



Medical School Handbook 2020 - 2021

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Section I. GENERAL INFORMATION

PURPOSE OF THE MEDICAL SCHOOL HANDBOOK

This handbook contains information, policies, and procedures specific to students enrolled in the Doctor of Medicine program. It is to be used in conjunction with the MCW All Student Handbook which includes information, policies, and procedures that pertain to all students.

Although every effort has been made to verify the accuracy of information in this publication, the Medical School reserves the right to make changes to policies and procedures without notice as necessitated by governing authorities or administrative needs. Changes will become effective whenever the proper authorities so determine and will apply to all matriculated students. Generally, revisions are made annually to the handbook. Anyone with suggestions for amending or changing any of the information in this handbook should make those suggestions in writing to the Office of Student Affairs. It is the responsibility of the student to seek out clarification of policies and procedures.

ACADEMIC CALENDAR

The [academic calendar](#) outlines the dates classes are in session, holidays observed by MCW, and other important events.

ACCREDITATION

The Medical College of Wisconsin is accredited by the Higher Learning Commission (HLC), as well as the Liaison Committee on Medical Education (LCME).

CEREMONIES

The Medical School hosts the following ceremonies to celebrate the accomplishments of its students:

White Coat

The White Coat Ceremony formally welcomes first-year students to the Medical School as colleagues dedicated to patient care. The presentation of the white coat represents passage into the medical profession, with all the associated rights, opportunities and responsibilities. This event typically happens during Orientation week at each campus.

Hooding & Senior Awards Brunch or Dinner

An optional hooding ceremony and senior brunch or dinner is hosted by each campus before Commencement.

Commencement

MCW-Milwaukee, MCW-Central Wisconsin and MCW-Green Bay each host commencement ceremonies. Attendance at Commencement is required for graduating medical students.

The Oath of Hippocrates

The Oath of Hippocrates traditionally has been sworn by physicians at the time of graduation from medical school. The precepts of the Hippocratic Oath are important throughout undergraduate medical education as well. Since it originally was developed as part of the Hippocratic Canon about 400 BC, the oath has undergone several changes from the original Greek. The version used by the Medical College of Wisconsin in its Commencement exercises is based on the Declaration of Geneva and was written by medical students in 2019: *As a member of the medical profession: I pledge to dedicate myself to the service of humanity through the art and science of medicine; The health and well-being of my patients will be my first consideration; I will respect the autonomy and dignity of my patients; I will value the individuality of my patients and care for all of them to the best of my ability; I will safeguard the confidentiality of my patients; I will practice my profession with conscience and integrity and in accordance with medical standards; I will share my medical knowledge for the benefit of the community and the improvement of health care; I will give to my teachers, colleagues, and students the respect and gratitude that is their due; I will attend to my own health, well-being, and abilities so that I am able to provide the best care for my patients; I will engage in honest self-reflection upon my character, acknowledging both my strengths and limitations; I will not use my medical knowledge to violate human rights or civil*

liberties, even under threat. I make these promises solemnly, freely, and upon my honor.

CURRICULUM

The Medical College of Wisconsin's [Discovery Curriculum](#) reflects a dynamic approach that cultivates each student's skills and interests into a passion for lifelong learning that inspires each student to continuously travel a path of exploration and discovery. The Discovery Curriculum features multifaceted learning modalities – including classroom experiences led by nationally recognized faculty, clinical experiences guided by expert mentors, peer-based small group interactions and opportunities for individualized career pursuits.

Courses in the Discovery Curriculum are led by [course coordinators and directors](#) in a number of basic science and clinical departments as well as centers and institutes.

The departmental faculty is responsible for developing the content material, evaluation system and standards of competence for each course. The standards for passing may differ from course to course. The faculty must distribute their course requirements at the beginning of each course. The students are responsible for being aware of those course requirements and meeting all deadlines.

The following Medical School websites include course descriptions and sample schedules, as well as important scheduling information:

[Office of the Registrar](#)

[MCW-Milwaukee](#)

[MCW-Green Bay](#)

[MCW-Central Wisconsin](#)

MCW Requirements for the M.D. Degree

To earn the M.D. degree from the Medical College of Wisconsin, students must:

1. Successfully complete all required basic science courses, clinical clerkships, and elective rotations.
2. Take and pass the United States Medical Licensing Examination (USMLE) Step 1 prior to beginning fourth year coursework at any campus or prior to March 1 of the final year of the three-year program at MCW-Green Bay or MCW-Central Wisconsin. Additionally, Step 2-CS of the USMLE must be taken while Step 2-CK of the USMLE must be taken and a passing score must be reported by March 1 of the final (graduation) year at any campus.
3. Complete the Pathway requirements and scholarly project.
4. Demonstrate competence in patient evaluation and management.
5. Demonstrate integrity in personal conduct, respect for the rights of others and evidence of ethical conduct and mature judgment throughout the course of study.
6. Receive the recommendation of the Academic Standing and Professionalism Committee to the Board of Trustees.
7. Meet the "Technical Standards for Admission and Graduation."
8. Attend Commencement exercises.

MCW Global Competencies

MCW graduates will be able to:

1. Patient Care

- 1.1. Perform medical, diagnostic, and surgical procedures considered essential for the start of internship

1.2. Gather essential and accurate information about patients and their conditions through history-taking, physical examination, laboratory data, imaging, and other tests

- 1.4. Interpret laboratory data, imaging studies, and other tests essential for the start of internship
- 1.5. Demonstrate independent problem-solving interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- 1.6. Develop and monitor patient management plans
- 1.7. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- 1.9. Understand and recommend health care services to patients, families, and communities aimed at preventing health problems or maintaining health

2. Knowledge for Practice

- 2.2. Apply established and emerging biomedical scientific principles fundamental to health care for patients and populations
- 2.4. Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.5. Apply social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- 2.6. Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

3. Practice-Based Learning and Improvement

- 3.1. Identify strengths, deficiencies, and limits in one's knowledge and expertise
- 3.2. Set independent learning and improvement goals
- 3.3. Perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- 3.5. Utilize feedback to improve daily practice

4. Interpersonal and Communication Skills

- 4.1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- 4.2. Communicate effectively with colleagues, health professionals and health related agencies
- 4.5. Maintain comprehensive, timely, and accurate medical records
- 4.6. Demonstrate sensitivity, honesty, empathy and compassion in difficult conversations
- 4.8. Elicit, listen to, recognize and respond to emotional as well as physical complaints
- 4.9. Elicit and negotiate appropriate care plans for patients from diverse, socioeconomic and cultural backgrounds

5. Professionalism

- 5.1. Demonstrate honesty, integrity, and respect in all interactions and patient care
- 5.4. Demonstrate accountability to patients, society, and the profession
- 5.6. Demonstrate a commitment to ethical principles in everyday patient care including but not limited to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
- 5.7. Continually strive to do one's duty and exceed expectations of patients, colleagues, society and members of the healthcare team

6. Systems-Based Practice

- 6.1. Work effectively in various health care delivery settings and systems
- 6.2. Coordinate patient care within the health care system
- 6.3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- 6.5. Participate in identifying potential system errors and solutions
- 6.7. Develop awareness to discuss the influence of legislation and political policies on the practice of medicine

7. Interprofessional Collaboration

- 7.1. Collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust

7.2. Identify one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served

8. Personal and Professional Development

8.1. Develop self-awareness to engage in appropriate help-seeking behaviors

8.2. Demonstrate healthy coping mechanisms to respond to stress

8.3. Balance personal and professional responsibilities

8.6. Demonstrate level-appropriate leadership skills

8.7. Demonstrate appropriate self-confidence that puts patients, families, and members of the health care team at ease

8.9. Demonstrate resilience when dealing with unanticipated outcomes

Adapted from AAMC Physician Competencies Reference Set (PCRS), 2013

Approved by CEC April 21, 2014

Technical Standards for Admission, Retention, Promotion and Graduation

The M.D. is a broad, undifferentiated degree attesting to general knowledge of medicine and the basic skills required for the practice of medicine. MCW has a responsibility for the safety and wellbeing of patients with whom students will come into contact, both before and after graduation. This societal obligation undergirds the establishment of minimum physical, cognitive, ethical and emotional requirements providing reasonable assurance that candidates/medical students for admission, retention, promotion and graduation have the capacity to complete the entire course of study and participate fully in all aspects of medical training. MCW expects that its graduates are fully competent, compassionate, and ethical physicians capable of completing graduate medical education, passing licensing exams and obtaining medical licenses. Furthermore, a candidate/medical student's technical abilities much extend to the general competencies of all medical practices and not be limited to a single medical discipline even if a student intends to restrict their future practice to a narrow part of clinical medicine in the future. Consequently, all students are required to meet all technical standards be met and to engage in the full medical school curriculum regardless of their future career plans.

Delineation of technical standards is required for the accreditation of medical schools by the LCME. MCW technical standards include the following abilities and characteristics:

Physical Requirements

After reasonable training and experience, the candidate/medical student must be capable of performing anatomic dissections of the human cadaver, study of microorganisms and tissues in normal and pathologic states including undertaking manipulations necessary for such studies. Observation of gross and microscopic structures necessitates the functional use of the senses of vision and touch and is enhanced by the functional sense of smell.

After reasonable training and experience, the candidate/medical student must be capable of performing a complete physical examination, including observation, auscultation, percussion and palpation. The candidate/medical student must be capable of using instruments, such as, but not limited to, a stethoscope, an ophthalmoscope, an otoscope and a sphygmomanometer. The candidate/medical student must be capable of performing clinical procedures such as, but not limited to, the following: pelvic examination, digital rectal examination, drawing blood from veins and arteries, giving intravenous injections, starting central lines (inserting a needle and/or catheter into a large vein in the chest or neck), making incisions, suturing, spinal puncture (inserting a needle into a patient's spinal canal), paracentesis (inserting a needle and/or catheter into a patient's abdomen), thoracentesis (inserting a needle and/or catheter into a patient's chest cavity), intubation (inserting a breathing tube), assisting in surgery (holding retractors and providing instruments to surgeons), performing cervical dilatation assessments, participating in a vaginal delivery, and performing basic cardiopulmonary life support including chest compressions and ventilation of the lungs. The candidate/medical student must be capable of performing and interpreting basic laboratory tests, using a calculator and a computer, reading an electrocardiogram, and interpreting common imaging tests. The candidate/medical student must be able to act quickly

in emergencies. The candidate/medical student must be able to legally operate a motor vehicle or have access to other transportation methods so they can commute between clinical sites. These activities require use of special senses, physical mobility, balance, gross and fine motor coordination.

Communication

A candidate/medical student must be capable of expressive and receptive (verbal and written) communication using the English language. A candidate/medical student must also possess the ability to appreciate nonverbal and gestural communication. Together, these communication skills must also enable the candidate/medical student to obtain a medical history in a timely fashion from a wide variety of patients, in a variety of settings and to communicate effectively and sensitively with patients, their families, members of the health care team, and other professionals. Finally, the candidate/medical student must also be able to comprehend written material well enough to accurately interpret common medical records, laboratory and other diagnostic reports and pharmacological prescriptions.

Intellectual-Conceptual, Integrative and Qualitative Abilities

A candidate/medical student must have sufficient cognitive capacities to assimilate the technically detailed and complex information presented in formal lectures, small group discussions/activities, and individual study and in clinical settings. A candidate/medical student must be able to measure, calculate, reason, analyze and synthesize information across modalities, appreciate three-dimensional spatial relationships among structures and logical sequential relationships among events, and form and test hypotheses in order to enable effective and timely problem-solving in diagnosis and treatment of patients.

Behavioral and Social Attributes

A candidate/medical student must possess the emotional health, maturity and self-discipline required for successful participation in and completion of the M.D. degree program. Certain characteristics are especially important in the clinical years. These include punctuality, adequate preparation, diligence, integrity, honesty, conscientiousness in work, knowledge of patients, and capacity for teamwork. The candidate/medical student must accept responsibility for learning and personal conduct, exercise good judgment and promptly complete all responsibilities necessary for sensitive and effective relationships with patients and others. Finally, the candidate/medical student must be able to tolerate physically and intellectually taxing workloads, to function effectively under stress, to adapt to changing environments and to display flexibility.

Meeting these aforementioned technical standards, with or without reasonable accommodations, is a pre-requisite for matriculation, retention, promotion, and graduation. Candidates/medical students are required to make attestation that they meet these requirements on an annual basis. Medical students are required to promptly notify the Associate Dean of Students, School of Medicine in the event that their ability to meet the standards has temporarily or permanently changed.

MCW may require that a candidate/medical student provide medical documentation from their own physician or other treating health professional and/or undergo an evaluation, with a clinician chosen by MCW, at MCW's expense, for the purpose of determining whether the candidate/medical student meets the technical standards.

MCW prides itself on training diverse physicians, including physicians with disabilities. As such, MCW will not exclude or otherwise discriminate against qualified individuals who apply for admission to the M.D. degree program or who are enrolled as medical students based on their status as a person with a disability or member of any other protected class.

However, if a candidate/medical student, in spite of reasonable accommodations, fails to meet the technical standards, rescinding admission or dismissal may be necessary.

Approved Senior Associate Dean for Academic Affairs: August 14, 2017

Reviewed and approved by MCW Legal Counsel: August 14, 2017

Reviewed by MCW Medical School Admissions Committee: 2017

Reviewed by MCW Academic Standing Committee: 2017

CAMPUS REASSIGNMENT POLICY

The Medical College of Wisconsin and the Admission Committee strive to place students in a campus environment where it is believed students will be successful and have a career path consistent with each student's goals. Because of personal or academic reasons, there may be times that it may be in the student's best interest to move from one MCW campus to another (reassignment). This policy delineates the process for how reassignment requests will be decided.

Upon Admission at MCW:

In general, students may not opt out of a specific campus and request reassignment to an alternate MCW campus once they confirm their acceptance to a specific campus. In exigent circumstances - that have developed after acceptance - students can request a reassignment. The reason(s) necessitating a reassignment will be reviewed by the Dean of the regional campus. If approved by the Dean of the regional campus and the Associate Dean of Student Affairs of the Milwaukee campus this request is forwarded to the Admissions Committee for consideration. In its review, the Admissions Committee may require additional materials, including personal interviews. Acceptance at the alternate campus is not guaranteed and is subject to the availability of space in the class at that campus. In circumstances where no space is available, students may be offered the option to defer matriculation for a year so that space will be available.

Reassignment one campus to another campus once medical school is started:

In unusual circumstances, where there are compelling reasons, students completing their first or second years at a regional campus may request reassignment between campuses or to the Milwaukee campus. Requests must be supported by the transferring Dean of a regional campus.

In these circumstances, the Dean will make this request to the Associate Dean of Student Affairs who will document the reasons for the request, consult with the appropriate dean at the campus that will be accepting the student, and decide if the reassignment is approved. Reassignments are not guaranteed and are subject to space at the campus to which the student would transfer. Students transferring from a regional campus to the Milwaukee campus will convert to a non-accelerated curriculum.

Reassignment mid-year is precluded.

Because the accelerated curriculum utilized at the MCW regional campuses provides required coursework is on a different timeline and additional courses that are not offered in Milwaukee during the M1 and M2 years, students from the Milwaukee campus cannot request reassignment to a regional campus after matriculation.

Approved June 19, 2017

CURRICULUM, DECELERATED OPTION

While most students pursuing the MD degree will complete the calendar-efficient 134-week curriculum at MCW-Green Bay or MCW-Central Wisconsin or the 154-week curriculum at MCW-Milwaukee, the College recognizes that some students will be in programs that require more time. Examples include: students in the MD/PhD (MSTP) program; students who take time off for research, not in a degree program; students in the post-sophomore pathology fellowship; students who pursue another degree; students who experience some academic difficulty; and students who wish to extend their education.

Decelerated Curriculum

The Medical College of Wisconsin offers a Decelerated Curriculum that enables students to pursue their pre-clinical studies over an extended time interval. This decelerated program allows students to complete their study of the first-year basic science courses across two years instead of one. The students resume taking a normal course load in the third year M2 level courses. Deceleration provides students with opportunities for successful completion of first year courses, and in turn, a better foundation for subsequent courses.

Decisions regarding entry into the Decelerated Curriculum are made by the student in consultation with faculty and Academic Enrichment staff. Entry into the Decelerated Curriculum requires completion of a form available on the Office of the Registrar's [website](#), the approval of the campus dean (regional campus students only) as well as the Associate Dean of Students, School of Medicine. Students should make the transition from the regular curriculum to the Decelerated Curriculum as early as possible, but no later than November 15 of the M1 year (first term of enrollment), to obtain the maximum advantage from the reduced course load. Students will be allowed to enter into the Decelerated Curriculum if they:

- have the desire to pursue research or other academic activities prior to their clinical training;
- have significant outside constraints on their study time, such as dependent children or medical disabilities;
- have other valid personal reasons and who consequently desire a decreased course load;
- have a history of academic difficulty.

In cases of academic or other difficulty, a dean or the Academic Standing and Professionalism Committee may recommend the Decelerated Curriculum.

Following the Unit I exam, students with unsatisfactory performance will be contacted by Academic Enrichment staff and invited to discuss the various support services available to assist them to improve their academic performance. The students may be assigned to tutorial groups and scheduled to meet with the coordinator for sessions on organization, learning skills, test-taking techniques, or time management. Following the Unit II exam, students whose cumulative performance remains below the satisfactory range will be considered for entry into the Decelerated Curriculum.

MCW-Milwaukee, Decelerated Curriculum

To achieve optimal benefit from the decelerated pace of this program, the following suggested sequence of course work during the first three years is outlined below. This progression may be modified in consultation with the Associate Dean of Student Affairs according to the specific needs of the student.

This suggested sequence of course work allows students to gradually increase their pace so that by the third year they will have been adequately prepared to resume taking a full course load.

Upon review and acceptance into the Decelerated Curriculum, students will receive a letter from the Associate Dean of Students, School of Medicine detailing their academic program for the first two years. This letter will become part of the student's permanent record.

Example 1: Year One Fall	Year One Spring
Intro to Pathways	Foundations of Human Behavior
Molecules to Cells	Infectious Agents and Host Immunity
Foundations of Clinical Medicine	Principles of Drug Action
Pathways	Pathways
Year Two Fall	Year Two Spring
Clinical Human Anatomy I	Clinical Human Anatomy II
Physiology	Clinical Apprenticeship
Pathways	Bench to Bedside
	Medical Neuroscience
	Pathways

Example 2: Year One Fall	Year One Spring
Intro to Pathways	Clinical Human Anatomy II
Clinical Human Anatomy I	Medical Neuroscience
Foundations of Clinical Medicine	Infectious Agents and Host Immunity
Pathways	Pathways
Year Two Fall	Year Two Spring

Physiology	Foundations of Human Behavior
Molecules to Cells	Principles of Drug Action
Pathways	Clinical Apprenticeship
	Bench to Bedside
	Pathways

Example 3: Year One Fall	Year One Spring
Intro to Pathways	Clinical Human Anatomy II
Clinical Human Anatomy I	Medical Neuroscience
Physiology	Infectious Agents and Host Immunity
Pathways	Pathways
Year Two Fall	Year Two Spring
Molecules to Cells	Foundations of Human Behavior
Foundations of Clinical Medicine	Principles of Drug Action
Pathways	Clinical Apprenticeship
	Bench to Bedside
	Pathways

Example 4: Year One Fall	Year One Spring
Intro to Pathways	Foundations of Human Behavior
Physiology	Infectious Agents and Host Immunity
Foundations of Clinical Medicine	Principles of Drug Action
Pathways	Pathways
Year Two Fall	Year Two Spring
Clinical Human Anatomy I	Clinical Human Anatomy II
Molecules to Cells	Clinical Apprenticeship
Pathways	Bench to Bedside
	Medical Neuroscience
	Pathways

MCW-Green Bay and MCW-Central Wisconsin, Decelerated Curriculum

To achieve optimal benefit from the decelerated pace of this program, the following suggested sequence of coursework during the first two years is outlined below. This progression may be modified in consultation with the Campus Dean and the Associate Dean of Student Affairs according to the specific needs of the student.

Year One Fall	Year One Spring
Intro to Pathways	Clinical Human Anatomy II
Clinical Human Anatomy I	Foundations of Human Behavior
Clinical Apprenticeship	Clinical Apprenticeship
Foundations of Clinical Medicine	Infectious Agents and Host Immunity
Continuous Professional Development	Continuous Professional Development
Pathways	Pathways
Year Two Fall	Year Two Spring
Physiology	Medical Neuroscience
Molecules to Cells	Principles of Drug Action
Clinical activity per dean	Bench to Bedside
Continuous Professional Development	Continuous Professional Development
Pathways	Pathways

CURRICULUM, OPTIONS AND TUITION

Students pursuing the 154 week curriculum, available at Central Wisconsin, Green Bay and Milwaukee, are expected to pay a minimum of eight terms of tuition while students pursuing the 134 week curriculum, available only at the Central Wisconsin and Green Bay campuses, are expected to pay a minimum of six terms of tuition. All Regional Campus students must declare a 134 or 154-week option between February 15 of the M2 year and August 15 of the M3 year. The declaration form is available on the Office of the Registrar's website.

Curricular Option	Definition	Tuition	Deadlines/Notes
Decelerated	A student who voluntarily opts to complete the first year of studies across two years.	35% tuition	November 15 of M1 Year
Repeat	A student who must repeat the entire M1, M2 or M3 year.	50% tuition	
Additional year	A student of the 134-week curriculum who is mandated by a dean to pursue an additional year of study.	Full tuition	
Extension	A student who must make up coursework due to remediation or temporary withdrawal.	No additional tuition is charged	This is limited to students who have no more than 8 weeks of coursework to complete in a given year.
Enrichment	A student who does not match and wishes to pursue additional training after graduation at MCW.	\$3,500 per year in enrichment program	April 15 of the final year of studies

Decelerated Curriculum Tuition

Students who voluntarily decelerate during the first two years of medical school pay full tuition until their expected final year of training. In the expected final year, tuition is paid at 35%. For students pursuing the 154-week curriculum, the expected final year is the fifth year in school. For students pursuing the 134-week curriculum at the regional campuses, the expected final year is the fourth year in school.

Please note, Wisconsin Medical Student Assistance is only available for students paying full tuition.

Repetition Full Curriculum Year

Repetition of any year at any campus requires the full tuition payable for the repeated year, but allows for a reduction in tuition to 50% of the usual tuition in the expected final year of enrollment.

Enrichment Program

To best prepare unmatched MCW graduates to secure a residency position, a non-degree granting, post-graduate enrichment program is offered. This program focuses on refining job acquisition skills and continued immersion in clinical experiences.

Criteria for Acceptance

In order to qualify for the Enrichment Program, medical graduates must:

1. Have an academic deficit (grades lower than "P," failing or low USMLE scores, etc....) to correct.
2. Not have any record of unprofessional conduct.
3. Have completed the entire process of application for residency including met for MSPE letter, completed application to ERAS, participated in mock interviews, and fully engaged the SOAP process.
4. Followed faculty counsel during the SOAP process.
5. Not have been offered any position (PGY1 or 2), in any specialty, in the SOAP and open match process.
6. Time spent earning a medical degree plus participation in enrichment program must not exceed six years (or nine years for MD/PhD students).

Students apply to the Associate Dean of Student Affairs by April 1. A decision regarding admissibility will be made by April 15. The Program begins in June after graduation and continues until either March of the following year or when a residency position is secured, whichever comes first.

Tuition will be charged at a substantially reduced rate of \$3,500.00 per year. No tuition waivers will be granted. Students will need to meet with their Clinical Advisor, the Associate Registrar for Medical School, Student Financial Services, and the Office of Student Accounts. This program is available to citizens of the U.S. per Student Exchange and Visitor (SEVIS) regulations.

Components of Program:

Job Acquisition Skills

June: Meet with the Career Counselor to:

- Re-write cv, personal statement
 - Hone interview skills
 - Develop a financial plan
 - Make life preparations to move out of town at short notice if needed
- Check job boards
Network, including MCW faculty
Engage and work with
headhunter

Clinical Program

July: Medical Acting Internship

August: Another Acting
Internship

September – March:

Integrated Elective

Electives focused on career choice (2) – with permission, may be done
away Outpatient experience

Vacation months to interview (2)

Approved June 19, 2017

Wisconsin Residents

The State of Wisconsin contributes money towards the tuition of Wisconsin residents for a maximum of eight full payments. If a student is enrolled for more than that scheduled time, the student is responsible for the entire tuition charge.

MEDICAL STUDENT SUMMER RESEARCH PROGRAM

Each year a limited number of paid research fellowships are available to MCW-Milwaukee medical students during the summer between their M1 and M2 years. These opportunities are designed to expose medical students to cutting-edge basic science, clinical or translational research and to encourage them to explore careers in research and academic medicine. Students are integrated into the laboratories of full-time Medical College of Wisconsin faculty investigators and gain valuable experience as a member of a research team working on some aspect of the preceptor's study. The training is designed to help medical students acquire greater understanding of and appreciation for the tools and methodologies that support healthcare innovation and to visualize themselves in the physician-scientist role.

The [Medical Student Summer Research Program](#) is funded by several agencies of the National Institutes of Health (NIH), small grants from other external and internal organizations and through a number of departments and research centers at the Medical College of Wisconsin. The program is competitive. Successful applicants work on a full-time basis during the summer months and receive a monthly stipend during the training period.

The Medical Student Summer Research Program website includes [a list of faculty members](#) working in various research areas who are interested in mentoring medical students on a summer research project. Personal guidance also is available to help students identify potential preceptors. Students and preceptors meet, and if they agree to work together, they complete an [application and research proposal](#) due on February 1. Fellowships are announced by April 15.

The Medical Student Summer Research Program is coordinated by the Clinical and Translational Science Institute of Southeast Wisconsin.

HONORS IN RESEARCH PROGRAM

The **Honors in Research Program** is an optional research training opportunity that enables medical students to extend their summer research training experience throughout their educational program with the goal of 1) exploring additional aspects of their projects that potentially may generate new data or add knowledge to their investigations, and 2) and further enhancing their overall research exposure. Students will be recognized at graduation with *M.D. with Research Distinction* on their diploma and with *Honors in Research* designated on their transcript, pending the satisfactory completion of the requirements below. Additional benefits include increased opportunities to publish and/or present their expanded work.

The Honors option is open to MCW medical students who participated in the formal Medical Student Summer Research Training Program for 8 -12 weeks, supervised by MCW faculty investigators. Students participating in research programs away from MCW or outside of the summer research program are not eligible to apply. Students must: 1) complete a total of 16 weeks of mentored research training on one project, including the weeks spent during the summer research program; and 2) submit an approved research thesis by November 1 of the M4 year. The Honors project must be an extension of, or very closely related to, the original summer research project. Time spent writing the thesis does not count toward the 16-week requirement. Additionally, Honors candidates must maintain a satisfactory academic record throughout the medical education program.

HONORS IN COMMUNITY ENGAGEMENT PROGRAM

MCW-Milwaukee offers the **Honors in Community Engagement Program**, the purpose of which is to:

1. Encourage, support and recognize medical students who work extensively with medically underserved, marginalized and vulnerable populations during their medical school careers and...
2. Improve community health and to eliminate health disparities through the development, implementation and evaluation of evidence-based population oriented health interventions.

Students will be recognized at graduation with *M.D. with Community Engagement Distinction* on their diploma and with *Honors in Community Engagement* designated on their transcript, pending the satisfactory completion of the requirements below.

Student must demonstrate a sustained commitment to community engagement, service and leadership during the first three terms of medical school, exceeding minimum expectations, and including both preparation/formal coursework and community-engagement through service-learning activities beyond the minimum course requirement that results in a measurable product.

Students submit their Honors in Community Engagement application between January 1 and March 31 of their M2 year including:

1. Letters from preceptor and community partner supporting application for the Program
2. Honors proposal and Learning/Mentorship Plan proposal.

Additionally, Honors candidates must maintain a satisfactory academic record throughout the medical education program.

Students must be approved for the Honors Program before work on their Honors project begins. Honors candidates must write and submit an approved Honors thesis by November 1 of their M4 year. The thesis product must be approved for the Honors distinction by February 1 of the graduation year.

SENIOR YEAR ELECTIVES AND RESEARCH

The fourth year of the MCW-Milwaukee M.D. program provides the opportunity for elective rotations. Although most students choose clinical electives, as many as two months of this time can be spent in the research environment, working under the supervision of the student's faculty preceptor. There are a number of research electives listed on the M4 [Scheduling Site](#), as approved by the Curriculum and Evaluation Committee. In addition, "non-standard" research electives may be undertaken through mutual agreement among the student, the faculty member and the Associate Dean of Students, School of Medicine. Use of elective time for an initial research experience is not encouraged. However, this time may be particularly useful for students completing the Honors in Research Program and others with a continuing research interest.

MEDICAL SCIENTIST TRAINING PROGRAM

The [Medical Scientist Training Program](#) (MSTP) at MCW-Milwaukee is designed for students interested in a career in academic medicine involving the aspects of medicine and basic biomedical research that are usually performed in a medical school environment. The Program provides an opportunity for highly motivated students to complete a course of study featuring an integrated curriculum for the combined M.D. and Ph.D. degrees. MCW's MSTP program provides a scholarly setting with in-depth training in a graduate program combined with the acquisition of experience in clinical medicine.

Students accepted into the Program enter a special track for the first two years of medical school, a track which encompasses all the first two-year courses for medical students, research rotations and additional MSTP educational activities. This is followed by three-four years of advanced graduate courses and an independent research project conducted under the supervision of a Graduate School faculty mentor. During this time, the trainee completes the requirements of the Graduate School for the Ph.D. degree and continues to participate in specialized MSTP training including, grant writing, manuscript writing, scientific presentations, clinical connections and residency selection.

Programs of study leading to the Ph.D. degree are available in the following fields: Basic and Translational Science

(Biophysics, Microbiology & Molecular Genetics, Cell Biology, Neurobiology & Anatomy, Biochemistry, Physiology, Pharmacology and Toxicology), Biophysics, Biostatistics, Interdisciplinary Program in Biomedical Sciences (Biochemistry, Biophysics, Cell Biology, Neurology & Anatomy, Microbiology and Molecular Genetics, Pharmacology and Toxicology), Neuroscience Doctoral Program, Pharmacology and Toxicology, Physiology, Public and Community Health.

The final two years of study are spent in clinical rotations to complete the requirements for the M.D. degree while keeping up with scientific endeavors through the MSTP Research in Progress, Physician-Scientist Track, research, and other activities as clinical time constraints allow.

ALPHA OMEGA ALPHA

Alpha Omega Alpha (AOA) is a national medical honor society for individuals who have achieved scholastic excellence and have demonstrated qualities of integrity, leadership, compassion and fairness. As many as one-sixth of each class may be selected. Selection is made by faculty members of AOA in mid-April of the junior year and in late August of the senior year, and is based on academic achievement, character and nomination by classmates and faculty.

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

In accordance with the recommendations of the Association of American Medical Colleges (AAMC), MCW will provide a Medical Student Performance Evaluation (also referred to as the Dean's Letter) for all students who enter into the Match. The purpose of the MSPE is "to provide an honest and objective summary of the student's personal attributes, experiences, and academic accomplishments...." At MCW, the MSPE includes, but is not limited to the following:

- Noteworthy characteristics
- Academic history, including any leaves of absence, academic probation, disciplinary probation
- Academic progress, with an emphasis on clinical performance
- Professionalism
- Significant examples of leadership, service, awards, honors

MEDICAL STUDENT MISTREATMENT POLICY

MCWSOM is committed to providing a learning, training and research environment that optimizes students' acquisition of the knowledge, skills, and attitudes necessary for the competent and compassionate practice of medicine. Mistreatment is antithetical to such an environment. As such, mistreatment is not condoned at MCW.

Definitions

American Association of Medical Colleges (AAMC) defines/categorizes mistreatment in eight domains:

1. Public belittlement or humiliation
2. Threats of physical harm or actual physical punishment
3. Requirements to perform personal services, such as shopping
4. Being subjected to unwanted sexual advances
5. Being asked for sexual favors in exchange for grades
6. Being denied opportunities for training because of gender, race, ethnicity or sexual orientation
7. Being subjected to offensive remarks/name based on gender, race, ethnicity or sexual orientation
8. Receiving lower grades or evaluation based on gender, race, ethnicity or sexual orientation.

Options for Reporting

If a student feels they have been mistreated or they have witnessed mistreatment of another medical student and need assistance resolving the issue, they are encouraged to report this concern. Regardless of the educational/training setting the incident occurred, students may report any concern of mistreatment or harassment to any of the following as appropriate:

- Course Instructor
- Course Director/Coordinator
- Assistant Dean for M1-2 Curriculum
- Assistant Dean for M3-4 Curriculum
- Associate Dean, Curriculum
- Academic Enrichment Counselors
- Assistant Provost for Student Services
- Program Manager for Student Affairs
- Associate Dean for Medical Student Affairs
- Associate Dean for Diversity and Inclusion
- Senior Associate Dean for Academic Affairs
- Office of Compliance
- TIX Office
- Written end-of-course evaluations
- Confidential line administrated by third party– 1.844.703.8171 or mcw.ethicspoint.com

All concerns reported in good faith will be registered and investigated. Every effort will be made to protect the identity of a student reporting a concern of mistreatment. No person shall be subject to retaliation for using or participating in an informal or formal complaint resolution process.

Medical students found to be in violation of the mistreatment policy will be referred to ASPC for review and sanctions up to and including dismissal. GME trainees found to be in violation of the mistreatment policy will be referred to the GME office for review and disciplinary action. Staff and faculty found to be in violation of the mistreatment policy will be reported to the appropriate body (for example, HR, Department Chair, Faculty Affairs) at their sponsoring institution for review and disciplinary action pursuant to the rules and policies of their institution.

The mistreatment policy will be followed at all educational and clinical training sites. All students, GME trainees, staff, faculty and health care providers that participate in the education of medical students are subject to this policy. Each health system may have additional policies on mistreatment that complement this policy. Students at each health system will comply with the policies of that system in addition to this policy.

Medical students will be notified of the mistreatment policy at matriculation to MCW and annually thereafter.

Mistreatment Policy Approved by Academic Affairs (with input from Legal Office), September 2020

Section II. STUDENT GOVERNMENT/STUDENT SERVICES

STUDENT GOVERNMENT

The Role of Student Government

1. Facilitates constructive, effective and consistent communication among the student body, faculty and administration.
2. Maintains effective communication among students.
3. Ensures that student concerns remain visible to faculty and administration, and that students are represented in decision-making processes.
4. Focuses diffuse student ideas, concerns, and issues into coherent, well-considered plans of action.
5. Facilitates student development as adults and medical professionals;
 - a. Teaches students about process and consensus-building as constructive means of accomplishing goals.
 - b. Empowers students to positively influence their academic environment.
6. Works to improve student quality of life by implementing useful programs and support services.

Specifics of Student Assembly Affiliation

1. Administration: The Student Assembly shall primarily work with the Office of Student Affairs. The Associate Dean of Student Affairs shall be the primary liaison between the administration and the Student Assembly, as well as a non-voting member of the Student Assembly.

The Coordinator of Student Support Services is a non-voting advisor and staff member for the student representatives.

2. Faculty Council: In order to maintain a channel of communication between the Student Assembly and the Faculty Council, the President of the Student Assembly will make both written and oral reports to the Faculty Council as well as bring to the Student Assembly a summary of the Faculty Council's student-related agenda.

Affiliated Members and Organizations

1. Organization of Student Representatives (OSR): The Organization of Student Representatives shall have four (4) representatives, one from each of the M-2 to M-4 classes of the Milwaukee Campus and one from the RMC(s), serving as voting members on the Student Assembly. OSR representatives shall be elected according to guidelines previously set forth by the Student Assembly. The election will take place in the spring of the academic term. OSR representatives shall answer directly to Student Assembly, the Coordinator for Student Support Services and the Associate Dean of Students, School of Medicine.
2. Student Representatives to Faculty Assembly Standing Committees: The medical student body shall elect medical students per class to the following Faculty Council standing committees: Curriculum and Evaluation; Academic Standing; Research Affairs; Admissions; and Library. In addition to their duties on the above-mentioned standing committees, the twenty-four (24) MCW-Milwaukee student representatives, along with the President and Vice-President of the Student Assembly, also will serve as members of the Student-Faculty Liaison Committee. This standing committee of the Faculty Council will be chaired by the President of the Student Assembly. The Vice-President of the Student Assembly will oversee and coordinate the daily activities of this standing committee. The Student-Faculty Liaison Committee shall meet throughout the academic year to discuss the activities of the various standing committees of the Faculty Council. This committee will be responsible for presenting pertinent information to the Student Assembly and to the student body at-large through class meetings.

The student representatives to the Faculty Council Standing Committees will have one vote per class for a total of four (4) votes at the Faculty Council Standing Committee meetings.

3. Council of Presidents Representatives: The Council of Presidents (COPs), which is a council of the presidents of all the recognized student organizations and interest groups at the Milwaukee Campus and the RMC(s), will elect

four (4) individuals from among its own members to act as representatives to the S.A. These representatives will represent the student organizations as a whole without preference or prejudice. This affiliation is intended to improve communication between the Assembly and the student organizations. Each COP Representative to Student Assembly will have one vote for a total of four (4) votes at Student Assembly meetings.

Rights and Responsibilities of the Student Assembly

The Student Assembly shall:

1. Represent the student body of the Medical College of Wisconsin in good faith by soliciting and sharing information from a diverse and representative cross-section of the student body.
2. Fairly administer and distribute all funds currently designated as Student Activity Fees.
3. Maintain a constructive and professional relationship with students, faculty and administration at the Medical College of Wisconsin.
4. Work to improve the quality of student experiences at the Medical College of Wisconsin.
5. Create its own constitution, bylaws, subcommittees and agenda consistent with the overall mission of the Medical College of Wisconsin.

STUDENT SERVICES CONTACT INFORMATION

Administration (414) 955-8279		
	William J. Hueston, MD Associate Provost Senior Associate Dean	955-4208
	Cindy Mand Department Administrator	955-4864
	Patricia Confer Business Analyst III	955-8206
	Jeff Drees Student Information Systems Analyst	955-8146
	Tao Vang Student Information Systems Analyst	955-8409
	Maureen Pylman Director of Accreditation and Institutional Research	955-8865
	Sylvester Slusar Administrative Assistant	955-8279
Medical School Student Affairs (414) 955-8256		
	Carol Tsao, MD, JD Associate Dean of Students, School of Medicine	955-8256
	Mary Heim Program Manager I	955-8361
	Zandra Clevert Program Coordinator I	955-8256
Student Services		
Academic Support Services Academic Advising, USMLE Preparation, Residency Application, Clinical Advisor Program	Jennifer Kusch, PhD Assistant Provost for Student Affairs	
	Cheryl Crawford Program Manager I	955-8583
	Molly Falk-Steinmetz Education Coordinator II	955-8731
Student Health and Wellness Student health and life insurance, student wellness programming	Sarah Kaehny Student Health and Wellness Coordinator	955-4219
Career Counseling	Nai-Fen Su Career Counselor	955-4977
Student Affairs/Diversity (414) 955-8734		
	Malika Siker, MD Associate Dean	
	Yvette Williams Administrative Assistant, Sr.	955-8734
	Jean Davis-Mallett Program Coordinator III	955-8735

	Crystal Jushka Pipeline Program Coordinator	955-8273
	Adrienne German Pipeline Program Coordinator	955-8312
Medical School Office of Curriculum (414) 955-3636		
	Travis Webb, MD Associate Dean for Curriculum	955-3636
	Lindsey Bowman Administrative Assistant Sr.	955-3636
	Barbara Beiswenger Administrative Assistant, Sr.	955-8604
	Lisa Cirillo, PhD Assistant Dean for Basic Science Curriculum	955-8431
	Bipin Thapa, MD Assistant Dean for Clinical Science Curriculum	955-4218
	Megan Waelti, MBA Program Manager I	955-8684
Medical School Discovery Curriculum		
	Phil Allen Medical Education Coordinator II	955-2813
	Amber Boyle, MS Medical Education Coordinator II	955-8232
	Dana Sibilski Medical Education Coordinator II	955-3636
	Kim Dunisch Medical Education Coordinator II	955-8684
Pathways		
	David Brousseau, MD Director of Scholarly Activities	955-8587
	Meaghan Hayes, MEd Education Coordinator III	955-2812
	Jennifer Kraus Medical Education Coordinator II	955-2286
	Sarah Leineweber Medical Education Coordinator II	955-2811
Medical School Admissions (414) 955-8246		
	Jane Machi, MD Assistant Dean for Admissions and Recruitment	955-8557
	Alexis Meyer Director	955-8246
	Anton Johnson, II Admissions Recruiter	955-4429
	Jordan Kirby Program Coordinator I	955-8247
	Brigid Brennan Admissions Coordinator	955-4863

Office of the Registrar (414) 955-8733		
Academic Bulletin, Academic Calendar, Compliance, Course Catalog, Degree and Enrollment Verifications, Diplomas, FERPA, Final Grades, Match, Registration, Student Records, Transcripts, USMLE	Kerry Grosse University Registrar	955-8874
	Kari McDermott Associate Registrar, Medical School	955-8642
	Brenda Parsons Associate Registrar, Graduate School and School of Pharmacy	955-8232
	Kelly Griffith Academic Records Coordinator	955-8732
	NaKayla (Kay) Spicer Academic Records Coordinator	955-8873
	Sara Puls Administrative Assistant, Sr.	955-8733
Office of Student Financial Services (414) 955-8208		
Financial Aid Counseling, Debt Management, Loan Repayment, Long-term Financial Planning	Kristin Mootz Director	955-8208
	Laurel Halstead Sr. Financial Aid Advisor	955-8208
	Mark Beller Financial Aid Counselor	955-8208
	Scott Ziegert Financial Aid Counselor	955-8208
	Linda DiCesare Loan Originator	955-8491
	Sara Gascoigne Administrative Assistant, Sr.	955-8208
Office of Student Accounts (414) 955-8172		
Bill and collect student tuition and loans, issue student refunds for living expenses, 1098T preparation	Kate Thompson Director of Sponsored Programs and Accounts Receivable	955-8172
	Jean Sunby Senior Accountant II	955-8172
	Michelle Gibbons Senior Accountant	955-8172
	Kelley Skaletski Senior Accountant	955-8172
Office of Educational Improvement		
	Jose Franco, MD Associate Dean for Educational Improvement	955-8650
	Brett Becker Applications Systems Analyst II	955-3635
	Amy Bingenheimer Program Manager II	955-8026

	Christopher Glasel Applications Systems Analyst II	955-3632
	Lynn Lewandowski Applications Systems Specialist III	955-8157
	Kerrie Quirk Program Manager I, Faculty Development	955-8387
Office of Measurement & Evaluation		
	Robert Treat, PhD Director of Measurement & Evaluation/Psychometrician	955-4867
	Greg Kaupla Database Analyst II	955-8216
	Lindsey Johnson Database Analyst I	955-4658

OFFICE OF STUDENT AFFAIRS

The Office of Student Affairs offers academic and student support services to enhance medical students' academic achievement and quality of life. The programs offered by the Office of Academic Support Services are designed to facilitate learning, United States Medical Licensing Exam preparation, and specialty selection and the residency application process. The Office of Student Support Services is dedicated to improving the quality of student life. An overview of the programs and services offered by each office is presented below.

The Office of Student Affairs is open Monday through Friday from 8:00 a.m. to 5:00 p.m. During the summer months of June and July, office hours are Monday through Friday from 8:00 a.m. to 4:30 p.m.

Academic Support and Enrichment Services

The Office of Academic Support and Enrichment is dedicated to enhancing students' academic performance and well-being, promoting student excellence, and advancing medical students' career goals. The professionals of this office serve as student advocates, working with individual students to identify and resolve academic or personal issues and problems that may be negatively affecting a student's academic performance, personal health and/or quality of life. In addition, this office advises students on matters of academic standing and may make referrals to appropriate professionals.

Academic Support Programs

Academic Consultation: The Office of Academic Support and Enrichment provides individualized and small group academic consultation to students on matters such as the adjustment to medical school, learning strategies, knowledge organization, notetaking, exam preparation, test-taking skills, test anxiety, problem-solving, time management, stress management, course scheduling and conflict resolution.

Academic Enhancement Program: The Academic Enhancement Program provides weekly online supplemental instruction sessions organized in question and answer and lecture review formats and is available to all medical students. Sessions in the basic sciences are led by upper-level peer tutors who have excelled in the course content area and have a passion for peer education. Sessions in the clinical years are led by upper-level peer tutors who have excelled on the rotations and subject exams. This supplemental instruction format is used to review course content knowledge, prepare for course examinations, sharpen problem-solving skills and develop efficient learning strategies.

Peer Tutoring Program: The mission of the MCW Peer Tutoring Program is to provide comprehensive one-on-one and small group academic support throughout the entirety of the medical school curriculum. Trained peer tutors aid medical students by providing individualized, confidential support on matters such as mastery of course content, adjustment to medical school life, effective studying approaches, time management and recommendations for helpful reference materials for coursework and USMLE preparation.

USMLE Preparation

Step 1 Preparation Program: The Office of Academic Support and Enrichment provides a voluntary, academic year program for second year medical students to support student preparation for the USMLE Step 1 exam throughout the second-year curriculum. This program provides small group mentorship and large group presentations to assist with stress management, review of resources, integration of basic science knowledge, and study/test-taking strategies.

USMLE Prep Resources: The Office of Academic Support Services collaborates with Medical College Libraries and the Matthews MCW Bookstore on the identification, purchase and circulation of board prep resources, including computer-based resources.

Career Counseling, Specialty Selection and Residency Application

Clinical Advisor Program: The Office of Academic Support and Enrichment coordinates the medical student-faculty Clinical Advisor Program. All Milwaukee third-year medical students select a clinical faculty advisor who assists them in developing their senior schedule of medical electives. Clinical advisors also assist students in identifying suitable residency programs, write letters of recommendation in support of a student's residency applications and help students establish a network of contacts at the Medical College and other medical institutions.

Individual Career Counseling: The Associate Director of Career Services, through the Office of Career Counseling, provides individualized career counseling to students on matters such as clinical advisor selection, self-assessment, specialty selection, residency programs, the residency application process, preparation of a curriculum vitae and personal statement, effective interviewing techniques and alternative career choices.

Student Support Services

The Office of Student Affairs for the School of Medicine is dedicated to supporting and improving the quality of student life through:

- Addressing student concerns via Student Assembly (SA), providing a confidential connection to other staff and faculty offices
- Promoting student development by providing leadership opportunities, personal advising and conflict resolution
- Providing a safe haven for discussing confidential issues
- Advising a variety of student groups including the Student Assembly and the Council of Presidents (COPs)
- Designing and coordinating Orientation, White Coat ceremony, Match Day, campus-wide Trick or Treat, Senior Week activities, and working in collaboration on Hooding and Commencement
- Designing and delivering programs which provide professional development, community service, social and recreational opportunities
- Publishing a class yearbook for graduating M4s

- Collaborating with the other schools to provide a unified student government structure
- Offering all-student social events and programs for students in coordination with all schools
- Overseeing student spaces and the Student Lounge
- Collaborating housing information and resources across all schools

For more information on these services and activities, please contact the Office of Student Affairs at StudentAffairsSOM@mcw.edu

Section III. ACADEMIC REGULATIONS

ACADEMIC STANDING

This policy has been developed to ensure that students pursuing the Doctor of Medicine (M.D.) degree, including students in the MD/MS and MSTP programs, maintain an acceptable rate of academic progress toward the completion of that degree and meet the expected academic standards of the Medical College of Wisconsin. This policy will also ensure that the student financial aid program meets or exceeds requirements set forth by federal regulations governing academic standards for financial aid eligibility.

This policy applies to all students enrolled in the M.D. program.

Definitions

Grades

The Medical School's grading system is as follows:

H	Honors
HP	High Pass
P	Pass
LP	Low Pass
F	Fail
AU	Audit (Academic Enrichment courses)
I	Incomplete
IE	Incomplete, pending student completion of course evaluation
IV	Incomplete, pending student completion of course evaluation in S/U course
IC	Incomplete in S/U course
S/SY	Satisfactory (Pass/Fail courses, 2016 forward)
U/UY	Unsatisfactory (Pass/Fail courses, 2016 forward)
W	Withdrawn
Y	Year, assigned to a course that spans academic terms or years

Grade Appeal Policy

If a student has concerns regarding a grade in a course or clerkship, he/she must first address the matter with the course or clerkship director no later than 30 days after receipt of the grade. The course or clerkship director and the student should make every attempt to resolve the matter. If, however, the matter remains unresolved, the student may appeal to the Senior Associate Dean of the Medical School in writing within 5 days of the course or clerkship director's decision. If the matter is not resolved, the student may appeal to the Dean of the Medical School in writing within 5 days of the Senior Associate Dean's decision. The decision of the Dean is final.

A grade of "W" for withdrawal is assigned when a student leaves a class before its completion, i.e. for deceleration, a permanent or temporary withdrawal. Except in extenuating circumstances, a student enrolled in M1 classes may not withdraw past November 15 of the fall term or April 15 of the spring term, and a student enrolled in M2 – M4 classes may not withdraw past the 50% point of the class.

A grade of "I" for incomplete is used only when a student has completed at least 75% of the course and is otherwise not able to complete course requirements for some acute and unexpected circumstances beyond the student's control. A student may not take an incomplete if he/she begins a permanent or temporary withdrawal during the course. If incomplete coursework is not completed by January 31 for the immediate preceding fall term or July 31 for the immediate preceding spring term, the incomplete grade will be converted to a grade of F or a grade of U pursuant to the course. A pending graduate with an incomplete grade on his/her record in the last term of enrollment must complete the coursework by the established deadlines. The date of graduation will reflect the graduation date for the term in which the course began, not the term in which the coursework was completed.

A grade of “IE” (5-point grading system) or “IV” (S/U grading system) signifying incomplete pending student completion of course evaluation is used only when a student has completed all coursework but has yet to complete the course evaluation. If the course evaluation is not completed by January 31 for the immediate preceding fall term or July 31 for the immediate preceding spring term, the IE or IV grade will be converted to a grade of F or U, respectively. The student’s name will also be forwarded to the Academic Standing and Professionalism Committee to address remediation for the F or U grade and for consideration for possible disciplinary probation

The academic transcript for a student who must remediate part of a class in the same term in which the class was originally taken will receive two final grades reflective of the first final grade and the remediated final grade.

The academic transcript for a student who must remediate an exam will reflect comments indicating same.

The Medical School does not calculate a cumulative grade point average. Students may view final grades in [MCWconnect](#) and written assessments in OASIS.

Fully Satisfactory Performance

Fully satisfactory performance means that the student earns a minimum grade of *Pass* in every course or clerkship. A grade of *Low Pass* is not considered to be fully satisfactory performance.

Full-time student status

Students must be enrolled in a minimum of nine (9) credits per term in order to be considered a full-time student, as defined by the Office of Financial Aid.

Time Limit

Students must successfully complete the curriculum of any given academic year in no more than two calendar years. Students are expected to complete the requirements for the M.D. degree within the following time limits:

<i>Definition of Terms</i>	<i>Standard</i>	<i>Maximum</i>
MD Program – MCW Milwaukee, MCW-Green Bay and MCW-Central Wisconsin MD/MS Program	4 years in MKE 3 years in CW or GB	6 years
Doctor of Medicine/ Doctor of Philosophy (MSTP)	7 years	9 years

Academic Probation

Students pursuing the M.D. degree at the Medical College of Wisconsin are expected to demonstrate an acceptable rate of academic progress toward earning their degree by maintaining enrollment as a full-time student and by achieving an expected level of academic performance. Students who do not maintain adequate academic progress may be placed on academic probation. Exceptional circumstances will be considered by the Academic Standing and Professionalism Committee. Students may be placed on academic probation due to the following circumstances:

- two or more grades of Low Pass in any academic year
- any grade of Fail or Unsatisfactory in an academic year
- failure to complete three courses in any academic year
- other patterns of academic difficulty deemed to be of significant concern by the Academic Standing and Professionalism Committee, such as multiple Low Pass grades in consecutive years

Once placed on academic probation, a student will remain on probation for the subsequent twelve-month academic period at minimum. The duration of academic probation may be modified by the Academic Standing and

Professionalism Committee, given extenuating circumstances, continuing academic risk, or other factors that may affect a student's progress. Students will be notified in writing when placed on or removed from probationary status. While academic and non-academic probation do not appear on MCW transcripts, such references do appear on Medical Student Performance Evaluations. Academic Dismissals and Disciplinary Dismissal do appear on MCW transcripts. Students who are on academic probation must maintain acceptable academic progress in all subsequent coursework. If a student who is currently on academic probation or who has previously been on academic probation meets any of the following conditions, he or she will be considered for dismissal.

Those conditions include:

- a grade of Fail or Unsatisfactory in any course
- any grade of Fail, Low Pass and/or Unsatisfactory in a repeated course
- any two grades of Fail, Low Pass and/or Unsatisfactory in subsequent courses

Financial Aid Eligibility

Students must maintain acceptable academic progress to be eligible for Title IV financial aid programs, as set forth by federal regulations. Please refer to the Satisfactory Academic Progress requirements in the All Student Handbook.

Temporary Withdrawal

Students may request a temporary withdrawal for a number of reasons. All requests for leaves of absence must be approved by the Associate Dean of Students, School of Medicine or her/his designee (see Temporary withdrawal policy). Students may take a temporary withdrawal to pursue additional work (such as research or work toward an advanced degree) if they are in good academic standing. Such leaves of absence do not count against the time for degree completion, except for students in M.D./Ph.D. programs. Students may take a personal temporary withdrawal in accordance with the Temporary withdrawal policy. Students will be granted no more than twelve months of leave (including leaves mandated by the Academic Standing and Professionalism Committee or school policy as a result of academic difficulty) from scheduled academic time during the entire duration of their enrollment at the Medical College of Wisconsin. Students who take more than twelve months of leave will no longer be considered to be making satisfactory academic progress. See Withdrawals, page 52.

Academic Progress

Students who fail to maintain the expected and acceptable rate of academic progress for any reason, whether because they encounter academic difficulties while on academic probation, or because of excessive temporary withdrawals, or because they do not complete all requisite coursework of any academic year in two calendar years, or because they fail to complete degree requirements within the requisite time limits, will be considered for dismissal from the Medical College of Wisconsin.

*Adopted by Academic Standing and Professionalism Committee, August 1992
Revised and Adopted by the Academic Standing and Professionalism Committee, July 1993
Revised and Adopted by the Academic Standing and Professionalism Committee,
November 1994*

Guidelines of the Academic Standing and Professionalism Committee Medical College of Wisconsin Evaluation and Promotion System

The Academic Standing and Professionalism Committee has attempted to formulate clear guidelines in regard to academic status and advancement. These guidelines are intended to present to all faculty and students the dispositions that may be applied to struggling students. It should be re-emphasized that the departments set the standards and determine if and when the standards have been met by the students. The Academic Standing and Professionalism Committee will not recommend any alternative that requires less remediation than that required by the department. It may, however, require more. This should not be viewed by the faculty or the student as being punitive but as serving the interest of the students.

Professional ethics and appropriate personal and professional conduct are as essential to the practice of medicine as academic excellence. Unethical and/or inappropriate behavior will be considered by the Committee in its advancement and academic standing deliberations. The Medical School's evaluation system consists of eight categories:

- Honors (H), High Pass (HP), Pass (P), Satisfactory (S)
- Low Pass (LP), Fail (F), Unsatisfactory (U), and Incomplete (I, IC, IE or IV).

1. Promotion from one year to another is contingent upon completion of the required work of each year and the demonstration of appropriate professional conduct.
2. A student who is judged unsuited to enter the profession of medicine for reasons of conduct, behavior, ethics, or quality of work may be dismissed from the College.
3. All final student assessments are due within one month of the completion of the class. All final evaluation forms become part of the student's permanent record which is maintained by the Office of the Registrar.
4. Any student who encounters academic difficulties (including professional conduct related to academic performance) will be brought to the attention of the Committee. All options available to the Committee (listed below) may include placing a student on academic probation.
5. In reaching its decisions, the Academic Standing and Professionalism Committee utilizes all information available to it. All evaluations by departments, individual faculty members, the Associate Dean of Students, School of Medicine, etc., are utilized to assess intellectual ability, motivation, and personality factors. Any student who encounters difficulties with academic and/or other professional development may be asked to meet with the Committee.
6. The Academic Standing and Professionalism Committee considers a course evaluation of *Low Pass* to be a permanent grade which cannot be changed or removed from the transcript. If a student has only one *Low Pass*, the academic status may not be significantly influenced. Two or more *Low Pass* evaluations may result in a requirement by the Committee for additional work up to and including repetition of the entire academic year. Further, several such evaluations or a combination of a *Low Pass* evaluation with any *Fail* evaluation may result in repetition of the academic year or dismissal from the College.
7. A student failing to meet the standards set by a department for a course will be given a grade of F *Fail* or a grade of U *Unsatisfactory* pursuant to the grade mode of the class. *Fail* and *Unsatisfactory* evaluations must be accompanied by a statement from the department giving the requirements (repeat examination, repetition of the course, etc.) necessary to correct the deficiency.
8. One *Fail* or *Unsatisfactory grade* in a first or second-year course may be resolved by re-examination after further study or by repeating the course in a summer school program listed by the Association of American Medical Colleges. This decision must be with the approval of the Academic Standing and Professionalism Committee after consultation by the Committee with the department involved. If the department concerned gives the student an evaluation of *Pass* for such work, the Committee on Academic Standing will concur. The grade of F *Fail* or U *Unsatisfactory* remains on the transcript; a new grade is added.
9. When two F *failing and/or* U *unsatisfactory* grades are posted in either the first or second-year curriculum, the Academic Standing and Professionalism Committee will consider the requirements of the departments to correct the failures. A student usually cannot accomplish two course repetitions during a summer. Therefore, repetition of the year may be necessary. The Committee has the option to require the student to repeat the year if it believes a stronger base for subsequent work is needed.
10. Repetition of the year, assuming space and equipment are available, is limited to students believed to have sufficient ability to do medical schoolwork but who are slow to adapt to such work, were inadequately prepared, have personal or health problems affecting performance, etc. Students repeating the year will usually take all courses. Exceptions may be made in circumstances where both the department and the Academic Standing and Professionalism Committee agree the student has demonstrated adequate knowledge of the course material.
11. A student who does not obtain a grade of P *Pass*, S *Satisfactory* or better when repeating a course or courses will be considered for dismissal from the Medical College.
12. An evaluation of I *Incomplete* is used to identify a student who, at the time a course has ended, has not yet completed the usual course requirements, but has been temporarily excused (e.g., because of illness) from doing so by the department. *The grade of Incomplete can be used only when a student has not been able to complete course requirements for some acute and unexpected circumstance beyond the student's control.* The Academic Standing

and Professionalism Committee expects that the *Incomplete* will be converted as soon as possible. If a supplementary evaluation is not received by the Registrar by August 1 following the academic year in which it was received, each *Incomplete* grade will be converted to a *Fail* or *Unsatisfactory*. Both the *Incomplete* and the *Fail* or *Unsatisfactory* will remain on the student's permanent record regardless of when the final evaluation is received after August 1.

13. Students who have had academic difficulties or who have taken a leave-of-absence because of illness may be permitted alterations in the curriculum so they may be eligible to begin a residency program as close to the regular schedule as possible. Each case will be considered individually.
14. Students who have serious emergencies (e.g., extended illness) may request that the Academic Standing and Professionalism Committee waive one month of senior elective work. Students who fail the United States Medical Licensing Examination, Step 1 (administered by the National Board of Medical Examiners) will not be allowed routinely to waive one month of senior elective work. Each case will be considered individually.
15. For students with less than *P Pass* or *S Satisfactory* evaluations, the Committee may restrict the number of courses taken away from the college in the clinical years.
16. Students wishing reconsideration of decisions involving their record, with or without a personal appearance before the Committee, should send a written request that includes their reasons for reconsideration to the Associate Dean of Students, School of Medicine for consideration by the Committee.
17. The Academic Standing and Professionalism Committee may request that the Associate Dean of Students, School of Medicine communicate with course and clerkship directors regarding individual students.
18. Policy and Procedures for Examinations administered by the National Board of Medical Examiners:
 - a. Students enrolled at MCW are required to report a *passing* score on the United States Medical Licensing Exam (USMLE), Step 1 before beginning their senior year.
 - b. Students enrolled at MCW shall have three opportunities to pass the USMLE, Step 1. Failure to pass the examination on the third attempt will be considered grounds for dismissal from MCW. Only in exceptional extenuating circumstances, and with the permission of the Academic Standing and Professionalism Committee, will any student be permitted to take the examination a fourth time.
 - c. Students enrolled at MCW are required to take and report a *passing* score on the USMLE, Step 2-CK in order to graduate. Students planning to graduate in May or June of the senior year must report a passing score to the Medical College no later than March 1 of the fourth year (MCW-Milwaukee) or the third year (MCW-Green Bay or MCW-Central Wisconsin).
 - i. Students shall have three opportunities to pass the USMLE, Step 2-CK. For those students who fail to post a passing CK score by March 1 of the senior year (and were scheduled to graduate in May or June), a passing score must be posted by no later than 6 months subsequent to the May or June graduation date in order to maintain degree candidate status for receipt of the Doctor of Medicine degree. Failure to do so may place the student in jeopardy of losing degree candidate status and denial of the M.D. degree by MCW.
 - ii. USMLE Step 2-CS must be taken and a score reported by no later than March 1 of the student's senior year for students planning to graduate in May or June.
 - iii. The scores earned on both parts of the Step 2 examination may be considered by the Academic Standing and Professionalism Committee in making graduation decisions.
 - d. Students admitted with advanced standing into the second-year class will be required to follow these guidelines. Students admitted with advanced standing into the third-year class must have reported a passing score on the USMLE, Step 1 examination prior to admission, as dictated by the Admissions Committee. They will be required to follow paragraph "C" above regarding USMLE Step 2.
19. Family Leave Policy. The Medical College of Wisconsin recognizes the need of students to assume family duties, which sometimes requires time away from the curriculum. In the interest of providing both a solid medical education and time for family responsibilities to students, the Medical College administrators will utilize all possible curriculum flexibility when family needs arise. Students who need family leave must plan their schedules individually and as far in advance as possible with the Associate Dean of Students, School of Medicine. Requests for alternatives other than those allowed by the usual curriculum flexibility will be brought to the Academic Standing and Professionalism Committee. Students who require a leave-of-absence for several months should be aware that their graduation date may be delayed as a result. Each case will be considered on an individual basis.

Revised and Adopted by the Academic Standing and Professionalism Committee on: January 5, 1994; July 20, 1994; November, 1994; April 11, 2000; October 8, 2002, November 17, 2004; October 12, 2006; November 15, 2007 and December 15, 2011.

Procedures for the Academic Standing and Professionalism Committee Regarding the Dismissal of Students

1. Whenever the Academic Standing and Professionalism Committee determines, on the basis of available information, that a student's performance might warrant dismissal from the Medical College, it should initiate a hearing by mailing (registered or certified mail, return receipt requested) or personally delivering a written notice* to a student which:
 - a. Indicates that the possibility of dismissal is under consideration;
 - b. Describes the basis upon which dismissal is under consideration;
 - c. Notifies the student that a hearing is to be conducted by the Committee before final action is taken;
 - d. Notifies the student of the date, time and place of the hearing;
 - e. Encloses a copy of these procedures or notifies the student of the office where a copy may be obtained without charge;
 - f. Notifies the student that legal and/or academic counsel may accompany or represent the student at the hearing. If the student will be accompanied or represented by legal counsel, the student should notify the Academic Standing and Professionalism Committee of this fact no less than three (3) business days prior to the hearing. The student may choose not to be present;
 - g. Notifies the student that he/she may withdraw at any time prior to the beginning of the dismissal hearing. Once the hearing begins, withdrawal is no longer an option.
2. The Academic Standing and Professionalism Committee should conduct the hearing subject to the following:
 - a. Hearings should be held not less than five but no more than 15 business days after the date the notice is sent to the student. Extensions of time for hearings should be authorized only for good and compelling reasons, and should be submitted in writing not less than three (3) business days in advance to the hearing;
 - b. The academic record pertaining to the student's case should be made available to the student or the student's advisor in advance of the hearing;
 - c. The student should be able to present any witnesses, data or evidence deemed appropriate by the Academic Standing and Professionalism Committee and should have the right to confront witnesses, if any. If the student wishes to present any information that is not contained in his or her permanent record, this information should be provided to the Committee two business days prior to the hearing. If the new data or evidence is not provided in advance, the Committee may choose not to consider it. The student should provide the Committee with a list of witnesses. This information should likewise be provided two business days in advance; if not, the Committee may choose not to hear those witnesses. The student and/or counsel, advocates and witnesses will have no more than 90 minutes to present evidence or testimony to the Committee;
 - d. If the student does not appear (personally or through counsel) without any satisfactory explanation for the absence having been made, or leaves the hearing before its conclusion, the hearing should proceed and a decision should be rendered based on the available evidence just as though the student had been present throughout the hearing;
 - e. The Academic Standing and Professionalism Committee should maintain an orderly hearing and permit no person to be subjected to abusive treatment. The Committee should also be able to question witnesses. The Chair of the Committee is the presiding officer of the hearing and should rule on all questions of procedure or admissibility of evidence, and this ruling should be conclusive;
 - f. The hearing is not public and should be closed to anyone other than members of the Academic Standing and Professionalism Committee, the student being reviewed, appropriate advisors for each (legal counsel, faculty advisor, student's family and friends), the person designated to record the hearing, and witnesses while they are presenting evidence. The student may have a total of two (2) advisers (counsel, witnesses, family members) present at any time. Additional witnesses, if any, will be called one at a time and shall leave the hearing and may not return after presenting testimony except upon request of the Committee
 - g. The Academic Standing and Professionalism Committee should make a summary of the hearing. Tape

- recordings of the conduct of the hearing should be permitted and may be requested by the student;
- h. Following presentation of evidence, all other participants should be asked to withdraw, and the Academic Standing and Professionalism Committee should privately consider the evidence and reach a decision. A majority vote of the Committee members present and voting should be required for a binding decision.
3. The Academic Standing and Professionalism Committee will make a decision, which will be effective immediately.
 - a. Should the Committee find that dismissal of the student is warranted, the student should promptly be notified.
 - b. Should the Committee find that dismissal from the Medical College is warranted, the Committee should promptly prepare a written report, which should contain:
 - i. A brief summary of the facts found;
 - ii. A finding that the facts found demonstrated that the student failed to meet the academic and/or the professional standards of the Medical College;
 - iii. A statement of the action that the Committee has decided to take and the effective date of the action.
 4. A copy of the Academic Standing and Professionalism Committee's report should be delivered to the student personally or by registered or certified mail.
 5. The decision of the Academic Standing and Professionalism Committee will be treated as conclusive and binding unless appealed by the student.

*All correspondence with the Academic Standing and Professionalism Committee should be directed to the Associate Dean of Students, School of Medicine, who serves as its corresponding secretary.

Developed by the Ad Hoc Committee of the Executive Committee of the Faculty and Committee on Academic Standing (1976-78). Approved by Executive Committee of the Faculty - May 9, 1978 Revised and Adopted by the Academic Standing and Professionalism Committee, April 11, 2000.

Procedures for Appeals of Academic Dismissal

1. A student may appeal a decision of the Academic Standing and Professionalism Committee to suspend him/her from Medical College of Wisconsin by giving notice, in writing, of his/her intention to do so, to the Senior Associate Dean for Medical Education within three (3 business days) of the date the decision was communicated to the student. Typically, the student will receive a verbal communication on the date the decision was made. This will be followed with a written communication via email or traditional mail. A student who does not give such notice within three (3) business days shall be deemed to have waived his or her right to appeal.
2. The Senior Associate Dean for Medical Education shall inform the Dean of the Medical College of the student's appeal. The Dean shall appoint an Appeals Committee of three senior faculty members to consider the appeal and shall appoint the Appeals Committee Chair. At least one of these faculty members shall have previously served on the Academic Standing and Professionalism Committee. The Appeals Committee is advisory to the Dean; that is, the Appeals Committee will make a recommendation to the Dean. The Dean may accept or reject the recommendation of the Appeals Committee.
3. The Appeals Committee shall set a date for hearing the appeal which shall be not more than thirty (30) days after its creation, and shall give written notice of the date, time, and place of the hearing to the student by personal delivery or by certified or registered mail.
4. At least three days prior to the appeal hearing, a written report stating the decision of the Academic Standing and Professionalism Committee or an Ad Hoc Hearing Committee and the summary of the hearing conducted by that Committee, shall be delivered to the Appeals Committee Chair.
5. At least three days prior to the appeal hearing, the student, or his/her representative shall submit to the Chair of the Appeals Committee a written statement detailing the grounds on which the appeal is based.
6. The Chair of the Appeals Committee shall distribute a copy of both these documents to members of the Appeals Committee at least two days prior to the appeal hearing.
7. The Appeals Committee shall conduct its review in the following manner:
 - a. The Appeals Committee will confine its consideration to the written report submitted by the Academic

Standing and Professionalism Committee and the written statement submitted by the student. No new information and no new witnesses or advocates will be considered. The student, his/her faculty advisor and/or legal counsel may appear and present a statement. A representative of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee may appear and explain the context of the particular committee's decision, make statements, ask questions and interact with all persons present at the hearing. Members of the Appeals Committee may question those present on pertinent matters, but these matters must relate to the grounds for the appeal or the basis for the particular committee's findings.

The Appeals Committee must determine whether the substantial rights of the student have been violated by virtue of the fact that:

- i. The decision of the Academic Standing and Professionalism Committee is arbitrary and capricious;
 - ii. The decision reflects an unfair or incorrect application of college policies.
- b. No irregularity in the procedure or deliberations of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee shall be a ground for rejection of the Appeals Committee's decision so long as it has conformed substantially to suggested guidelines, unless the substantial rights of the student have been prejudiced by any such irregularity.
 - c. The Appeals Committee shall recommend to the Dean of the Medical College that the decision by the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee to dismiss the student be confirmed or reversed.
 - d. Hearings before the Appeals Committee are not public. Members of the Appeals Committee, the student, his or her faculty advisor and/or his or her legal counsel, a representative of the Academic Standing and Professionalism Committee, or Ad Hoc Hearing Committee, legal counsel for the Medical College, and a person designated to record the hearing may be present. All hearings may be recorded.
 - e. Following the presentations and questioning, the Appeals Committee shall consider the matter privately. A majority vote of the three-member committee will determine its recommendation. The legal counsel for the Medical College may remain for the deliberations of the Committee, if the Committee members so request.
 - f. The Appeals Committee will inform the Dean of the Medical College of its recommendation in writing and also in person, if the Dean so desires. In its written statement, the Appeals Committee shall state its recommendation and rationale.
8. The Dean of the Medical College shall consider the recommendation of the Appeals Committee and shall render his/her decision regarding the student appeal within seven (7) days. The Dean may investigate further, clarify issues and communicate with all persons involved in the case. The Dean may reconvene the Appeals Committee, if necessary. If the Dean requires additional time, he/she will notify the student when the final decision will be made. The Dean shall either:
 - a. Accept the decision of the Academic Standing and Professionalism Committee to dismiss the student;
 - b. Reverse the decision to dismiss the student. If the Dean reverses the decision, the case may be returned to the Academic Standing and Professionalism Committee for further consideration.
 9. A written copy of the Dean's decision shall be delivered with reasonable promptness to each of the following:
 - a. The Senior Associate Dean for Medical Education;
 - b. The student, in person or by certified mail, return receipt requested;
 - c. The Chair of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee.
 10. The decision by the Dean of the Medical College shall be final.

Approved by the Executive Committee of the Faculty, July 11, 1995; Appeals Policy Approved by the Academic Standing and Professionalism Committee, initially approved November 2019, revision approved January 2021

PROFESSIONAL ATTRIBUTES AND ASSOCIATED OBSERVABLE BEHAVIORS

In order to be aware of any problems in professional conduct or behavior, the Academic Standing and Professionalism Committee has instituted an "early warning system" for use by faculty and selected staff, including the University Registrar, Director of Student Financial Services, Director of Admissions and key staff such as Course Administrators and Clerkship Coordinators and other key personnel in Academic Affairs.

The “**orange card system**” is a way for the Associate Dean of Students, School of Medicine to be aware of any problems in a timely fashion so that an early monitoring and prevention strategy may be implemented. The Medical College is interested in knowing about behaviors that may result from stress, problems in judgment, chemical dependency and other issues of professional conduct. The Medical College’s goal is to prevent situations that may result in academic standing problems. If the Associate Dean of Students, School of Medicine receives an orange card from a faculty or staff member regarding professional attributes and associated behaviors of a particular student, the Associate Dean may wish to speak with that student or to the Academic Standing and Professionalism Committee, depending on the severity of the problem. If two orange cards are received by the Associate Dean, the student will be required to meet with the Associate Dean of Students, School of Medicine and/or the Academic Standing and Professionalism Committee to review his/her professional conduct with the committee members. Based on the review of the Academic Standing and Professionalism Committee, a process may be initiated in accordance with existing policies on professional conduct.

MISCONDUCT

Procedure Relating To Medical Students

Preliminary Investigation

1. When an allegation of professional misconduct (dishonest, unethical or irresponsible behavior) is made, the Associate Dean of Students, School of Medicine shall provide notice to the student concerning the grounds raised which may constitute a violation of the rules of professional conduct. The Associate Dean of Students, School of Medicine may rely upon or consult with other MCW institutional offices, as appropriate, to conduct the investigation and factfinding of reports or allegations of misconduct. This includes, but is not limited to the Title IX office, Public Safety and Human Resources, as appropriate to the circumstances of the inquiry. The investigation, at a minimum, shall include an interview with the student by the Associate Dean of Students, School of Medicine or another appropriate institutional official assisting the Associate Dean of Students, School of Medicine. If, after investigation, the Associate Dean of Students, School of Medicine determines that there are insufficient grounds to believe that a student has violated the rules of professional conduct, the complaint will be dismissed and will not be recorded in the academic file.
2. If, after the investigation, the Associate Dean of Students, School of Medicine determines that there are sufficient grounds to believe that the student has violated the rules of professional conduct, the Associate Dean of Students, School of Medicine may impose an appropriate disciplinary sanction other than dismissal, including disciplinary probation, reprimand, or suspension, as described in Section 2 below. If the Associate Dean of Students, School of Medicine believes that dismissal may be an appropriate sanction, the case will be referred to an Ad Hoc Hearing Committee as described in sections 3 and 4 below.
3. Members of the Academic Standing and Professionalism Committee will recuse themselves if they are the accuser of professionalism/disciplinary action or the Committee member feels there is a conflict of interest which would make it difficult to be impartial for voting. The Academic Standing and Professionalism member will consult with the Committee Chair or the Associate Dean for Students, School of Medicine for guidance on if they should consider whether to recuse themselves in such circumstances.

Non-Academic Disciplinary Sanctions

The following disciplinary sanctions have been established:

1. Reprimand: formal action censuring a student for failure to meet the Professional Behavior Policy of the Medical College. Reprimands are made in writing and will become part of the student’s academic file. A reprimand will include the statement that continuation or repetition of misconduct will normally result in a more serious disciplinary action.
2. Disciplinary Probation: formal action that establishes conditions upon a student’s continued attendance in school, after failure to comply with the Professional Behavior Policy. The student will be notified, in writing, of the probation and conditions thereof. Disciplinary probation warns the student that any further misconduct will

automatically raise the possibility of dismissal. Probation may be imposed for a specified length of time or until graduation.

3. Suspension (mandatory temporary withdrawal): formal action that defines a specific period of time during which the student may not attend any classes or clerkships, consequent to a breach of the Professional Behavior Policy. The student will accrue no academic credit for any coursework in progress when the suspension becomes effective. Students will be notified, in writing, of the suspension and conditions thereof.
4. Dismissal: formal action that results in a student's permanent separation from the Medical College. Dismissal will only occur following a formal hearing by the Ad Hoc Hearing Committee, following the guidelines and procedures specified in *Non-Academic Dismissal Procedure* section of the handbook.

Non-Academic Disciplinary Probation Procedure

Disciplinary Probation is a consequence that may be imposed for non-academic misconduct, including failure to meet expectations of professionalism, by the Associate Dean of Students, School of Medicine or the Academic Standing and Professionalism Committee following an investigation conducted by or at the direction of the Associate Dean of Students, School of Medicine.

Disciplinary Probation status offers a student an opportunity to demonstrate significant and sustained improvement in the student's demonstration of professional standards of conduct and rebuild trust in the Medical College community while continuing the student's medical education without interruption of academic progression.

Disciplinary probation may be accompanied by an improvement plan specifying required correction action or conditions of probation, at the discretion of the Associate Dean of Students, School of Medicine and/or the Committee. Participation in certain activities and privileges associated with enrollment in the Medical School may be restricted during periods of Disciplinary Probation.

The Associate Dean of Students, School of Medicine is responsible to inform students of the sanction of Disciplinary Probation by letter(s), including any conditions and restrictions associated with the Disciplinary Probation. The decision to impose Disciplinary Probation is not subject to appeal by the student.

Suspension or dismissal from the Medical School is possible if an infraction is sufficiently serious or if any misconduct occurs while a student is on Disciplinary Probation. The Associate Dean of Students, School of Medicine will lead an inquiry and investigation into the matter and present information to the Academic Standing and Professionalism Committee. The Committee may elect to suspend the student for a maximum of one year at its discretion.

Non-Academic Probation Review:

The Academic Standing and Professionalism Committee will meet in person with the student during the Disciplinary Probation period. This allows the student to reflect upon experience and share with the Committee any information pertaining to the student's growth in professionalism, behavioral change and engagement with the MCW community. Students may also present supporting references from members of the MCW community who have direct knowledge of and experience with the student during the relevant time period. Thereafter, the Associate Dean of Students, School of Medicine will provide at a minimum frequency of annual updates to the Committee concerning the experience of each student on active Disciplinary Probation, on a schedule to be determined at the discretion of the Committee which may be extended as needed by the Committee. Re-evaluation of Disciplinary Probation status takes into account the presence or absence of further professionalism lapses, commonly reported on "orange cards", and instances of exemplary conduct.

This process of Probation Review is not a guarantee that Disciplinary Probation will be ended, but an opportunity for continued growth and reflection. The Committee, in its discretion, may elect to continue Disciplinary Probation, modify the terms or conditions of Disciplinary Probation, or remove the student from Disciplinary Probation following Probation Review.

Like academic probation, disciplinary probation is coded on a student's record but does not appear on the student's

transcript. Dismissal does appear on the transcript. The Associate Dean of Students, School of Medicine will forward disciplinary probation letters to the Office of the Registrar for addition to the student's academic record. MCW may also share this information in the Medical Student Performance Evaluation letters as well as in response to behavioral/disciplinary/probation questions on licensure forms, as required. Probation Review resulting in termination of Disciplinary Probation does not result in the revocation, rescission or nullification of the previously imposed Disciplinary Probation, and prior sanctions remain in the student's record.

Probation Review is **not** available for students found responsible for sexual harassment, sexual assault, dating/domestic violence, or stalking or any other conduct that violates MCW's policies prohibiting sexual misconduct. Probation Review is also not available prior to completion of at least six months probationary status.

Process to Appeal Non-Academic Suspension

1. A student may appeal a decision of the Academic Standing and Professionalism Committee to suspend him/her from Medical College of Wisconsin by giving notice, in writing, of his/her intention to do so, to the Senior Associate Dean for Medical Education within three (3 business days) of the date on which the decision was mailed or delivered to the student. A student who does not give such notice within three (3) business days shall be deemed to have waived his or her right to appeal.
2. The Senior Associate Dean for Medical Education shall appoint three senior faculty members to consider the appeal and shall appoint the Appeals Committee Chair.
3. The Appeals Committee shall set a date for hearing the appeal which shall not be more than thirty (30) days after its creation, and shall give written notice of the date, time, and place of the hearing to the student by personal delivery or by certified or registered mail.
4. At least three days prior to the appeal hearing, a written report stating the decision of the Academic Standing and Professionalism Committee and the summary of the hearing conducted by that Committee, shall be delivered to the Appeals Committee Chair.
5. At least three days prior to the appeal hearing, the student, or his/her representative shall submit to the chair of the Appeals Committee a written statement detailing the grounds on which the appeal is based.
6. The Chair of the Appeals Committee shall distribute a copy of both these documents to members of the Appeals Committee at least two days prior to the appeal hearing.
7. The Appeals Committee shall conduct its review in the following manner: The Appeals Committee will confine its consideration to the written report submitted by the Academic Standing and Professionalism Committee and the written statement submitted by the student. No new information and no new witnesses or advocates will be considered. The student, his/her faculty advisor and/or legal counsel may appear and present a statement. A representative of the Academic Standing and Professionalism Committee may appear and explain the context of the committee's decision, make statements, ask questions and interact with all persons present at the hearing. Members of the Appeals Committee may question those present on pertinent matters, but these matters must relate to the grounds for the appeal or the basis for the committee's findings. The Appeals Committee must determine whether the substantial rights of the student have been violated by virtue of the fact:
 - a. The decision of the Academic Standing and Professionalism Committee is arbitrary and capricious;
 - b. The decision reflects an unfair or incorrect application of college policies.

No irregularity in the procedure or deliberations of the Academic Standing and Professionalism Committee shall be a ground for rejection of the Committee's decision so long as it has conformed substantially to suggested guidelines, unless the substantial rights of the student have been prejudiced by any such irregularity.

The decision of the Appeals Committee is final.

The Committee may also elect to hear the student for dismissal at its discretion. Hearings for dismissal will follow the Dismissal Proceedings described below.

Non-Academic Dismissal Proceedings- Formation of the Ad Hoc Hearing Committee

1. The Ad Hoc Hearing Committee shall consist of five members of the senior faculty, drawn from a panel

consisting of the members of the Academic Standing Committee and the Chairs of the Faculty Council standing committees. Associate or Assistant Deans shall not serve as committee members. The Ad Hoc Hearing Committee will be jointly appointed by the Dean and the President of the Faculty Council, who shall together designate the Committee Chair.

Non-Academic Disciplinary Hearing Procedure

1. The Associate Dean of Students, School of Medicine shall give the student written notice of the charges and the grounds upon which, if proven, would justify expulsion. The notice shall also specify the time and place of the hearing, a list of the Ad Hoc Hearing Committee members, a list of witnesses, and copies of any documentary or other evidence that will be presented at the hearing. The notice may be amended at any time prior to the hearing, but if the amendment is prejudicial to the student's case, the hearing shall be rescheduled to a later date.
2. The hearings shall be scheduled no earlier than ten business days after notice is delivered to the student. Every attempt should be made to begin the hearing within 15 business days after notice is delivered.
3. No Ad Hoc Hearing Committee member shall participate in any case in which that member is a complainant or witness, in which the member has a direct or personal interest, or in which the member has acted previously in an advisory capacity to the student. A Committee member's eligibility to participate in cases may be challenged by the Associate Dean of Students, School of Medicine, the student, or other Committee members. All challenges must be exercised at least five business days before the hearing and will be ruled upon by the Chair. Replacement Committee members will be named from the remaining panel members in the manner described in Section 3 above.
4. Five members are necessary to conduct a hearing or take a vote. The Chair shall preside over the hearing, decide any evidentiary and procedural questions that arise, and inform the student in writing of the action taken by the Ad Hoc Hearing Committee. The Medical College's Office of the General Counsel shall advise the Chair of the Committee on any evidentiary or procedural questions that may arise.
5. The Associate Dean of Students, School of Medicine or his/her designee will be responsible for presenting the charges and the evidence to the Ad Hoc Hearing Committee. The individual who thus presents the case may question witnesses for both sides, will pursue other data or evidence requested by the Committee, and may make summary statements to the committee. This individual will be present throughout the hearing, but will not be present once the Committee begins its closed deliberations.
6. The student may present evidence and witnesses, question any of the witnesses and make statements to the Ad Hoc Hearing Committee. The student shall provide the Chair of the Committee with a list of witnesses who will appear at the hearing on behalf of the student, counsel and/or advisors who will be present and copies of any documentary or other evidence that will be presented, at least two days prior to the hearing.
7. The Ad Hoc Hearing Committee may question the witnesses and make whatever other inquiries it deems appropriate. The hearing need not be conducted according to the rules of law or evidence, and the Committee may admit any evidence that is of probative value in determining the issues.
8. No one will be required to give self-incriminating evidence.
9. The student may be represented by legal counsel and/or accompanied by a faculty advisor of the student's choice, and the Associate Dean and the Ad Hoc Hearing Committee may be represented by legal counsel. Legal counsel and the advisor, however, may not question witnesses and may not make statements to the Committee.
10. The hearing shall be closed except for members of the Ad Hoc Hearing Committee, the student being reviewed, the Associate Dean or designee and his/her staff, appropriate advisors for each of them, the person designated to record the hearing, and witnesses while they are testifying.
11. The Associate Dean or his/her designee shall have the burden to prove, by a preponderance of the evidence, that the student violated the rules of professional conduct. Only those matters presented at the hearing will be considered in determining whether the student violated the rules of professional conduct, but the student's past record or conduct may be taken into account in determining disciplinary action.
12. If the student does not appear (personally or through counsel) without any satisfactory explanation for the absence having been made, or leaves the hearing before its conclusion, the hearing shall proceed and a decision should be rendered based on the available evidence just as though the student had been present throughout

the hearing.

13. The Ad Hoc Hearing Committee will make a record of the hearing, which may be a tape recording. The Committee shall have sole discretion to determine the medium for recording the hearing. A copy of the recording will be provided to the student at the student's request and expense.
14. Following the presentation of evidence, all other participants except the Ad Hoc Hearing Committee and its legal counsel will withdraw and the Committee will privately consider the evidence and reach a decision. A majority vote of the Committee members present shall be required for a binding decision. The Committee shall determine the appropriate sanction, which may range from reprimand to dismissal, as defined in Section 2 above.
15. The student shall be notified of the Ad Hoc Hearing Committee's decision in writing by the Committee Chair, including a description of any sanction imposed, if applicable. If the student is sanctioned, a copy of the Chair's letter shall be placed in the student's academic file. If no sanctions are imposed, no record will be placed in the permanent academic file.
16. Should the Ad Hoc Hearing Committee find that dismissal from the Medical College is warranted, the Committee will promptly prepare a written report that shall contain:
 - a. A brief summary of the facts found;
 - b. A finding that the facts found demonstrated that the student failed to meet the professional conduct standards of the College;
 - c. A statement of the action that the Committee has decided to take and the effective date of the action.
17. A copy of this report will be delivered promptly to the student, personally or by certified mail, return receipt requested.
18. The decision of the Ad Hoc Hearing Committee will be treated as conclusive and binding, without right of appeal, unless the Committee decides that dismissal from the Medical College of Wisconsin is warranted. In that instance, the student may appeal the dismissal to the Dean of the Medical College of Wisconsin, in accordance with the standard appeals mechanism.

Approved by Faculty Council, November 16, 2005

PROFESSIONAL BEHAVIOR POLICY

Honest, ethical, and responsible behavior is as essential to the medical and scientific professions as academic excellence and scholarship. It is incumbent upon all members of the academic community to uphold high standards, to monitor these standards and to bring to appropriate Medical College administrators concerns regarding dishonest, unethical or irresponsible behavior.

Professional behavior is necessary in all areas of education including, but not limited to, relationships with patients, handling of patient information, academic coursework, scientific research, ethical use of information and relationships with peers.

Allegations of dishonest, unethical, or irresponsible behavior by medical students should be brought to the attention of either the Senior Associate Dean for Medical Education or the Associate Dean of Students, School of Medicine in the Medical School. These responsible administrative officers will, at their discretion and with consultation as deemed necessary, attempt to determine the merit and validity of the allegations. Based on this preliminary analysis, the matter may be dismissed for lack of substantive data, investigated further over time, or forwarded to an Ad Hoc Hearing Committee in the Medical School. All decisions regarding action based on established professional misconduct will be made by the appropriate individual or committee and will be documented in the student's academic file. Unsubstantiated or dismissed allegations will not be recorded in the academic file.

POLICY FOR IMPAIRED MEDICAL STUDENTS

Medical College of Wisconsin (MCW) is committed to providing a safe and healthy learning and work environment for our medical students. Additionally, the Medical School must also ensure the safety, health and welfare of the patients

whom we serve.

MCW prohibits the abuse, unlawful possession, distribution and illegal use of drugs and/or alcohol by students. This policy is intended to delineate disciplinary sanctions that the Medical School may impose on students who are suspected, or accused of, being under the influence of alcohol or illicit/ illegal substances.

We recognize that medical students may have a history of, or develop, alcohol and other drug use disorders. The Medical School is committed to a program that will assist impaired students in regaining their health while protecting the well-being of patients as well as classmates, residents/fellows, faculty, and staff.

Routine Alcohol and Drug Testing at Clinical affiliates

Many affiliate hospitals and health care facilities have policies requiring routine drug testing and/or criminal background checks for employees, students and volunteers. The cost for testing is variously paid for by the affiliate, medical school (mandatory rotations), students (elective rotations, particularly away rotations).

Students who test positive on a routine drug test will be referred to the Associate Dean, Student Affairs (ADSA). If a student refuses evaluation or consent to share the results of this evaluation, he/she may be subject to disciplinary procedures including eligibility of recommendation for dismissal.

For Cause Alcohol and Drug Testing

The Medical School may require students to submit to drug and/or alcohol testing “for cause” based upon reasonable suspicion of substance abuse. Reasonable suspicion of substance abuse may be based upon, but is not limited to, the following criteria:

- a. Direct observation of drugs or alcohol use or possession.
- b. Possession of drug paraphernalia.
- c. Demonstration of physical symptoms of alcohol/drug intoxication or withdrawal.
- d. A pattern of abnormal or erratic behavior, consistent with alcohol or drug abuse.
- e. Arrest or conviction for a drug or alcohol related offense.
- f. Identification as the focus of a criminal investigation into illicit drug use, possession or trafficking
- g. Evidence that a student has tampered with a previous drug or alcohol test

If in the judgment of the ADSA the student is a danger to self or to others, the ASDA may take immediate steps to temporarily withdraw the student. The ADSA may also take additional steps that may be necessary to minimize hazards to the student or to others, including securing emergency professional assistance.

When determination to test for cause has been made, the student will be given instructions on how to proceed. Testing will be done according to standard procedure for the specific settings. The cost of the testing will be paid for by the SOM.

The drug testing results will to be sent to the ADSA. Prior to making a final decision to confirm a positive test, the student will have the opportunity to discuss the test results and provide any documentation for a legitimate medical explanation for the positive test result.

Positive tests may be appealed by submitting a written request to the ADSA within three (3) business days after being informed of the positive test results. The student has the right to have a second test performed on the original specimen for qualitative presence only at a certified laboratory of his/her choice and all expenses of such retest will be the responsibility of the student. The specimen transfer between laboratories will follow standard protocol.

Students with a positive drug test result will be subject to disciplinary sanctions. These sanctions could result in dismissal. An individual’s participation in, and successful completion of, an approved drug or alcohol counseling program coupled with his/her consent to random testing may be considered in the disciplinary process but does not ensure that dismissal will not occur.

Any student who is given the option to participate in a rehabilitation program⁴ will comply with the treatment and rehab requirements set forth below:

1. Satisfactorily participate in a substance abuse assistance program or rehabilitation program approved by the ADSA for this purpose.
2. Provide evidence satisfactory to the ADSA of continued outpatient therapy in an approved program appropriate to the treatment recommendation.
3. Remain substance free after completing a rehabilitation program for chemical dependency and participate in random drug screening during rehabilitation and for the duration of their medical education at the Medical School.
4. Failure to comply with these requirements may result in recommendation for dismissal.

Any student who refuses to consent to an alcohol or drug test for cause or fails to provide an adequate specimen will be subject to discipline (as per c. above), up to and including recommendation for dismissal.

Every effort will be made to keep the results of alcohol and drug testing confidential. Students should be aware that test results may be used for administrative hearings and court cases and may be sent to state and /or federal agencies as required by applicable law.⁵

Substance Abuse Self-Identification

The Medical School encourages students who have developed substance abuse problems to voluntarily identify themselves and to seek immediate treatment.

1. A student who voluntarily self-identifies as an abuser may be permitted to continue his/her current course of study without suspension, provided:
 - a. This self-identification occurs PRIOR to any incident that is grounds for suspension or dismissal under institutional policy.
 - b. The student immediately enters an approved treatment program⁸ for the drug or alcohol abuse.
 - c. The student's conduct and academic performance remain consistent with the demands of the curriculum and profession.
2. A student who voluntarily self-identifies as an abuser and who, by his /her own admission, by the testimony of approved abuse counselors, or by the determination of institutional authority is no longer capable of acceptable academic and professional conduct will be required to take a medical leave of absence from the Medical School. Nothing in this paragraph will preclude the Medical School from suspending, dismissing or taking other appropriate action against the student for unacceptable academic performance or lack of professional conduct.

Notification of Arrests/Convictions

Students must notify the Medical School of any drug or alcohol related arrests or convictions within ten (10) working days after charge of an offense. Failure to do so and subsequent notification during a required background check may result in disciplinary action including dismissal

References and Related Policies

NOTE: This policy was adapted from the medical school substance abuse policies of Texas A&M, UC Davis & UC San Diego.

Approved June 17, 2017

UNIFORM PROFESSIONAL CONDUCT POLICY FOR CLINICAL ROTATIONS

During Clinical Experiences, medical students will adhere to the following standards of professional conduct:

1. Professional Appearance

- a. Identification: While on clinical rotations, students at all times must wear a Medical College of Wisconsin Name Tag/ID Badge and appropriate identification as outlined by the facility at which they are rotating.
 - b. Clothing and Accessories: Clothing, including white coats, must be clean and professional-looking. Any clothing or personal accessories (e.g., jewelry, tattoos, or piercings) that interfere with the provision of patient care is not acceptable. This includes clothing or personal accessories that limit a student's ability to effectively communicate with patients, families, staff and/or their ability to perform a physical examination or procedure.
2. Communication
- a. Introduction to Patient: Students will introduce and identify themselves to the patient and their families as "medical students." The student will advise the patient that he/she has been directed to evaluate the patient and share the findings with the staff physician who is responsible for the patient's care.
 - b. Cultural Differences: Students must acknowledge and respect the cultural differences of patients, families and staff.
 - c. Respect: Students will demonstrate respect in all interactions with patients, families, supervisors, peers and members of the healthcare team.
3. Patient Care Responsibility
- a. Responsibility: Patient care is the responsibility of the supervising physicians.
 - b. Supervision: Students must be supervised in their interactions with patients. Student/patient interactions must be within the confines of resident/faculty teaching.
 - c. Patient Access: Student interaction with patients is limited to only those patients of the supervising physician or service to which they have been assigned. Student should limit and qualify discussions of any findings (e.g., H and P, laboratory findings, prognosis, treatment) with the patient.
 - d. On Call: When the student is on call, he/she may interact with patients seen in consultation by the service to which they are assigned or with those patients in need of emergent/urgent problems that require evaluation/treatment.
 - e. Confidentiality: All aspects of patient care (e.g. conversations re: H & P, diagnosis, test results, treatment, prognosis, and written medical record) will remain confidential. Discussions should occur in appropriate venues with treating physicians for the purposes of patient care or education.
 - f. Medical Records: Students may make notations in the actual or electronic chart consistent with the protocol of the facility to which they are assigned and at the direction of the supervising physician.
4. Professional Responsibility
- a. Responsibility to the Profession: The student will report any witnessed violations of this policy or other forms of unprofessional behavior to his/her immediate supervisor and/or Clerkship Director.
 - b. Attendance: The student will participate in clinical care activities as assigned by the supervising physician. In case of a personal emergency, the student must contact the supervising physician and the Clerkship Coordinator to discuss absence from the assigned service. Students are required to provide their own transportation for all Educational and Clinical Experiences. When students are assigned to a rural rotation, housing will be provided by MCW. Students with personal circumstances that would make a rural rotation a hardship should contact the clerkship coordinator no later than 60 days before the start of the rotation. Regional campus students should contact their Campus Administrator for further information on the housing and fuel policy.
 - c. Sick Leave/Time Off: A written request to the Clerkship Director must be submitted at least one month before the start of the rotation. The Clerkship Director, per the attached policy, will evaluate requests individually.

EXCUSED ABSENCE REQUESTS

The knowledge and experience acquired during required classroom sessions or while in the clinical setting cannot be replicated by independent study alone. There are, however, occasions when time away may be necessary. In cases requiring substantial time away from the school, the student must contact the Associate Dean of Students, School of Medicine to arrange for a formal leave of absence, also known as a temporary withdrawal.

There are two types of absences:

Unplanned Absence:

- Medical and family emergencies outside a student's control qualify as an unplanned absence. These include

medical emergencies or acute illness and follow-up care, family deaths or emergencies, and sudden changes in life circumstances.

Planned Absence:

Except in rare incidences, students will not be excused from any scheduled, required Course or Clerkship exam, quiz, Scholarly Pathway core session or other graded activity. A student is expected to be present for all scheduled days of course work, exams, class meetings, clinical duties and mandatory meetings. Students should e-mail course directors or coordinators to confirm dates and times of exams and quizzes prior to making plans to be absent.

For mandatory sessions, excused absences may be granted under certain circumstances such as the following:

- Physical and mental healthcare appointments for needed diagnostic, preventive and therapeutic services.
- Attendance at a scientific conference or meeting for the purposes of presentation of a paper, poster or other academic work as PRESENTING author.
- Invited Meetings/Conferences – a student officially representing MCW as a delegate at regional/national meetings may request to be excused from classroom sessions and/or a clerkship.
 - A student may only be excused for one meeting per academic year.
 - A student may be restricted from attending a conference if he/she is not in good academic standing per the Office of Student Affairs.
- Residency interviews.
- Day of major family event, plus necessary travel time.

Each class will be expected to follow the academic calendar identifying observed holidays. Students should also check with their course syllabi for how holidays are handled, specifically in the clinical courses. Every reasonable effort is made to avoid scheduled conflicts with religious holidays; however, not all requests for excused absences can be accommodated. These will be evaluated on a case-by-case basis by the Associate Dean of Student Affairs.

Process for Requesting Excused Absences

A student may submit a request via the [Excused Absence Request Form](#). The request must be submitted **at least 60 days** before the start date of a Course, Pathway or Clerkship. Exceptions to this time requirement can be made for unplanned absences, as outlined above, where the student should notify the Course, Pathway or Clerkship coordinator or Director before the session is missed, unless there are extenuating circumstances.

Please be aware that requests should not be expected to be granted. A student should not make any travel plans until a request is approved.

After approval of a submitted Excused Absence Request Form, the student is required to notify both the director(s) and coordinator(s) of the Course(s), Pathway(s) or Clerkship(s) of the upcoming absence and missed session(s). The student is still responsible for the material and concepts including clinical skills that are taught during these session(s).

MCW-Milwaukee, Central Wisconsin (CW) and Green Bay (GB) M1-2 Excused Absence Guidelines for Basic Science and Early Clinical Courses

Pathway Core Sessions – All sessions are mandatory.

Early Clinical Course Sessions – Sessions are mandatory for Foundations of Clinical Medicine, Clinical Apprenticeship, Bench to Bedside and Foundational Capstone. At CW and GB, Continuous Professional Development Sessions are mandatory.

Exams or Quizzes

- 1) Excused: Only unplanned absences are excused. Planned absences are not allowed except for very rare

occasions.

- a. Student illness or emergency.
 - b. Family (child, spouse – significant other, parent) illness or emergency.
- 2) Make up: Exam or Quiz may be rescheduled OR the grade based on the remaining exams at the discretion of the course director(s).

Mandatory Sessions

- 1) Excused: *Unplanned and Planned absences may qualify*
 - a. Student illness or emergency.
 - b. Family (child, spouse – significant other, parent) illness or emergency.
 - c. Presentation as first author of paper or poster at a local, regional, national or international meeting.
 - d. Attending a national or international meeting as an official MCW delegate
- 2) Make up: Remediation as determined by the course/pathway director(s)

MCW-Milwaukee M3 Excused Absence Guidelines

Pathway Core Sessions

For a student in third year Pathways, all sessions are mandatory.

Clerkship Days off Requests

Students will have an average of one day off per week during their clerkship

rotations. For clerkships that are four weeks long or more

- A student who wishes to request a particular day or days off from the allowed one day off per week (total of four weeks for four-week clerkship and total of eight days for eight-week clerkship) for personal reasons or as a planned excuse must complete the Excused Absence Request Form at least 60 days before the first day of the clerkship. Clerkships will make every reasonable attempt to schedule the student to meet the request, but are under no obligations to accept a student's request. The clerkship is not required to alter an already created schedule to accommodate the student.
- Students requesting more than the allotted average of one day off per week must provide rationale to the clerkship director, and it is up to the clerkship director's discretion to grant any such request. The maximum additional days off per clerkship are as follows: Four-week clerkship - two days; eight-week clerkship - four days.

For clerkships less than four weeks long

- The clerkships are under no obligations to accept a student's request.

Exams:

- Excused: *Only unplanned absences are excused. Planned absences are not allowed*
 - Student illness or emergency.
 - Family (child, spouse – significant other, parent) illness or emergency.
- Make up: Exams – will be rescheduled

MCW-Milwaukee M4 Excused Absence Guidelines

Required Rotations

- Applies to Acting Internship and Ambulatory Rotations.
- Students will have at least four days off in a four-week rotation.
- Students will be allowed no more than two additional flexible days for last minute interview opportunities.
 - **MUST** be approved by course director before rotation begins with appropriate documentation provided.
 - Cannot occur during scheduled night shifts or required events (i.e. exams, no coverage).
 - May be consecutive days or two separate days.
 - Arrangements for appropriate coverage or make up need to be agreed upon before approval.

Elective Rotations

- Time away requests should be discussed directly with M4 elective course directors and/or coordinators.

MCW-Central Wisconsin Clinical Rotation Excused Absence Guidelines

MCW-CW students are required to adhere to the applicable MCW attendance guidelines as outlined in the student handbook and below. For unplanned, emergent, or other unexpected absences, students must notify the clinical coordinators, Heather Roth (CWIC) or Eric Wenninger (Electives and Acting Internships), their preceptor(s) and site coordinator, as soon as feasible. For planned absences, students are strongly encouraged to submit the Excused Absence Request Form as soon as they are aware of the need for time away. Requests for excused absences made less than 60 days prior to the potential absence may not be granted. All planned absences require completion of the Excused Absence Request Form and Clinical Course Director approval prior to being excused. MCW-CW students will follow the MCW-Milwaukee M4 Excused Absence Guidelines for the Medically-Oriented Acting Internship and Acting Internship.

During clerkships and clinical rotations, **learning through care of your patients** is always your primary responsibility, and your patient care obligations must always be met. However, there are other important professionalism activities that must also be included in a balanced curriculum, and our accelerated and longitudinal curriculum requires a different approach than for a traditional block rotation.

Professionalism goals for MCW-CW include:

- Meeting patient care obligations
- Meeting educational objectives
- Supporting professional development goals
- Developing healthy and sustainable habits and practices
- Learning and practicing work life integration
- Empowering good decision making

Activities related to professional development are important and students have some discretion over when they participate in these activities. Examples include:

- Attending conferences where interaction with prospective residency directors is a major component
- Speaking or presenting papers/posters at a conference
- Travel for unexpected residency interviews (outside designated time in November – December of M3 year)

Students will work with the Course Directors, Assistant Dean for Clinical Learning (ADCL) and Educational Coordinators to request time away during clinical rotations using the request form in Brightspace. Requests are not finalized until officially approved. When feasible, cross coverage should be arranged by other students at each site for call, rounding or other scheduled patient responsibilities. Once requests are approved, students are responsible for notifying their clinical preceptors and the site coordinators of their upcoming absence. Your bank of available days includes **both** vacation and professional development time.

Time away will be scheduled as follows (avoiding orientation, exams, and other required activities):

- Students will schedule 5 days (1 work week) of time away during CWIC 1 (not to be taken during the first 2 days or the final week). Time away is an important contributor to your mental wellbeing.
- Students will have a bank of 5 days total (1 work week) of time away during CWIC 2-6 which may be used for professional development time and vacation. Absences of more than 3 consecutive days may be denied.

Approval must be obtained in **advance** for time away, subject to the following guidelines:

- One-month notice required (excepting short notice residency interviews and emergencies) via the Request for Excused Absence form in Brightspace.
- Requests are not final until official approval is received via email. Purchasing nonrefundable tickets prior to receiving official approval is at the student's own risk.
- The student is responsible to notify the site clinical preceptors and site coordinator well in advance of the planned absence.
- Time away is not available during Acting Internships. Special situations can be discussed with the course director.
- Requests that exceed the allotted time away will be considered by the course director. A make-up plan for the additional time away must be included in the absence request.

All students have one month (4 work weeks) of time away during November-December of the M3 year - a combination of Individual Professional Development elective, USMLE study time, if needed, and residency interviews. This time away must be requested using the Request for Excused Absence form in Brightspace, but is not counted in your time away bank.

The following activities may not be missed, so do not schedule time away during these scheduled events (Students should check the campus schedule for dates). In the event of an emergency absence, the Course Director or ADCL should be notified immediately via email.

- Objective Structured Clinical Exams (OSCEs)
- Scheduled NBME (shelf) exam dates
- Required campus events
- First 2 days of CWIC 1, first day of CWIC 2 and CWIC 6

MCW-Green Bay Clerkship Excused Absence Guidelines

MCW-GB students are required to adhere to the applicable MCW attendance guidelines as outlined in the student handbook. For all absences, including unplanned, emergent, or other unexpected absences, students must notify the appropriate clerkship coordinator, Marissa Popp (mpopp@mcw.edu) or Shelly Griffin (shgriffin@mcw.edu) for M3/M4 rotations and their preceptor(s), as soon as feasible.

Students are strongly encouraged to contact the appropriate coordinator first, and then submit the [Excused Absence Request Form](#) as soon as they are aware of the need for time away.

Requests for excused absences made less than 60 days prior to the potential absence may not be granted. All planned absences require completion of the Excused Absence Request Form and MCW-GB Assistant Dean for Clinical Learning approval prior to being excused. Third year students in their final year will be allowed no more than a total of one day per 2-week block, and not to exceed 3 days on a required clerkship rotation for last minute interview opportunities.

MCW-GB students will follow the MCW-Milwaukee M4 Excused Absence Guidelines for the Medically-Oriented Acting Internship, Acting Internship, and Ambulatory Rotation.

MCW DUTY HOURS POLICY

Approved by MCW's M3/4 Curriculum & Evaluation Committee

1. To be compliant with LCME ED-38, clinical time for medical students cannot exceed the 80/30 rule with one day off per week averaged over four weeks.

Approved April 18, 2005

- Clarifications – per CEC provided by M3 Clerkship Directors (from OASIS Duty Hour Evaluation)
 - 30 hours = work more than 30 hours consecutively in clinical or educational activities
 - 80 hours per week (averaged over a four-week period) during a clerkship in clinical or educational activities
 - Hours refers to time spent in hospitals, clinics or attending required didactic sessions. It does NOT refer to time spent studying or working on other clerkship/self-study projects.

2. M4 students on any MCW rotation must not be placed on call the last night of the rotation.

Approved May 19, 2008

RULES FOR ADMINISTRATION OF MEDICAL SCHOOL EXAMINATIONS AT MCW

This exam policy supersedes its counterpart contained within the All Student Handbook.

Students are responsible for learning the mechanics of examination navigation and submission and for following the rules for administration of examinations. Failure to follow the Rules for Administration of Medical School Examinations may result in the issuance of an Orange Card that is submitted to the Associate Dean of Students promptly and in some cases, loss of exam credit as described below.

1. Students will receive exam instructions (e.g., exam room assigned and exam start time) from the appropriate Course/Clerkship Director/ or coordinator via a D2L Brightspace Announcement.
2. Students cannot carry unauthorized items and/or mobile devices into the testing room. These items include but are not limited to the following:
 - a. ALL mobile devices (phones, pagers, smart watches, fitness or activity trackers, recording/filming/transcription devices) except one personal computer with the exam downloaded.
 - b. Ear buds/headphones unless specified by the appropriate Course Director for a video (Ear plugs are allowed.)
 - c. All watches
 - d. All writing devices including pens and pencils other than a personal computer
 - e. Reference materials (books, notes, papers)
 - f. Backpacks, briefcases or luggage
 - g. Beverages or food of any type (except those required for personal medical reasons. See below.)
 - h. Coats, outer jackets, hooded clothing that can be converted to headwear or ones with a built-in head cover or scarves. If the student gets too warm, the student must leave the item with one of the proctors. Clothing is not allowed on the back of the chair, tied around waist/shoulder, or carried in.
 - i. Students will not be permitted to wear headwear during the examination (unless for religious or medical purposes). Hair ties or bands of ¼ inch or less are acceptable.
 - j. Electronic devices (including but not limited to iPads, computers) are restricted to those required to take examination in the exam software.
 - k. Any other item or material that raises reasonable suspicion or may reasonably be construed to enable academic dishonesty.
3. Any student with any of the above banned items after the beginning of the exam will be required to give the item(s) to a proctor.
 - a. An orange card may be issued and sent to the Associate Dean of Students, School of Medicine in a timely manner. The appropriate Course Director(s) will be promptly notified.
 - b. Additional disciplinary action may be warranted and administered, in MCW's sole discretion.
4. Students who take electronic course/clerkship exams are required to:
 - a. Download the exam file for each exam in advance of the exam start time.
 - b. Bring a fully charged and working laptop, compatible with the exam software platform.

- c. Bring a charging cable, privacy filter, exam software credentials, their MCWID badge, and ear buds/headphones when required to the exam session.
 - d. Stow all personal items, other than those previously identified in this section, in student lockers for M1 and M2 students and in the cubbies in the exam room for M3 and M4 students. (M1 and M2 students are encouraged to store their privacy screen in their student locker when it is not in use.)
 - e. Report to their assigned testing room **before the exam start time**.
5. Technology support resources are provided adjacent to the examination room before, during and after the exam. If technical assistance is needed for student-owned laptops as part of an exam session, an MCW ID badge must be provided at the time of assistance. For an emergency situation, loaner laptops, privacy screens and technology assistance can be obtained from the Exam Team at the entrance to the exam room. Written acknowledgement of assistance from the Exam Team will be sent for all students needing assistance to the student, Course Director(s) and the Associate Dean of Students.
 - a. Repeated request - A second request for a loaner laptop or privacy screen or failure to download exams before arriving to the exam session or to resolve computer compatibility or functional issues will result in the loss of 5% of the final grade of the exam. A third incidence will result in the loss of 10% of the final grade of the exam and the issuance of an “orange card” and meeting with the Associate Dean of Students, School of Medicine. Repeat requests need not be for the same incident (i.e. a loaner laptop) in order for the consequences stated herein to apply.
 6. Exam software records date and time stamp records of all student activity within the exam software including, but not limited to, start time, answers selected, questions skipped and exam submission. These log files may be used to address student questions, verify exam taker behavior, or for other purposes in MCW’s sole discretion.
 7. The exam proctor is the official time keeper. Exam software displays the amount of time remaining for examination which may be inaccurate for late arriving students. At the end of the examination allotted time, regardless of late arrival, students must immediately submit their answers.
 - a. Premature closure of the examination window will not merit additional examination time, except at the discretion of the proctor.
 - b. At the discretion of the appropriate Course/Clerkship Director, the percentage and/or raw score(s) may be displayed upon submission of exam.
 - c. Students are required to display their “Green Screen” to a proctor before exiting the testing room for any exam delivered via examination software. If the student has already closed this screen, the student must consult with an Exam Administrator to confirm the exam submission prior to leaving. Failure to show the “Green Screen” to a proctor may result in the issuance of an Orange Card sent promptly to the Associate Dean of Students, School of Medicine.
 8. An electronic mechanism is used to determine students who are in the exam room and the time students arrive in their **assigned** room for the exam.
 - a. In Milwaukee, students use their MCW ID to scan in as they enter the room. If a student does not badge into the room for any reason, they **must** check in with the head proctor and record the time. If a student does not scan in or have their entry time recorded by the head proctor, they will be considered late.
 - b. At the Regional Campuses, students use Top Hat to record their attendance prior to the start of the exam.
 9. Students will be provided with writing materials for use during the exam. These materials include but are not limited to any of the following:
 - a. A marker, eraser and whiteboard or official NBME green board. Students must erase and hand in their marker/eraser/whiteboard or green board as they exit the classroom.
 - b. Pencil and paper: These may be given to the students when entering the room or placed on the tables prior to the students’ arrival.
 - c. Students are given detailed instructions at each of the tables that they cannot take/use these exam materials until they have entered the exam code and received access to the exam. Notes or calculations may be written on both sides of the paper/NBME green board during the examination. The paper/NBME green board will be collected at the end of examination session by proctors. Students are not permitted to take the paper/NBME green board with them after the exam.
 - d. Notes written or recorded in any way prior to initiating the start of the exam/entering exam password

are not permitted. If discovered, notes will be confiscated and an orange card may be issued in a timely manner and sent promptly to the and Associate Dean of Students, School of Medicine. The appropriate Course Director(s) will be promptly notified. Additional disciplinary action may be warranted and administered, in MCW's sole discretion.

10. Calculators will be provided as part of the examination software for electronic exams or as physical devices for paper-based exams. In addition to the on-screen calculator, a highlight function, a cross-out function and a list of normal lab values will be provided for electronic exams. Students are not permitted to bring their own calculators or lab values to the exam, unless expressly instructed to do so by Course Director(s).
11. Students are required to use their privacy screens throughout the entire exam.
 - a. If a privacy screen is removed, an orange card may be issued and sent promptly to the Associate Dean of Students, School of Medicine. The appropriate Course Directors will be promptly notified. Additional disciplinary action may be warranted and administered on a case-by-case basis pursuant to applicable policies.
12. Immediately prior to all exams, an abbreviated list of these Exam Rules will be presented via a video recording or in person by the appropriate Course Directors or other designated faculty members. An abbreviated form of these rules will be projected during the exams.
13. Students will be permitted to leave the examination to use the restroom one-at-a-time for exams in the Learning & Skills Rooms and one per designated restroom near the test site in Kerrigan, Alumni Center and the Discovery Classrooms in Milwaukee and at the regional campuses. A Milwaukee student requiring a restroom break must scan their MCWID when they leave and upon their return. Any notes taken on paper during the exam as well as paper examinations must also be left with the proctor during their absence. These items may be collected from the proctor when the student returns to the room. The timer for the exam will continue during restroom breaks. In other words, students taking a break will not be allotted additional time to complete their exams. Proctors will determine whether the time that the student is absent from the room during examinations is reasonable. The proctor may keep a sign-in/sign-out sheet to track the duration of student absences. These breaks are solely for the purpose of using the restroom, thus students should not visit other areas and should not communicate with others while on break.
14. Students are monitored by proctors throughout the examination, so that students are not consulting sources, exchanging information or engaging in any other behavior that might reasonably be construed as or enabling impermissible academic conduct. Any student exhibiting cheating, suspicious or unusual behaviors during exams will be promptly reported to the appropriate Course/Clerkship Directors and the Associate Dean of Students, School of Medicine. The student will be required to meet with the appropriate Course Director(s). The Associate Dean of Students, School of Medicine will determine if meetings with the Associate Dean of Students, School of Medicine and/or Academic Standing and Professionalism Committee are necessary. Meetings with the latter may result in notation in the permanent academic file, Academic Probation, Disciplinary Probation, and/or student dismissal.
15. Proctors are not allowed to answer questions that pertain to exam questions or content during the exam.
16. Special accommodations may be granted for medical conditions in advance by the Associate Dean of Students, School of Medicine. Examples include but are not limited to access to food, beverage or medical testing supplies during an examination period due to medical necessity. These items should be left with the proctor at the beginning of the examination session. A student may be asked to leave the room to consume food or beverage if required as such activity may be disruptive to other students. The exam time allotted will not be extended in these cases, unless extra time has been pre-approved by the Associate Dean of Students, School of Medicine as part of an accommodation. The Associate Dean of Students, School of Medicine should be notified by students of this requirement in writing at the beginning of the year for known medical issues. If this is a new medical condition, the Associate Dean of Students, School of Medicine should be notified before starting a new course or at least one week prior to examinations, or as soon as reasonably possible following diagnosis. A letter from a licensed medical provider is usually required to support this exception to standard examination rules. In the case of a recurring need for food/beverage available due to medical necessity, the request will only need to be made once sometime before the first examination and approval will carry over to subsequent examinations during the academic year. Subsequent requests will need to be made at the beginning of a new academic year.
17. All students, by taking the examination, acknowledge and consent to the following, which may appear on the

computer screen at the beginning of each examination administration: *All of the test questions used are owned by the Medical College of Wisconsin. Any dissemination, disclosure or reproduction of the materials or any part of them through means including, but not limited to, photocopy, dictation, photography or reconstruction through memorization and/or dissemination (oral or written) in any form to any individual, platform, and/or party, or for the purpose of disseminating the information now or in the future, is prohibited and constitutes a violation of the MCW Student Professional Misconduct Policy. Resulting disciplinary action of an appropriate nature will be administered in MCW's sole discretion.*

18. At the discretion of the proctor, the format of the examination (computer v. non-computer) may be changed or the examination may be rescheduled even when an examination is in progress.

Policy for Students Arriving Late to Take an Examination

1. The appropriate Course/Clerkship Director or their representative(s)/coordinator will clearly communicate the expected exam start time for students. Students should be in the exam area prior to the expected exam start time to assure "on-time" arrival on examination days.
2. Students arriving late to take an examination must "badge in" and quietly inform the appropriate Course Director or chief proctor of their arrival.
3. The appropriate Course/Clerkship Director or the chief proctor has authority to decide how to manage a student arriving late for an exam. In accommodating the late student, every effort will be made to minimize the disruption to other students taking the exam.
4. The student will be expected to complete the exam in the time remaining for the original testing session.
5. Arriving late for exams (badging in after the expected start time (1:01) is an issue of professionalism. After the exam, students arriving late will be required to arrange and meet promptly with the appropriate Course/Clerkship Directors.
 - a. First offense: a warning from the Course Director and an orange card sent to the Associate Dean of Students
 - b. Second offense: 5% taken off the exam
 - c. Third offense: 10% taken off exam
 - d. Fourth offense: additional 10% taken off and students will meet with the Associate Dean of Students, School of Medicine with possible disciplinary action.
 - e. After one year, each student lateness occurrences shall be reset to zero

Medical School Exam Review and Appeal Procedure for M1/M2 Exams

1. Course Directors or their representatives will clearly communicate exam review procedures to students by way of a D2L Brightspace Announcement and the course syllabus in the event one exists. Course examination items, including completed and returned exams, are confidential documents not to be released, reproduced, disseminated or shared in any forum outside of the testing/review setting.
2. For courses in which the exams are returned directly to students, the returned exam will serve as the vehicle for student learning.
3. For courses in which exams are not returned to the students, the following will serve as the mechanism for students to learn from the testing process.
 - a. Shortly after electronic exams, students will receive an initial score and the number for those questions incorrectly answered.
 - b. Shortly after the exam, the exam and correct answers will be posted in a room proctored by non-faculty for the duration of one hour. This exam review is to stimulate group interaction and peer learning between students.
 - i. Only a student's exam report or a sheet of standard letter paper with question numbers for review may be brought into the room
 - c. Students are not allowed to bring in the items listed in section 2 of Rules for Administration of Medical School Examinations.
 - d. For M1 Courses
 - i. Students will have until the end of the Review Session to report ambiguous questions. No

- reports will be accepted after the completion of the review session.
- ii. Students may e-mail or meet with the appropriate Course Directors about questions reported during the Exam Review Session.
- e. For M2 Courses
 - i. Questions may be marked in ExamSoft for review during the exam. An exam time extension of 10 minutes will be given and built into the ExamSoft timer.
 - ii. Any question can be commented upon/challenged after the post exam review through the course e-mail using the following guidelines:
 - a. The email subject line **must** be “Comment on/challenge of Question or Question Topic” and the question number or topic repeated in the body of the email.
 - b. Each question **must** be submitted in an individual email by 8 AM on the day following the exam review.
 - c. Students **may** include in the body of the email an explanation of the issue with the question based on the information sources given in Brightspace by the faculty including their lectures.
4. Decisions about challenged questions.
 - a. The appropriate Course Directors will review both the reported questions for accuracy and the question statistics for all questions.
 - b. Statistical analysis of student performance will determine the validity of all exam questions. The Difficulty Index, Answer Frequency, Discrimination Index and Point Biserial are provided to the Course Directors.
 - c. Questions that do not meet statistical standards for validity, or receive large numbers of consistent student comments are marked for follow-up
 - d. This follow up question review is performed immediately after the exam by the Course Directors in discussion with the faculty teaching the content area.
 - e. The decision to drop a question or accept two answers as correct on an exam rests with the appropriate Course Director. This decision may be based on consultation with faculty and/or psychometric data for the overall exam and individual questions. The Course Directors will consult the MCW Assessment Team.
 - f. Changes such as acceptance of more than one answer or dropping a question will be communicated through D2L Brightspace Announcements
 - g. Credit will not be given to all students for a specific flawed question. Flawed questions will be removed from the scoring of the exam.
 - h. Responses to individual comments/challenges are at the discretion of the course directors.

Medical School Lab Practical Examinations

1. At the beginning of the course, students will be assigned to a group before testing. Throughout the course of the term, group assignments to testing sessions will be rotated.
2. For timed examinations, students may not begin the examination until instructed by the proctor.
3. For a non-computerized laboratory practical examination that is timed, students must remain at a given station during allotted time (i.e., students will not be allowed to return or advance to a given station during or after the examination unless permitted by the proctor).
4. At the end of an examination, students' must immediately:
 - a. Move from the Form and Function Lab to a specified room, transfer answers to the testing program, and submit the answers
 - b. Refrain from any type of communication while moving from lab to classroom.
 - c. Turn in their paper answer sheets to a proctor.

Disclaimer: Nothing in this policy is intended, nor shall it be construed, to conflict with policies set forth in the Medical Student Handbook, or to limit the rights students have by law including but not limited to those

pertaining to ADA accommodations. Questions regarding ADA accommodations or interpretation or application of this policy should be directed to the Associate Dean of Students, School of Medicine.

Medical School Weather Policy for Exam Administration

1. The status of Milwaukee, Central Wisconsin and/or Green Bay campuses as to whether they are opened or closed due to severe weather or extreme emergencies is determined by the President, Provost/Executive Vice President/Dean of the Medical School, and Executive Vice President/Chief Operating Office for Finance and Administration.
2. In the event of closing one or more campuses, the Office of Communications will coordinate the announcement of a closure through the news media.
3. If an examination is scheduled when one or more campuses are closed, the open campuses will administer the exam as scheduled.
4. The examination at the close campus(es) will be administered as soon as possible following reopening. Students will be notified of the rescheduled date and time by an Announcement on the D2L Brightspace site for the affected course.

Procedures for Evacuation during ExamSoft and NBME Assessments

1. In the event an emergency evacuation (e.g. fire alarm) is required during an ExamSoft or NBME assessment, faculty and students must evacuate according to the [emergency procedures established by MCW Public Safety](#).
2. **ExamSoft** Computer Instructions:
 - a. Before exiting the classroom, faculty proctors should instruct students to **PRESS** and **HOLD** the power button on their laptops until the computer powers off.
 - i. When the computer powers off, the ExamSoft timer will pause until the computer is powered back on. Student progress (completed questions and selected answers) is saved; no responses are lost.
 - ii. If students quickly press and release the power button, this does not power down the computer fully, and the ExamSoft timer will continue to run. Student must PRESS and HOLD. If a student neglects to PRESS and HOLD and fully power off their machine, they forfeit the time lost during the evacuation.
 - iii. Students must leave their laptops in the classroom.
3. **NBME** Computer Instructions:
 - a. Before exiting the classroom, faculty proctors should instruct students to **PRESS** and **HOLD** the Ctrl+Shift+Q on their laptops until the web browser closes.
 - i. Closing the browser will prevent the examinee(s) from losing time in the exam.
4. Paper and pencil Exam Instructions:
 - a. Before exiting the classroom, students will turn in exams with student name to a proctor.
5. Evacuation Instructions:
 - a. Students should exit the classroom and follow the head proctor to the designated Evacuation Assembly Area outside of the building found in the [emergency procedures established by MCW Public Safety](#).
6. Students are prohibited from discussing assessment content during the duration of the evacuation.
7. Once the all clear has been given and it is safe to re-enter the building, students should follow the faculty proctors back to the classroom, take their seats, and press the power button on their laptop to resume their ExamSoft assessment. A universal continuation code will need to be entered by each student on their machine, and this will be provided by exam support staff. Once students have entered the continuation code, their timers will resume from where they stopped when they powered down their machines. No time is lost if the student powered down correctly.
8. Once students have resumed testing, the faculty proctors will consult with exam support staff regarding any additional actions that may need to be taken, including adjustment to the academic schedule for the

remainder of the day, if warranted.

Procedure for Loss of Power or WiFi Connection during Examinations

1. Loss of WiFi Connection
 - a. ExamSoft Exams: Because WiFi is only required for opening an exam with an exam code and for closing an exam, students can continue the exam during an outage of WiFi. If there is an outage at the time the exam is ready for submission, the Exam Team or Proctors will give instructions as to where to find WiFi for uploading the exam.
 - b. NBME Exams: Because WiFi is required to obtain each individual question, the head proctor will evaluate the situation with consultation with the Exam Team and NBME determine the course of action: wait for restoration of WiFi or reschedule the exam.
2. Loss of Power
 - a. ExamSoft Exams: The head proctor in consultation with the Exam Team, the Facilities Team and the Course Directors will determine whether the examination will continue or will be rescheduled.
 - b. NBME Exams: The head proctor in consultation with the Exam Team, the Facilities Team and NBME will determine whether the examination will continue or will be rescheduled.

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STUDENT COURSE EVALUATIONS

Evaluation is a critical part of your education at the Medical College of Wisconsin. While a student here, you will be asked to evaluate each of your courses and clinical clerkships. Your input on the strengths and weaknesses of each course informs instructional decision making that will, in turn, facilitate student learning in the future.

Evaluation data is processed and compiled in the Division of Educational Services while evaluation data for away rotations is maintained by the Office of the Registrar. A cumulative report of the MCW data, including all narrative comments, is sent to the Course Director and to the Curriculum and Evaluation Committee (CEC), which is comprised of faculty and student representatives with responsibility for curriculum oversight. Committee members discuss and review each course and write a summary of its strengths and weaknesses. This summary is then sent to the Course Directors and chair of the pertinent department with a request that the Course Director respond in writing, or sometimes in person, to address modifications and/or changes he or she will make in response to feedback. Course evaluations for away rotations are posted on the Office of the Registrar's scheduling website for review by fellow students.

You can be most helpful in this process by both recognizing effective teaching and giving clear, specific feedback when your learning needs and course objectives are not met. Concrete suggestions for improvement and thoughtful reflections about approaches to the course as a whole can help course directors think about and reflect on changes to implement in future courses. For example, "The unit on such and such was difficult to follow because the presentation didn't follow a logical sequence," tells the professor that perhaps outlining the process up front and then going back and presenting it from beginning to end, referring to the outline and following a sequence, would make it easier for students to follow. In contrast, a comment like, "The course was lousy," offers no insight into what a professor might do differently to be more effective the next time he/she presents the course.

Your participation in the evaluation process actually gives you experience in a skill that will be valuable to you throughout your career as a physician. As a resident, and later as a physician in practice, you will be constantly involved in evaluation from both sides of the process with patients, colleagues and various licensing bodies. It is important, then, to develop an open and positive attitude as well as experience and proficiency in giving, accepting, and learning from evaluative feedback.

Course evaluation allows you and the faculty to collaborate in the mutual process of medical education. Faculty and Course Directors seek information from you because they value your input. Your evaluations are taken seriously as evidenced in the many significant and positive changes that already have been implemented in the curriculum. You are a partner in the process of continually improving medical education and this is your legacy to those who follow in your footsteps.

Professionalism, as one of MCW’s Global Competencies, is expected of all medical students. The Medical College is committed to providing you with outstanding educational experiences to support your preparation for the M.D. degree. In order to continuously improve our educational programs, we regularly seek student perceptions regarding their educational experiences. In accordance with our professionalism competency, the Curriculum & Evaluation Committee expects that all students complete all course evaluations within the established timeframes, usually 14 days after the end of the class, providing honest and constructive feedback as appropriate. Consistent with this expectation, the time frame in which you complete your evaluations is recorded. Failure to complete your evaluations by the stated evaluation time frame will result in a grade of “IE” for Incomplete, pending completion of course evaluation. This will be addressed consistent with the established policies and procedures associated with academic progress.

- M1-M2 course evaluations are open for 19 days. The evaluation is opened 4 days prior to the end of the class and is closed 15 days after the end of the class. Pathways course evaluations are open for 35 days; the evaluation is opened 2 days prior to the end of the class.
- M3-M4 clerkship/class evaluations are open for 18 days. The evaluation is opened 3 days prior to the end of the clerkship/class and is closed 15 days after the end of the clerkship/class.

REGISTRATION

MCW students register for fall term in April of each year, and for spring term in October of each year. The [Office of the Registrar](#) will communicate instructions for registration to all medical students. MCW and the Office of the Registrar are committed to providing equitable opportunities for all students. To that end, students may not contact academic departments, course coordinators or directors regarding additional spaces, special scheduling, etc. MCW students are given first priority in registration. After MCW students are registered, electives may be offered to students visiting from other medical schools.

Students have first priority for classes at their respective campuses, and may pursue cross campus registration opportunities after preliminary registration has occurred.

Students must address any holds which prevent registration prior to the add/drop deadlines.

Add/Drop Courses

Students must register for courses in accordance with the dates and deadlines established by the University Registrar. These dates are enforced for a number of reasons including clinical/hospital, faculty and patient resources. MCW and its clinical/hospital partners rely on students. When a student requests to drop a class after the deadline, the student effectively denies the clinic/hospital ample time to reallocate resources and denies other students the opportunity to register for the class.

Students may not drop a class, clerkship, elective, rotation, etc. once it has started. A student who wishes to leave a class once it has started will receive a grade of “W” for withdrawn on his/her record.

Add/Drop Dates for Medical Students	For Rotations That Begin In the Month of . . .
May 15	July
June 15	August
July 15	September

August 15	October
September 15	November
October 15	December
November 15	January
December 15	February
January 15	March
February 15	April
March 15	May

Exceptions to Add/Drop Policy

Away Electives: a student who, in the final year of study, pursues an away elective and does not receive acceptance to the away elective until after the MCW add/drop deadline may, once in the final year of study, add an away elective and drop an MCW elective (**not** a required course such as an Acting Internship or Ambulatory Rotation) after the MCW deadline provided the student submits the dated acceptance letter to the Office of the Registrar at least 15 days prior to the start of the MCW elective.

Pathways: first year students in Milwaukee may change Pathways through the first Thursday of the class.

Students who seek an exception to the add/drop deadline for reasons other than Away Electives or Pathways must complete the [Add/Drop Exception Form](#) and consult the Associate Dean of Students, School of Medicine for permission, and only in extenuating circumstances such as a family emergency or personal illness.

Vacation for MCW-Milwaukee, M3 and M4 Years

Students enrolled at MCW-Milwaukee are entitled to a total of **two** vacation months which may be taken in the M3 year (when time allows in the student's track) and/or M4 year(s). Students may not take more than 8 consecutive weeks of vacation, including winter break. Students should discuss an atypical schedule with their clinical advisor and/or the Associate Dean of Students, School of Medicine.

Individual Professional Development

Students must register for Individual Professional Development (IPD) in fall term of the senior year to be used for USMLE preparation and/or residency interviews. IPD is not considered vacation and cannot be taken in spring term.

Permanent and Temporary Withdrawals

Permanent Withdrawal

A student wishing to completely and permanently withdraw from the Medical College of Wisconsin must meet with the Associate Dean of Students, School of Medicine* and sign a written [withdrawal form](#). The student will receive written acknowledgment from the Associate Dean of Students, School of Medicine. Formal withdrawal from the Medical College is not complete until the withdrawal form has been returned to the Office of the Registrar. Upon withdrawal, an individual ceases to be a student at the Medical College. If, for any purpose, an individual wishes to continue his or her medical education at the Medical College of Wisconsin following withdrawal, he or she will need to reapply by formal application process through the Office of Admissions.

*MCW-Green Bay and MCW-Central Wisconsin students may meet with their Campus Dean.

Temporary Withdrawal (Leave of Absence)

MCW-Milwaukee:

A student seeking a temporary withdrawal must submit a written request, including the reason for the request and the proposed duration, and meet with the Associate Dean of Students, School of Medicine.

MCW-Green Bay and MCW-Central Wisconsin:

A student seeking a temporary withdrawal must submit a written request, including the reason for the temporary withdrawal and the proposed duration, and meet with the Campus Dean. The Campus Dean will communicate his/her recommendations to the Associate Dean of Students, School of Medicine.

All Campuses:

The request may be granted or denied at the discretion of the Associate Dean. If the request is approved, the student will receive written approval from the Associate Dean of Students, School of Medicine. This approval will summarize any conditions pertinent to the individual student's leave and will set a date by which the student must notify the Registrar of his or her intent to return as scheduled. Failure to provide the required notice of intent to return and/or failure to return as scheduled will be deemed to constitute a decision to withdraw from MCW. The temporary withdrawal status will become official when the completed temporary withdrawal form for the student has been returned to the Office of the Registrar. A student may not complete any clinicals, coursework, projects or research while on leave. Furthermore, a student who temporarily withdraws from MCW will be withdrawn from current courses and dropped from future courses for which he/she is registered. There is no guarantee the exact same courses will be available upon the student's return.

The Associate Dean of Students, School of Medicine may place a student on temporary withdrawal for administrative purpose, e.g., a hiatus in scheduling a student for required or elective courses; pending a decision from the Academic Standing Committee; or other administrative reasons. Administrative temporary withdrawals are brief in duration and are not considered disciplinary in nature. The Associate Dean of Students, School of Medicine may place a student on temporary withdrawal for disciplinary reasons, such as academic misconduct.

In general, temporary withdrawals for medical students will not be granted for a period in excess of one year. Furthermore, temporary withdrawals for medical students will not be granted for any but exigent reasons, academic or personal, after the start of the final year as determined by the Associate Dean of Students, School of Medicine. Students who meet all graduation requirements except for the Capstone component of Continuous Professional Development may take a temporary withdrawal of no longer than three months. Renewals of temporary withdrawals may be approved on a yearly basis for students enrolled in other degree programs.

Insurance Considerations for Students on Temporary Withdrawals (Leaves of Absence)

A student who is on temporary withdrawal from the Medical College of Wisconsin is not considered an enrolled student. MCW will not assume any responsibility for any student who is not enrolled and cannot officially be involved in any effort by the student to obtain credit towards the M.D. degree granted by MCW. In addition, a student on a temporary withdrawal is not covered by MCW's malpractice insurance umbrella provided for matriculated, tuition-paying students and does not qualify for the other insurance programs offered to active students.

Students who have dental or health insurance through MCW and are withdrawn may continue dental and health coverage under COBRA. It is recommended students contact the Health and Wellness Coordinator.

Approved by Academic Council May 1987, Updated July 2019

Section IV. NON-ACADEMIC REGULATIONS

MEDICAL STUDENT IMMUNIZATION REQUIREMENTS

Review and approval of documents demonstrating completion of immunizations (b through i), infra) is required for class registration.

Review and approval of documents demonstrating completion of a, infra is required to participate in any clinical activities.

- A. Hepatitis B: Completion of primary Hepatitis B series of immunizations and serologic testing of immunity to Hepatitis B (titer). If Hepatitis B Titer is negative, repeat booster and re-do titer in 4 weeks. If, no response to Booster Dose, completion of second Hepatitis B series and re-do titer in 4 weeks.
- B. Influenza: Annual influenza vaccination.
- C. Mumps: Either a positive mumps antibody titer or two documented MMR vaccinations.
- D. PPD (mantoux or quantiferon-TB): TB test done within one year and 90 days OR IGRA within 90 days of start date. If PPD is positive, chest x-ray completed within six months of starting school and Symptom Survey.
- E. Polio: Completed the three-dose series of Sabin-type Trivalent Oral Polio Vaccine (TOPV) or four doses of Salk-type Inactivated Polio Vaccine (IPV).
- F. Tetanus/Diphtheria: Initial series of three TD immunizations, plus a TD booster within the past 10 years. Tdap, one adult dose, if given more than 10 years ago, Td within the last 10 years is also required.
- G. Rubella: Positive rubella antibody titer or a documented MMR vaccination.
- H. Rubeola (common measles): Positive measles antibody titer or two documented MMR vaccinations.
- I. Varicella: Positive varicella antibody titer or two documented varicella vaccinations.

MEDICAL EXPOSURE POLICIES

Purpose

During the course of their training, medical students will participate in direct patient care and will consequently be at risk for potential exposure to blood and bodily fluid. It is the policy of Medical College of Wisconsin to:

1. Limit exposure to infectious agents by directing and educating students in the practice of universal precautions.
2. Establish a protocol that will allow students to be evaluated and tested following exposure in a timely fashion.
3. Coordinate the testing and follow up of lab results between the preceptor and the Student Health Center by a clearly defined protocol **Universal Precautions**.

The center of Disease Control (CDC) has developed precautions to reduce the risk of spread of infectious diseases due to exposure to blood or bodily fluid. Students will be expected to follow these guidelines while on clinical rotations where applicable.

Hand washing (or using an antiseptic hand rub)

- After touching blood, body fluids, secretions, excretions and contaminated items
- Immediately after removing gloves
- Following and between patient contact

Gloves

- Use in cases of any anticipated contact with blood, body fluids, secretions and contaminated items
- For contact with mucous membranes and non-intact skin

Masks, goggles, face masks

- Protect mucous membranes of eyes, nose and mouth when splashes of blood and body fluids is likely

Gowns

- Protect skin from blood or body fluid contact
- Prevent soiling of clothing during procedures that may involve contact with blood or body fluids

Linen

- Handle soiled linen such that it prevents touching skin or mucous membranes
- Do not pre-rinse soiled linens in patient care areas

Patient care Equipment

- Handle soiled equipment in a manner to prevent contact with skin or mucous membranes and to prevent contamination of clothing or the environment
- Clean reusable equipment prior to reuse with an approved disinfectant

Environmental cleaning

- Routinely care, clean and disinfect equipment and furnishings in patient care areas with an approved disinfectant

Sharps

- Recapping used needles is not permitted
- Self-capping safety needles are to be used if available
- Removing used needles from disposable syringes is not permitted
- Bending, breaking or manipulating used needles by hand is not permitted
- Used sharps are to be placed in puncture-resistant containers

Patient resuscitation

- Use mouthpieces, resuscitation bags or other ventilation devices to avoid mouth to mouth resuscitation and direct contact with blood/bodily fluid.

Patient placement

- Place patients who contaminate the environment or cannot maintain

Training

Medical students shall have appropriate didactic and practical training in universal precautions in preparation for their clinical rotations. Each program shall determine the training necessary for students within that discipline.

Training will meet the requirements of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and will include, but not be limited to:

Management of Hepatitis A

Exposure is fecal/oral. Medical students should seek medical care for possible Basic Chemistry Panel and Acute Hepatitis A Panel.

Management of Blood Borne Pathogens (Hepatitis B, Hepatitis C, and HIV)

Needle Stick

1. Remove gloves immediately.
2. Wash area with soap and water.
3. Avoid squeezing or expressing the wound.
4. Avoid caustic agents such as bleach.

Blood Splash to Skin

1. Wash area with soap and water.

Blood/Body Fluid Splash to Mucous Membranes

1. Irrigate area generously with water or sterile saline for 15 minutes.

For all blood borne pathogen exposure, medical students should seek medical care as soon as possible – guidelines suggest within two hours of exposure.

Management of Exposure to Aerosol Transmissible Pathogens

If infectious aerosol exposure is reasonably anticipated from a risk assessment, or the CDC has put out recommendations for their use in a public health situation, a respirator will be worn to mitigate the risk of exposure.

All medical students who wear a respirator as part of their education at a clinical site will be fit tested for an appropriate respirator certified by the National Institute of Occupational Safety and Health (e.g., disposable N95, reusable half-face respirator) and undergo an annual medical clearance by the clinical site.

At clinical sites where Powered Air Purifying Respirators (PAPR) are used, medical students will be trained on their use by the clinical site.

Respirators are personal protective equipment and should be provided by the clinical site.

Information on specific pathogens:

Management of Tuberculosis Exposure

Medical students will receive training for preventing the transmission of tuberculosis annually.

All medical students exposed to TB infected individuals should seek medical care to be tested for possible infection.

Management of Meningococcal Exposure If exposure to a patient with meningococcal infection occurs through the first twenty-four hours of patient being treated with appropriate drug therapy, medical students should seek medical care and possible prophylactic antibiotic therapy.

Management of COVID-19

Medical students who experience symptoms consistent with COVID-19 infection, including fever, chills, new onset of cough, shortness of breath, diarrhea or vomiting, loss of taste or smell, fatigue, or myalgias are expected to immediately contact the clinical director/coordinator to be excused from service obligations and obtain testing for COVID-19. During the time prior to testing results, the student should not engage in any additional exposure to the clinical setting, public and should self-monitor at home as appropriate.

Medical students diagnosed with COVID-19 will seek proper medical attention for management of symptoms. They will report their diagnosis to Assistant Provost, MCWHSU for central documentation. And they will not return to clinical duty until cleared by their physician. Once the student is released back to duty, the student will work directly with their clinical director/coordinator to make up the missed time.

Medical students are responsible for maintaining adequate health/infection control standards in and outside the clinical environment. Frequent hand washing (greater than 20 seconds), antiseptic hand sanitizers, prevention of touching face or other mucus membranes, cough/sneeze into a tissue or your sleeve; disinfect oft-handled objects and surfaces; proper PPE and social distancing; and avoidance of ill persons are expected.

Incident Reporting

The student shall notify the attending preceptor, Course Director/Course Coordinator and Associate Dean for Medical Students about the exposure as soon as possible and follow any established protocol at the site for initial evaluation. Details of the report should include:

- The date and time of exposure
- Clinical Site, location and unit information
- Details of how the exposure occurred

- Details of the type and severity of the exposure
- Details about the source patient (i.e. post-exposure management, previous vaccinations, current HIV, HBV, HCV status)

If an incident report was filed at the rotation site, a copy of this must be sent FMLH Occupational Health Course Director/Coordinator and Associate Dean for Medical Students to be maintained in the student's file.

The student may need an appointment at FMLH Occupational Health for lab work and follow up for post-exposure prophylaxis. If the rotation site is not in a reasonable distance from the Student Health Center, the student should seek care at the nearest facility that can provide appropriate care (initial lab work for HIV, HBV, HCV and risk assessment to determine the need for chemoprophylaxis, etc.). The student should inform the Associate Dean for Medical Students to coordinate this effort and arrange for follow up at the Student Health Center when feasible.

The attending preceptor or appropriate institutional representative should obtain consent from the source patient for appropriate laboratory testing (i.e. HIV, HBV, and HCV status). (need to make sure it's in the affiliation agreements)

Students should receive post-exposure prophylaxis within hours of the exposure per CDC recommendations, if the status of the source patient is deemed high risk or if there is uncertainty of the source patient's status.

If the patient is deemed high risk, the student is to seek medical attention at the nearest available facility that can provide such care and inform the Course Director/Coordinator, Associate Dean for Medical Students and the Student Health Center of this risk.

Some clinical sites will provide post-exposure care to students at no charge. However, some clinical sites may not cover post-exposure care or only cover a portion of the care that is required. If care is not covered by the site, a student may elect to use their personal health insurance to cover the cost of post-exposure care. Students must check with their insurance carrier to see if exposure to blood or bodily fluids is covered under their specific plan. For additional guidance: The National Clinician's Post Exposure Prophylaxis Hotline (888) 448-4911 is available 24 hours per day, 7 days per week.

Should sequela from an exposure result in illness or debility, the student may work with the Associate Dean for Student, School of Medicine to:

- Seek an excused absence or leave of absence from coursework
- Be re-evaluated to ascertain that s/he meets technical standards
- Seek accommodations in order to meet technical standards

ENVIRONMENTAL EXPOSURE POLICY

Students who believe the educational environment to which they have been assigned poses a unique health risk should consult with the Course Director/Coordinator and Associate Dean for Medical Students. Individual health needs will be addressed on a case-by-case basis as required under the ADA/504 to accommodate students with disabilities.

Exposure Policy Approved by Academic Affairs (with input from Legal Office), November 2019, revision approved December 2020

MEDICAL STUDENT POLICY ON MANAGEMENT OF FOOD ALLERGIES

To minimize allergy and asthma triggers in the classroom, peanuts/peanut-derivatives and shellfish will not be permitted in Kerrigan Auditorium, HRC, Discovery Classroom or laboratories where compulsory coursework occurs.

Food Allergies

- MCW students are not required to subscribe to a meal plan.

- Lancer Corporation posts a listing of the day's meal offerings outside the main entrance of the MCW Cafeteria. Managers are also available to answer questions about ingredients.
- Students assume the risk when they consume food provided by or brought into MCW.

Inhalant Allergies

- MCW premises shall be cleaned and maintained regularly.
- Antiseptic wipes will be made available in Kerrigan Auditorium, HRC, Discovery Classroom and laboratories.

Non-adherence to this policy will be cause for immediate removal from the classroom.

MEDICAL STUDENT DUAL ROLE POLICY

Conflict of Interest- Physician/Patient "Dual Relationship" Between MCW Faculty and Students

The purpose of this policy is to establish standards for interactions between MCW faculty and students, to ensure that students receiving treatment as a patient of a caregiver/provider are not evaluated by such provider, whether a faculty member, fellow or resident physician, in an academic setting. A "dual relationship" occurs when a clinician provides professional services to a person with whom the clinician has another relationship such as, but not limited to, relatives, close friends, employees or employers, students or other supervisees (Adapted from Wisconsin State Statute Psy 1.02). MCW seeks to ensure that integrity of medical student education is not compromised by a provider's "dual relationship" and to minimize even the appearance of improper influence on academic decision-making. MCW believes that this policy will enhance positive and constructive relationships between faculty and students.

Elimination of conflict of interest is a shared responsibility of both the student and the provider. The following procedures are utilized to ensure that clinical providers do not academically evaluate medical students:

Assignment of Students: Academic Role

M1-2 Lectures

- Primarily lecture-based courses with an evaluative component will not be primarily instructed by faculty whose clinical practice (if any) includes routine treatment of medical students.
- Faculty caregivers may present isolated lectures to the student body, provided that there is no direct evaluation and/or personal contact with a student who is receiving treatment by the faculty caregiver.

M1-2 Small-Group Instruction

- Students are assigned to small group courses by the Administrator for Medical Student Education
- After assignment, should the student or instructor (faculty/fellow/resident) identify a dual relationship, re-assignment should be requested from the Administrator for Medical Student Education; Students requesting reassignment need not disclose PHI or other records of the patient relationship. The Administrator for Medical Student Education will promptly reassign any student upon request under this policy.

M3 Clerkship and M4 Electives

- Students are assigned to a clerkship experience by the Medical Student Education Administrator
- After assignment, should the student or instructor (faculty/fellow/resident) identify a dual relationship, re-assignment should be requested. The Medical Student Education Administrator shall reassign the student, preferably to a different site.

Other

- A faculty member serving on the Academic Standing and Professionalism Committee (ASPC) will recuse him/herself when academic decision-making is required on a student with whom s/he has a dual relationship.

- A faculty member serving on an Awards Committee will recuse him/herself when a student, with whom s/he has a dual relationship, is being evaluated for an academic award.

Assignment of Students: Patient Role

- When being scheduled to a provider for care, students should request re-assignment to another provider if they have had a previous non-clinical relationship with the provider.
- Should an error have occurred in the scheduling process, the provider should seek to transfer the student's care as soon as it is practicable.

Signing Off on Evaluations

Prior to signing off on an academic evaluation, faculty make an attestation that s/he does not have a conflict of interest.

Retaliation Prohibited:

MCW strictly prohibits any form of retribution or retaliatory behavior. Students are free to request reassignment without fear of reprisal. Likewise, provider requests for patient reassignment such requests should be honored by the student.

Dual Role Policy Approved by Academic Affairs (with input from Legal Office), November 2019, revision approved September 2020

GUIDELINES FOR MEDICAL STUDENT DRESS

Students are expected to dress in a way that is appropriate for a medical training environment. Students should represent themselves in a way that will reflect positively on their professional achievements, the Medical College of Wisconsin and the profession of medicine.

Any time students anticipate that they will have contact with patients, students should dress in a manner that will enhance their ability to earn the respect of their patients and other healthcare professionals. This includes a clean, short white coat worn over business attire (shirt and tie for men, and appropriate business dress for women). Affiliates may have specific guidelines for dress. Students are required to follow these while on rotation.

Endorsed: Executive Committee of the Faculty; August 9, 1983 Revised August, 1997, Revised September 2020

PAGERS

Pagers are issued to all third- and fourth-year medical students and are to be used as a primary means of contact for the Medical College. Students are responsible for the care and maintenance of their pagers and will be charged for any missing or damaged pagers. Students should not rely on personal cell phones or other devices to communicate private patient information. Students are expected to have a working pager with them during business hours, Monday through Friday, 8:00 a.m. to 5:00 p.m.