, “Crimes and Criminal Procedure,” of the United States Code.

c. “Final results” means a decision or determination, made by an honor court or council, committee, commission, or other entity authorized to resolve disciplinary matters within the University. The disclosure of final results must include only the name of the student, the violation committed, and any sanction imposed by the University against the student.

d. “Sanction imposed” means a description of the disciplinary action taken by the University, the date of its imposition, and its duration.

e. “Violation committed” means the University rules or code sections that were violated and any essential finding supporting the University’s conclusion that the violation was committed.

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

B. Responsibilities of the MSHAC
   1. The MSHAC will initially establish whether a student is impaired. 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 MSHAC and the Dean.

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

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

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/mouse and 70-inch display. A networked printer is available in the M1 and M2 lab areas.

**Student Lounge**
The M3/M4 student lounge has seven workstations and one networked printer available. Student lounges with workstations 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 Columbia and Springfield campuses

**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**

**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 if it meets the minimum requirements.

<table>
<thead>
<tr>
<th></th>
<th>Purchasing a laptop</th>
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</thead>
<tbody>
<tr>
<td>Processor</td>
<td>13th generation Intel Core i5 or higher. Apple M1 or higher</td>
<td>11th generation Intel Core i5 or higher. Apple M1 or higher</td>
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<tr>
<td>Memory</td>
<td>16GB</td>
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<tr>
<td>Hard Drive</td>
<td>512 GB+SSD</td>
<td>256GB+</td>
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<td>Display</td>
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<td>HD or Retina®</td>
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<td>Functioning web cam/mic</td>
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<td>Warranty</td>
<td>3-year or 4-year</td>
<td>3-year or 4-year</td>
</tr>
<tr>
<td>Operating System</td>
<td>Windows 11 or Mac OS Ventura</td>
<td>Windows 10 v22H2 or newer or Mac OS Bug Sur or newer</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 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: muhaisupport@health.missouri.edu
- Phone: 573-882-6919

**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**

<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>573-882-6627</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 (Shawn Owens)</td>
<td><a href="mailto:maben@health.missouri.edu">maben@health.missouri.edu</a></td>
</tr>
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</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>
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<tr>
<td>Faculty Director of the Clinical Curriculum</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</td>
<td>573-884-2472</td>
<td><a href="mailto:hardwickj@health.missouri.edu">hardwickj@health.missouri.edu</a></td>
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<tr>
<th>Executive Vice Chancellor for Health Affairs/Dean’s Office</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>Executive Vice Chancellor for Health Affairs and SOM Dean Dr. Richard J. Barohn</td>
<td>573-882-3693</td>
<td><a href="mailto:rbbwq@health.missouri.edu">rbbwq@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Diversity, Inclusion, Culture and Equity, DICE Officer Dr. Laura Henderson-Kelley</td>
<td>573-884-9963</td>
<td><a href="mailto:hendersonle@health.missouri.edu">hendersonle@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean of Springfield Clinical Campus Dr. David Haustein</td>
<td>417-720-7169</td>
<td><a href="mailto:hausteind@health.missouri.edu">hausteind@health.missouri.edu</a></td>
</tr>
<tr>
<td>Senior Associate Dean for Education Dr. Michael Hosokawa</td>
<td>573-882-5644</td>
<td><a href="mailto:hosokawam@health.missouri.edu">hosokawam@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Student Programs Dr. Laine Young-Walker</td>
<td>573-882-8913</td>
<td><a href="mailto:Youngwalkerl@health.missouri.edu">Youngwalkerl@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Curriculum and Evaluation Dr. Kevin Kane</td>
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<td><a href="mailto:kanek@health.missouri.edu">kanek@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Rural Health Dr. Kathleen Quinn</td>
<td>573-884-2024</td>
<td><a href="mailto:quinmk@health.missouri.edu">quinmk@health.missouri.edu</a></td>
</tr>
<tr>
<td>Assistant Dean for Student Programs Dr. Nathan Beucke</td>
<td>573-882-4730</td>
<td><a href="mailto:beucken@health.missouri.edu">beucken@health.missouri.edu</a></td>
</tr>
<tr>
<td>Associate Dean for Graduate Research Education Dr. Gillian Bartlett</td>
<td>573-882-4728</td>
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</tr>
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<td>Assistant Dean for Medical Education Evaluation 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>Assistant Dean for Professional Development and Professionalism Dr. Joel Shenker</td>
<td>573-884-0670</td>
<td><a href="mailto:shenkerj@health.missouri.edu">shenkerj@health.missouri.edu</a></td>
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<tr>
<td>Useful Websites</td>
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<td>Canvas</td>
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<td>Health Sciences Library</td>
<td><a href="http://library.muhealth.org/">http://library.muhealth.org/</a></td>
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Appendices
Appendix I

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 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 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 to 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,
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-Columbia School of Medicine.

- First year: Satisfactory (S); Unsatisfactory (U)
- Second year: Honors (H); Satisfactory (S); Unsatisfactory (U)
- Third year: Unsatisfactory (U), Below Expectations (BE), Meets Expectations (ME), Exceeds Expectations (EE), Exemplary (E)
- Fourth year: 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 that 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 (M1 and M2) or six weeks (M3 and M4) 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
   A. Requirement for successful completion of course work
      1. Students must successfully complete all preclinical course work prior to
beginning the clinical curriculum.

a. All course requirements in the preclinical curriculum must be satisfied within 36 months of matriculation, excluding time on approved leaves of absence.
   i. The CSP may grant an extension in exceptional circumstances by approval of 2/3 of the voting members.

2. Students must successfully complete all coursework prior to graduation.
3. Completion of course work requires rectifying all unsatisfactory grades.
4. Unsatisfactory grades must be rectified in a manner to be determined by the course faculty and approved by the CSP.

B. Referral to Committee on Student Promotion.

1. Student performance will be presented to the Committee upon a student's receipt of an unsatisfactory grade in any course, or on a USMLE step exam.
2. The Committee 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, including but not limited to matters that the committee determines to be related to professionalism, and personal qualities required of a physician.
3. Students are required to appear at a CSP meeting in a timely fashion under circumstances as noted herein, including but not limited to the following circumstances:
   a. A student shall appear after a second unsatisfactory grade at any time during the preclinical curriculum.
   b. A student shall appear after being placed on mandatory probation unless the probation status is only because of a single failure of a USMLE Step exam in a student with no previous CSP appearances and no previous unsatisfactory grades.
   c. A student shall appear if the student is already on probation and has a USMLE Step exam failure or a grade of unsatisfactory.
   d. A student shall appear if requesting an extension of curriculum and has otherwise met the criteria as outlined herein.
   e. A student shall appear if a majority of voting Committee members in a quorum wishes to compel a student appearance to evaluate a matter under the Committee’s purview. If a student is not appearing at the meeting, the Committee shall direct the Associate Dean of Student Programs to inform the student to appear no later than the next CSP meeting. If the student’s circumstances are such that s/he cannot appear as requested (e.g., out of town), the student may ask the Committee to delay a vote until the student can appear. The Committee will consider such requests in good faith.
   f. Unless otherwise stated, a student appearance does not in and of itself require a vote as to whether to dismiss the student from medical school. The Committee retains the option to do so, as clarified herein.

C. CSP deliberations

1. The Committee may include in its deliberations all available information relating to student performance. The Associate Dean for Student Programs will provide an overview of the student’s issues related to performance and provide information as considered relevant, including but not limited to evaluations that have been done. The Associate Dean for Student Programs will report on the student’s past efforts to improve. The CSP may make recommendations or suggest alternative actions; however, actual academic advising will occur elsewhere. The Committee will decide one of the following actions on the basis of its deliberations regarding the above information:
a. Dismissal from school.
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. Academic Probation

1. Criteria for placement on academic probation.
   a. When the Committee concludes that a student has inadequate academic performance and/or professionalism, the Committee may choose to place the student on academic probation by a majority of voting members present at quorum.
      i. Probation is automatic under any of the following circumstances:
         i. After a third unsatisfactory grade at any time during the preclinical curriculum, a student shall be on academic probation, and shall appear before the CSP in a timely fashion.
         ii. 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 on academic probation, and shall appear at the CSP in a timely fashion.
         iii. A student who receives an unsatisfactory grade in a preclinical or clinical course because of a deficiency in professionalism shall be on probation and shall appear before the CSP in a timely fashion. The Committee is mandated to vote on whether to dismiss the student from medical school, following the dismissal vote procedures described herein.
         iv. Failure to pass a USMLE Step exam.
      v. Except as noted above and herein, the Committee is not mandated to conduct a dismissal vote when a student is placed on probation, but the Committee retains the option to do so, as clarified herein.

2. Duration of academic probation
   a. The duration of academic probation will be determined by the CSP.
      i. Students placed on probation after the end of the last semester of preclinical course work will remain on probation at least until all unsatisfactory grades are rectified.
      ii. If probation is due to failure of a USMLE Step exam, students will remain on probation until successful completion of this examination.
      iii. After a minimum of three consecutive blocks of all satisfactory grades or better, the CSP must vote on whether to remove a student off of probation.

3. Required academic performance
   a. While on academic probation, students are expected to complete all course work at a satisfactory level or better.
   b. The CSP may delineate specific additional expectations for student performance while on probation.
   c. At the conclusion of the probationary period, the CSP will review the student’s performance and take one of the following actions:
      i. Remove from probation
      ii. Continue probation
iii. Dismiss from medical school, using the procedures as clarified herein.

4. Intervention for the student while on academic probation
a. 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 may include, but are not limited to, regular meetings with the Associate Dean for Student Programs, assistance from educational specialists, and/or medical or psychiatric evaluation.

b. If a student is on probation because of a deficiency in professionalism, the Committee will determine what information, if any, to pass on to course directors or block directors or clerkship directors or other relevant faculty members while the student remains in the probationary period.

E. Dismissal from medical school
1. The CSP may dismiss a student from medical school when it concludes that a student’s academic performance and/or professional development is sufficiently unacceptable so as to warrant dismissal. CSP voting on whether to dismiss a student must be by secret ballot. A decision for dismissal shall pass only if approved by two-thirds or greater majority of voting members present in quorum.

2. Some CSP votes for dismissal are automatic and mandated to occur, such as noted herein. In addition, for any matter that any voting CSP member deems serious enough, that voting CSP member can make a motion, which if seconded, shall compel a vote on whether 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 to dismiss the student from medical school. Dismissal requires a two-thirds or greater majority of a voting members present in a quorum to pass.

3. Before a vote for dismissal, if a student is not appearing at that meeting, the Committee shall direct the Associate Dean of Student Programs to inform the student to appear no later than the next CSP meeting. If the student’s circumstances are such that s/he cannot appear as requested (e.g. out of town), the student may ask the Committee to delay a vote until the student can appear. The Committee will consider such requests in good faith.

4. If a vote for dismissal passes, the student is automatically moved through an appeal process and the student is informed of this process in writing and verbally by the Associate Dean of Student Programs. The appeal begins with the Dean appointing an ad hoc committee of three faculty members who are not current CSP members and have no conflict of interest with the student, with the advice and consent of the Faculty Affairs Council. The ad hoc committee convenes, deliberates, and reports its findings within 25 business days. The student shall have the right to address the ad hoc committee, in writing, in a timely manner that shall not exceed 10 business days. The ad hoc committee will have full access to the information supplied to the CSP regarding the student’s situation and the CSP deliberations. The ad hoc committee will determine if (1) a procedural error with the CSP decision significantly impacted the decision to dismiss the student, (2) new evidence was unavailable or not considered in the CSP’s decision to terminate the student, and the evidence would have reasonably had substantial impact on the CSP decision, or (3) the CSP decision to dismiss the student is on a basis that substantially differs from that which the CSP would typically require if a student presented with similar academic deficiencies, circumstances, and/or behaviors. The ad hoc committee will report its consensus findings to the Dean. The Dean will be the final decider of an appears outcome.
5. The voting process when the CSP votes on a dismissal question will follow the procedures noted above.
6. Mandatory CSP votes for dismissal occur as specified herein, including in these specific examples:
   a. Receipt of unsatisfactory grades while on academic probation during the preclinical curriculum shall have a mandatory CSP vote to consider dismissal.
   b. A student already on academic probation receiving a first unsatisfactory grade during the clinical curriculum shall appear before the CSP in a timely fashion. A vote for dismissal is not mandatory, though the Committee retains the option to consider a dismissal vote using the procedures described herein. However, when a student who is already on academic probation receives a second or more unsatisfactory grade during the clinical curriculum, the student shall appear before the CSP in a timely fashion, and the Committee is mandated to vote on a dismissal decision.
   c. The CSP must vote on whether to dismiss for any student who accumulates four or more unsatisfactory grades during the preclinical curriculum or three or more unsatisfactory grades during the clinical curriculum.
   d. 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, and the Committee is mandated to vote on a dismissal decision.

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 1 examination may be used for this purpose.
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 must take Step 1 of the USMLE before starting the M3 curriculum (i.e., M3 year) of medical school and must pass it prior to beginning the senior (i.e., M4) year.
   a. A first failure of USMLE Step 1 results in academic probation. However, unless otherwise specified herein, such a student may start clinical blocks. After a second failed Step 1 attempt, prior to a repeat Step 1 attempt, the student will be removed from the curriculum for the duration of one clerkship (approximately eight weeks) to allow adequate study and preparation time. For a student who had a USMLE Step 1 failure, not yet retaken and passed, if the student is participating in the clinical curriculum and then has an unsatisfactory grade, then the student will be immediately removed from the clinical curriculum. The student cannot return to do further clinical curriculum without passing Step 1 and remediating the clinical unsatisfactory grade. For a student who had a first time USMLE Step 1 failure, not yet retaken and passed, if the student is participating in the clinical curriculum and then has an unsatisfactory grade, then the student will be immediately removed from the clinical curriculum. The student cannot return to do further clinical curriculum without passing Step 1 and remediating the clinical unsatisfactory grade. For a student who had a first time USMLE Step 1 failure, if the student had appeared before the CSP as an M2 and the Committee had a vote on
whether to recommend dismissal, then that student must defer any further clinical curriculum participation until after retaking and passing Step 1. If the student having a first time USMLE Step 1 failure was already on probation at the tie of the test, then that student must defer any further clinical curriculum participation until after retaking and passing Step 1. After a second failure of the USMLE Step 1, the student shall appear before the CSP in a timely fashion and must meet with the Association Dean for Student Programs and prepare a written plan for test preparation to be approved by the Associate Dean for Student Programs and by the CSP. Students who fail USMLE Step 1 for a third time, if retained in medical school, must appear before the CSP in a timely fashion, and will not take additional clinical training until the USMLE Step 1 requirement is satisfied. Passing of Step 1 and Step 2 of USMLE is a requirement for graduation from medical school.

G. Graduation
   1. The CSP has the final vote on graduation.
   2. To be eligible for graduation a student must have successfully passed all assigned preclinical and clinical courses (including any remediation of any failing grades), must have passed both Step 1 and Step 2 of USMLE, and must not being on probation at the time of the CSP vote for graduation.

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 based on 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 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 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 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 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 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 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 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 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 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.

3. Required academic performance. The CSP will delineate specific expectations for student performance while on probation. At the conclusion of the probationary period, the CSP will review the student's performance and take one of the following actions:
   a. Remove from probation.
   b. Continue probation.
   c. Recommend dismissal from medical school. 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 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
regarding 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

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.

**Appendix III**

*Clinical Campus and Clerkship Assignment Process (effective September 2021)*

**Policy:**
The University of Missouri, School of Medicine has a four-year campus in Columbia, Missouri, and a two-year clinical campus in Springfield, Missouri. All students begin their education at the Columbia campus, learning the basic science foundations of medicine.

At the time of admission, students are assigned to Columbia, or Springfield, Missouri, for the third and fourth years of clinical training. This concept of One Medical School, Two Campuses gives students an opportunity to learn the important patient care skills in state-of-the-art health care settings. Having two campuses for learning patient-care skills allows more personalized training.

The University of Missouri School of Medicine (Mizzou Med) admits a class of 128 each year; up to 25 percent of the students are assigned to the Springfield campus for their clinical education, with the remaining students assigned to the Columbia campus for their clinical education. The Office of Admissions manages the clinical campus assignment process for all incoming students.

**Assignment Procedure:**
The assignment of students to a clinical campus is administered by the Associate Dean for Student Programs and managed by the Director of Admissions. It is important that admitted students understand the process in order to make informed decisions.

**Mizzou Med Applicants**
All qualified applicants to the University of Missouri, School of Medicine will receive the *Clinical Campus Assignment Agreement* form as part of the admissions’ secondary application. At this time, each applicant will state that they understand the campus assignment and the lottery process, as well as understand that campus assignments are not made until students are admitted in July prior to matriculation.

**Mizzou Med Admitted Students**
Admitted students will receive a Clinical Campus Preference Form by June prior to matriculation from the Office of Admissions. Students must indicate a preference for Columbia or Springfield or No Preference for their third and fourth years of training by completing a Preference Form. The form must be submitted by July 1 even if the student does not have a preference.

Included with the Preference Form will be detailed instructions regarding the form’s selections, and the lottery.

**Note:** Students are not permitted to trade assignments. There are no exceptions to this rule.

**Alternate List Acceptances**
Students admitted to the School of Medicine off the alternate list on or before July 1 will be able to complete the clinical campus preference form.

Those students admitted to the School of Medicine off the alternate list after July 1, are unable to complete the clinical campus preference form and will be assigned to the open clinical campus location. These students can still appeal their campus assignment and will follow the same appeal procedures as listed below in the “Appeals for Clinical Campus Assignment Location” section.

**Advance Standing Transfer Students**
On the rare occasion that there is space in the third-year class and the admissions committee accepts a student to transfer into the M3 class, they will be assigned to whichever clinical campus is not at capacity. This includes the Columbia Clinical Campus, Springfield Clinical Campus, or any rural track program sites. This assignment is based on space availability and there will be no appeals considered.

Refer to the Transfer Policy document (Mizzou Med Student Handbook) for more information regarding the transfer process.

**Request Not to Participate in the Lottery**
In rare circumstances, admitted students may request not to participate in the lottery. Requests must be submitted to the Associate Dean for Student Programs at the time designated by the Office of Admissions. The request must include a clear statement of the reasons for assignment to one site or the other and supporting documentation.

Considerations that will be given to not participate in the lottery include:

- a) A significant health problem and established treatment in Springfield or Columbia affective student/spouse/child.
- b) Child established in K-12 education program in Springfield or Columbia.

Reasons such as homeownership, financial hardship, stress, closeness to family, moving expenses, or social/cultural/religious factors are *not* considered for exclusion.

**Note:** Submission of a request to not participate in the lottery does not guarantee an exemption.

**Appeals for Clinical Campus Assignment Location**
If an enrolled student has a reason to request a change in their clinical campus assignment after the lottery, the student can appeal to the Clinical Campus Appeals Committee.

Enrolled students will have the opportunity to appeal their campus assignment location during Block One. Communication will be sent out from the Office of Admissions with more details and deadlines.

After completion of the M1 year, there will be no further considerations of appeals by the Clinical Campus Appeals Committee. However, requests may be submitted to the Associate Dean for Student Programs who will consider the request on a case-by-case basis. Personal emergencies and changes in personal circumstances can be submitted for consideration.

**The Appeals Committee**
The Appeals Committee will consist of:
- A student appointment by Medical Student Affairs Council (MSAC).
- A faculty member from Columbia and a faculty member from Springfield.
- A staff representative from the Springfield Clinical Campus and a staff representative from Columbia.
- The Associate Dean for Student Programs (ex-officio)
Note: If an appeal is granted, another student will not be assigned to the empty spot.

Circumstances Affecting Clinical Campus Assignment
It is understood that during the time between matriculation and beginning the clerkship there may be situations that support consideration of a request to change the clinical campus assignment.

Leave of Absence
If a student is granted a leave of absence, they must meet with the Associate Dean for Student Programs to plan for a return. In most cases, the original campus assignment will not change.

MD/PhD Students
Students accepted into the MD/PhD program will not go through the lottery with their entering class due to the nature of the MD and PhD curriculum. These students will be assigned to the Columbia campus.

MD/PhD students may submit a request to the Associate Dean for Student Programs for the Springfield campus prior to the return to the curriculum. Generally, this decision is based on space availability.

For more information, please refer to the FAQ on the Clinical Campus Assignment Page or reach out to the Admissions Office at mizzoumed@missouri.edu.