



University of Michigan Medical School

UMMS Bulletin of Policies and Procedures

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Introduction

This University of Michigan Medical School (UMMS) Bulletin of Policies and Procedures contains policies pertaining to the specific requirements and expectations for students within its programs and processes that impact a student's progression through the program.

Students are additionally held accountable for compliance with applicable law and Medical School, Michigan Medicine, and University policies and Procedures including administrative policies found in PolicyStat. A current listing of Medical School Policies in PolicyStat as of the approval date of the document is provided in Appendix A.

Students are held responsible to these policies which are updated annually, published online (internally and externally), and communicated through the Office of Medical Student Education communication channels.

Any changes to the Bulletin require approval by the Associate Dean of Medical Student Education, the Curriculum Policy Committee, and the Executive Committee of the Medical School.

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I. Administrative Structure

UMMS Administrative Structure

Additional and more detailed information regarding the Administrative Structure is available in the Medical School Bylaws: <https://faculty.medicine.umich.edu/medical-school-bylaws>

I. DEAN

As Executive Officer of the Medical School faculty and Chair of the Medical School Executive Committee, the Dean is the highest-level official on issues of student progress through the curriculum. As Chair of the Executive Committee, the Dean is responsible for the ultimate disposition of all student issues related to academic performance and professional behavior. The Dean provides oversight to all aspects of the learning environment for medical students. The Executive Vice Dean for Academic Affairs reports directly to the Dean.

II. EXECUTIVE VICE DEAN FOR ACADEMIC AFFAIRS

The Executive Vice Dean for Academic Affairs provides strategic and operational oversight to the educational missions of the Medical School, develops and manages the Medical School administrative budget, and assists the Dean in oversight of the chairs of clinical departments. The Senior Associate Dean for Medical Education reports directly to the Executive Vice Dean for Academic Affairs.

III. SENIOR ASSOCIATE DEAN FOR MEDICAL EDUCATION

The Senior Associate Dean for Medical Education is responsible for overseeing operations of the educational mission of the Medical School and contributing to strategic planning and implementation in conjunction with the Dean and Executive Vice Dean for Academic Affairs. The Associate Dean for Medical Student Education reports directly to the Senior Associate Dean for Medical Education.

IV. ASSOCIATE DEAN FOR MEDICAL STUDENT EDUCATION

The Associate Dean for Medical Student Education, with assistance from Assistant Deans, is responsible for the educational program for the M.D. degree. The Associate Dean serves as the chair of Curriculum Policy Committee and Hearing Committees. The Associate Dean also oversees the activity of the Competency Committees-Even and Odd by serving as a non-voting member of each committee and through appointment of the non-voting faculty Competency Committee chair. With assistance from Assistant Deans, the Associate Dean (or designee) is also responsible for administrative actions and support related to student admission, registration status, financial aid, clinical scheduling, student records, progress through the curriculum and graduation, providing counseling and referrals, and approval of absences from required assessments and Leaves of Absence.

V. FACULTY

The Medical School faculty is charged with teaching and assessment of medical students in the courses that comprise the curriculum. Members of the faculty, as represented by individuals elected and appointed to the Executive Committee and the academic and curriculum committees, are also responsible for the development and management of policies related to academic review.

VI. EXECUTIVE COMMITTEE

The Medical School Executive Committee is comprised of the Dean of the Medical School/Executive Vice President for Medical Affairs (who serves as Chair), the Executive Vice Dean for Clinical Affairs, the Executive Vice Dean for Academic Affairs, the Executive Vice Dean for Research, and nine members of the executive faculty (representing all faculty tracks and basic science and clinical departments) elected from the faculty and appointed by the president and Board of Regents. Some

decisions are delegated by the Executive Committee to the Associate Dean for Medical Student Education, the Competency Committees, and Curriculum Policy Committee. However, the Executive Committee maintains direct responsibility for [appeals of dismissal action from Competency Committee](#) and actions such as approval of the graduation list.

VII. COMPETENCY COMMITTEES

The Competency Committees are responsible for assessing a medical student's progression including both cognitive and non-cognitive [competencies](#). Branches Competency Committee reports to Competency Committees-Even and Odd. The Competency Committees-Even and Odd report to the Executive Committee. More detail about the Competency Committees can be found in the [Competency Committee](#) section of this Bulletin.

VIII. CURRICULUM POLICY COMMITTEE

The Curriculum Policy Committee (CPC) is comprised of faculty voting members and administrative non-voting members. The Associate Dean for Medical Student Education (or designee) is the non-voting Chair of the CPC. The CPC, in association with its various subcommittees, is the primary curriculum committee for the Medical School and is charged with defining the objectives of the educational program; monitoring the curriculum and recommending changes to policies related to the learning environment, educational and professionalism standards, grading, and promotion to Executive Committee, ensuring mechanisms to invite input from the UMMS faculty on actions of the CPC, and maintaining compliance with all relevant LCME standards. A full list of the Executive Committee charge to CPC can be found in the [Medical School Bylaws](#).

UMMS Competency Committees

The Competency Committees are comprised of voting members of the faculty, [Honor Council](#) student representatives and administrative non-voting members. A member of the faculty will be appointed by the Associate Dean for Medical Student Education to serve as the non-voting Chair of the committees. The Competency Committees are responsible for assessing a medical student's progress across all medical school competencies. The Competency Committees report directly to the Executive Committee. Competency Committee deliberations are confidential in alignment with FERPA guidelines.

- A. There will be two primary Competency Committees: Competency Committee-Even (CC-E) for classes matriculating in even years and Competency Committee-Odd (CC-O) for classes matriculating in odd years. When students disrupt their progression (either through leaves of absence or otherwise), they will be holistically reviewed by the Competency Committee that is responsible for the class in the same phase of training that they rejoin, facilitated by a handover (when appropriate) from the committee that previously followed them.
- B. Competency Committees-Even and Odd are each comprised of 9 voting members, all of whom must be independent assessors without a role in the assignment of grades to individual students. At least five of the nine members must be present at any meeting to take official action. The Chair has the authority to appoint a voting designee in rare circumstances when quorum cannot be achieved. The 9 voting members represent the Medical School Committee as follows
 1. Trunk leadership representative, either Scientific Trunk or Clinical Trunk (and an alternate from the Trunk opposite the primary)
 2. Branches leadership representative (and an alternate)
 3. Doctoring faculty (and an alternate)
 4. Graduate Medical Education representative, cannot be a Residency Program Director including Assistant/Associate Program Directors (and an alternate)
 5. Scientific Trunk teaching faculty
 6. Clinical Trunk teaching faculty
 7. Branches teaching faculty
 8. Faculty from Paths of Excellence or Improving Health Systems course
 9. Interprofessional faculty (e.g., a nurse, pharmacist, social worker, dentist, or physical therapist) and/or patient/community member (and an alternate)
- C. Ad hoc members serve as resources to the Competency Committees and attend meetings as invited, without vote. Course directors will present student progress in their courses and recommend appropriate remediation when needed. The Competency Committees are comprised of the following ad hoc (non-voting) members:
 1. Appointed non-voting Chair
 2. Associate Dean for Medical Student Education (ex officio)
 3. Assistant Dean for Early Medical Education
 4. Assistant Dean for Clinical Medical Education
 5. Assistant Dean for Student Affairs
 6. Assistant Dean for Admissions
 7. Director of Coaching program
 8. Office of Health Equity and Inclusion (OHEI) representative

9. Medical School Counselors and Academic Advisors
 10. Learning and Accessibility Team
 11. Evaluation and Assessment Unit
 12. Honor Council student representatives
 13. Invited ad hoc guests as appropriate, such as course directors when their course is discussed
- D. The Competency Committees deal primarily with issues of student academic performance and professional behavior, but also take into consideration contextual factors that might influence academic performance or professional behavior. The Competency Committees assist in the determination of fitness for enrollment and fitness to return from Leaves of Absences. As such, the Competency Committees are responsible for:
1. periodic holistic review of [student academic performance](#), [competencies](#), and [professional conduct](#);
 2. approval of actions related to [Leaves of Absence](#) and [voluntary withdrawal from registration](#);
 3. approval of [remediation programs for students with course deficiencies](#), or deficiencies in other required experiences;
 4. approval of reduced curricular programs and alternative timeline to graduation based on student petitions, the committee's own mandate due to academic challenges, or recommendation from the Assistant Dean for Early Medical Education, Assistant Dean for Clinical Medical Education, and/or the Assistant Dean for Student Affairs;
 5. approval to allow exceptions for students not meeting eligibility for acceptance to or continuation in co-curricular experiences where appropriate;
 6. [promotion of students between phases of the curriculum](#);
 7. reviewing and making decisions regarding [suspension and dismissal from registration](#); and
 8. recommendations to the Executive Committee for graduation.
- E. The Policy Subcommittee (PSC) is a subcommittee of and reports to both CC-E and CC-O. The PSC reviews time-sensitive and administratively-focused student policy waiver requests based on: 1) equity; 2) educational efficacy; and 3) impact on systems supporting medical student education.
1. The Policy Subcommittee is comprised of representatives of the Student Affairs, Evaluation and Assessment, and Curriculum units. A Medical School Counselor or Academic Advisor will serve as a non-voting member.
 2. When policy waivers also require competency review, the PSC will offer a recommendation to the Competency Committee related to policy aspects of the request, but discussions related to student performance and formal review will be processed by the relevant Competency Committees.

3. When policy waivers do not require a review of student competency, as in the case of administrative requests, the PSC will review and offer a decision on approval of the request. All unanimous PSC decisions will be reported to the relevant Competency Committee as a “consent” agenda item. Policy waiver requests where consensus among the PSC members cannot be reached will be sent to the relevant Competency Committee for discussion.
- K. Branches Competency Committee (BCC) is a subcommittee of and reports to both CC-E and CC-O and is responsible for monitoring progress, approving and/or recommending remediations, and performing holistic reviews for students in the Branches phase of the curriculum.
1. Outcomes requiring remediation, including but not limited to course failures, professionalism concerns, consideration of adding a statement to a [student’s MSPE](#), and deficiencies that will impact eligibility for graduation (such as failure to meet expectations for the Capstone for Impact) must be processed by the relevant Competency Committee (CC-E or CC-O) following a recommendation from BCC. The BCC can also make recommendations for alterations of graduation requirements to the relevant Competency Committee (CC-E or CC-O).
- L. The Hearing Committee is a subcommittee of the Competency Committee and is responsible for conducting hearings in specific student cases involving allegations that require additional investigation prior to Competency Committee review, such as allegations of unprofessional conduct.
1. The Hearing Committee is comprised of:
 - i. the Associate Dean for Medical Student Education, or designee (Chair);
 - ii. four voting members of the opposite Competency Committee (i.e., CC-O members when discussing a student followed by CC-E; and
 - iii. one Honor Council student representative.
 2. [Hearing Committee procedures](#) are detailed within this Bulletin. At the conclusion of the hearing process, findings and recommendation(s) are reported to the Competency Committee by the Chair and at least one member of the Hearing Committee. The Competency Committee will determine responsibility and associated sanctions after reviewing the Hearing Committee’s findings and recommendations. The Competency Committee has the authority to affirm, modify, or reverse the findings and recommendations of the Hearing Committee.

Honor Council

- A. As detailed in the Medical Student Honor Code, the Honor Council is comprised of eight students: two members from each class, elected by their class in the first year (two members for a one-year term) and the second year (two members for a three-year term). The second-year student elected to the Honor Council with the highest number of votes becomes President during their senior year.
- B. Allegations of professional misconduct, such as cheating or irregular events that occur during examinations or misrepresenting one's presence at mandatory sessions, may be brought directly to the Honor Council by a proctor, Evaluation and Assessment unit (following review of exam monitoring system reports), faculty member, or fellow medical student(s). When such allegations are made, the Honor Council notifies the Associate Dean for Medical Student Education (or designee) and then reviews all documentation and gathers initial testimony from parties who are or may be involved. When the review is complete, the Honor Council submits a report to the Associate Dean for Medical Student Education who determines further adjudication. (See section [Hearing Committee Procedures](#)).
- C. The Associate Dean for Medical Student Education provides information to the appropriate bodies on the outcome of allegations made to the Honor Council, including feedback to the person(s) who initially reported the alleged misconduct to the Honor Council.
- D. Each year, the Honor Council will submit to the Associate Dean for Medical Student Education a formal report on all cases received and reviewed during that academic year.



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II. Learning Environment Policies

Learning Environment Statement

A career in medicine demands not only the acquisition of a large fund of knowledge and a host of specific skills, but also the development of professional attributes needed to provide the highest quality patient care. The University of Michigan Medical School (UMMS) expects a shared commitment among all members of our community to respect each other's worth and dignity. In order to ensure a positive learning environment where all learners' professional growth and development can best take place, the faculty, house officers, and other educators of Michigan Medicine will strive to:

1. Work diligently to provide a high-quality educational program for all students.
2. Serve as mentors and role models and exemplify the professional values of altruism, accountability, compassion, duty, excellence, honor, and integrity by demonstrating high professional standards in interactions with patients, colleagues, staff, and students.
3. Reaffirm our commitment to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender identity, race, age, disability, national origin, religion, sex, sexual orientation, or other status protected by the University's Non-Discrimination policy in SPG 201.35. <http://spg.umich.edu/policy/201.35>
4. Provide support to students, especially those who experience difficulties in the learning environment, by being receptive to and responding appropriately to any perceived mistreatment or unprofessional behavior.
5. Fairly evaluate and provide timely feedback, including constructive criticism, to help all students achieve academic and clinical excellence, and excellence in professional conduct.
6. Demonstrate leadership, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

Medical students will in turn strive to:

1. Work diligently to acquire the knowledge, skills, and attitudes required to fulfill the educational objectives established by the faculty.
2. Exemplify the professional virtues of altruism, accountability, compassion, duty, excellence, honor, and integrity. Conduct themselves accordingly at all times, and especially in their dealings with patients.
3. Commit to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender identity, race, age, disability, national origin, religion, sex, sexual orientation, or other status protected by SPG 201.35. <http://spg.umich.edu/policy/201.35>.
4. Report any perceived unprofessionalism or mistreatment to appropriate faculty and staff.
5. Seek out and carefully evaluate constructive feedback and use this information to improve performance.
6. Demonstrate leadership, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

Medical Student Mistreatment Policy

I. Purpose

The purposes of this policy are to outline expectations of behaviors that promote a positive learning environment for medical students (UMMS and visiting) and to identify grievance procedures to address alleged violations. This policy offers a definition of these expectations through its [Learning Environment Statement](#), provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment and/or unprofessionalism in a safe and effective manner.

II. Policy

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity.

Unprofessional behavior and mistreatment of medical students is unacceptable and will not be tolerated. Expectations of teachers and learners are described more fully in the [Learning Environment Statement](#) as endorsed by the Medical School Executive Committee.

III. Procedures

A. Distribution by the Office of Medical Student Education

Expectations as outlined by this policy are to be shared with all students (new, continuing, and visiting), all new residents and faculty teachers, and on an annual basis with all current teachers (e.g. residents, faculty, adjunct faculty, allied health professionals, administrators).

B. Examples of Mistreatment

Students should use this Mistreatment Policy to address discriminatory, disrespectful, unprofessional, or unethical¹ treatment by faculty, residents, or staff.

The University of Michigan Medical School defines mistreatment as behavior that is inconsistent with the values in the University's Nondiscrimination Policy Statement noted below (referenced in III.C.) and which unreasonably interferes with the learning process. When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Examples of discriminatory, disrespectful, unprofessional, or unethical treatment include, but are not limited to:

- Verbally abusing or belittling a student.
- Intentionally humiliating a student.
- Excluding students from reasonable learning opportunities without due cause.
- Assigning students duties with minimal education value (e.g. personal errands) or for punishment.

- Pressuring a student into a role that compromises the care of patients, e.g. performing medical procedures for which the student is insufficiently trained.
- Threatening a lower or failing grade/evaluation to a student for inappropriate reasons.
- Committing an act of physical abuse or violence of any kind, e.g. throwing objects, aggressive violation of personal space.
- Making unwelcome comments, jokes, or taunting remarks about a person’s protected status ([SPG 201.35](#)) as defined in the University’s Nondiscrimination Policy Statement. (Referenced in III.C.)
- Engaging in a romantic or sexual relationship with any undergraduate, graduate or professional student in the same discipline or academic program as the faculty member, or over whom the faculty, resident, or staff member had, has, or might reasonably be expected to have “academic or supervisory authority” through instruction, supervision, evaluation or grading ([SPG 601.22](#)) as defined in the University’s Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners Policy.
- Engaging in acts of discrimination or harassment as defined in [SPG 201.89](#)

C. Reporting Concerns of Possible Mistreatment

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment should first, if possible, attempt to resolve the matter directly with the alleged offender. Students and/or bystanders may make an official report using one of the mechanisms described below.

1. **DISCUSS** it with their Medical School Counselor or Academic Advisor, the Assistant Dean for Student Affairs, the clerkship/course/sequence director, student representatives of the Learning Environment Task Force, or the Office of the Ombuds on main campus <http://www.umich.edu/~ombuds/>, [requesting a formal review](#).
2. **FILE A REPORT** (utilizing one of three options below)ⁱⁱ:
 - a. File a formal report directly with the Senior Associate Dean for Medical Education.
 - b. File an anonymous or self-identified report via the Learning Environment Reporting System website. This mechanism includes options for prompt attention or withholding the report until a future date (e.g., the student’s graduation date, when the clerkship is complete, etc.).
https://umich.qualtrics.com/jfe/form/SV_29q5JkwzZQmYOXj
 - c. File an anonymous report on the University of Michigan Compliance hotline at (866) 990-0111 (<https://compliance.umich.edu/report-a-concern/>) or via the University of Michigan Health System Compliance website:
<http://www.med.umich.edu/u/compliance/index.htm>

Medical Students requesting complete anonymity should be made aware that doing so may interfere with the University's ability to investigate the concern and their ability to receive information about the follow-up investigation.

- d. File a report with the University of Michigan's Equity, Civil Rights and Title IX Office. Concerns or allegations of discrimination and harassment, including sexual misconduct, should be reported to this Office and may be made online at (<https://ecrt.umich.edu/file-a-report/reporting-form/>)
- e. University confidential and non-confidential reporting resources: <https://sexualmisconduct.umich.edu/reporting-process/>

D. Responding to Concerns of Mistreatment

Every effort is made to respond to concerns of mistreatment in a responsible and respectful manner.

For those concerns managed by UMMS, the Senior Associate Dean for Medical Education and the Assistant Dean for Student Affairs will be provided with written notice of reported instances of unprofessional behavior. The Senior Associate Dean for Medical Education will conduct an initial inquiry into the circumstances, and the Assistant Dean for Student Affairs will liaise with the Learning Environment Task Force. Consistent with the [Michigan Medicine Policy 04-06-047 Disruptive or Inappropriate Behavior by Michigan Medicine Personnel](#) and depending on the identity of the alleged offending party, the Senior Associate Dean for Medical Education will engage the appropriate process channels for implementing notice to the offending party, and for investigation and implementation of potential corrective action.

Aggregate and de-identified data on reports of medical student mistreatment will be shared with students, the Curriculum Policy Committee, and the Medical School Executive Committee at least annually.

IV. Non-Retaliation

The University is committed to ensuring that its learning and working environments are free from all forms of discrimination and harassment and strictly prohibits reprisals or retaliation against persons who filed internal complaints. See more [here](https://spg.umich.edu/policy/601.90): <https://spg.umich.edu/policy/601.90>

V. Reference

[Michigan Medicine Policy 04-06-047 Disruptive or Inappropriate Behavior by Michigan Medicine Personnel](#)

[Michigan Medicine Policy 01-04-001 Michigan Medicine Corporate Compliance Program Policy LCME Element 3.6 Student Mistreatment - "A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical](#)

students, and ensure that any violations can be registered and investigated without fear of retaliation.”

From Functions and Structure of a Medical School, see LCME Publications Website for latest version.

ⁱ Allegations of “research misconduct” (fabrication, falsification, plagiarism) will be addressed consistent with University Standard Practice Guide (“SPG”) 303.3, which is available here: <https://spg.umich.edu/policy/303.03>

ⁱⁱ As members of the UMHS workforce, Medical Students execute the University of Michigan Health System Code of Conduct Attestation and are expected to fulfill their responsibilities as outlined in that document, which is available here: <http://med.umich.edu/u/compliance/doc/ConductStatement.pdf>

Medical Student Clinical and Education Activity Hours Policy

1. Purpose

The Medical School is committed to and responsible for promoting patient safety and student well-being and providing a supportive educational environment. This policy is to clarify the requirements and protection of medical students regarding the hours they are required to work during their Clinical Trunk and Branches clinical experiences at University of Michigan Health and affiliated clinical sites.

2. Policy

All required and elective clinical experiences must adhere to this policy. Clinical and Education Activity Hours (hereinafter referred to as working hours) are defined as clinical activities related to their experience, which includes clinical care, in-house call, short call, and night float. Working hours specifically excludes time spent at home reading, preparing for the following day's cases, documentation in the electronic health record (EHR), studying for exams, and research done from home.

3. Procedures

1. Workload Limits

- A. Working hours must be limited to no more than 80 hours per week, averaged over the duration of the rotation, inclusive of all in-house clinical and educational activities as defined above.
- B. Students are required to have one 24-hour period off in seven, averaged over the duration of the rotation.
- C. Clinical Trunk clerkships rarely have formal overnight call responsibilities. Many clerkships have individual overnight shifts or evening call. In Branches experiences, students will take call with the team, and the on-call time will count toward the total working hours.

2. Compliance

- A. This policy will be monitored for compliance by the following:
 - i. Required and Elective Clerkship Directors via direct reports and questions on end of clerkship evaluations
 - ii. Clinical Trunk Operations Committee (CTOC) and Branches Operations Committee (BOC)
 - iii. Associate and Assistant Deans for Medical Student Education
- B. If a student is compelled to work beyond the allowable limits of this policy during a clinical experience and makes a report to a clinical supervisor, the supervisor is mandated to relieve students from duties to stay within allowable limits, mirroring the process for GME trainees.

- C. If it is found that students have been compelled to work beyond the allowable time frame as described above during the monitoring process via the course evaluations or direct reports, an Associate or Assistant Dean in the Office of Medical Student Education will meet with the specific clerkship director to assure compliance to the policy.

3. Non-Retaliation

Students may report, confidentially, work hour violations to the clerkship director or any Associate or Assistant Dean for Medical Student Education. Retaliatory action against students who report infractions of this policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions will be subject to disciplinary action.

4. References

LCME Element 8.8 Monitoring Student Time - “The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.”

From Functions and Structure of a Medical School, see [LCME Publications Website](#) for latest version.

Conflict of Interest Policy

Decision-Making Bodies, such as committees:

Conflicts of interest occasionally arise in the decision-making bodies (Executive Committee and Competency Committee, with its subcommittees of Branches Competency Committee, Grievance Committees, and Hearing Committees) in the UMMS administrative structure. Conflicts of interest with students being assessed or reviewed may consist of, but are not limited to, significant teaching, mentoring, or assessment responsibilities, a significant social relationship or familial connection, therapeutic relationship, or fiduciary or employment relationship. Examples of potential conflicts of interest include being a course director responsible for final grades in a course, being related to a student, being a student's physician, or a former employment supervisor of a student.

Committee members are responsible to self-identify a potential conflict of interest to the Chair of the relevant committee. When a conflict is identified, the committee member will recuse themselves from voting on administrative actions regarding that student. In extenuating circumstances, it may be necessary to recuse from any discussion of the student when presence is likely to change the type of information discussed (for example: child of a Competency Committee member).

Additionally, committee members are responsible to self-identify if they are serving in a decision-making capacity in a situation with which they had already served in a decision-making capacity on a student. An example of this would be that a course director who assigned a failing grade to a student could not be a member of the grievance committee if the student requested a grade grievance.

Assessment of Student Performance in Courses and Clerkships:

Conflicts of interest, such as when a faculty member has a personal relationship or is a healthcare provider of a student, can arise in the classroom and clinical setting during the assessment of students. Faculty are responsible to self-identify a potential conflict. There may be exceptional circumstances and, if so, they must be managed through the course or clerkship director. Faculty/Residents must contact the course or clerkship director for all conflicts of interests.

Formative feedback provided by Doctoring faculty as part of the assessment program for clinical rotations and clerkships is not considered a conflict as it does not contribute to the student's summative assessment of performance. However, it is considered a conflict of interest for Doctoring faculty to complete evaluations or issue grades that contribute to the summative assessment of one of their Doctoring student's performances.



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III.

Registration and Leaves of Absence Policies

Satisfactory Academic Progress and Good Standing

A. Financial Aid Satisfactory Academic Progress (FA-SAP)

To receive funds administered by the Financial Aid Office at the University of Michigan Medical School (UMMS), a student must be making measurable academic progress toward their degree program. Federal regulations require evaluation of both quantitative and qualitative academic progress.

To maintain FA-SAP, a student must:

1. **Pass their courses** – All courses must be completed with a grade of S, P or higher. A grade of “W” will not be counted toward this requirement and incomplete courses will not be referred to until a final grade is received.
2. **Complete at least 85% of all attempted credit hours** – The calculation is made as follows: earned credit hours divided by attempted credit hours. A grade of “W” is counted as attempted credits. Incomplete courses will not be referred to until a final grade is received, unless a student does not earn any credit (as a result of all incompletes, or combination of incompletes, Ws, etc.).
3. **Complete their degree program in a maximum timeframe of no more than 120% of the program's length** – A student will remain eligible for financial aid until their cumulative attempted credits are equal to 120% of the published length of their program. A student may appeal to extend this period, only with a documented academic plan. LOAs do not count toward this timeframe.

Full details about Satisfactory Academic Progress, its monitoring, and financial aid implications are available in PolicyStat.

B. Good Standing

To remain in Good Standing a student must:

1. Achieve a passing grade on written and oral exams, comprehensive exams, Scientific Trunk courses, required clerkships, branch electives (courses) and other mandatory [competencies](#); or be eligible to remediate any incompletes of those requirements.
2. Pass the appropriate Step exams of the [United States Medical Licensing Examinations \(USMLE\)](#) by established internal deadlines; or be eligible to remediate a failed USMLE exam.
3. Maintain acceptable academic and professional behavior as defined in the University of Michigan Medical School Bulletin.
4. Not be currently on [Administrative Leave of Absence](#) as defined by the Competency Committees and the University of Michigan Medical School.
5. A student must be making Satisfactory Academic Progress (SAP) as outlined in the SAP Policy.

Leaves of Absence

1. Leaves of Absence are temporary interruptions in registration. Leaves of Absences may have implications on the eligibility for financial aid and are listed on the transcript. The types of Leaves of Absence and related policies are below:

- a. Leave of Absence – Administrative

A student can be placed on Administrative Leave of Absence by the [Competency Committees](#) for academic difficulties or issues related to the [competencies](#), such as Professionalism. Return of a student to registration from an Administrative Leave of Absence requires approval of the relevant Competency Committee. Fitness for re-enrollment will be determined by the relevant Competency Committee and may require a fitness evaluation by a Competency Committee consultant. The relevant Competency Committee will review the status of students on Administrative Leave of Absence within one year of initiation of Leave of Absence, sooner if new information is presented.

- b. Leave of Absence – Educational

Educational Leave of Absence (up to one year) may be granted to students who have been admitted to a degree-granting program. Approval for Educational Leaves is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Associate Dean for Medical Student Education (or designee), through the appropriate Competency Committee, must approve extension of Educational Leaves on an annual basis from the initiation of the Leave of Absence. Completion or discontinuation of an approved educational program will result in a change of Leave of Absence type.

- c. Leave of Absence - Detached Study

Detached Study is a specific category of leave reserved for students who have secured research scholarships or fellowships or have secured positions in other formal scholarly or educational programs that do not meet the criteria for an Educational Leave of Absence as determined by the Senior Registrar. Students on Detached Study Leave of Absence qualify for deferment of their educational loans. The status of Detached Study is not automatically conferred but must be requested in writing by the student with documentation from the student's mentor or the program awarding the scholarship or fellowship. Approval for Detached Study Leave of Absence is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Associate Dean for Medical Student Education (or designee), through the appropriate Competency Committee, must approve extension of a Detached Study Leave of Absence on an annual basis from the initiation of the Leave of Absence. Completion or discontinuation of an approved educational program will result in a change of Leave of Absence type.

- d. Leave of Absence – Non-Enrolled Research

Non-Enrolled Research is a specific category of leave reserved for students who have

research positions not associated with a fellowship or enrollment in a formal educational program. Students on Non-Enrolled Research Leave of Absence do not qualify for deferment of their educational loans. The status of Non-Enrolled Research is not automatically conferred but must be requested in writing by the student with documentation from the student's research mentor. Approval for Non-Enrolled Research Leave of Absence is granted by the Associate Dean for Medical Student Education (or designee), who may also return students to registration in the Medical School. The Associate Dean for Medical Student Education (or designee), through the appropriate Competency Committee, must approve extension of a Non-Enrolled Research Leave of Absence on an annual basis from the initiation of the Leave of Absence. Completion or discontinuation of the research position will result in a change of the Leave of Absence type.

e. Leave of Absence - Personal/Medical/Family Leave

A Personal/Medical/Family Leave of Absence may be granted by the Associate Dean for Medical Student Education (or designee) to students who have compelling personal circumstances that are temporarily impeding their academic progress, for documented health reasons (either the student's own serious health condition or the care of a family member with a serious health condition, including end of life care), or the birth and care of a newborn, adopted, or foster child (including both birth and non-birth parents).

Title IX prohibits discrimination against pregnant or parenting students (<https://ecrt.umich.edu/get-help-support/pregnancy-parenting/>). Additional accommodations and support for prenatal care, new parental responsibilities, and/or incapacity or limitations related to pregnancy may be available through consultation with the Student Affairs unit.

- i. Return of a student to registration from a Personal/Medical/Family Leave of Absence requires approval of the relevant Competency Committee.
- ii. Fitness for re-enrollment will be determined by the relevant Competency Committee for Personal/Medical Leaves of Absence that exceed four weeks and may require a fitness evaluation and/or an evaluation by the Competency Committee consultant.
- iii. Total time spent out of registration on Personal/Medical Leave of Absence will not exceed one year unless specifically approved by the relevant Competency Committee on a prospective annual basis. The Associate Dean for Medical Student Education (or designee) will present the student's appeal for an extension and will advise the relevant Competency Committee. Students who do not apply for the extension may be recommended for [dismissal](#) if the extension is not requested within 3 months of when the leave year expired.

f. Leave of Absence - [USMLE Exam](#) Failure

- i. Students who do not pass their first attempt at a USMLE Step exam may be required to take a USMLE Leave of Absence (Board Deficiency/Deferral [BD/D] Leave).

- ii. Students who do not pass a USMLE Step exam on second or third attempt must take a USMLE Leave of Absence (Board Deficiency/Deferral [BD/D]).
- iii. Student who do not pass a USMLE Step exam on their fourth attempt of a single exam will have met the maximum number of attempts permitted by the USMLE and will be presented to the relevant [Competency Committee](#) for [dismissal](#).
- iv. The student may begin courses/rotations again after re-sitting for Step 1, with approval of the [Competency Committee](#) based on holistic review of the individual student. Where applicable, students may complete the Branches course they are currently on prior to their schedule being adjusted or beginning their leave of absence.
- v. Additional information about USMLE requirements can be found in the [USMLE Step 1 and Step 2 section](#) of this Bulletin.

2. Participation in Medical School Activities while on Leave of Absence

Students who are not in Medical School registration are prohibited from registered participation in the Medical School's formal educational programs, including classroom, laboratory, and clinical course work. Students who are not in Medical School registration are prohibited from participation in credit-bearing educational activities, excepting remediation of incomplete classroom, laboratory, and clinical course work. Students may participate in non-registered Medical School activities with approval by the Assistant Dean for Student Affairs or relevant Competency Committee.

3. Clinical Deferrals

Deferrals may be granted by the Associate Dean for Medical Student Education (or designee) to give a clinical student up to one month of time away from coursework for extenuating reasons.

- A. The student remains in formal registration and is responsible for all tuition charges.
- B. All deferrals will be reported for information to the relevant Competency Committee and documented in the student's docket.

4. Clinical Refresher Program

Students who have completed all requirements to begin clinical training and students who have already begun clinical training may be eligible for, or required to complete, a Clinical Refresher Program if their training has been interrupted by a Leave of Absence.

A. Optional or Required Participation

1. Students on Leave of Absence for one academic year or less can participate in Clinical Refresher Program at the discretion of the Associate Dean for Medical Student Education (or designee) and/or Competency Committees.

2. Students on Leave of Absence for one to two academic years may elect to take, or may be required to take, the Clinical Refresher Program. Determinations will be made by the Associate Dean for Medical Student Education (or designee) with input from the MSTP Program Director (if applicable) and/or Competency Committees.
3. Students on Leave of Absence for more than two academic years are required to take the Clinical Refresher Program.

B. Program Features and Requirements

1. The Clinical Refresher Program must be completed before the student will be allowed to return to standard enrollment and begin clinical training. Students should allow eight weeks to complete the Clinical Refresher Program.
2. No academic credit is given, nor is a grade assigned, for completing the Clinical Refresher Program. Confirmation of successful completion will be provided by the supervising faculty and included in the student's official academic record.
3. All other policies and procedures that apply to students requesting the start or resumption of clinical training after a Leave of Absence apply.

Suspension and Dismissal

I. Suspension

- a. Suspension is defined as temporary removal of a student from registration.
- b. Suspension may occur for failure to meet Medical School, Michigan Medicine, or University requirements, or because of serious allegations of unprofessional conduct, or if the student is deemed to be a danger to patients, themselves, or others.
- c. Action to suspend can be initiated by a faculty member, a department, the Associate Dean for Medical Student Education (or designee), the Competency Committees, the Hearing Committee, or the Executive Committee. Further review will occur as soon thereafter as is practical by the Associate Dean for Medical Student Education (or designee) to formalize the suspension if deemed appropriate. If suspension is to be continued beyond one month, the extension must be reported to and approved by the relevant [Competency Committee](#). Competency Committee may choose to convert a suspension to an [Administrative Leave of Absence](#).
 - i. If initiated by a faculty member or department: Within two working days of a suspension, or as soon as practicable, the department Chair or designee must:
 1. begin fact-finding, including providing the identified student with an opportunity to meet with the Chair or designee, and
 2. notify the Associate Dean for Medical Student Education (or designee) of the incident and of any action taken.
 - ii. Within two additional working days, or as soon as practicable, the department will conduct a review of the case, and decide whether or not further action is indicated. If further action is indicated, the department will make a formal recommendation to the Associate Dean for Medical Student Education (or designee). If further action is not indicated, the department will notify the student and the Associate Dean for Medical Student Education (or designee).
 - iii. In cases where a recommendation is forwarded from the faculty/department, the Associate Dean for Medical Student Education (or designee) may determine that no further action is indicated or may convene a Hearing Committee for further action.
- d. If an investigation concerning a student's behavior is inconclusive, or if the student is found not responsible, the suspension will be rescinded.

II. Dismissal

- a. Dismissal is permanent removal of a student from registration by the Competency Committee when the Committee has determined that a student has not met the Medical School's competency standards or that the student has violated Medical School, Michigan Medicine, or University policies.

- b. Hearing Committee can recommend dismissal; only the Competency Committee can take action to dismiss.
- c. Once the dismissal process is initiated, students will not be allowed to withdraw from Medical School without Executive Committee approval.
- d. When a student has been identified for consideration for dismissal, the Competency Committee will determine whether the student may continue in clinical, nonclinical, or is removed from coursework until the dismissal review has been adjudicated. The student may remain on clinical rotations until the determination is made, which will occur at the next available meeting of the relevant Competency Committee.
- e. Criteria for consideration of dismissal include:
 - i. students who meet the criteria listed in the [Academic Warning section](#) of this Bulletin
 - ii. [students who have failed the repeat of a course](#)
 - iii. students who do not complete the curriculum within the [time limits set in the UMMS Bulletin](#)
 - iv. students who violate [professionalism standards](#) that put into question their ability to achieve these standards as a physician graduating from UMMS
 - v. students for whom a [Hearing Committee](#) has recommended dismissal
 - vi. students who have failed the same [USMLE Step exam](#) three time
 - vii. students who have reached the limit designated by the USMLE for successfully completing a Step exam (four failures)
 - viii. the Competency Committees, based on a critical review of a student's overall academic record and/or professional behavior, considers dismissal of the student from the medical school.
- f. Dismissal Process
 - i. The Associate Dean for Medical Student Education (or designee) will present to the Competency Committees those student(s) who have met one of the above criteria and may not meet the requirements for continuation and advancement in medical school.
 - ii. The student is notified by a representative of the relevant Competency Committee and will be invited to present at the applicable Competency Committee meeting. The student will also be advised of the [procedures for appeal](#).
 - iii. The relevant Competency Committee will review the case, make a decision of dismissal, suspension, remediation, or no action and report their findings to the student. Once a decision is made, the student will be informed that an appeal can be filed on their behalf to the Executive Committee of the Medical School.
 - iv. The Associate Dean for Medical Student Education will notify the student of the date and [process for appeals](#).
 - v. The student may consult with the Assistant Dean for Student Affairs for advice and assistance.

Withdrawal from Registration

- A. Withdrawal is defined as voluntary, permanent withdrawal from registration initiated by a student.
- B. Students wishing to withdraw must submit a written statement to the Associate Dean for Medical Student Education (or designee). The statement must include the student's understanding that withdrawal is a voluntary and permanent action. The Executive Committee will be informed of any student who withdraws from registration.
- C. The Medical School will not accept a request for withdrawal from a student facing a hearing process, disciplinary action, or [dismissal recommendation](#). If a student chooses not to participate in the hearing, the process will proceed without them.
- D. Students who withdraw may be eligible for a Master's of Medical Science Degree if they have successfully completed the Scientific Trunk (pre-clinical) curriculum, as determined by the relevant Competency Committee and Curriculum Policy Committee, and approved by the Executive Committee.



**University of Michigan
Medical School**

UMMS Bulletin of Policies and Procedures

IV.

UMMS Standards

Technical Standards

I. Purpose

A candidate for the M.D. degree at the University of Michigan Medical School must demonstrate the ability to acquire the knowledge, attitudes, and skills necessary to complete the core UMMS educational requirements (including those Technical Standards in this document), achieve the [UMMS competencies](#) in the basic and clinical sciences and be able to fulfill the graduation requirements of the UMMS with or without reasonable accommodations. The goal is to develop a deep and robust medical knowledge base and clinical skills, with the ability to appropriately apply them, effectively interpret information, and contribute to decisions across a broad spectrum of medical situations in all settings. Critical skills needed for the successful navigation of core experiences are outlined below, and include the ability to observe and communicate, as well as to understand, integrate core knowledge and skills, and to behave appropriately in varied educational and professional situations.

The University of Michigan is committed to the full and equitable inclusion of qualified learners with disabilities. We have a rich history of training and employing physicians and researchers with disabilities, developing and employing leaders with disabilities, and engaging in innovative technology that reduces clinical barriers to learners and physicians with disabilities.

II. Policy

Fulfillment of the technical standards for graduation from medical school does not mean the graduate will be able to fulfill the technical requirements of any specific residency program.

A. Observational Skills

Students must be able to obtain information from demonstrations and experiments in the basic sciences. Students must be able to assess a patient and evaluate findings accurately.

B. Communication Skills

Students must be able to skillfully, in English, communicate audibly and via written documentation with faculty members, staff, other members of the healthcare team, patients, families, and other students, in order to:

- Elicit information
- Convey and clarify information
- Create rapport
- Develop therapeutic relationships
- Document in the medical record for effective patient care
- Document for patient transitions
- Demonstrate the [University of Michigan Medical School Competencies](#) required for graduation

C. Examination and Diagnostic Skills

Students must possess the capacity to ascertain clinical relevant information from a physical examination and diagnostic examination of the patient, accurately interpret the data, and to provide general and emergency care to patients.

D. Intellectual-Conceptual Skills

Students must be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving. Students are expected to perform simple calculations and estimates; understand statistics as they apply to patient care; gather relevant information; and analyze, synthesize, summarize and transmit information. In addition, students must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Students will need to synthesize information effectively both in person and via remote technology. Students must be able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

E. Behavioral and Professional Expectations

Students must be able to function in different learning environments and via different modalities. Students must be able to effectively learn, participate, collaborate, and contribute as part of a team. Students must be able to perceive, use, understand and manage behavior. Students must exhibit sufficient maturity and self-reflection to exercise good judgment and complete responsibilities in a timely fashion. Students must exhibit integrity, honesty, professionalism, compassion. Students are expected to function within the legal and ethical standards of the medical profession, as well as within the policies of the institution. Students must interact with patients and their families, health care professionals, colleagues, faculty, and staff in a courteous, professional, and respectful manner. Students accept responsibility for learning, accepting constructive feedback from others and taking personal responsibility for making appropriate positive changes. Students must acclimate to demanding workloads and function in a competent and professional manner in high stress, fast paced situations. Students must display flexibility, and manage the uncertainty and complexity intrinsic in the care of patients and the health care system.

III. Procedure

A. Evaluation and Implementation of Reasonable Accommodations

The University of Michigan is committed to the full and meaningful inclusion of students with disabilities.

Students with disabilities should contact the UMMS Learning and Accessibility Team to request accommodations. The Learning and Accessibility Team will engage in a confidential, collaborative, and interactive process with the student, the Advisory Board on Accommodations and Technical Standards and/or other UMMS faculty members as needed to determine reasonable accommodations. Given the clinical nature of medical education, additional time may be needed to implement accommodations. Timely disclosure and requests by students are essential and encouraged as accommodations are not applied retroactively.

Students may appeal accommodation decisions via the established grievance processes (kept up-to-date by the Learning and Accessibility team and available in the Office of Medical Student

Education).

IV. Statement of Understanding and Agreement

I understand that fulfillment of the technical standards for graduation from the University of Michigan Medical School does not mean that I will be able to fulfill the technical requirements of any specific residency program.

This document applies to all years of my medical school training at the University of Michigan Medical School.

The Technical Standards are available on our public-facing websites and shared with prospective students during the admission process. Students are expected to document their receipt and understanding of the policy and their agreement to the stated procedures at four points (1) prior to matriculation (2) during Launch (3) during the Transition to Clerkships (4) and during Branches Launch.

I have read and understood the above policy. I agree to adhere to the stated procedures.

Signature

Printed Name

Date

V. LCME Element 10.5 Technical Standards - “A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.”

From Functions and Structure of a Medical School, see [LCME Publications Website](#) for latest version.
SPG Reference – N/A

University of Michigan Medical School Honor Code

I. Purpose

The students of the University of Michigan Medical School recognize the importance of their own professional development and understand that physicians must have a high degree of personal and professional integrity. The Honor Code and Pledge serve to communicate which behaviors represent professional behavior and outline procedures for when a violation of those behaviors is committed.

II. Policy

The Honor Code is a system of self-regulation which includes education, support, and, when necessary, investigation by the student [Honor Council](#) to assure that the conduct of all students meets appropriate professional and ethical standards. The Honor Code allows for a mechanism whereby formal disciplinary actions will generally take place only after students, represented by their Honor Council representatives, have reviewed the issue(s) of concern. The University of Michigan is bound by the First Amendment and does not discipline speech that is protected by the University's policy on Freedom of Speech and Artistic Expression.

III. Procedures

A. The Honor Code Pledge

The Honor Code Pledge, which all students are expected to sign before beginning classes, outlines professional obligations and standards for student conduct at the University of Michigan Medical School. In making this pledge, students agree to take responsibility for their own actions. They also accept the responsibility of helping their classmates and colleagues develop as professionals.

The Honor Code Pledge reads:

“The Medical School’s Honor Code was developed jointly by students and faculty. This current version is based on the belief that accountability, altruism, compassion, duty, excellence, honesty, and respect for others are traits that are essential to professionalism.

As a member of the Michigan Medicine community I will strive to:

1. Demonstrate the highest standards of honesty and personal integrity, as these attributes are fundamental and essential to the medical profession;
2. Demonstrate altruism and compassion in my interactions with patients, colleagues, and others;
3. Behave in a responsible and respectful manner toward patients, faculty, colleagues, health care workers, and all others;
4. Be accountable for all my actions and understand my duty and commitment to my professional responsibilities and - above all - to patient care;

5. Demonstrate excellence in all my professional endeavors, including the development of medical knowledge and skills to the best of my ability;
6. Address actions or practices on the part of a colleague that significantly breach the principles of honor and integrity. If I believe that another student's behavior violates the Honor Code, I am bound by this Code to contact the Honor Council or the Associate Dean for Medical Student Education.

I understand and pledge to adhere to the above.”

B. Honor Code Violations

Honor Code violations include both academic misconduct and unprofessional behavior.

All aspects of a medical student's behavior reflect on their potential to develop the professional attributes essential to practice medicine. While academic misconduct such as cheating, plagiarism, and misrepresentation in research are all clearly violations of the Honor Code, other unprofessional behaviors are also unacceptable.

Any dishonest, unethical, irresponsible or criminal behavior, whether it takes place on or off campus, will be viewed as unprofessional and is within the jurisdiction of this Code. Abuse of power, as evidenced by discrimination, sexual harassment, or breach of confidentiality, is unacceptable. Impairment from whatever cause (e.g., chemical dependency or substance use) could constitute unprofessional behavior if it impacts a student's ability to function in school or impacts patient care. Lack of professionalism in any aspect of the curriculum or in patient care will not be tolerated.

C. The Honor Council

The [Honor Council](#) is composed of two elected student representatives from each of the four classes. Elections are held at the beginning of the first year to choose Scientific Trunk representatives for a one-year term and at the end of the first year to choose rising Clinical Trunk students who serve three-year terms. Representatives act as Co- Presidents their fourth year. Re-elections are held to maintain a total of eight students, should existing members discontinue their terms.

The Honor Council's main role is to support an anonymous peer review of alleged violations of the Honor Code. Honor Council representatives advise classmates on interpretation of the Honor Code and serve as student representatives on the Competency Committees.

The Associate Dean for Medical Student Education is advisor to the Honor Council and serves as a liaison between the Honor Council and the Medical School Administration.

D. Process for Handling Honor Code Violation

Allegations of academic misconduct and unprofessional behavior may be handled using several processes depending on the circumstances. This section outlines the procedures used by the Honor Council when investigating allegations of Honor Code violation.

1. Reporting Alleged Honor Code Violations
 - a. Taking an exam with open/easily visible books (when not taking a designated open book exam);
 - b. Giving hints or answers to classmates who are yet to take an exam or quiz;
 - c. Signing into a required lecture/activity and then leaving;
 - d. Inappropriate access of hospital records;
 - e. Inappropriate use of electronic communication and social media; and
 - f. Replicating/reproducing quiz or exam questions in any way

Faculty and staff who witness concerning behavior are encouraged to speak to the involved student(s) directly. If a discussion does not resolve the issue, a report to either the Honor Council or the Associate Dean for Medical Student Education is appropriate.

Where appropriate, audits will be conducted to ensure students are not accessing educational systems (such as exam administration software and learning management systems) in a manner that violates the Honor Code.

2. Handling Alleged Honor Code Violations
 - a. Once an alleged incident is reported to an Honor Council Representative, they will report the case to one of the Honor Council Co-Presidents. Other than finding out the initial facts of the incident (as reported by the complainant), no other fact finding/investigating will be undertaken by the Honor Council Representative at this stage.
 - b. An Honor Council Co-President will contact all individuals involved in the case, as well as the person who reported the incident, for the purpose of obtaining additional facts about the incident. Individuals who are interviewed will be told if they are a witness or if they are being investigated. For expediency, most of these contacts will occur by telephone or email; however, face-to-face meetings may be requested. Once the Co-President has obtained all information and spoken with all parties involved, they will prepare a report of the incident. This report will maintain the anonymity of all individuals involved.
 - c. The Co-President will schedule an Honor Council meeting to discuss the case. During this meeting all parties involved will be kept anonymous and students will be referred to as Student A, Student B, etc. One Honor Council representative will be excluded from this meeting so that they will be eligible to serve on a Hearing Committee, should the incident reach this level of investigation.
 - d. After the Honor Council meets, the Co-President will submit a report with Honor Council findings and recommendations to the Associate Dean for Medical Student Education. This report will continue to maintain the anonymity of all involved parties, who will be referred to as Student A, Student B, etc.
 - e. After reviewing the report, the Associate Dean for Medical Student Education will contact the Honor Council Co-President to discuss the findings and recommendations. The Associate Dean for Medical Student Education may agree,

or disagree, with the Honor Council's recommendations. If necessary, the Associate Dean for Medical Student Education may elect to speak to any of the students involved in the incident. Only at this time will the names of the students involved be provided to the Associate Dean.

- f. Confidentiality will be maintained throughout all stages of the investigation.
- g. Possible findings and recommendations include, but are not limited to:
 - i. No Honor Code violation has taken place and the Honor Council recommends no further action. The Honor Council report will be kept in the office of the Associate Dean for Medical Student Education. No student names are revealed in this report, and the identities of the students involved are not revealed to the Associate Dean.
 - ii. An Honor Code violation has taken place, but the student(s) involved understand and accept responsibility for their/their behavior, have not had other offenses, and the behavior in question is not so grievous that further action is warranted. In these cases, the Associate Dean for Medical Student Education may meet with the student(s) involved to debrief the situation and reinforce the importance of professional behavior. Again, a confidential report will be kept on file in the office of the Associate Dean for Medical Student Education. Notations may be made in the student's office file, but will not be recorded in a student's official docket/permanent file.
 - iii. An Honor Code violation has taken place and the student(s) involved do not accept responsibility for the behavior, have had prior offenses, or the behavior in question is so grievous that further action is warranted. In these cases, the Associate Dean for Medical Student Education will determine if the case should be referred to the relevant [Competency Committee](#) or to a [Hearing Committee](#).
 - iv. It is unclear if a violation has taken place and more facts must be gathered. The Honor Council will ask the Associate Dean for Medical Student Education to request that a Hearing Committee be convened for further fact-finding.

E. Report Retention

Honor Council reports will be kept on file in the office of the Associate Dean for Medical Student Education. These files are separate from individual student files. If a student is disciplined for an Honor Code violation, a formal disciplinary letter will describe how information on the disciplinary action will be maintained (e.g. whether it will be kept after the student graduates, and/or whether it will be included in the [Medical Student Performance Evaluation \(MSPE\)](#) letter that is sent to residency programs.)

F. Appeal Process

Students have the right to [appeal decisions of the Competency Committees to the Medical Executive](#)

[Committee](#) as outlined in the *UMMS Bulletin* Policies and Procedures.

Professionalism Standards for Students

For policies and procedures related to Professional Conduct, UMMS will follow the policies and procedures of Michigan Medicine.

I. PROFESSIONALISM DEFINITION

The profession of medicine is founded on the highest standards of conduct. In admitting a student to the University of Michigan Medical School (UMMS), we require the student to have demonstrated that their behavior reflects the maturity and civility that are necessary underpinnings of the profession. The University of Michigan strives to create and maintain a community that enables each person to reach their full potential. To do so requires an environment of trust, openness, civility, and respect.

Professional behavior is an expectation for all members of our UMMS community. Professional identity development and growth are active processes that require continued efforts to educate oneself in a changing societal landscape. It requires continuous self-reflection and acceptance of feedback, along with adoption of behaviors and attitudes that allow us to better learn and serve as members of the profession of medicine.

Altruism, accountability, compassion, duty, excellence, honesty and integrity, and respect for others and our community are all necessary components of professionalism. We must be constantly mindful of public and private behaviors that could be harmful to the ideal of the Physician.

We uphold the value of civil dialogue and the principles of intellectual freedom, resisting censorship. We must distinguish between our personal convictions and professional duties and not allow our personal beliefs to interfere with the quality of or access to care for our patients or to interfere with our civil interactions with all members of our community. The University of Michigan is bound by the First Amendment and does not discipline speech that is protected by the University's policy on Freedom of Speech and Artistic Expression.

The UMMS community commits to the following standard of professionalism and requires students to uphold these standards in connection with their role at UMMS:

- 1) *Altruism*: Putting the best interest of patients' health and well-being at the same level as we consider our own.
- 2) *Accountability*: Required at many levels (individual patients, society, and the profession). Physicians and medical students are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession for adhering to medicine's ethical precepts.
- 3) *Compassion*: To be disposed to see, as well as feel, what a trial, tribulation, or illness has wrought in a patient's life and experiences in their community and in our society.
- 4) *Duty and Conscientiousness*: The free acceptance of a commitment to service. This commitment entails conscientiousness in fulfilling one's responsibilities including being available and responsive when "on call," and accepting inconvenience to meet the needs of one's patients. When on duty, responding in a timely and appropriate fashion to phone calls, pages, notices and emails from faculty,

nurses, other health care team members and administrative staff is a responsibility that must be honored. Timely documentation of patient care is a requirement. Students should not require continual reminders about responsibilities to patients, to the institution, other health care professionals and to administrative staff.

5) *Excellence*: A conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning.

6) *Honesty and Integrity*: Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward. An individual must not engage in lies or falsehood for the advancement of their position, perception, or career.

7) *Respect for others*: The essence of humanism is central to professionalism. Respect for patients and their families and for colleagues is demonstrated through a willingness to acknowledge and learn about the cultural influences that shape their health beliefs and behaviors. Students will interact with professionals, staff, mentors, teachers, and peers in a cooperative and considerate manner and have the same expectation of behavior from all of these parties. Under no circumstances will any member of the UMMS community exhibit prejudice in words, action, or deed toward any other based on ethnicity, race, religion, gender, age, sexual orientation, or disability. It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge and qualifications or services of a colleague (student, staff, faculty) or their field of practice.

8) *Appropriate Relationships*: Students must not engage in romantic, sexual, or other non-professional relationships with patients while involved in the patients' care, even at the apparent request of the patient. Students must not engage in romantic, sexual, or non-professional relationships with mentees, tutees, or others for whom the student is in a position of authority. All members of the UM community must comply with SPG 601.22, which prohibits all sexual, romantic, amorous, or dating relationships between a teacher and a student. This statement serves as an overview to the detailed [sexual harassment policy of the University of Michigan](#).

9) *Impairment* – Members of the Michigan Medicine community will not use alcohol or drugs in a manner that could compromise patient care or bring harm to themselves or others. It is the responsibility of every learner to protect the public and to get the appropriate help for themselves and to assist a colleague whose capability is impaired because of ill health. Students are obligated to report members of the health care team whose behavior exhibits impairment or lack of professional conduct or competence. Specific policies regarding substance use are found within the [UMMS Bulletin Substance Use section](#).

10) *Confidentiality*: Discussion of problems or diagnoses of a patient by learners or professional staff in public violates patient confidentiality and is unethical. Virtual communications that mention or exhibit identifying information must be properly encrypted and not used for anything other than the legitimate purpose of communicating with the patient or caregivers who have a legitimate need to know about the patient. The use of university information technology devices and services should follow [UM and Michigan Medicine Social Media policy](#).

11) *Consent*: Students must understand the obligation to obtain informed consent from patients but are not primarily responsible for obtaining such consent. It is the physician's responsibility to ensure that the patient or their surrogate is appropriately informed. Patients must be well informed to make healthcare decisions and work intelligently in the partnership with the medical team and information that the patient needs for decision making must be presented in terms the patient, or their representative, can understand.

12) *Research*: Members of our community who participate in research must appropriately acknowledge ownership of ideas that are generated and document them. They must conduct, manage, judge, and report scientific research objectively, honestly, and thoroughly, abiding by guidance from [UM's Office of Research and Sponsored Programs](#).

13) *Conflict of Interest*: Learners must recognize of the possibility of conflict of interest and avoidance of relationships or activities that allow personal gain to supersede the best interest of the patient. Any learner with proprietary or other interest in any material they are presenting or discussing must properly disclose that conflict of interest. When conflict of interest arises, the welfare of the patient must at all times be paramount. Gifts, hospitality or subsidies offered by industry, pharmaceutical or other manufacturers or distributors, including companies that write or distribute board review materials must not be accepted. This statement serves as an overview to the detailed [conflict of interest policy](#) of the University of Michigan.

14) *Freedom from Retaliation and Conscientious Reporting*: Acting in good faith, learners should report violations of the above professionalism standards to an Office of Medical Student Education dean. The learner can expect freedom from retaliation. Policies and processes for investigating, adjudicating and remediating or resolving violations are set forth in the UMMS Bulletin.

This policy is expected to be complementary to, and work in conjunction with, our [UMMS Honor Code](#). Any and all of these standards that are stated and reflected in our UMMS Honor Code may begin their evaluation and adjudication through their processes prior to evaluation by the Office of Medical Student Education.



**University of Michigan
Medical School**

UMMS Bulletin of Policies and Procedures

V.

Assessment of Student Performance

Academic Performance and Competency Assessment

I. ACADEMIC PERFORMANCE

The Medical School system of assessing a medical student's progress includes both cognitive and non-cognitive components. The competencies essential to the practice of medicine are fully considered in the assessment process. A programmatic approach to competency assessment uses multiple methods and a collection of diverse data sources and through multiple methods to assess the competence of medical students as they progress through the entirety of their training.

Academic performance includes grading and competency assessments. In order to graduate, students must pass all graded domains of the curriculum, the [Comprehensive Clinical Assessment, USMLE Steps 1 and 2 CK](#), and complete a Capstone for Impact. Additionally, students must be determined to be competent in all of the eight [Medical School competency domains](#).

II. SUMMARY OF ASSESSMENT OF STUDENT PERFORMANCE

- A. In each phase of the educational program, the student's ability is assessed through observation, practical examinations, and tests of knowledge and problem-solving skills. The Medical School [institutional competency domains](#) are essential to the practice of medicine—Medical Knowledge, Patient Care, Communication, Professionalism, Practice Based Learning and Improvement, Systems-Based Practice, Leadership, Teamwork, and Inter-professionalism, Critical Thinking and Discovery—and all are considered in the assessment process.
- B. The Medical School utilizes a [periodic review](#) and [promotion system](#). The [Competency Committees](#) convene monthly throughout the academic year to review the progress of students, take action as indicated and, when necessary, make recommendations to the Executive Committee.
- C. The [Competency Committees](#) critically review the overall academic performance and professional conduct of students in the curriculum utilizing holistic review processes. At the time of review, the Competency Committees may take action, up to and including [dismissal from registration](#).
- D. A candidate for the M.D. degree at the University of Michigan Medical School must be capable of completing core educational requirements and achieving the [Medical School competencies](#) in the basic and clinical sciences. Reasonable accommodations may be required by otherwise-qualified individual candidates to meet the technical standards based on the process and policies of the [University of Michigan Medical School Technical Standards](#). Reasonable accommodations will be determined through a confidential, collaborative, and interactive process with the UMMS Learning and Accessibility team as described in the [UMMS Technical Standards](#).

University of Michigan Medical School Competencies

<p>Patient Care Domain: Students will provide patient-centered care that is compassionate, culturally competent, appropriate, and effective for the treatment of health problems and the promotion of health.</p>
<p>PC-hp. Gather, organize, interpret patient information about patients and their conditions through <u>history</u> taking, <u>physical</u> examination, and other methods of information gathering</p>
<p>PC-cr. Use <u>clinical reasoning</u>, formulate appropriate differential diagnoses, make informed decision about diagnostic and therapeutic interventions based on patient information and preferences, data from the history, physical, laboratory findings, imaging, other diagnostic tests, and current scientific evidence</p>
<p>PC-ce. <u>Counsel</u> and <u>educate</u> patients and their families to empower them to participate in their care and enable shared decision-making to promote health</p>
<p>PC-mp. Develop and carry out <u>management plans</u> in collaboration with patients, families, and healthcare team</p>
<p>PC-ps. Perform <u>procedural skills</u> considered essential for patient care</p>
<p>Medical Knowledge Domain: Students will demonstrate a strong foundation in the biomedical sciences, socio-behavioral sciences, and clinical medicine, and will apply this knowledge to individuals, community, and society.</p>
<p>MK-bs. Understand and apply knowledge of <u>biomedical</u> and <u>socio-behavioral</u> sciences, clinical medicine, and the social determinants of health and disease</p>
<p>MK-dm. Apply established and emerging principals in diagnostic and therapeutic <u>decision making</u>, clinical problem solving and other aspects of evidence-based health care</p>
<p>MK-sm. Demonstrate knowledge and application of the <u>sciences</u> essential for the practice of <u>medicine</u></p>
<p>Communication Domain: Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</p>
<p>C-pf. Communicate effectively with <u>patients</u>, <u>families</u>, and the public across a broad range of socioeconomic and cultural backgrounds</p>
<p>C-ch. Communicate effectively with <u>colleagues</u>, other <u>health professionals</u> and health-related agencies, including the transitions of care</p>
<p>C-mr. <u>Maintain</u> complete, timely and accurate medical <u>record</u> to contribute to effective patient care</p>
<p>C-dc. Demonstrate sensitivity, honesty, and compassion in <u>difficult conversations</u> including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics</p>
<p>C-ic. Demonstrate insight and understanding about their own and others' perspectives to facilitate interpersonal interactions to effectively manage <u>interpersonal conflict</u></p>
<p>Professionalism Domain: Students will demonstrate and maintain the professional attributes of compassion, altruism, respect, integrity, and commitment to addressing the needs of a diverse and changing society. Students and graduates will seek excellence in professional endeavors.</p>
<p>PR-ra. Demonstrate <u>responsibility</u> and <u>accountability</u> to patients, society, and the profession</p>
<p>PR-cd. Demonstrate <u>compassion</u>, integrity, respect, sensitivity, and responsiveness to <u>diverse</u> populations</p>
<p>PR-pv. Demonstrate awareness of the <u>patient vulnerability</u> and the inherent power differentials in organizational and interpersonal relationships and respect the boundaries that define therapeutic</p>

relationships
PR-ci. Navigate ethical dilemmas in medical care, including <u>conflict of interest</u> and competing priorities, in ways that maintain the primacy of patient interests
PR-sr. Participate as an important part of the healthcare team and <u>share responsibility</u> for patient care
Leadership, Teamwork and Inter-professionalism Domain: Students will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care, while learning leadership skills to positively influence the world of medicine.
LTI-lm. Demonstrate an understanding of how productive teams can be built, <u>led</u> and <u>managed</u>
LTI-or. Demonstrate the ability to manage one's <u>own</u> and <u>others roles</u> on teams
LTI-ic. Demonstrate the ability to work effectively on <u>interprofessional</u> teams to <u>coordinate</u> care
Systems-Based Practice Domain: Students will demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.
SBP-os. Demonstrate the ability to recognize the basic <u>organization</u> of healthcare <u>systems</u> , including the various relationships between patients, providers, and institutions
SBP-ws. <u>Work</u> effectively in various health care delivery settings and <u>systems</u>
Practice Based Learning and Improvement: Students will demonstrate the ability to investigate and evaluate one's performance including the ability to appraise and assimilate scientific evidence and to continuously improve in areas including patient care based on constant self-evaluation and lifelong learning.
PBLI-ce. <u>Critically evaluates</u> self and peers and provide constructive feedback
PBLI-sl. Engage in <u>self-directed learning</u> , reflective practice, guided self-assessment, and demonstrate receptivity to feedback
PBLI-ca. Locate, <u>critically appraise</u> , apply evidence, and weigh the uncertainty to guide decision making to achieve optimal patient outcomes
PBLI-et. Demonstrate the ability to utilize current and adapt to emerging technology
PBLI-dp. Demonstrate how <u>data illustrating current performance</u> at the individual, team, and systems levels is used to make improvements
Critical Thinking and Discovery: Students will demonstrate curiosity, awareness of gaps in current knowledge, and participate actively in problem solving and the discovery of knowledge.
CTD-ct. Apply <u>creative/critical thinking</u> to develop new information and solutions
CTD-ck. Contribute to the <u>creation</u> , dissemination, application, and translation of health care <u>knowledge</u> or <u>practice</u>
CTD-ps. Apply problem assessment and <u>problem-solving</u> skills

Grading and Remediation of Coursework

1. Grading scales and passing standards for all courses are determined by the appropriate faculty and approved by the [Curriculum Policy Committee](#). Courses are graded using one of two grading scales, as described below:
 - a. Honors, High Pass, Pass, Fail
 - i. Honors (H) characterizes outstanding or distinguished performance.
 - ii. High Pass (HP) indicates excellent or near Honors performance.
 - iii. Pass (P) indicates satisfactory mastery of the material and satisfactory demonstration of competence in the associated [competencies](#).
 - iv. Fail (F) indicates unsatisfactory performance.
 - b. Satisfactory/Fail
 - i. Satisfactory (S) indicates satisfactory mastery of course requirements and satisfactory demonstration of competency in the [associated competencies](#) as indicated for the course or experience(s). In the Scientific Trunk, and selected courses in the Clinical Trunk and Branches, students who achieve the passing score in a course will be assigned a Satisfactory (S) grade.
 - ii. Course Directors may assign a Fail (F) grade when students show performance that warrants retaking the entire course (for example, if exam score is significantly below pass score or for failure to meet professional expectations, professional behavior, or other competencies). This grading decision is made at the discretion of the Course Director and/or grading committee, but must be reviewed by the relevant Competency Committee for recommendation prior to being finalized as an F.
 - c. Incomplete (I) and Incomplete Due to Assessment (I/A)
 - i. Incomplete course work or Incomplete Due to Assessment Failure in all four years are grades determined by the course or experience director and will be designated internally as Incomplete (I) or Incomplete Due to Assessment Failure (I/A), respectively. Both will be designated on the transcript as I.
 - ii. A grade of Incomplete Due to Assessment Failure (I/A) indicates that a student has not achieved satisfactory completion of course requirements because of not meeting (an) assessment cut-point(s). I/A is an internal designation within the Medical School and will be recorded as an I on the official transcript.
 - iii. A grade of Incomplete (I) indicates a student has not achieved satisfactory completion of course requirements including satisfactory [achievement of competencies](#). Specific delineation of this policy can be found in the course syllabus. This grade will be recorded as an I on the official transcript.

- iv. In the case of either a grade of Incomplete (I) or Incomplete Due to Assessment Failure (I/A), once course work is completed and/or remediated a final grade will be assigned and will replace the I grade on the transcript.
 - v. Students in all phases of the curriculum must complete Incomplete coursework, Incomplete Due to Assessment Failure remediation, or other Competency Committee-mandated coursework within 12 months of notification of the [Competency Committee](#). Extensions may be granted by the relevant Competency Committee.
 - a. MSTP students must complete all pending remediations prior to beginning their PhD phase, secondary to their unique educational program. Exceptions may be granted by Competency Committee.
 - b. Further, MSTP students are expected to complete remediation of any Clinical Trunk course within one month of completing the Clinical Trunk. If more than one month is needed for course remediation, or if more than one clerkship needs to be remediated, the timing must be approved by the MSTP Director.
 - vi. Unless an extension is granted by the relevant Competency Committee, Incomplete (I) or Incomplete Due to Assessment Failure (I/A) grades revert to Fail (F) grades if the 12-month deadline is not met.
 - vii. Students with an Incomplete (I) grade or Incomplete Due to Assessment Failure (I/A) will not advance (be promoted) to the next phase of the curriculum. Exceptions may be granted by the relevant [Competency Committee](#).
 - viii. The standards for passing a course (in all phases) will be delineated in the course syllabus, including grading components that may contribute to an Incomplete Due to Assessment Failure (I/A) or Fail (F) as opposed to an Incomplete (I). In the Scientific Trunk grades are assigned by the Course Director with assistance from the content area and discipline faculty leads and the Evaluation and Assessment unit. In the Clinical Trunk and Branches grades are assigned by the Course, Clerkship, or Elective Director. Grades of I or I/A that are successfully remediated will be replaced with the appropriate grade. If a student fails the remediation, the grade will be replaced with a Fail (F) grade.
 - ix. An Incomplete Due to Assessment Failure (I/A) may be assigned for below competency threshold performance on other assessments such as a clinical competency examination (e.g., the Clinical Competency Assessment) and replaced with remediation as described above.
- d. Fail (F) and Unsatisfactory (U) indicate failing performance that requires a remediation plan that may include repetition of all or a part of the course, or its approved equivalent. These grades are permanent and will remain on the transcript even after the course has been remediated and a new grade assigned. Students who have significantly low clinical performance in any course in the Scientific Trunk, Clinical Trunk, or Branches may Fail (F) that course.

- e. A Withdrawal (W) appears on the transcript and means the student has received no credit for the course.
 - f. An Audit (VI) appears on the transcript and means the student was enrolled but has earned no additional credit for the course.
- 2. All final grades assigned will appear on the student transcript.
 - 3. Residency programs will be notified of course failures (F) that occur after the [Medical Student Performance Evaluation letters \(MSPE\)](#) have been sent. Like the MSPE, notifications will be coordinated by the Office of the Associate Dean for Medical Student Education.

Remediation of Course Work

- 1. Plans for individual students to remediate Incomplete (I), Incomplete Due to Assessment Failure (I/A), or Fail (F) grades will be determined and approved only by the relevant [Competency Committee](#) with input from the appropriate Course Directors.
- 2. Grades of Incomplete and I/A may be remediated without re-registering for the course. If the remediation process is not successfully complete, a grade of Fail (F) will be assigned for the course. Following a Fail (F) grade, if remediation is approved by [Competency Committee](#), students must re-register for the applicable course.
- 3. A student repeating a course in the Scientific Trunk must receive a final grade of Satisfactory (S) to remain in registration. No make-up examination or other form of remediation is permitted. A student repeating a Clinical Trunk or Branches course must receive a final grade of Satisfactory (S), Pass (P), High Pass (HP), or Honors (H) to remain in registration. No make-up examination or other form of remediation is permitted. Students failing a previously failed course will be automatically considered for [dismissal](#) by the [Competency Committee](#).
- 4. The location for remediation of clinical courses will be determined by the relevant Competency Committee in consultation with the course directors.
- 5. Residency programs will be notified of any student who will not graduate and begin their residency training on time due to a failure of the [USMLE Step 2](#) or other graduation requirement. Like the [Medical Student Performance Evaluation \(MSPE\)](#), notifications will be coordinated by the Office of the Associate Dean for Medical Student Education.

Academic Warning

1. Students will be placed on Academic Warning for the following reasons:
 - a. The accumulation of three Incomplete Due to Assessment Failure (I/A) grades or assessments (e.g., CCA) at any time over the course of the medical curriculum
 - b. A Fail (F) grade in a course
 - c. Failure of any [USMLE Examination: Step 1 and Step 2 CK](#). If there is a failure on retake of the exam, this does not count as an additional Incomplete Due to Assessment Failure (I/A). Students will, however, be presented at [Competency Committee](#) for holistic review.

Once a student is on Academic Warning, an *additional* deficiency will include:

- a. students who receive an Incomplete Due to Assessment Failure (I/A) for a course. For example, the first I/A after Academic Warning will be assigned AW+1, and the second I/A will advance the student to AW+2.
 - b. students who receive an Incomplete Due to Assessment Failure (I/A) on the [Comprehensive Clinical Assessment\(s\) \(CCA\)](#).
 - c. failing grades (F or U) in the remediation of a course with an Incomplete Due to Assessment Failure (I/A) while on Academic Warning.
 - d. Once a student is on Academic Warning, a *more significant deficiency* that will take student directly to AW+2 include:
 - i. a single failing grade (F) on a *new* course while on Academic Warning (one for which there was not previously an Incomplete Due to Assessment Failure (I/A)).
 - ii. failure of a different USMLE exam.
2. A student will be presented for a formal Academic Trajectory Holistic Review by the Associate Dean for Medical Student Education (or designee) to the [Competency Committee](#) when they reach Academic Warning + 2 (AW+2). This review is intended to provide an opportunity for intentional support and formal remediation for the student at risk for [dismissal](#) due to Academic Warning status. The review will include intentional review and documentation of student's performance in each of the eight competency domains.
 3. A student will be presented for [consideration of dismissal](#) by the Associate Dean for Medical Student Education (or designee) to the [Competency Committee](#) when they reach Academic Warning + 3 (AW+3) and for each progressive status beyond (e.g., AW+4).
 4. Once [dismissal action](#) and/or [corresponding appeal](#) is under review, the Incomplete Due to Assessment Failure (I/A) grade or Fail (F) grade responsible for that recommendation is not remediable with a make-up examination or any other form of remediation, unless approved by the Executive Committee.

5. Academic Warning is a permanent status. It is not reported on the student's transcript but may be noted in the [Medical Student Performance Evaluation \(MSPE\)](#), if approved by the relevant [Competency Committee](#).

Promotion and Time to Completion of the Curriculum

- I. The [Competency Committees-Even and Odd](#) are responsible for promotions and transition of students across phases of the curriculum. Descriptions of requirements for each transition are listed below. Exceptions to these guidelines must be approved by the Competency Committees. The Competency Committees will make competency judgments to promote each student during the following transition points in the curriculum: from Scientific Trunk to Clinical Trunk, from Clinical Trunk to Branches, and from Branches to Graduation.
- a. The expectations for entering the Clinical Trunk are:
- i. take and pass all Scientific Trunk courses;
 - ii. take and achieve the minimum score set by the curricular leadership within the Office Medical Student Education for the End of Scientific Trunk NBME Exam. The Scientific Trunk leadership will determine and announce whether the class will complete the Comprehensive Basic Science Examination (CBSE) or Comprehensive Basic Science Self-Assessment Examination (CBSSA). Exceptions must be approved by the relevant Competency Committee (such as if a student does not achieve the minimum passing score);
 - iii. achieve expected competency level as determined by the relevant Competency Committee.
 - iv. Completion of all pending remediation identified by the [Competency Committee's](#) holistic review process, including professionalism remediation.
- b. The expectations for entering Branches are described below.
- i. Pass all of the Clinical Trunk courses.
 - ii. Take the [Comprehensive Clinical Assessment \(CCA\)](#) when first offered. Students may remediate while in the Branches, with an individualized learning plan for remediation of [competencies](#) that are below expectations. Students receiving an Incomplete Due to Assessment Failure (I/A) on the CCA may continue in the Branches with an individualized learning plan for remediation.
 - iii. Achieve expected competency level as determined by the relevant Competency Committee.
 - iv. The Competency Committees may allow students to enroll in nonclinical Branch courses without explicit promotion to the Branches in the situation of a student needing to delay Clinical Trunk courses into the Branches.
 - v. Completion of all pending remediations identified by the [Competency Committee's](#) holistic review process, including professionalism remediation.

- c. The Competency Committees may allow students to enroll in Transition to Clerkships (TTC) without explicit promotion to the Clinical Trunk in the situation of needing to complete remediations following TTC but prior to beginning clerkships.
- d. The Competency Committees may allow students to enroll in nonclinical Branch courses without explicit promotion to the Branches in the situation of a student needing to delay Clinical Trunk courses into the Branches.

II. Completion of Coursework

Students in the M.D. program must register for each term until final completion of the degree requirements, unless they have received an [authorized leave of absence](#). For students in the Branches phase, they must register for each Period to maintain continuous enrollment.

1. Trunk:

- a. It is expected that all students will complete Trunk coursework within nine terms of the first day of registration in Medical School with the exception of Medical Scientist Training Program (MSTP) dual degree students.
- b. Appeals for additional terms to complete the Trunk coursework may be made and approved by the relevant [Competency Committee](#). Time spent on [Leave of Absence](#) does count toward the time limit for completing Trunk course work.
- c. Students who do not complete Trunk work within nine terms of registration in the MD program will be automatically considered for [dismissal](#) unless prior approval was provided by the relevant [Competency Committee](#) with the exception of Medical Scientist Training Program (MSTP) dual degree students.
- d. **2015 and prior matriculants:** It is expected that preclinical coursework will be completed within two calendar years (or three years if granted a one-year [leave of absence](#)) of the first day of registration in Medical School and that clinical coursework will be completed within two calendar years (or three years if granted a one-year leave of absence) of beginning the clinical phase. Appeals for additional time can be made to the Competency Committee. Students who do not complete either curricular phase within four years without approval of the Competency Committee will be considered for dismissal.

2. Branches

- a. It is expected that all students will complete all Branches coursework, the CCA, and graduation requirements within eight terms of beginning the Branches with the exception of Medical Scientist Training Program (MSTP) dual degree students.
- b. Appeals for additional terms to complete Branches coursework can be made and approved by the relevant [Competency Committee](#). Time spent on [Leave of Absence](#) does count toward the time limit for completing Branches course work.

- c. Students who do not complete Branches coursework within eight terms in registration in the MD program will be automatically recommended for [dismissal](#) unless prior approval was provided by the relevant [Competency Committee](#) with the exception of Medical Scientist Training Program (MSTP) dual degree students.
 - d. **2015 and prior matriculants:** It is expected that clinical coursework will be completed within two calendar years (or three years if granted a one-year [leave of absence](#)) of beginning the clinical phase. Appeals for additional time can be made to the Competency Committee. Students who do not complete clinical coursework within four years without approval of the Competency Committee will be [considered for dismissal](#).
 - e. **2016 matriculants:** It is expected that all students will complete Branches course work within two calendar years (or three years if granted a one-year [leave of absence](#)) of beginning the Branches. Appeals for additional time can be made to the Competency Committee. Students who do not complete Branches coursework within three years without approval of the Competency Committee will be [considered for dismissal](#)
3. Students who have completed the minimum requirements for graduation may, after review and approval by the relevant [Competency Committee](#), enroll in additional coursework for credit. Additional courses will increase a student's total tuition cost and their time to completion.
 4. It is expected that all students will complete all requirements for the MD only degree by 10 years from the first day of registration in Medical School. Students who do not complete all requirements within 10 years will be considered for [dismissal](#) unless prior approval was granted by the relevant [Competency Committee](#).
 - a. This 10 year total time to completion requirement was approved in 2017; **2016 and prior matriculants** are held to the individual curricular phase time to completion requirements listed in Sections 1 and 2 above.

Comprehensive Clinical Assessment (CCA)

There will be one Comprehensive Clinical Assessment (CCA). All students are expected to take the CCA near the beginning of their Branches phase. The CCA is graded based on [competencies](#): Patient Care-hp (history and physical), Patient Care-cr (clinical reasoning), Communication-pf (patients and families), Medical Knowledge-EKG, Medical Knowledge-Imaging, Professionalism-ra (responsibility and accountability), and PBLI-sl (self-directed learning). Students will receive one of the following grades in the Patient Care, Communication, and PBLI competencies: Does not meet expectations, Borderline, Meets expectations, or Exceeds expectations. Students will receive one of the following grades in the Medical Knowledge and Professionalism Competencies: Does not meet expectations, Meets expectations.

- A. Passing standards (“Meets Expectations”) for the CCA are determined and published by the CCA committee (CCAC).

For competencies PC-hp, PC-cr, C-pf, MK-EKG, MK-Imaging:

If a student receives a grade of “Borderline” or “Does not meet expectations” the student will be required to complete a remediation process, outlined by the CCA Director and the [Competency Committee](#). This remediation may include reflection assignments, station retakes, and/or additional coursework that could delay progression in this phase of the curriculum.

The grade received after one round of remediation will be noted on the [MSPE](#) for the following competencies: PC-hp, PC-cr, Comm-pf, MK-EKG, and MK-Imaging.

If the student does not meet expectations in one or more competencies after the CCA retake, the student will receive an Incomplete Due to Assessment Failure (I/A). Subsequent remediation failures will not count toward additional I/As. For example, if a student fails the EKG exam three times it would only count as a single I/A. Students who “do not meet expectations” in one or more competencies must have a satisfactory remediation in order to graduate.

For competencies P-ra and PBLI-sl:

Grades for P-ra will be noted in Learning Outcomes and reviewed by the [Branches Competency Committee](#) to assist in tracking student development. Grades for the PBLI-sl competency will also be reviewed by the Branches Competency Committee. These competencies will not be formally remediated nor listed on the [MSPE](#).

- B. A [Professionalism Development Report](#) will be filed and discussed at the relevant Competency Committee for any student with an unexcused absence from the CCA.

Medical School Performance Evaluation (MSPE)

The Medical Student Performance Evaluation (MSPE) is the official Medical School record for graduating medical students. It includes a description of the student, noteworthy characteristics, academic history, description of academic progress (including grades, clinical rotation summaries, completion of Capstone for Impact, completion of dual degrees and Paths of Excellence, and professional performance/communication skills), certain academic awards, and a summary statement on overall academic performance. The Medical Student Performance Evaluation (MSPE) also reports all [Leaves of Absence](#), adverse actions, and [repetition of course work](#). The MSPE may be updated with an addendum to reflect new information about student performance that occurs after the initial release.

Professionalism Commendations and Development Reports

1. Commendation Note

1. Purpose: The purpose of a Commendation Note is to report the exceptional professional behavior or service of a student. Professionalism Commendation notes will be reported to the relevant [Competency Committee](#) and the Assistant Dean for Student Affairs. This information is conveyed to the student and recorded in the student's medical school file.
2. Policy: The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's values, which include altruism, compassion, and integrity.
3. Procedures
 - a. Submissions: Any faculty member, resident physician, staff, or other individual who observes the student's professional behavior may recommend the student for a Commendation Note. Faculty may submit Commendation Notes electronically via ARB <https://www.umms.med.umich.edu/arb/assessments/professionalism-commendation>. Individuals who do not have access to the electronic Commendation Note may communicate a Commendation directly to the Assistant Dean for Student Affairs via email.
 - b. Evaluation: If the Commendation Note is submitted electronically via ARB, it is automatically sent to the Assistant Dean for Student Affairs and the appropriate course director or faculty supervisor for review.
 - c. Notification: The student will be contacted by a representative of the Office of Student Affairs and notified of the content of the Commendation Note.
 - d. Recording: After reviewing the Commendation Note, the Assistant Dean for Student Affairs will forward it to their assistant who will electronically record the information in a confidential, restricted database. Professionalism Commendation notes will be reported to the relevant Competency Committee.

2. Professionalism Development Report

1. Purpose: The purpose of the Professionalism Development Report (PDR) is to document concerns about professional behavior by medical students.
2. Types: PDRs will be separated into three categories based on the nature of the concern.
 - a. Type 1: Serious deficiencies in professional behavior by medical students. Examples include (but are not limited to):
 - i. Breach of confidentiality/EHR
 - ii. Discrimination, sexual harassment, disrespectful or insensitive behavior
 - iii. Intentional deception and lack of honesty

- iv. Persistent patterns of inappropriate responses and behaviors that do not respond to feedback and/or coaching
 - v. Accumulation of more than two Type 2 PDRs
 - b. Type 2: Substandard professional behavior by medical students that does not reach a level of seriousness exemplified by Type 1 behavior and is not designated as Type 3. Examples include (but are not limited to):
 - i. Inappropriate response to feedback or criticism
 - ii. Misrepresentation of completing and communicating about required tasks
 - iii. Irresponsible behavior e.g. unexcused absences, repeated tardiness, failure to complete assignments
 - iv. Excessive use of deferrals, as determined by the Deferral Review Committee
 - c. Type 3: Substandard professional behavior by medical students that is determined to be an isolated occurrence which is believed to be directly and adequately addressable by the student support team (i.e., does not require remediation or discussion by the Competency Committee). These include (but are not limited to):
 - i. First time late assignments
 - ii. First time unexcused absences in the Scientific Trunk
 - iii. Not completing administrative tasks (e.g., VA credentialing, compliance mandatories)
 - d. Only one PDR per student may be designated as Type 3.
- 3. Policy: The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution's value of professionalism. A PDR may result in a report of substandard professionalism in a student's formal academic evaluation and/or [Medical Student Performance Evaluation \(MSPE\)](#).
- 4. Procedures:
 - a. Submission. A PDR can be filed by a faculty member, staff, or assessment entity (e.g., Competency Committee or Branches Competency Committee) who recognizes substandard professional behavior by a medical student. PDRs may be filed electronically via ARB <https://www.umms.med.umich.edu/arb/assessments/professionalism-development-report>. If the person filing the PDR does not have access to the ARB system, they may submit their concern via direct email communication to the Assistant Dean for Student Affairs or the Director of Student Affairs. OMSE staff may submit their concern(s) directly to their unit's director, who will file a PDR within ARB on behalf of the OMSE staff member or report the concern to the Director of Student Affairs for filing. Concerns raised by a medical student about the professionalism of another medical student are handled through the [Honor Code/Honor Council process](#).

- b. Evaluation of individual PDRs: PDRs submitted for individual student concerns are reviewed by the Assistant Dean for Student Affairs or designee. The person or entity filing the PDR describes the behavioral concern with sufficient specificity so that the Assistant Dean for Student Affairs or designee can determine next steps based on the description, which may include follow up conversations and/or review of the student's record. The Assistant Dean for Student Affairs will directly notify the person or entity filing the PDR that it was received.
 - i. The Assistant Dean for Student Affairs sends the PDR to the curricular deans (Assistant Dean for Early Medical Education, Assistant Dean for Clinical Medical Education) and the Medical School Counselor or Academic Advisor for review and relevant input.
 - ii. The Assistant Dean for Student Affairs will generate a written explanation of why the PDR is designated as Type 1, Type 2, or Type 3 and decide upon the need for further action, which will include a face-to-face discussion and/or other form of communication with the student about the filed PDR.
 - iii. For Type 1 and Type 2 PDRs: The Assistant Dean for Student Affairs will provide the relevant [Competency Committee](#) with a copy of the PDR and the written explanation of why the PDR is designated as Type 1 or Type 2. In some circumstances, the Assistant Dean for Student Affairs may request the PDR be reviewed instead by a [Hearing Committee](#). Such circumstances may include PDRs with sensitive personal information, egregious professionalism concerns or matters of criminal nature (which will also be reported to the appropriate law enforcement bodies).
 - iv. The [Competency Committee](#) will review each Type 1 or Type 2 PDR (including the initial action), approve recommendations for remediation, and may mandate additional remediation steps. For Type 1 PDRs Competency Committee discussion will also include whether the PDR requires inclusion in the student's [Medical Student Performance Evaluation \(MSPE\)](#) and communication of the concern(s) with the student's future Residency Program Director(s) if it occurs after the release of the MSPE. If the PDR is sent to a Hearing Committee, the [Hearing Committee processes](#) will be followed as described in this Bulletin.
 - v. Appeals for the inclusion of PDRs in the [MSPE](#) and notification to the Program Director can be made to the [Competency Committee](#) which did not vote to include the PDR in the MSPE (i.e., the opposite Competency Committee). The decision of this Competency Committee appeal is final.
- c. Evaluation of multiple PDRs related to the same activity: On occasion PDRs may be submitted for multiple students related to a specific educational activity or experience (e.g., non-completion of compliance activities, unexcused or misrepresented attendance at required events). These concerns may be processed directly by [Competency Committee](#) as part of professionalism holistic review. The person or entity filing the PDR describes the behavioral concern with sufficient specific so that the Competency Committee can determine next steps.

- d. Notification: The student will be contacted and receive a copy of the PDR and the written explanation of why the PDR is designated as Type 1, Type 2, or Type 3.
- e. Remediation: A plan for addressing the behavior, need for further counseling, remediation, and/or other formal action will be initiated by the Assistant Dean for Student Affairs based on the Type designation. For Type 1 and Type 2 PDRs the relevant [Competency Committee](#) will offer further refinement, modification, and approval of the remediation plan. Medical School Counselors or Academic Advisors are available to meet with students as their advocate, if requested.
- f. Recording: After reviewing the PDR, the Assistant Dean for Student Affairs (or designee) will electronically record the information in a confidential, restricted database.
- g. Annually, the Assistant Dean for Student Affairs will present a summary report of the PDRs and Commendations for students due for [Medical Student Performance Evaluation \(MSPE\)](#) creation that year, including the nature of the issues and the students involved, to the relevant [Competency Committees](#). The Competency Committee will render a decision about the inclusion of PDRs in the MSPE at that time.



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VI.

**United States Medical
Licensing Examination
(USMLE)**

Step 1 and Step 2

United States Medical Licensing Examination (USMLE) Step 1 and Step 2

- A. Passing the USMLE Step 1 and Step 2 is a requirement for graduation.
- B. Students must be in active enrollment or an approved Leave of Absence type as determined by the Senior Registrar to be able to sit for a USMLE Step Exam.
- C. Students who fail the USMLE Step 1 or Step 2 CK on the first attempt must petition the relevant [Competency Committee](#) for permission to repeat the examination. The petition must include a specific study plan.
- D. Students who Fail (F) the USMLE Step 1 or Step 2 CK a second time may make a personal presentation to the relevant [Competency Committee](#) to request permission to take the examination a third time, including a specific study plan.
- E. Students who have taken the USMLE Step 1 or Step 2 CK three times without passing will be considered for [dismissal](#) by the Competency Committee.
- F. USMLE Step Exam policies can be found in the USMLE Bulletin of Information (<https://www.usmle.org/bulletin-information>) and USMLE Common Questions (<https://www.usmle.org/common-questions/general>).
- G. USMLE Step 1 Examination
 - 1. Students must complete all the Clinical Trunk requirements to be eligible to sit for Step 1, unless incorporated otherwise into a Competency Committee-approved remediation plan.
 - a. OMF students will complete Step 1 prior to beginning the Clinical Trunk, secondary to their unique educational program.
 - b. MSTP students will complete Step 1 by the end of December following completion of Clinical Trunk. Exceptions to this policy must be approved by the MSTP Director.
 - 2. Students are expected to take Step 1 before April 1 of the year prior to their anticipated graduation. Failure to complete Step 1 by April 1 may result in a [Professionalism Development Report](#) and will be reported to the relevant [Competency Committee](#).
 - 3. Students must sit for Step 1 prior to participating in subinternships (at UMMS or away) or ICU rotations. Failure to do so will result in not being allowed to participate in the subinternship/ICU rotation and may result in a [Professionalism Development Report](#).
 - 4. Students who do not achieve a Pass on the USMLE Step 1 must have a Step 1 study plan on file with Student Affairs before they are reviewed by the relevant [Competency Committee](#). The plan, which must include a [USMLE or appropriate Leave of Absence](#) in alignment with the UMMS Bulletin, will begin immediately at the end of that rotation and will be reviewed at the next available meeting of the relevant Competency Committee.
 - 5. The relevant Competency Committee will determine whether students repeating the USMLE Step 1 examination can return to clinical rotations after sitting for Step 1 (with the exception

of subinternships or ICU rotations) or whether they must have a Pass recorded before returning to clinical coursework.

H. USMLE Step 2 CK Examination

1. Students must complete all of the Clinical Trunk courses prior to taking the USMLE Step 2 CK examination. Rare exceptions may be granted by the relevant Competency Committee.
2. Students are required to register for the USMLE Step 2 CK examination no later than June 1 prior to their final year. Registration dates will be closely monitored by the Office of Medical Student Education to ensure compliance. A failure to comply will be reported to the relevant [Competency Committee](#) and may result in the filing of a [Professionalism Development Report](#).
3. Students are required to take the USMLE Step 2 CK examination before December 1 of the year prior to when graduation in May is anticipated. Scheduled examination dates will be closely monitored by the Office of Medical Student Education to ensure compliance with this date. No student may defer the Step 2 examinations beyond December 1 without appropriate approval. A failure to complete Step 2 CK by December 1 may result in the filing of a [Professionalism Development Report](#).
 - a. MSTP students will complete Step 2 CK by the end of January following completion of Clinical Trunk. Exceptions to this policy must be approved by the MSTP Director.
4. Students who do not achieve a Pass on the USMLE Step 2 must work with Student Affairs to determine an appropriate remediation plan. USMLE Step 2 remediation must be successfully completed by March 1 to be eligible for graduation the same year,



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VII. Allegations, Grievances, and Appeals

Hearing Committee Procedures

The Hearing Committee is a subcommittee of the [Competency Committee](#) and is responsible for conducting hearings in specific student cases involving allegations that require additional investigation prior to Competency Committee review, such as allegations of unprofessional conduct that rises to a level of concern that the student has not shown the ability to represent the profession of medicine to the standards of the University of Michigan Medical School.

1. Hearing Committees may be convened through the following mechanisms:
 - a. **At [Honor Council recommendation](#):** The Honor Council will notify the Associate Dean for Medical Student Education (or designee) that an allegation has been reported and reviewed in alignment with the [Honor Code in the UMMS Bulletin](#).
 - b. **At [Competency Committee discretion](#):** [Competency Committee](#) may convene a Hearing Committee as needed to further investigate allegations to support their rigorous holistic review processes.
 - c. **Following [student suspension](#):** The Associate Dean for Medical Student Education may convene a Hearing Committee following the report of a [student suspension](#) that requires additional investigation
 - d. **Following concerns related to [Substance Use and Misuse](#):** The Assistant Dean for Student Affairs can convene a Hearing Committee in alignment with the [Substance Use and Misuse policy](#) to investigate concerns related to substance use and impairment.
 - e. **Following a direct report:** An allegation of unprofessional behavior on the part of a student can be reported directly to the Associate Dean for Medical Student Education or Senior Associate Dean for Medical Education (or their designee) Cwho convene a Hearing Committee for investigation.
2. Once charged by one of the above mechanisms, the Hearing Committee will convene within ten working days, or as soon thereafter as practicable, to conduct a hearing and will make a decision that is forwarded as a recommendation to the [Competency Committee](#). The student will be provided written notice of the allegations and a copy of these procedures at least five working days prior to the hearing.
3. The Hearing Committee is comprised of:
 - a. the Associate Dean for Medical Student Education, or designee (Chair);
 - b. four voting member of the opposite Competency Committee (i.e., CC-O members when discussing a student followed by CC-E); and
 - c. one [Honor Council](#) representative.
4. The Chair does not vote. The remaining five members of the Hearing Committee are voting members. A quorum of four (including the Chair) of the six members must be present to take official action. No member may join a hearing process after it has begun.
5. Information provided to the Hearing Committee will include:
 - a. The student's written formal statement.
 - b. Any/all information related to the allegation(s)
 - c. All relevant background information/documentation (including transcripts, correspondence, meeting minutes, etc.)

- d. Medical and/or mental health evaluations as applicable, with comprehensive diagnosis and prognosis for recovery (formal evaluation)
 - e. Any other pertinent information requested by the student, the Hearing Committee, or the Hearing Committee Chair, as/if information is available.
6. The student will have an opportunity to appear before the Hearing Committee to present their case. The student may review all documents considered by the Hearing Committee and may question any witnesses who appear before the Hearing Committee. The student may also present their own evidence and witnesses. The Hearing Committee may limit testimony based on redundancy or lack of relevance.
 7. The student may be accompanied at the hearing by a silent personal advisor, who may be an attorney; the advisor may not participate directly in the proceedings but may only advise the student.
 8. The hearing will be closed to the public and will be recorded. The Hearing Committee will deliberate in private.
 9. The Hearing Committee will make factual findings and recommend appropriate action. Decisions of the Committee will be based on a majority vote of the voting members. The accused student is presumed not responsible for the alleged violation unless the evidence presented demonstrates that it is more likely than not that a violation has occurred. This is also called the preponderance of the evidence standard.
 10. Within ten working days after hearing the case, the Hearing Committee will submit a report to the [Competency Committee](#) for action; the student will also receive a copy of the report. The report will include a brief summary of the Hearing Committee's factual findings and its recommendations for action(s). The relevant Competency Committee will then review the case, make a decision of [dismissal, suspension](#), remediation or no action, and report their findings to the student. Once a decision is made, the student will be informed that an appeal can be filed on their behalf to the Executive Committee of the Medical School.

Hearing: Roles and Responsibilities

1. Hearing Committee: The Hearing Committee, chaired by the Associate Dean for Medical Student Education (or designee) will hear all testimony, participate in all deliberation, and reach a final recommendation that will be presented to the Competency Committee for action.
2. Student: The student will receive all information that is made available to the Hearing Committee. In addition, the student may:
 - a. in a timely fashion, provide information for inclusion in the agenda packet for the Hearing Committee;
 - b. in a timely fashion, submit a list of witnesses to present information relevant to the case to the Hearing Committee, and/or to be interviewed by the Hearing Committee;
 - c. make opening and closing statements to the Hearing Committee;

- d. be present for all testimony;
3. Witnesses:
- a. may be asked to provide testimony by the student or the Hearing Committee;
 - b. may present only information that is relevant to the case;
 - c. are present only during the time they are providing testimony and answering questions.

Grade Grievance Policy

1. Grade grievances are related to assignment of final grades in a course and must be based on a) concerns about discrimination or b) the process used to assign the grade. Based on findings, a Grievance Committee or the Competency Committees can overturn a grade that has been submitted by a course director. In the review process, Grievance Committees will seek to ensure that grades have been assigned and submitted using appropriate processes and without evidence of discrimination.
2. Process for Grade Grievance
 - a. The student submits their written concern(s) about a grade and arranges a meeting to discuss the concern(s) with the relevant course, clerkship, or CCA director within 30 days of the posting of that grade.

If the concern is not resolved the student needs to communicate their intention to grieve the grade formally to the Assistant Dean for Early Medical Education for Scientific Trunk courses or the Assistant Dean for Clinical Medical Education for Clinical Trunk Courses, Branches Courses, or the [Comprehensive Clinical Assessment \(CCA\)](#):

- b. The student will be asked to submit their written explanation of the grievance and will be offered the opportunity to meet with a Grievance Committee to express their concerns.
- c. The Grievance Committee is comprised of:
 - i. Scientific Trunk grievances: a Scientific Trunk Block Director who did not assign the grade (or their designee) who serves as chair, a faculty member from the course (chosen by the chair of the grievance committee), and another faculty member (chosen by the chair) drawn from faculty not directly involved with the course.
 - ii. Clinical Trunk and Branches course grievances: the Department Chair or designee (if the course falls outside a department, the Associate Dean for Medical Student Education will designate this member), the Clinical Trunk or Branches Director (unless from the same department, in which case a course director from another department will be designated by the Associate Dean for Medical Student Education), and a faculty member from the department (chosen by the Clinical Trunk/Branches Director, not the course director).
 - iii. Comprehensive Clinical Assessment (CCA) grievances: the Clinical Trunk or Branches Director and two faculty members (chosen by the Clinical Trunk or Branches Director).
- d. After reaching a decision, the Grievance Committee will submit a final report to the Associate Dean for Medical Student Education and to the student. At that time, the student will be notified that there is an appeal process through the Competency Committees.
- e. If the student wishes to appeal the Grievance Committee's recommendation, that appeal must be made to the relevant [Competency Committee](#). The Competency Committee will use the same basis for review (i.e., bias and/or the process used to assign the grade). The chair of the

grievance committee will *not* be present for the Competency Committee's review and action on the appeal. Any Competency Committee member who participated in the Grievance Committee will recuse themselves from the appeal vote at the Competency Committee meeting.

- f. The decision of the Competency Committee is final.

Appeal of Hearing Committee Findings or Competency Committee Dismissal Action

A. Appeal of Hearing Committee Recommendation(s)

1. If the student wishes to appeal the findings and/or recommendations of the [Hearing Committee](#), as adjudicated by the relevant [Competency Committee](#), the student must inform the Associate Dean for Medical Student Education (or designee) that an appeal is desired within 5 business days of receiving the Competency Committee's report. The student must submit a written statement in support of the appeal as soon as practicable and no later than 5 business days after providing notice that an appeal is desired.
2. The Executive Committee will determine a student's appeal and will review the report of the Competency Committee, all relevant documents, and any written appeal statement that the student submits. The student will receive all information that is made available to the Executive Committee.
3. The student will be given an opportunity to appear before the Executive Committee to present their appeal; the student's presentation is generally to be limited to a total of 20 minutes.
4. The student may be accompanied at the appeal by a personal advisor, who may be an attorney; however, the advisor may not participate directly in the proceedings, but may only advise the student.
5. The Executive Committee may also invite others to appear to present information relevant to the appeal.
6. The decision of the Executive Committee is final.

B. Appeal of Dismissal Action

1. If the student wishes to appeal the [dismissal action](#), the student must inform the Associate Dean for Medical Student Education within five working days after receiving notification of the dismissal action that an appeal is desired. The student must submit a written statement in support of the appeal as soon as practicable and no later than 10 business days after providing notice that an appeal is desired. The student may choose, but is not required, to present up to 5 letter(s) of support from faculty members or other Michigan Medicine community members to be included in the information provided to Executive Committee. The Assistant Dean for Student Affairs will assist the student with their appeal.
2. A student awaiting their appeal of dismissal action will be placed on a temporary [Leave of Absence](#) pending the outcome of their appeal. This will result in significantly limited access to medical school educational resources and the student will not be permitted to schedule or hold additional courses or clerkships. Students retain access to supportive resources such as support from members of the Student Affairs unit.
3. Pertinent written information, including the student's appeal and any letters of support, will be provided by the Associate Dean for Medical Student Education, the non-voting Competency

- Committee chair (or designated representative from the voting members of the Competency Committees), the student, and/or the Assistant Dean for Student Affairs. This information will be distributed in advance to the student and the Executive Committee.
4. The Associate Dean for Medical Student Education will present an overview of the [dismissal proceedings](#) to the Executive Committee.
 5. The non-voting [Competency Committee](#) chair (or another voting member of the Competency Committee), on behalf of the Competency Committee, will present the Competency Committee's decision to the Executive Committee.
 6. The student will be given an opportunity to appear before the Executive Committee to present their appeal. The student may ask the Assistant Dean for Student Affairs to present as well. A personal advisor, who is not permitted to address the Executive Committee directly, may accompany the student. The presentation, including a personal statement, new information, and responses to questions, is generally limited to a total of 20 minutes.
 7. The Executive Committee may also invite others to appear to present information relevant to the appeal.
 8. The decision of the Executive Committee, in its adjudication of the appeal, is final.

Substance Use and Misuse

Because the medical profession requires unimpaired capacity, this policy sets forth the expectations of all UMMS Students with regard to substance use and misuse and describes the process that may follow behavior that does not align with the expectations under this policy.

Substance Use. Certain substances and uses of substances are never permissible and may violate state or federal law. UMMS complies with the federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989. All UM students, including those enrolled at UMMS, are held accountable to the [U-M Alcohol and Other Drugs Policy](#). This Policy, for example, prohibits the consumption of alcohol under the age of 21 and prohibits the use of illicit drugs, including marijuana, on UM property or in connection with any UM event or activity, regardless of age.

Substance Misuse. A student's reduced ability to perform duties while acting in the scope of their education or professional responsibilities poses grave risks to a patient's health. Substance misuse, which includes high risk alcohol or other drug use, reflects on a student's ability to perform requisite tasks at UMMS and may negatively affect academic performance, interpersonal and professional relationships. Substance misuse may lead to disciplinary action, up to and including rescinding of an offer of admissions prior to matriculation, interruption in enrollment in the educational program, and/or [dismissal](#) from UMMS.

This policy aligns with the [Michigan Medicine Progressive Discipline Associated with Controlled Substance Management Policy, 04-06-041](#). Per this Policy, there are four levels of substance use violations:

- Level 1: Unintentional negligent or careless act
- Level 2: Negligent act resulting from not following Michigan Medicine policies and procedures
- Level 3: Deliberate unauthorized access or disregard for concerns
- Level 4: Intentional blatant disregard for safety or institutional security

A. Definitions

1. Impairment – The reduced ability of an individual to perform duties while acting in the scope of their educational or professional responsibilities as outlined in the [UMMS Technical Standards](#). Diminished capacity may result from physical illness, mental illness, cognitive impairment, alcohol and drug use disorders, or other conditions causing impairment.
2. Substance Misuse – The high risk use of alcohol or other drugs, which includes misuse of prescription drugs, use of illicit substances, consumption of substances at dosages endanger or cause significant disruption to self or others, use of substances that causes impairment in connection with UMMS activities or events.

B. Student Identification for Review and Treatment

UMMS believes in a culture of recovery and rehabilitation and encourages those with substance abuse concerns to seek assistance. Allegations of misconduct or other demonstrable evidence will trigger an investigation as outlined below. There are four pathways for identifying a student for review and treatment:

1. Self-Report - Any student who believes they are experiencing substance use or impairment is encouraged to self-report to their Medical School Counselor or Academic Advisor, the Assistant Dean for Student Affairs, or to one of the University of Michigan student health and wellness services (UMMS Medical Student Mental Health program psychiatrist or therapist, [U-M Counseling and Psychological Services](#); [U-M University Health Service](#); [University of Michigan Addiction Treatment Services](#)).
2. Suspicion or Concern Reported from Any Source - Any party may submit a concern of substance use in relation to any UMMS Student to the Assistant Dean for Student Affairs. In the event this occurs, the impacted student will be provided written notice of the allegations submitted.
3. For-Cause Drug Testing Positive Test (aligned with [UMHS Drug Free Workplace Policy 04-06-036](#)) – Medical students, while learning and working in the Health System, may be subject to for-cause testing for “reasonable suspicion.” Reasonable Suspicion is a justifiable suspicion which is sufficient to a reasonable person to suggest that the student has used alcohol or drugs on duty, is impaired, is under the influence of drugs or alcohol, has the odor of alcohol (regardless of behavior) or is in the possession of or has diverted substances intended for use by patients. The For-Cause Drug Testing (see Exhibit A in [Michigan Medicine For-Cause Drug Testing Procedures, 04-06-037](#)) will be followed in this case.
4. Mandatory Drug Screening Positive Test (aligned with [UMHS Drug Free Workplace Policy 04-06-036](#)) - all persons accepted for admission to the University of Michigan Medical School must have a negative drug test prior to matriculation. Positive tests will require deferral from matriculation for 1 year, subsequent negative testing prior to matriculation, and may include rescindment of offer of admission.

UMMS encourages all students who experience substance use or impairment due to substance use to seek treatment. Participation in treatment, counseling, or other educational programs may be a condition for reinstatement or continued enrollment at UMMS. At its discretion, the Assistant Dean for Student Affairs may convene a [Hearing Committee](#) to investigate any reports of substance use or impairment.

The Hearing Committee may conduct a hearing to evaluate evidence and testimony and to establish the relevant facts and circumstances including, but not limited to: “the severity of the violation; the frequency of the violation; whether the violation was deliberate or malicious; and the existence of any other aggravating or mitigating factors” (Policy, 04-06-041). Once the facts, aggravating and mitigating factors have been established, the Hearing Committee must then make a recommendation to the Competency Committee following the processes for progressive discipline.

Possible recommendations include [Leave of Absence](#) (with stipulations for return to registration and within registration time limits), [dismissal](#), and other penalties and/or sanctions deemed appropriate.

The Medical School will take “consistent, progressive and corrective action” (Policy, 04-06-041) in the event Substance Use is identified.

C. Sanctions

Upon the Executive Committee's finding of Substance Use, one or more of the following sanctions may be determined appropriate according to the processes for progressive discipline: formal reprimand, restitution, educational projects, service, removal from specific courses or activities, removal from clinical activities, [suspension, and/or dismissal](#).

D. Conditions for a Return to Registration

Students who have taken a [Leave of Absence](#) or who have otherwise been not registered or un-enrolled in courses at UMMS due to a finding of violations of the Substance Use and Misuse policy, and who have petitioned and are permitted to return to registration may have certain stipulations placed on their return and on their continued enrollment. These may include, but are not limited to:

1. a signed agreement between the Medical School and the student, which must be approved by the Medical School Executive Committee;
2. successful completion of a formal recovery program;
3. ability to meet all academic requirements;
4. recovery network support; and
5. ongoing monitoring and treatment, at the student's expense.

In the event a student is participating in a recovery program as a condition of return to enrollment, the student is required to provide regular notification of participation in that program (at a minimum, an update is required every 6 months) to the Assistant Dean for Student Affairs. To meet this requirement, the student may be required to provide the Assistant Dean for Student Affairs with documentation from the program and/or treating provider, either by providing consent for the Assistant Dean for Student Affairs to speak with the provider directly or by asking their treating provider to send a letter directly to the Assistant Dean for Student Affairs.

E. Agreements

The signed agreements will vary from case to case; however, some information will be included in all agreements.

1. Students must meet all conditions as stated in the agreement or they will be subject to [dismissal](#) from the Medical School.
2. A statement of the student's failure to meet UMMS program requirements due to a substance use disorder may be included in the student's permanent file and may be shared with residency programs to which the student applied to or matched to.
3. In cases where the Medical School enters into an agreement with a student, the Associate Dean for Medical Student Education will appoint the Assistant Dean for Student Affairs as designee. The designee will be responsible for all monitoring and communication

between the student and the Medical School, and between any other individuals in the agreement and the Medical School, as stipulated in the contract.

A student's behavior may not only violate this Policy but it may also run afoul of the expectations of the Statement of Student Rights and Responsibilities. Students will not face duplicative processes when filing or responding to a complaint alleging behavior that conflicts with the community's values. Matters will be reviewed based on the criteria and referred accordingly, to be heard either locally under this Policy process by UMMS or centrally under the *Statement of Student Rights and Responsibilities* process and therefore referred to OSCR.



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Appendix A. List of UMMS PolicyStat Policies

Appendix A. Listing of Medical School Policies in PolicyStat

Policy on Policies
Satisfactory Academic Progress
Eligibility for Registration and Participation in Co-Curricular Electives
Withdrawal from Coursework
Procedures for Assessment Administration in the Scientific Trunk Phase
Professional Expectations for the Scientific Trunk
Procedures for Assessment Administration in the Clinical Trunk Phase
Graduation with Distinction
Graduation Ceremony
Severe Weather and Disaster Guidelines
Infectious/Communicable Disease Policy and Procedures
Immunization and Health Screening Requirements
Body Substance Exposure Procedures
International Travel Policy
Social Media Policy
Student Educational Record Protocol