



# Student Handbook 2017/2018 PDF Version

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Office of Student Affairs  
School of Medicine  
University of Massachusetts Medical School

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# Commitment to Nondiscrimination and Affirmative Action

The University of Massachusetts Medical School (UMMS) is committed to an environment that is civil, respectful, fair, accessible, safe, nurturing and free of all forms of harassment and discrimination. UMMS does not discriminate on the basis of race, color, creed, religion, gender, age, sexual orientation, gender identity and expression, genetic information, national origin, covered veteran status, disability, ancestry or any other characteristic protected by law in employment, admissions, participation in its programs, services and activities, and selection of vendors who provide services or products to UMMS. Further, UMMS is firmly committed to ensuring that all who work, study, visit or seek treatment here may do so in an environment free of harassment and/or discrimination. Therefore, UMMS has policies and procedures that support the right of all individuals to be treated accordingly. All members of the community have responsibility for complying with UMMS policies and procedures relative to affirmative action, inclusion and equal opportunity. UMMS policies and procedures comply with all federal and state guidelines.

The [Diversity and Inclusion Office \(DIO\)](#) is designated as having primary responsibility for receiving and investigating complaints related to uncivil behavior, harassment and discrimination. It is the goal of UMMS to resolve complaints in the most informal manner possible. However, it is always an employee's or student's right to request a formal process. It is also the right of UMMS, through the DIO, to determine that a matter requires a formal proceeding. If an individual believes that he/she has been treated outside the boundaries of appropriate professional behavior based on any areas protected by law, they should contact the DIO at 508-856-2179.

The DIO coordinates diversity programming and provides oversight of UMMS's Affirmative Action/EEO and ADA policies, and for monitoring practices, procedures and programs designed to reach this goal. In addition, the DIO works with all departments and services of the University to reasonably accommodate persons with disabilities.

For further information about these regulations and our grievance procedures for the resolution of harassment and/or discrimination complaints, contact the DIO at:

55 Lake Avenue North  
Worcester, MA. 01655  
Office Phone: 508 856-2179  
Fax: 508 856-1810

*Revised December 2016*

This handbook contains current policies and regulations of the School of Medicine at the University of Massachusetts Medical School. The School of Medicine reserves the right to change these policies; in such case the changed policy will be applicable at the nearest appropriate time. While every effort has been made to ensure the accuracy of the information in this handbook, the School of Medicine also reserves the right to make changes in response to unforeseen or uncontrollable circumstances.

For graduation with the MD degree, students must fulfill the requirements in the current Student Handbook. Because these requirements can change, all students, particularly those returning from a Leave of Absence or the Graduate School of Biomedical Sciences, should be sure they have reviewed this current information. Students may consult with the Associate Dean for Student Affairs with any questions pertaining to these requirements.

EPC rev. 010615

# Section One: Academic Programs

## I. MD Program

In 2010, the School of Medicine launched its new Learner-centered Integrated Curriculum (LInC), based on a new vision and principle to guide the training of the 21st century physicians. Designed with input from more than 400 faculty and students, LInC incorporates innovations in teaching and learning as well as new national standards for medical education. The medical education program is designed to develop six foundational competencies required of all physicians: professional, scientist, communicator, clinical problem solver, patient and community advocate and person.

Grounded in these required core competencies, the School of Medicine education program prepares students for their future medical careers regardless of specialty choice, while maintaining our founding commitment to prepare students for training in the primary care disciplines. Our philosophy values partnership between student and faculty in teaching and learning; respect and dignity in the physician-patient and student-learner relationship and an education milieu of collegiality, collaboration and diversity.

This “competency-driven” foundation continues to guide the ongoing development of our educational programs.

The entire Competencies for Medical Education document can be found in the Office of Undergraduate Medical Education [here](#).

**ROLES OF THE PHYSICIAN:**  
PROFESSIONAL  
SCIENTIST  
COMMUNICATOR  
CLINICAL PROBLEM SOLVER  
PATIENT & COMMUNITY ADVOCATE  
PERSON

### ***A. Requirements of the MD Degree***

For graduation with the MD degree, students must fulfill the requirement in the current Student Handbook (listed below). Because these requirements can change, all students, particularly those returning from a Leave of Absence or from the Graduate School of Biomedical Sciences, should be sure they have reviewed this current information. Students may consult with their Learning Communities Mentor or the Associate Dean for Student Affairs with any questions pertaining to these requirements. *EPC rev. 010615*

1. For entering classes up through 2009 successful completion of required pre-clerkship courses.
2. For entering classes 2010 and later: successful completion of required FOM1 and FOM2 courses.
3. Successful completion of Core Clinical Experiences (CCE).
4. Successful completion of all components of the required Interstitial Curriculum (ISC).
5. Required Subinternship (\*Internal Medicine, Family Medicine, Pediatrics, Acute Care Surgery or other subinternship approved by the Educational Policy Committee (EPC) as the required subinternship.)
6. Required Electives \*24 weeks of elective credit (\*see 4th yr. grad. table below; MD/PhD students may apply 12 credits from their MDP-741 course to meet 12 of the 24 elective credit requirement)

Required Electives by Type:

- 12 weeks must be Type A or B and at least 8 weeks must be A or B1.
- The remaining 12 weeks can be A, B or C electives.
- 8 weeks maximum of clinical International electives can count toward graduation credit.
- 12 weeks maximum of Type C electives can count toward graduation credit.

Required Electives by Length:

- Up to 8 weeks can be taken in blocks of two weeks or greater.
- The remaining required electives must be in blocks of at least 4 weeks.

7. USMLE Requirements: For graduating classes 2015 or later: Successful passage of Steps 1 and 2 (Clinical Skills and Clinical Knowledge) of the U.S. Medical Licensing Examinations. Students who matriculated prior to Fall 2011 should refer to USMLE requirements listed in the Student Handbook at the time of matriculation.

Any questions regarding this requirement should be directed to the Associate Dean for Student Affairs.

8. All students must fulfill "competency" performance standards on a Comprehensive Clinical Skills Assessment as a graduation requirement for UMMS (*See: Comprehensive Core Clinical Assessment/CCCA policy*).

9. Demonstration of the ability to perform the skills in the Medical School's Technical Standards with or without reasonable accommodations consistent with the Americans with Disabilities Act. Failure to meet these minimum standards may be grounds for possible course/clerkship failure, dismissal from the medical school, or immediate corrective action up to and including removal from the clinical or education setting. Students are judged not only on their scholastic achievement and ability, but also on their intellectual, physical and emotional capacities to meet the full requirements for graduation

10. Certification in Advanced Cardiac Life Support.

11. Completion of Certification for Graduation with the Office of the Registrar and any additional administrative requirements such as payment of all fines including library and parking, returning all books, returning beeper, payment of any outstanding bills, required exit interviews, institutional surveys, etc.

12. Successful completion of all required Transition Courses.

13. Completion of program evaluations developed by UMMS, such as the summative End of Year 1, 2, 3 & 4 surveys. Other surveys developed by organizations outside UMMS may also be required, as determined by UMMS.

14. School policy requires a student take a minimum of eight (8) semesters of enrollment and allows for a maximum of twelve (12) semesters of enrollment and 4 semesters of leave for completion of the MD Degree *See: Number of Years to Complete the MD Degree Policy*.

15. Successful completion of all required Flexible Clinical Experiences.

16. For the classes matriculating in 2012 and later: Successful completion of the Capstone Scholarship and Discovery course and project.

17. For students in the class of 2014 or later: Successful completion of the Emergency Clinical Problem Solver course.

18. Beginning with the Class of 2014: \*Advanced Biomedical and Translational Sciences (ABTS) (\* MD/PhD students may apply credits from MDP-740A or B to fulfill this requirement)

## B. Fourth Year Graduation Requirements Table

As a result of the transition to the LnC clinical curriculum, elective and required fourth year course requirements vary depending on the year in which 24 or more weeks of core clerkships were taken. Please note for AY 14-15 AND admitted in AY 12-13 and after: Neurology is part of the required Core Clinical Experiences Curriculum (year 3).

Clerkship Year	Required Sub-internship	Electives	Neuro	ECPS*	ABTS*	Capstone
AY 10-11 or before (Classic Curriculum)	Yes	24 weeks Min 12 weeks A or B / Min 8 weeks A or B1	Yes	No	No	No
AY 12-13 and 13-14 (LnC Curriculum)	Yes	24 weeks Min 12 weeks A or B/ Min 8 weeks A or B1	No unless you have not taken neuro clerkship	Yes unless you have not taken neuro clerkship	Yes unless you have not taken neuro clerkship	No
AY 14-15 AND admitted in AY 12-13 and after	Yes	24 weeks Min 12 weeks A or B/ Min 8 weeks A or B1	No	Yes	Yes	Yes

## C. MD Program Curriculum

[Click here to view the MD Curriculum course and credit layout.](#)

### A. Transition to Medical School

All incoming medical students are required to participate in the Transition to Medical School Curriculum. The Transitions Course consists of a Pre-Transition day at which students will bring their laptop, ensure software function and complete required clinical training. This is followed by two full days of orientation as well as other Transition Curriculum that occurs in conjunction with scheduled classes. Some topics covered during the Transitions Curriculum are:

- Your Curriculum
- Basic Life Support (BLS)
- Professionalism & the Honor Code

- Learning Strategies in Medical School
- Diversity and Inclusion, and Cultural Humility
- UMMS Learning Communities and mentors
- Standard Precautions/OSHA
- Health Insurance Portability and Accountability Act (HIPAA)
- Electronic Medical Record (EMR)
- Student Resources

### ***Student Laptop Requirement/Student Laptop Program***

The School of Medicine has a student laptop requirement. UMMS uses a Bring Your Own Device (BYOD) model. This means that all incoming students can purchase a new laptop or continue to use a laptop that they have already purchased not more than three years ago. Students will use, test and download software in the first days of medical school and during the Transition to Medical School program. Students are expected to bring their laptops to classes. The Minimum System Requirements can be found at <http://www.umassmed.edu/IS/StudentLaptopProgram.aspx> and will ensure that your laptop serves as a portal to Computer-Based Testing and all digital resources, including online courses, streaming lectures and podcasts, Virtual Microscopy slides and digital lecture notes, which can be personalized and annotated.

Students may obtain additional assistance with the Student Laptop Program by contacting Information Technology at:

- Web: <http://www.umassmed.edu/is/studentlaptopprogram/byod.aspx>
- Phone: IT Helpdesk at 508-856-8643
- Email: via email [umwhelpdesk@umassmed.edu](mailto:umwhelpdesk@umassmed.edu)

Please also see: *Section Five: "Patient Information Security"*.

### ***N95 Respirator Fitting /Mask FIT Testing*** (Patients with Respiratory Pathogens)

All entering students are required to have been cleared by Student Health Services (SHS) and Environmental Health and Safety (EHS) for either N-95 respirator mask fitting or PAPR mask fitting prior to entering any clinical site. See: *Section Nine: "Health Related Concerns"*

## **B. Pre-Clerkship Years**

The pre-clerkship years usually comprise the first two years of medical school and consist of education in the basic medical and social sciences of clinical medicine. Early clinical exposure is offered through clinical correlations and a two-year longitudinal preceptorship program (LPP). All students are required to be CPR Level C ("health care provider") certified. All students must attend BLS Certification even if they are already certified. Successful completion of all Transition Curriculum is required prior to starting LPP1.

## **C. Prerequisites & Required Information for Access to Clinical Experiences**

### **I. Basic Life Support (BLS) Current Level C Health Care provider certification.**

### **II. HIPAA Privacy & Information Security Training**

Students 'work' in the health care industry and are affected by multiple laws and regulations that are related to privacy, information security, and identity theft. UMMS requires that all medical students complete basic HIPAA privacy and security training to fulfill the obligations for educational and/or clinical experiences. The University's training modules can be found in a required online course in BBL9. Additional information on

HIPAA Compliance can be found on the Information Technology page at:

<http://www.umassmed.edu/it/security/compliance/hipaa-compliance/>

### **III. Massachusetts' Identity Theft Law**

Students must also be aware of the University's and its associated providers' obligation under the Massachusetts ID Theft Law. Under this law, if the University (or a clinical partner) knows or suspects that certain personal information has been improperly used or accessed, it must inform the individual of the breach, as well as various state agencies. The information which triggers this obligation is as follows:

The individual's first name & last name or first initial and last name, PLUS any one or more of the following:

1. Social Security number
2. Driver's license number (or state issued ID card number)
3. Financial account number
4. Debit or credit card number

Students who know or suspect that this information has been compromised, or subject to possible compromise due to a lost or stolen portable electronic device, must immediately report it to the appropriate official at their clinical site.

### **IV. Standard Precautions**

All medical students are required to complete a required online course in BBL9 on practices recommended by the Centers for Disease Control (CDC) for the prevention of blood-borne pathogens as part of the preclerkship curriculum.

### **V. Clearance by Student Health Service (Tuberculosis testing, vaccinations)**

All medical students are required to obtain clearance by the Student Health Service (SHS) (e.g.; periodic physical exams, vaccinations, Tb testing etc.)

*See: Section Nine: "Health Related Concerns".*

### **VI. Red Flags Rules**

Students must also be aware of the "Red Flags Rule," enacted by the Federal Trade Commission to protect consumers from identity theft (and medical identity theft). Under this law, UMMS (or a clinical partner) is responsible for investigating actual or suspected incidences of identity or medical identity theft if it knows or suspects that an individual is using or attempting to use someone's identity to obtain services or pay for services.

Medical identity theft is one of the fastest growing types of identity theft in the United States and providers and their employees (including students) must be aware of their responsibility to spot and report "Red Flags" to the appropriate people for investigation. Examples of "Red Flags" include:

- Alerts, notices, or warnings from the credit reporting companies (Equifax, Experian, TransUnion).
- Suspicious documents - paperwork has telltale signs of identity theft. e.g. identification, SSN card, or driver's license that looks fake or forged.
- Suspicious personal identifying information - personal information that doesn't ring true (e.g. address, phone number or SSN that has been used by someone else.)
- Suspicious account activity. (e.g. Patient receives a bill or Explanation of Benefits for procedure patient didn't have.)
- Notice from the patient, customer, law enforcement, or victim of identity theft.
- See FTC web site for complete list of Red Flags: New 'Red Flag' Requirements for Financial Institutions and Creditors Will Help Fight Identity Theft.

Students who spot a “Red Flag” must report it to the appropriate official at their clinical site. For Red Flags suspected at UMMS, Students must report to the UMMS Department of Public Safety (508-856-3296).

### **VII. Criminal Background Checks (CBC)/Criminal Offender Records Information Checks (CORI)**

All medical students are conditionally accepted into the School of Medicine pending the receipt of a national Criminal Background Check (CBC) and the Commonwealth’s Criminal Offender Record Information (CORI). In addition, currently enrolled medical students may be scheduled for a clinical rotation at a facility that requires an update to these criminal background checks. At times the facility may choose to conduct the criminal background check while at other times they may request that the School of Medicine conduct the criminal background check. For those currently enrolled medical students: (a) where a clinical rotation site has requested a criminal background check be undertaken; or (b) where the School of Medicine is advised by a clinical rotation site that a student has received a positive response from a criminal background check, the School of Medicine will initiate its own criminal background check. In either instance, the student shall provide the Office of Student Affairs with a completed and signed consent form. The student is informed that: (a) a clinical rotation site requested by him/her requires that there be a satisfactory criminal background check before they will be able to participate in same; (b) if the site requires UMMS to conduct the CBC, the student must agree to promptly and voluntarily provide that site with a completed and signed consent form; (c) if the site conducts its own CBC, the student must agree to promptly and voluntarily provide that site with a completed and signed consent form; (d) if, as a result of the CBC conducted by a clinical rotation site, the student’s criminal background check is positive, the student must agree to promptly and voluntarily provide UMMS with another completed and signed consent form so that UMMS may perform such a CBC; (e) notwithstanding that he/she is currently enrolled at UMMS, the student must further acknowledge, understand, and agree that if the results of any CBC reveal that the student has a criminal history, the Committee to Review Criminal Background Checks will review and administer same consistent with this process, and that the student’s right to continued enrollment at UMMS may be jeopardized by the results of said process.

Please contact the Office of Student Affairs for the Schools Policy for Criminal Background Checks.

### **VIII. Drug Testing**

Students should be aware that they may be required to undergo a drug test or other similar screening tests pursuant to the Host Agency policies and practices. Testing may be required before any clinical work at some sites, either for the Longitudinal Preceptor Program or before clinical rotations. The cost of any such test will be paid for either by the student or the Host Agency. Please contact the Office of Student Affairs at 508-856-2285 or review the Student Affairs website for additional information.

### **IX. Mobile Device Requirement**

All CCE & AS clinical students should be aware that the medical school has a mobile device requirement. However, since many students already own mobile devices that are able to run required software, there is no standard device required. Financial Aid recipients should be aware that an allowance has been made in the financial aid packages for the purchase of hardware (please note that if you choose a device that also serves as a Smartphone, these funds should not be used towards purchase of a telephone/data plan). Please contact the Financial Aid office for more specific details. Required software can be uploaded from the library website. Please see the Mobile/Handheld Resources Guide at:  
<http://libraryguides.umassmed.edu/c.php?g=499778&p=3422317>.

Should you need further information or have questions, please contact the following:

For questions regarding access to required programs/applications: Len Levin, Head, Education and Clinical Services, Lamar Soutter Library, [Len.Levin@umassmed.edu](mailto:Len.Levin@umassmed.edu).

For questions regarding the devices: UMass Help Desk, [UMWHelp-desk@umassmed.edu](mailto:UMWHelp-desk@umassmed.edu).

#### **D. Transition to Core Clinical Experiences**

The Transition to Core Clinical Experiences curriculum is designed to provide hands on training and exposure to essential information and introductory skills to promote students' successful transition to their clinical rotations. This curriculum was significantly expanded in 2014 and features multiple case-based problem solving exercises similar to what will be seen on the clerkships. The Formative Foundational Assessment has been incorporated into the Transition to Core Clinical Experiences, providing all students with the opportunity to encounter dynamic simulation cases in teams, practice focused history and physical exam skills with standardized patients, and apply knowledge from their foundational years to clinical practice. There are small group sessions to review core clinical skills such as X-ray and EKG interpretation; the abdominal exam and how it helps solve clinical problems; basic life-support recertification and procedures such as blood drawing and simulations exercises in our interprofessional Center for Experiential Learning and Simulation (iCELS). Skills utilized every day on clerkships including note-writing, oral presentations, writing admitting orders and prescriptions are taught and practiced. Also featured are presentations on important health care systems topics, such as utilizing electronic medical records, infection control, quality improvement and patient privacy.

#### **E. Core Clinical Experiences (CCE)**

The CCE comprises the third year curriculum, which consists of required core clinical clerkships. This phase involves a greater level of student responsibility for the care of patients always under faculty supervision. UMMS has a number of affiliated sites that students may be assigned to for their CCEs. These affiliated sites can include both local sites (sites generally within 60 miles of the University Campus) and distant sites (sites that are approximately 60 miles or more from the University campus). Students are responsible for providing their own transportation for these education experiences. Students in the clinical years must follow the holiday schedule at their clinical sites (See: Student Duty Hours Policy). Overnight call is expected of CCE students and will vary for each experience/clinical site.

Students who plan to participate in any Core Clinical Experience, regardless of when it is scheduled in the academic year, are required to attend the mandatory Transition to Core Clinical Experience curriculum. This Transition curriculum was developed to provide all rising CCE students with information and hands-on experience to help them succeed with their CCE experiences.

Students must fulfill "competency" performance standards on a clinical skills assessment as a graduation requirement, (CCCA).

Students are required to have and utilize a smartphone. Additional information can be found at the Lamar Soutter Library web site: <http://libraryguides.umassmed.edu/mobile>.

Students in the CCE year are also required to complete a web-based clinical log of patient encounters.

Students should be aware that they may be required to undergo a drug test or other similar screening tests pursuant to the Host Agency policies and practices. Testing may be required before any clinical work, either with the Longitudinal Preceptor Program or before clinical rotations. The cost of any such test will be paid for either by the student or the Host Agency. Please contact the Office of Student Affairs at 508-856-2285 or review the Student Affairs website for additional information.

[Please click here to view the list of hospitals for required clinical rotations.](#)

### ***Assignment to Required Core Clerkships and Advanced Studies Rotations (EVOS)***

Initial assignments to required clinical rotations is coordinated through the Office of Student Affairs using a computer-based E\*Value Scheduling Optimization module (EVOS). Our EVOS scheduling process is unique in that it uses a complex mathematical program to assign the highest possible preferences for all involved. Rather than a lottery system, which assigns a random order to student preferences, the optimizer is able to take into account all possible schedule scenarios and determine which would provide the overall highest level of student satisfaction.

It is always in a student's best interest to enter all site preferences. Not entering preferences (or entering limited preferences) does not increase the probability of a student getting a higher preference. Students should rank all available sites for every clinical experience so EVOS will know the preferred site order from highest to least desirable preferred. EVOS will attempt to match each student to their highest preference.

While the computer tries to honor every student's preferences, no guarantee can be made that a student's preferences will be reflected in their EVOS assigned schedule. Students may be assigned to any of our affiliated sites for their CCE or AS experiences, even if the student chose not to select that site on their EVOS preference list. For example, a student may be assigned to any site, including a "distant" (this refers to those sites that are approximately 60 miles or more from the University Campus) site, even though the site was not on the students' EVOS preference list.

Once the EVOS results are released, a short period of time will be allowed for students to make switches. For the Core Clinical Experiences (CCE) schedule, only 1:1 switches can be made. All parties involved in the switch must e-mail Student Affairs authorizing the switch in order for the switch to be made. After this change period has ended, the EVOS results will be considered final.

Please note: While every clerkship director does their best to honor the clerkship site assignments made through EVOS, there may be occasions when a re-assignment is necessary due to preceptor availability or other site specific considerations. In these rare occasions, the clerkship director will reassign any affected student/s to another site (which may include reassignment to a "distant" site.) The clerkship director will notify the student and the Office of Student Affairs of any site reassignments.

### ***Requesting an exemption of being assigned to a 'distant' site through EVOS***

Students may request to be exempt from the possibility of being assigned to a 'distant' site for Core Clinical Experiences and Advanced Studies for the following reasons:

- a) The student is a parent to a small child/children who live at home with them
- b) The student is under a physician's care for a condition requiring frequent medical intervention from that physician
- c) Other considerations of equal magnitude

See: *SECTION THREE: "Changes in Core Clinical Elective Schedule"*. Advanced Studies students may request changes to their EVOS assigned schedule using the change request tool in EVOS.

### **F. Flexible Clinical Experience (FCE)**

This multidisciplinary program expands the opportunity for individual exploration in a variety of clinical and translational science fields early in the student career. The program allows for self-directed learning by allowing students to choose from a diverse offering of pre-designed electives or to design their own clinical

experience. The advantages of early exposure to a medical specialty include the opportunity to foster mentorships, to nurture and develop interest in a specialty, and to provide intrinsic motivation to pursue further learning in a chosen field. The variety of electives helps the student explore a career choice.

Following a broad set of guidelines, a variety of learning methods are available to students dependent on the chosen experience, emphasizing one-on-one interaction between student and teacher. Criteria for granting credit are elective-specific minimum standards of performance as defined by sponsoring departments.

Additional information can be found here: <http://www.umassmed.edu/oume/fce/>

### **G. Clinical Competency Requirement/Comprehensive Core Clinical Assessment (CCCA)**

All students must fulfill competency performance standards on a clinical skills assessment as a graduation requirement for UMMS. All students are required to complete the CCCA at the end of their core clinical year or the year prior to anticipated graduation eligibility. Any student who does not fulfill competency performance standards on the CCCA will be required to:

- a) complete a self-assessment as directed by CCCA faculty,
- b) meet with CCCA faculty to review their performance and
- c) have a second opportunity (CCCA Retest) to meet competency performance standards

It is the responsibility of the student to be available to take the CCCA at UMMS on the designated exam date. If a student does not demonstrate competency standards on the CCCA, a performance on the clinical competency requirement of “not meeting competency” will be reported to the student and to the CSAEB. The CCCA Performance Evaluation Group is a standing subcommittee of the CSAEB. The student may submit a written appeal regarding the CCCA Retest grade to the CCCA Performance Evaluation Group within 2 weeks of the grades being sent to students. All appeals will be managed by the CCCA Performance Evaluation Group.

Timeline: Students will be notified of their CCCA performance results and the need to take the CCCA Retest by Mid-August of each year. The CCCA Retest will be conducted no later than November of the CCCA year. Students not able to meet competency performance standards on the CCCA Retest will be reported to the CSAEB by the middle of January following the CCCA. Students who are not able to meet competency standards on the CCCA and who are on leave of absence (LOA) may delay the review of CCCA performance, the required meeting with CCCA faculty and the CCCA Retest until they return from LOA.

Students who are not able to meet competency standards on the CCCA Retest will be required to meet with CCCA faculty to review their performance, participate in an individualized educational plan and demonstrate competency with another assessment as determined by the CCCA Performance Evaluation Group.

(Revised 10/2016)

### **H. Electives/Advanced Studies (AS)**

Recognizing that medicine is a highly complex and diversified field and that needs and interests of medical students are quite varied, the University of Massachusetts Medical School emphasizes a strong Electives/Advanced Studies program to complement the required areas of study. It is anticipated that each student, with the advice of their mentor, will plan a program beneficial to their educational experience and postgraduate goals.

An elective is defined as a structured learning experience in a field of medicine or related field approved by the faculty of the University of Massachusetts Medical School, which is not specifically required as part of the medical school curriculum. To fulfill the requirements for graduation, each MD student must satisfactorily complete 24 weeks of elective time as outlined below:

In addition to the required Sub I, ECPC, ABTS, Capstone (for students admitted in AY 12-13 and after) as well as the Transition to Internship, Advanced Studies students must complete \*24 weeks of elective time as follows:

**Required Electives by Type:**

12 weeks must be Type A or B and at least 8 weeks must be A or B1.

The remaining 12 weeks can be A, B or C electives.

A maximum of 8 weeks of clinical International electives can count toward graduation credit.

A maximum of 12 weeks of Type C electives can count toward graduation.

**Required Electives by Length:**

Up to 8 weeks can be taken in blocks of two weeks or greater.

The remaining required electives must be in blocks of at least 4 weeks.

\*Students who participated in Core Clinical Experiences during AY 2011-12 must complete an additional 8 weeks of A or B1 electives.

Electives applied toward graduation credit are normally advanced fourth-year courses taken after required third-year clerkships are completed. Electives taken for credit at other times during the student's medical school career may be considered for graduation credit with the approval of the Clinical Science Academic Evaluation Board (CSAEB). They should not interfere with required courses and all the prerequisites of the elective must be met. All electives require prior approval by the Associate Dean for Student Affairs.

UMMS does not restrict the proportion of time spent on internal versus external electives.

Students considering international electives must discuss their plans with their UMMS Elective Advisor. Additional information can also be found at <http://www.umassmed.edu/oume/international-medical-education/>.

Elective programs offered are posted on the Student Affairs Web site:

<http://www.umassmed.edu/studentaffairs/electives/list.aspx>.

It is the student's responsibility to arrange their fourth-year elective schedule, obtaining all necessary paperwork and approvals prior to the beginning of each elective. The Office of Student Affairs is available for assistance with any questions or concerns.

Elective schedules are maintained by the Office of Student Affairs. ***It is the student's responsibility to check his/her elective schedule on Peoplesoft (PSSA) to ensure that an accurate elective program is on file.***

It is the student's responsibility to forward all elective confirmation correspondence to the Office of Student Affairs or email it to [electives@umassmed.edu](mailto:electives@umassmed.edu). The only exception is electives received through the EVOS process. Please note, because an elective is 'requested' or is listed on a student's PEP is not confirmation that the elective was approved. If the approved paperwork is not received by the Office of Student Affairs, it cannot be added to a student's Schedule. Students should frequently check their Peoplesoft schedule to ensure accuracy. Peoplesoft is the 'official' schedule of record. For changes to Elective/Advanced Studies schedule please see: *Section Three: "Attendance, Withdrawal, Rescheduling; Changes or Withdrawing from Electives/Advanced Studies Program."*

**Proposed Educational Plan (PEP)**

Prior to scheduling any Advanced Studies (AS) elective students should meet with their Learning Communities Mentor to discuss their Proposed Educational Plan (PEP) for Advanced Studies.

The PEP is a vehicle for students and their assigned Learning Communities Mentor to discuss the goals and objectives of the student's Advanced Studies education. Section A of the PEP reflects the "ideal" desired schedule. Additional electives that the student may consider should be listed in section B. Only electives on an approved PEP (Section A or B) will be approved by the Associate Dean of Student Affairs. Students are encouraged to discuss any elective with their Learning Communities Mentor if questions/concerns arise.

All Advanced Studies Students must have an approved PEP on file by the deadline published by the Office of Student Affairs. PEP forms can be found on the Student Affairs website at

<http://www.umassmed.edu/studentaffairs/curriculum/advanced-studies2/electives-umms-students/>.

### ***Elective Types***

**Type A:** Under appropriate supervision, students function as if they have PRIMARY responsibility for patient care in an acute hospital setting. This implies that the students are responsible for and direct the diagnostic and/or therapeutic plan under the direction of the attending physician and with the aid of the intern or resident. This role often is referred to as a "Subinternship."

#### **Criteria to be considered in the definition of a Type A are:**

- Block of continuous time of at least two or more weeks. Length requirements are specific to the elective.
- Work-up approximately three new patients per week.
- Perform initial history and physical exams.
- Write orders (co-signed by house officer).
- Coordinate work-up and follow hospital course.
- Perform or observe all procedures on assigned patients.
- Responsibility for "routine" work / follow up on patients.
- Scrub for surgical procedures on assigned patients.
- Take night call according to intern's schedule.
- Participate in morning work rounds and attending rounds.
- Present assigned patients to attending physician.
- Participate in teaching session regularly.

**Type B1:** Students must have direct contact with patients as a major feature of the elective. They are expected to obtain histories, perform physical examinations and offer diagnostic and therapeutic alternatives. Students need not have primary responsibility for patients. Such electives include the traditional consultative services in medical and surgical subspecialties as well as anesthesiology, preceptorships in primary care (medicine, pediatrics, family practice), certain experiences in community hospitals, etc.

#### **Criteria to be considered in the definition of a Type B1:**

- Block of continuous time of at least two or more weeks. Length requirements are specific to the elective.
- Work-up approximately 15 patients per month.
- Attends regular didactic teaching session (a minimum of 1 per week).
- Follows course of patients with appropriate follow-up notes if necessary.
- Obtain history and perform physical examinations on assigned patients.
- Formulate diagnostic and therapeutic plan.
- Present patients to preceptor or attending physician.
- Make regular rounds on assigned patients.
- Perform procedures related to a specialty as appropriate.
- Review recent literature on diseases or problems encountered.

Type B2: Students must engage in the type of clinical care carried out by the clinicians practicing in this field but may not have direct patient care as a major feature of the elective. Such electives include advanced radiology electives (not the introductory radiology elective, which is a Type C), pathology electives, and radiation oncology.

Criteria to be considered in the definition of a Type B2:

- Block of continuous time of at least two or more weeks. Length requirements are specific to the elective.
- Attends regular didactic teaching session (a minimum of one per week).
- Follows course of patients as clinicians in this field do with follow-up notes as appropriate to specialty.
- Obtain history and perform physical examinations on assigned patients as appropriate to specialty.
- Formulate diagnostic and therapeutic plan as appropriate to specialty.
- Present patients to preceptor or attending physician.
- Make regular rounds as appropriate to specialty.
- Perform procedures related to a specialty as appropriate.
- Review recent literature on diseases or problems encountered.

Type C: A Type C elective encompasses all those elective experiences in where there is limited contact with patients, as in diagnostic or therapeutic fields where major reliance is placed upon information gathering or therapy administered via sophisticated techniques such as radiology, nuclear medicine, radiation therapy, etc. It can also include electives in the basic sciences, and international language/cultural experiences. The only requirement is that there be some general relationship to the broad area of medicine and the medical sciences. In general, this elective will be in a block of continuous time of at least two or more weeks.

***Individually Designed Electives/Research:***

In collaboration with a faculty member, students may design an individual elective tailored to a specific interest. The elective must be sponsored by a UMass faculty member (regardless of whether the elective is completed internally or externally from UMass, the sponsor must be a UMMS faculty member). An individually designed elective can be Type A, B1, B2 or C. The student and faculty member will write a description of the elective, including the goals, methods of teaching, number of patients to be seen, supervision level, Type of elective (A, B1, B2 or C), length of the elective and grading basis (O/AEP/EP/BEP/NCR or CR/NCR). This description must be signed by the UMMS faculty member who will be sponsoring the elective. The student must also submit the appropriate elective form (internal or external) and attach it to the approved elective description. The evaluation form will be completed by the approving sponsor if the elective is internal or by the direct supervisor and co-signed by the sponsor if the elective is external.

***Internal Elective***

An elective course offered by the University of Massachusetts Medical School or its affiliated hospitals. UMass offers an array of electives that can be found online at:

<http://www.umassmed.edu/studentaffairs/electives/list/>

***External Elective***

UMMS students are encouraged to apply for Advanced Studies electives at any of the AAMC accredited schools. External electives are elective courses given at institutions other than the University of Massachusetts Medical School or its affiliated hospitals. The AAMC offers an online Extramural Electives Compendium, which allows elective searches by Region, State or School. The online Extramural Electives Compendium can be found at: <https://services.aamc.org/eec/students/>.

### ***International Electives\****

UMMS offers many opportunities for students to take electives abroad. These electives can range from clinical rotations, language or cultural immersion, to research experiences. Many of these electives are in third world countries, but others are available in all regions of the world.

A maximum of eight clinical elective credits (eight weeks) will be granted toward graduation for international electives; up to one Type C elective credit may be earned for approved language immersion programs in addition to the clinical electives noted above.

For students not enrolled in good standing or not making satisfactory academic progress, international elective requests may require additional review by the Clinical Science Academic Evaluation Board (CSAEB) before travel is approved.

For more information, visit the UMMS International Medical Education (IME) website at <http://www.umassmed.edu/oume/international-medical-education/> or contact the Office of Undergraduate Medical Education at 508-856-5137.

\* Please Note regarding Tuberculosis Testing: Students traveling to areas endemic for tuberculosis who do clinical work are REQUIRED to have a repeat Tuberculin Skin Test performed 8-12 weeks after they return. For more specific information see Tuberculin Skin Testing Policy in the Student Health Section of this handbook or contact Student Health Services.

### ***Elective Course Credit Guidelines***

Electives taken in excess of 24 weeks can be taken for credit and will be noted on the transcript. A minimum of 9 weeks of electives must be approved and taken for credit in any semester for students to be considered an enrolled student, receive course credit, be covered by malpractice, retain student status, etc. (See: *Matriculating Student Status requirements*)

No credit will be given for electives that are not approved by the Medical School. This does not imply that the experience may not be worthwhile, only that it is not under the official auspices of the University of Massachusetts Medical School. (See *Matriculating Student Status Requirements*)

*Please Note:* If a student is adding or dropping an elective the paperwork must be completed and given to the Office of Student Affairs BEFORE the start date of the elective. See Section Three: "Attendance, Withdrawals, Rescheduling: Changes or Withdrawing from Electives/ Advanced Studies Program."

### ***Optional Enrichment Electives***

Optional Enrichment Courses (OEE) are elective courses offered in addition to the regular, required and elective/selective curriculum elected by the student. Unlike regular electives, the student is not required to take any optional enrichment electives. These courses are managed by the Office of Undergraduate Medical Education.

OEE's are scheduled during the independent study time in the schedule.

Participation in these courses is mentioned in the Medical Student Performance Evaluation (MSPE) and appears on the transcript by course name, with two hash marks (##) in the "grades" column and a notation on the transcript as: "## Optional Enrichment Course. The student has elected this course in addition to the regular curriculum requirements."

OEE's require approval by the EPC Rules Committee in order to be so designated and appear on the transcript. Failure to complete course requirements results simply in the course not being listed on the student's transcript. It is not possible to "fail" an OEE.

A list of optional enrichment electives along with a brief description of each, together with information on proposing a new OEE can be found at: <http://www.umassmed.edu/oume/student-resources/optional-enrichment-electives-oe/>.

### **I. Interstitial Curriculum**

The Interstitial Curriculum consists of required third-year activities and, as with all other required courses, any changes in the schedule requires advance permission. Postponement of a Required Interstitial: *See: Section Three: "Withdrawal, Rescheduling Required Activities: Postponement of a Required Interstitial.*

### **J. Transition to Internship**

The Transition to Internship course covers topics that interns will be expected to approach independently. These include the essential skills of such as review of EKG/CXR/abdominal imaging, promoting effective handoffs and transitions of care, "middle of the night/ urgent cases" scenarios and skills, review of therapeutics, dealing with the intensive care unit patient, and specialty skills such as code scenarios in the Simulation Center. This course is a requirement for graduation.

### **K. Capstone Scholarship and Discovery Course**

For the classes entering in 2012 and beyond, completion of the Capstone Scholarship and Discovery (CSD) course is a requirement for graduation. The goal of this four-year longitudinal course is to provide students with the support to build on a personal passion that existed prior to entering the field of medicine, or to identify and develop a new one encountered after matriculation, through a mentored scholarly project in one of the School of Medicine's core competencies (Physician as Professional, Scientist, Communicator, Clinical Problem Solver, Advocate and Person). This work is called the Capstone Project (CP). Additional information can be found at: <http://www.umassmed.edu/oume/capstone-course/>.

### **L. Emergency Clinical Problem Solver**

Fourth year medical students will integrate accumulated knowledge in order to:

- Identify an emergency (across different clinical settings) and learn a systematic approach to diagnosis, treatment, and disposition.
- Evaluate high-risk undifferentiated patients and generate a differential diagnosis using advanced clinical reasoning techniques.
- Perform patient management to include: rapid assessment of acuity, initial treatment, stabilization, and disposition. Procedural skills necessary to stabilize acutely unstable patients. Leadership, teamwork, and effective communications.

Additional Information can be found at: <http://www.umassmed.edu/studentaffairs/advanced-studies/asprogram/emergency-clinical-problem-solver/>.

### **M. Advanced Biomedical and Translational Sciences (ABTS)** (Beginning with the Class of 2014)

A list of ABTS courses can be found at: <http://www.umassmed.edu/studentaffairs/electives/quantitative/>

## Hospitals for Required Clinical Rotations

<b>Family Medicine</b> – Daniel H. Lasser, MD, MPH, Professor and Chair	
UMMHC, University Campus	Mary Lindholm, MD
Hahnemann Health Center, Worcester	Stephanie Carter-Henry, MD
Family Health Center of Worcester	Virginia Van Duyne, MD
Barre Family Health Center, Barre	Stephen Earls, MD
Family Medicine Services, Benedict Bldg.	Kristin Mallett, MD
<i>Sites include multiple private practices throughout MA and CT</i>	
<b>Obstetrics &amp; Gynecology</b> – Julia V. Johnson, Professor and Chair	
UMMHC, Memorial Campus	Anne Garrison, MD
Berkshire Medical Center	Andrea Bodine, MD
Milford Regional Medical Center	Samuel Zylstra, MD
St Vincent Hospital at Worcester Medical Center	Diego Illanes, MD
Holyoke Medical Center	Gretchen Lobel, MD
Cape Cod Hospital	William Agel, MD
<b>Maternal Child Health</b>	
UMMHC, Memorial Campus	Scott Wellman, MD
<b>Pediatrics</b> – Mary Lee, MD, Professor and Chair	
UMMHC, University Campus	Erin McMaster, MD
Tri-River Health Center, Uxbridge	Jeffrey Lukas, MD
South County Pediatrics, Webster	Jennifer (Jenny) Bram, MD
Baystate Medical Center	Harry Hoar, MD
<b>Psychiatry</b> – Douglas Ziedonis, MD, MPH, Professor and Chair	
Clerkship Director	Yael Dvir, MD
Associate Clerkship Director	Anya Bernstein, MD
UMMHC, University Campus, C/L	Ralph Seymour, MD
UMMHC, University Campus, 8E	Patrick Smallwood, MD
UMMHC, PTRC	Ronald Greene, DO
Worcester Recovery Center and Hospital (WRCH) Adolescent Unit	John Iwuc, MD
Berkshire Medical Center	Liza Donlon, MD
Harrington Memorial Hospital	Johanna Poluha O’Neil, MD
Worcester Recovery Center and Hospital (WRCH) Adult Unit	David McGarry, MD
Marlborough Hospital	Diego Martinucci, MD

Cape Cod Hospital	Daria Hanson, MD
<b>Internal Medicine</b> - Robert Finberg, MD, Professor and Chair Richard Glew, MD, Vice Chair for Undergraduate Medical Ed & Faculty Affairs	
UMMHC, Memorial Campus	Mary Hawthorne, MD, Director
St Vincent Hospital at Worcester Medical Center	Rebecca Spanagel, MD
Berkshire Medical Center	Steve LaMontagne, MD
Milford Regional Medical Center	Karen Peterson, MD
UMMHC, University Campus	Allen Chang, MD
Marlborough Hospital	Jason Kurland, MD
<b>Subinternship in Medicine</b>	
UMMHC, University Campus	Majid Yazdani, MD, Director
UMMHC, Memorial Campus	Christine MacGinnis, MD
St Vincent Hospital at Worcester Medical Center	Rebecca Spanagel, MD
Milford Regional Medical Center	Eric Matthews, MD
Marlborough Hospital	Srividhya Lakshmanan, MD
<b>Surgery</b> – Demetrius Litwin, MD, Professor and Chair	
UMMHC, University Campus	Mitchell Cahan, MD
UMMHC, Memorial Campus	James Carroll, MD
St Vincent Hospital at Worcester Medical Center	Mark Stoker, MD
Berkshire Medical Center	Michael DiSiena, DO
<b>Neurology</b> – Robert H. Brown, Jr., D.Phil, MD, Professor and Chair	
UMMHC, University Campus	Lan Qin, MD, PhD
Holyoke Medical Center	Mohammad Hazratji, MD
St Vincent Hospital at Worcester Medical Center	Anthony Izzo, DO
Berkshire Medical Center	Laurence Ufford, MD
Lahey Clinic	Matthew Tilem, MD
Milford Regional Medical Center	William Tosches, MD
Health Alliance Hospital	Lloyd Alderson, MD
Marlborough Hospital (at director's discretion only)	Zahra Ayub, MD

# FOM1 Curriculum Courses/Credits

Foundations of Medicine 1 – FOM1 Fall Semester	
Title	Credits
Principles of Human Genetics (PoHG)	2.00
Building Working Cells and Tissues (BWCT)	5.00
Integrated Case Exercises 1 (ICE 1)	.50 of 1.00
Doctoring and Clinical Skills I (DCS1)	5.50 of 11.00
Development, Structure and Function (DSF)	7.00 of 14.00
Principles of Pharmacology (PoP)	2.00
Determinants of Health 1 (DOH1)	1.00 of 2.00
Learning Communities 1	0.00
Jumpstart	0.00
Transition to Medical School	0.00
Capstone Scholarship & Discovery 1 (CSD1)	0.00

Foundations of Medicine 1 – FOM1 Spring Semester	
Title	Credits
Integrated Case Exercises 1 (ICE 1)	.50 of 1.00
Doctoring and Clinical Skills I (DCS1)	5.50 of 11.00
Development, Structure and Function (DSF)	7.00 of 14.00
Cancer Concepts (CaC)	1.50
Host Defense and Blood (HDB)	4.00
Infections (Infx)	4.00
Determinants of Health 1 (DOH1)	1.00 of 2.00
Foundations of Health and Disease (FHD)	1.50
Learning Communities 1	0.00
Capstone Scholarship & Discovery 1 (CSD1)	0.00

Please see elective requirements in the “Requirements for the MD Degree.”

*CREDIT HOURS: See: Section Three; “Credit Hours Definition.”*

# FOM2 Curriculum Courses/Credits

<b>Foundations of Medicine 2 – FOM2 Fall Semester</b>	
<b>Title</b>	<b>Credits</b>
The Brain: NSB (Brain)	5.00 of 10.00
Integrated Case Exercises 2 (ICE2)	.50 of 1.00
Doctoring & Clinical Skills 2 (DCS2)	3.00 of 6.00
Determinants of Health 2 (DOH2)	3.00
Organ System Diseases (OSD)	8.00 of 16.00
Learning Communities 2	0.00
Capstone Scholarship & Discovery 2 (CSD2)	0.00

<b>Foundations of Medicine 2 – FOM2 Spring Semester</b>	
<b>Title</b>	<b>Credits</b>
The Brain: NSB (Brain)	5.00 of 10.00
Patients (Pts)	3.00
Integrated Case Exercises 2 (ICE2)	.50 of 1.00
Doctoring & Clinical Skills 2 (DCS2)	3.00 of 6.00
Organ System Diseases (OSD)	8.00 of 16.00
Learning Communities 2	0.00
Reading Period	0.00
Capstone Scholarship & Discovery 2 (CSD2)	0.00
Transition to CCE (TrCCE)	2.00

Please see elective requirements in the “Requirements for the MD Degree.”

*CREDIT HOURS: See: Section Three; “Credit Hours Definition.”*

# CCE Curriculum Courses/Credits

<b>Core Clinical Experiences</b>	
<b>Title</b>	<b>Credits</b>
Internal Medicine	10.00
Family Medicine	5.00
Psychiatry	5.00
Pediatrics	5.00
Surgery	8.00
OB GYN	5.00
Neurology	3.00
Flexible Clinical Experiences (FCE)	1.00 x 4
Interstitial Course	3.00
Capstone Scholarship & Discovery 3 (CSD3)	0.00

# Advanced Studies Curriculum Courses/Credits

<b>Advanced Studies</b>	
<b>Title</b>	<b>Credits</b>
Sub-Internship	4.00
Electives	24.00
Certification / ACLS / Transition to Internship	0.00
Advanced Biomedical & Translational Sciences (ABTS)	2.00
Emergency Clinical Problem Solver (EPCS)	4.00
Capstone Scholarship & Discovery 4 (CSD4)	4.00

## II. MD/PhD Program

### Contact Information:

Tel: 508-856-8025

URL: <http://www.umassmed.edu/gsbs/prospective-students/mdphd-program/program-overview/>

Courses: <http://www.umassmed.edu/mdphd/academics/courses/>

### Requirements for Graduation

All MD/PhD students must complete:

**School of Medicine (SOM)** All requirements as set forth by the SOM.

### Graduate School – BBS Track Core Curriculum

- If required by your thesis advisor, Blocks 1, II, and III of the GSBS Core.
- A minimum of two summers in laboratory rotations; one prior to the start of the School of Medicine Yr. One and one following MS1 (FOM1). A split rotation is allowed after MS1 in the form of two, minimum four-week rotations.
- MDP740 during every FOM1 and FOM2 semester and the summer following first year.
- MDP741 during every Graduate School semester; fall, spring and summer.
- MDP742 MD/PhD HIPAA and OSHA Certification during each fall of full-time graduate studies.
- MDP743 Preparation for Thesis Research; taken after completion of year two in the School of Medicine, while enrolled in CCE, while completing four months of Care of Family and Care of Adult clerkships prior to full-time research.
- MDP744 Learning Communities during each semester of full-time research.
- BBS 860 MD/PhD Qualifying Exam; register fall semester of the first year of full-time graduate studies.
- BBS 865 MD/PhD TRAC Meeting every fall and spring semester after passing the Qualifying Exam and forming the Thesis Research Advisor Committee TRAC.
- MDP800 MD/PHD Seminar Series during each fall and spring of all years in the program.
- Responsible Conduct of Research.
- Basic Biomedical Sciences course, Communicating Science.
- Any advanced topic course required by your TRAC.

### Qualifying Examination

- Graduate School Year One: Presentation and defense of a research proposal within six months of starting full-time research (See Qualifying Exam Guidelines for specific MD/PhD instructions).
- Enrollment in Pre-Qualifying Research until the Qualifying Exam is passed.
- Successfully defend, edit and submit the research dissertation prior to returning to the School of Medicine.

### Thesis Research/Graduate Research

- Enroll in Thesis or Graduate Research until the TRAC approves progression to dissertation defense.
- Twice annual TRAC meetings during each year of Thesis Research to review progress of student's research.

### Teaching Requirement

All MD/PhD students are required to complete the teaching requirement with the preparation and presentation of teaching skills. The teaching requirement can be fulfilled at any point during the graduate school program.

- The MD/PhD Student Seminar (MDP800) presentation can be used to fulfill this requirement in the upper graduate school years.
- The teaching requirement can be fulfilled at any time during the graduate program. There is no limit to the number of attempts a student may make to fulfill the teaching requirement, although it must be successfully completed before the dissertation defense can be held.
- The MD/PhD Graduate Program Director will determine if the student has met the Teaching Requirements.

### **Graduate School – CPHR Track**

#### Clinical and Population Health Research Program (CPHR)

MD/PhD students entering into the CPHR track will have a different PhD Program structure than those in the BBS track. Students in this track will fall under the guidelines of the CPHR Program and work on an accelerated schedule which should allow them to complete the PhD in three years. If necessary, a fourth year curriculum would be identical to the third.

All students in the CPHR track will complete the core curriculum, pass a qualifying examination/paper, and a dissertation defense in addition to all MDP course requirements including MDP 741, MDP 742, MDP 743, MDP 744, MDP 800 as listed above in the BBS Program requirements.

# III. 5 Year Combined Clinical/Translational Research & Master's Degree in Clinical Investigation Program (CTRP/MSCI)

The CTRP/MSCI is an integrated program comprised of relevant required core curricula in Years 1 and 2 of medical school (joint with the Certificate CTRP Program and MD PhD students), and includes an additional gap year during which students are enrolled in the Master's Degree in Clinical Investigation program in the Graduate School of Biomedical Sciences.

All students who are accepted and enrolled in the CTRP program will have the additional opportunity to apply for the 5-year program option.

This opportunity is available only to enrolled CTRP students. Candidates for this option must be UMass Medical students officially enrolled in the CTRP program, who are in their 2nd year of medical school.

## **OVERVIEW: Curriculum Components**

The CTRP program is comprised of three required courses (MDP 740 A&B and CTS605A) which are held during FOM1/2 plus an eight week summer lab rotation. The curriculum components are as follows:

### **Foundations of Medicine - Years 1 & 2**

#### **MDP 740 A&B Designing Solutions to Research Problems**

- This required series of 20 two-hour sessions with Graduate School faculty will focus on research problems with a clinical focus. This course will be held during fall, spring and summer of year one.
- MDP 740 B is a series of one-on-one meetings with selected faculty members in a specific area of research totally 15 hours per term. The selection of the faculty member is flexible based on the student's interest and faculty availability but they must be a member of the CTRP faculty group. This course will be held during fall and spring of year two.

#### **CTS 605A Introduction to Clinical Epidemiology**

- Held during the summer between years one and two, reviews the basic principles of epidemiological studies and the application of strategies and design to solve epidemics and their causes.

#### **Summer Research Lab Rotation**

- Eight-week, full-time lab rotation with a CTRP affiliated faculty in a clinical/translational research area under the guidance of a CTRP-affiliated faculty mentor. Stipend support shared by the student's mentor and the School is provided for students enrolled in the summer research program.

#### **Core Clinical Experiences - Year 3**

- The CTRP/MSCI students will enter the Year 3 Care of Adult and Care of Family clerkships for the first four months of the academic year (May - August) and then take an LOA from the School of Medicine to complete the MSCI core curriculum.

#### **MSCI Program (full-time, gap year on LOA from medical school)**

- Complete the core curriculum that includes, but is not limited to, a writing course, ethics, biostatistics and epidemiology plus research work with the mentor. The curriculum is designed around the skills and experience of each student. Each student must pass a qualifying examination to continue in research.
- After completing the thesis and passing the thesis examination the student will return to the School of Medicine for the completion of the third year clerkships.

#### Advanced Studies - Year 4 in Medical School

- Students will use a three-month elective period to finalize thesis work for publication. This period may include further data analysis, submission of project summary/manuscript, presentation at UMMS poster session and/or an academic professional meeting.

<b>CTR-MS in Clinical Investigation Pathway</b>			
<b>Semester</b>	<b>Didactic</b>		<b>Experiential</b>
	<b>SOM</b>	<b>GSBS</b>	<b>Lab</b>
<b>Fall 2016</b>	FOM1	MDP740A	
<b>Spring 2017</b>	FOM1	MDP740A	
<b>Summer 2017</b>	CTS 605A – July (12 hrs/week)		MDP740A – June/July (2 hrs/week)
<b>Fall 2017</b>	FOM2	Apply to MSCI; MDP740B	
<b>Spring 2018</b>	FOM2, Prep for Step 1		
<b>Summer 2018</b>	Block 1 Clerkships	MDP740B	Define project w/ mentor
<b>Leave of Absence from School of Medicine</b>			
<b>Fall 2018</b>		Coursework	Lab/Analysis
<b>Spring 2019</b>		Coursework	Lab/Analysis
<b>Summer 2019</b>		Coursework	Thesis
<b>Return to School of Medicine</b>			
<b>Fall 2019</b>	Return to School of Medicine, Blocks 2 & 3		Meetings with mentor
<b>Spring 2020</b>			Meetings with mentor
<b>Summer 2020</b>			Meetings with mentor
<b>Fall 2020</b>	Advanced Studies (ABTS, Electives)		Thesis Publication
<b>Spring 2021</b>			
<b>Summer 2021</b>	MD Degree		MSCI Degree

## IV. Master of Science in Biomedical Sciences – Medical Sciences Option

The Master of Science in Biomedical Sciences - Medical Sciences option - (MSBS-MS) is an alternate degree option available to matriculated students in the Doctor of Medicine (MD) program at the University of Massachusetts Medical School (UMMS). The MSBS-MS degree will be conferred as a new option under the umbrella of the existing Medical Masters in Biomedical Sciences, which is available to matriculated students in the Graduate School of Biomedical Sciences (GSBS) PhD program. The MSBS-MS degree is not available as an independent degree to students who are not currently enrolled in the MD program at UMMS.

The MSBS-MS was created to provide an alternative degree option to matriculated students in the MD program at UMMS who have completed the first two years of the MD curriculum (Foundations of Medicine 1 and 2, or *FOM1* and *FOM2*) and who are in good academic standing, but who wish to withdraw from the MD program before completing the clinical years of training. Students must complete a Mentored Research Project as part of this degree option. Successful completion of the *FOM1* and *FOM2* curriculum and a Mentored Research Project will fulfill the criteria for conferral of the MSBS-MS degree. The Master's degree provides a positive exit strategy for MD students with adequate preclinical and research accomplishments, who have decided, with the support of the Associate Dean for Student Affairs (ADSA), that continuation in the MD program is no longer in their best interests. Upon approval by the Clinical Science Academic Evaluation Board, the Dean of the School of Medicine and the Dean of the Graduate School of Biomedical Sciences, the student enters into the MSBS-MS program.

### Summary of eligibility requirements:

- *Applicants must be matriculated students in the UMMS School of Medicine Doctor of Medicine (MD) degree program.*
- *Applicants must have completed the preclinical (FOM1 and FOM2) curriculum at the time of application to the MMS-MS degree program and must be in good academic standing, as defined in the School of Medicine Student Handbook.*
- *Applicants must request withdrawal from the MD program in order to be accepted into the MSBS-MS Program, as this is not a dual degree program.*
- *Students who have not been accepted into the UMMS MD program and who have not completed the preclinical years of the medical school curriculum (FOM1 and FOM2) are not eligible for the MSBS-MS degree option.*
- *Students who wish to apply for readmission to the School of Medicine after withdrawing from the MD program must do so as specified in the School of Medicine Student Handbook, via the School of Medicine Admissions Committee.*

### **Detailed Requirements for Completion of the Master of Science in Biomedical Sciences Degree – Medical Sciences Option**

#### *Academic curriculum*

The required curriculum for the Master of Science in Biomedical Sciences - Medical Sciences Option will include all of the Core Credits that constitute the FOM1 and FOM2 years in the School of Medicine curriculum. These credits will be transferred from the Medical School MD Degree Program Curriculum to the MSBS-MS Degree Program upon approval by the Dean of the School of Medicine and the Dean of the Graduate School of Biomedical Sciences, under management of the Registrar of UMMS, and following withdrawal from the MD program. The student will complete a Mentored Research Project as outlined below. Upon satisfactory

completion of the Mentored Research Project, the student will be eligible to graduate with the Master of Science in Biomedical Sciences (Medical Sciences Option), upon final approval by the Dean of the School of Medicine and the Dean of the Graduate School of Biomedical Sciences.

### *Mentored Research Project*

Research to satisfy the Mentored Research Project requirement can be undertaken in any area of biomedical science. The student may have chosen a mentor for the proposed research project by the end of the Fall semester of the FOM2 year, through enrollment in the School of Medicine Capstone Scholarship and Discovery (CSD) course and may have identified a specific question (hypothesis) to be addressed by the research. A student applying for the MSBS-MS degree may request to apply this prior CSD scholarly work to the Mentored Research Project requirement for the MSBS-MS degree. Upon completion of the Mentored Research Project, the student will be required to submit a summary of the scholarly work, a publication resulting from the work, or other deliverable, in order to satisfy this requirement for the Master's degree. The Dean of the School of Medicine will make the final determination as to whether the scholarly work submitted fulfills the requirement for the MSBS-MS degree.

*Tuition and Fees.* Tuition and fees are waived during the period of time that the student is completing the Mentored Research Project. There is no stipend provided during the period of completion of the requirements of the MSBS-MS degree.

### **Application and Admissions Process:**

The interested student will meet with the School of Medicine ADSA to indicate a desire to pursue the MSBS-MS degree. The student will then petition to withdraw from the School of Medicine with a statement submitted in writing to the ADSA. The interested student will complete a MSBS-MS application and a brief Mentored Research Project proposal, which will be submitted to the ADSA and the Deans of the School of Medicine and Graduate School of Biomedical Sciences. Upon review and approval by the Deans of the School of Medicine and Graduate School of Biomedical Sciences, the application and proposal will be submitted to the CSAEB for approval.

### Mentored Research Project Requirement

For many students, work on a School of Medicine Capstone Research Project will have begun in the first year of the MD program. In this case, the student may include in their Mentored Research Project proposal a statement requesting that the existing Capstone Research Project work be applied towards the Mentored Research Project requirement of the MSBS-MS degree.

- If the scholarly work has been completed, the student should submit a summary of the work (published article, research paper, or summary of the completed work) to the School of Medicine ADSA together with the application for the MSBS-MS degree. A letter of support from a faculty mentor is not required in this circumstance.
- If the scholarly work has not yet been completed, the interested student should submit with the application a Letter of Support from the faculty mentor for their proposed Mentored Research Project.

### Components of the application packet:

1. MSBS-MS application form
2. Mentored Research Project proposal
3. Letter of Support from faculty mentor for the Research Project *or* summary of the completed work, as noted above (published article, research paper, or summary of the completed work)

### Program Curriculum Outline

<b>Major Required (Core) Courses* (Total # of courses required = 21)</b>	
<b>Course Number</b>	<b>Course Title</b>
101	Principles of Human Genetics (POHG)
102	Building Working Cells and Tissues (BWCT)
103	Integrated Case Exercises 1 (ICE1)
104	Doctoring & Clinical Skills 1 (DCS1)
105	Development, Structure & Function (DSF)
106	Principles of Pharmacology (POP)
107	Cancer Concepts (CC)
108	Host Defense and Blood (HDB)
109	Infections (INF)
110	Determinants of Health 1 (DOH1)
112	Foundations of Health & Disease (FHD)
1002	Transition to Medical School (TRANS MS)
201	The Brain: Nervous System and Behavior (BRAIN)
202	Patients (PATS)
203	Integrated Case Exercises 2 (ICE2)
204	Doctoring & Clinical Skills 2 (DCS2)
210	Determinants of Health 2 (DOH2)
211	Organ System Diseases (OSD)
2001	Reading Period (MISC READ)
	Transition to CCE (TRANS CCE)

	Mentored Research Project
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*\*As the preclinical curriculum in the MD program changes, with the addition or modification of required courses, the transcript for the Master of Science in Biomedical Sciences – Medical Sciences option will change accordingly, to reflect the curriculum at the time of the student's enrollment.*

# Section Two: Honor Code, Technical Standards, and Professionalism

## I. Honor Code

The School of Medicine's commitment to professionalism is described in both the Honor Code itself and in Technical Standard Five (Behavioral and Social Attributes), as found on the [Office of Admissions webpage](#) and listed below. As a community of scholars and future physicians, the Honor Code carries with it a responsibility to mutually assure the integrity of the community. This reflects the obligation of licensed physicians to maintain the [ethics of the profession](#), as described by the Massachusetts Board of Registration in Medicine. It is expected that each student will make a personal commitment to abide by the School of Medicine Honor Code, which includes both self-monitoring and reporting violations. The Honor Code applies to all students at the School of Medicine. All students who are enrolled in a degree-granting program from the school of medicine will be held to the Honor Code until they receive their final degree(s). The Honor Board consists of faculty and students, with a Chair named by the Dean. Some consequences of violations may include self-assessment and remediation, while others may require course repeat, service work or even dismissal. Categories of violations are tiered and cumulative. Please see the Honor Code policy in its entirety at [Honor Code Policy](#).

## II. Technical Standards

### University of Massachusetts Medical School Technical Standards for Medical School Admission, Continuation and Graduation

#### Introduction

The mission of the University of Massachusetts School of Medicine is to graduate skilled and effective physicians. It is the responsibility of the faculty to select applicants from among residents of the Commonwealth who are best qualified to complete the required training and most likely to become the best possible physicians. Applicants are selected for admission to the school based not only on their scholastic achievement and ability, but also on their intellectual, physical and emotional capacities to meet the requirements of the school's curriculum and of a successful career in medicine. The faculty of the University of Massachusetts School of Medicine recognizes that academic competency is essential for success in medical school. Such things as intellectual curiosity, undergraduate grades, and the MCAT examination help to demonstrate academic competency. The Admissions Committee is instructed to exercise its judgment on behalf of the faculty in selecting the entering class. The committee is asked to consider not only academic ability but also character, integrity, extracurricular achievement, commitment to service, ability to contribute to the advancement of medical knowledge and biomedical research, the likelihood of providing primary care in the commonwealth, serving the health care needs of our underserved communities, and overall suitability for the medical profession based upon information in the application, letters of recommendation, and personal interviews.

The Liaison Committee on Medical Education, which accredits the medical school, requires that the curriculum provide a general professional education, enabling each student to pursue graduate training in a variety of disciplines. Also, one of the missions of University of Massachusetts School of Medicine is to graduate a significant number of generalist physicians. This requires the development of broad knowledge, skills and behaviors, enabling ongoing self-directed learning, further training and delivery of competent medical care. The faculty of the University of Massachusetts School of Medicine believes that such a broad based and patient oriented curriculum is best suited for future generalists, specialists and physician investigators. The

basic sciences curriculum includes anatomy, biochemistry, histology, pathology, pharmacology and physiology and is designed to establish a core of knowledge necessary for clinical training. The clinical curriculum begins early in the first year and includes diverse experiences in primary care, family medicine and ambulatory patient care. The third and fourth year include in-depth experiences in primary care, family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, diagnostic imaging, pathology, emergency medicine, geriatrics and rehabilitation medicine in ambulatory and in-patient settings. These experiences provide a broad basis for the practice of medicine, regardless of the future choice of specialty. Each student is required by the faculty to successfully complete each required course and clinical rotation to graduate.

The following technical standards specify those attributes the faculty considers necessary for completing medical school training, enabling each graduate to subsequently enter residency and clinical practice. These standards describe the essential functions students must demonstrate in order to fulfill the requirements of a general medical education, and thus, are pre-requisites for entrance, continuation, promotion, retention and graduation from medical school.

The University of Massachusetts School of Medicine will consider for admission any applicant who meets its residency requirement, academic criteria, and demonstrates the ability to perform or to learn to perform the skills listed in this document, with or without reasonable accommodations consistent with the Americans with Disabilities Act. Any applicant with questions about these technical requirements is advised to discuss the issue with the ADA Student Coordinator prior to the interview process.

Certain chronic or recurrent illnesses that interfere with patient care or safety are not compatible with medical practice or training. Any student who is a carrier of a blood borne pathogen [including but not limited to Hepatitis B virus, Hepatitis C virus, and Human Immunodeficiency virus (HIV)] will not be permitted to perform some invasive procedures. This will restrict the student's ability to perform fully in some clinical clerkships and to meet the requirements of some specialties; therefore, the student will possibly be prohibited from future training and practicing in those fields. Read the Addendum and Policy Statement on Blood-Borne Pathogens appended to this document. Other conditions that may lead to a high likelihood of debilitating student illness should also be carefully considered before committing to a clinical career. Deficiencies in knowledge base, judgment, integrity, character, or professional attitude or demeanor, which may jeopardize patient care, may be grounds for immediate removal from the clinical situation, course/rotation failure and possible dismissal.

## **Technical Standards**

A student must possess aptitude, abilities and skills in five areas: 1) observation; 2) communication; 3) sensory and motor coordination and function; 4) conceptualization, integration and quantitation; and 5) behavioral and social skills, abilities and aptitude. These are described in detail below. Students must be able to independently perform the described functions.

### **1. Observation**

Students must be able to observe demonstrations and conduct experiments in the basic sciences, including, but not limited to: anatomic dissection of preserved tissues and cadavers, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, microscopic studies of microorganisms and animal and human tissues in normal and pathologic states. A student must be able to observe patients accurately at a reasonable distance and close at hand, noting non-verbal as well as verbal signals. Specific observational requirements include, but are not limited to the following abilities: detecting and identifying significant changes in colors of fluids, skin, culture media, and dipstick tests; perceiving with acuity and accurately discriminating findings on x-rays and other imaging tests; efficiently reading written and illustrated material; observing intracellular details through a microscope; observing demonstrations in the classroom, including

projected slides, films, videos and overheads; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms; and using instruments competently, such as the otoscope, ophthalmoscope, microscope and stethoscope.

## **2. Communication**

Students must be able to relate effectively and sensitively with patients of all genders, as well as all ages, races, life-styles, sexual orientations, and cultural backgrounds, and be able to convey a sense of compassion and empathy. A student must be able to communicate clearly with and observe patients in order to elicit information, accurately describe changes in mood, activity and posture; and be able to perceive verbal as well as nonverbal communications. Communication includes not only speech but also reading and writing. Medical education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team. Specific requirements include but are not limited to the following abilities: communicating rapidly and clearly with the medical team on rounds; eliciting a thorough history from patients; and communicating complex findings in appropriate terms to patients and to various members of the health care team (fellow students, physicians, nurses, nurses' aides, therapists, social workers and others). Students must learn to recognize and promptly respond to emotional communications such as sadness, worry, agitation and lack of comprehension of physician communication. Each student must be able to read and to record observations and plans legibly, efficiently and accurately in documents such as the patient record and the electronic record. Students must be able to prepare and communicate concise but complete summaries of individual encounters, including hospitalizations. Students must be able to complete forms according to directions in a complete and timely fashion. Students must be computer literate and able to access patient records and medical information with facility.

## **3. Sensory and Motor Coordination or Function**

Students must be able and willing to perform with acuity, accuracy, and facility, a complete physical examination on any patient of all genders, utilizing palpation, auscultation, percussion and other diagnostic maneuvers. In general, this requires sufficient ability to observe with acuity and to process accurately: visual, auditory, exteroceptive (smell, touch, pain and temperature) and proprioceptive (position, pressure, movement, stereognosis and vibratory) phenomena, as well as the ability to manipulate with precision, at a fine level of movement, patients, and medical instruments and equipment. Methods of surgical instruction include practice on living or preserved animal tissues. A student must be able and willing to provide general care and emergency treatment to any patient of all genders in a timely manner. Furthermore, a student must be able to respond promptly to medical emergencies within the hospital, and must not hinder the ability of co-workers to provide prompt care. Examples of such emergency treatment reasonably required of physicians include arriving quickly when called and initiating cardiopulmonary resuscitation, administering intravenous medication, applying pressure to stop bleeding, opening obstructed airways, suturing wounds and performing basic obstetrical maneuvers. Cardiopulmonary resuscitation may require moving an adult patient, repeatedly and rapidly applying considerable chest pressure, delivering an adequate volume of artificial respiration, and calling for help. A student must be able to learn to perform basic laboratory tests, e.g., urinalysis, completed blood count and diagnostic and therapeutic procedures, e.g., phlebotomy, arterial blood gas drawings, lumbar puncture, arthrocentesis. Students must be able to measure angles and diameters of various body structures using tape measure and goniometer, measure blood pressure and pulse, and interpret graphs describing biologic relationships. Clinical rotations in ambulatory care settings require the ability to transport oneself to a variety of ambulatory settings in a timely manner, and inpatient rounds require prolonged and rapid movement.

#### **4. Intellectual-Conceptual, Integrative and Quantitative Abilities**

These abilities include measurement, calculation, reasoning, analysis, judgment and synthesis. The student must also be able to recognize letters and numbers quickly and accurately. Clinical reasoning and problem solving are critical skills demanded of physicians requiring all of these intellectual abilities, and they must be performed quickly, especially in emergency situations. Moreover, the effective physician often must deal with several tasks or problems simultaneously (“multi-tasking”). Students must be able to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, construct a reasoned and cost-effective diagnostic plan, and prescribe medications and therapy, recalling and retaining information in an efficient and timely manner. Students must be able to identify and communicate the limits of their knowledge to others when appropriate. The ability to incorporate new information from peers, teachers and the medical literature in formulating diagnoses and plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is essential.

#### **5. Behavioral and Social Attributes**

Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all personal qualities that are necessary for any physician. Students must be able, in all clinical and academic settings, to fully utilize their intellectual abilities, to exercise good judgment, to promptly complete all responsibilities attendant to the diagnosis and care of patients. They must be able and willing to develop mature, sensitive, professional and effective relationships with patients of all genders, ages, races, lifestyles, sexual orientations and cultural background, as well as with their families, with other health care providers, and with all members of the learning and working community. At times this requires the ability to be aware of and appropriately react to one’s own immediate emotional responses: e.g., students must maintain a professional demeanor, and be able to function at a high level in the face of personal fatigue, dissatisfied patients and their families, and tired colleagues. Students must be able to develop professional relationships with patients and their families, providing comfort and reassurance when appropriate while protecting patient confidentiality. Students must be able to maintain professional conduct when interacting with patients and the families of patients suffering from catastrophic illness, trauma, and death. Students must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress. All students must be able and willing to work on any day of the week and on any day of the year when called upon to serve in scheduled clinical activities or learning opportunities. All students are at times required to work for extended periods, occasionally with rotating and overnight shifts. Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students are expected to accept appropriate suggestions and criticism and, when necessary, to respond by modifying their behavior.

The School’s Technical Standards can also be found online at:

[http://www.umassmed.edu/som/admissions/application-process/technical-standards/.](http://www.umassmed.edu/som/admissions/application-process/technical-standards/)

Adopted by the University of Massachusetts Medical School Admissions Committee on Dec. 12, 1990.

First revision September 15, 1993; Second revision July 30, 1999; Third revision April 5, 2001; Fourth revision July 9, 2009.

### **III. Professionalism**

#### **Guidelines for Professional Behavior**

The Faculty and Student Body of the University of Massachusetts Medical School School of Medicine regard the following as guidelines for professional conduct. These areas are derived from the school's Technical Standards (see above and on the [Office of Admissions website](#)). We are proud that the vast majority of our students exemplify these behaviors naturally. All members of the School of Medicine community are expected to act professionally in the school, hospital and in the community with or in front of patients, families, members of the health care team and others in the professional environment (school, hospital, clinic, office) including members of the faculty and administration, other students, standardized patients, and staff. Please refer to the [Guidelines for Professional Behavior](#) in the School's Honor Code as found [here](#).

(Revised 02/01/14)

# Section Three: Academic Policies and Regulations

## I. Attendance, Rescheduling, and Withdrawing from Required Courses and Rotations

### A. Attendance

Students are expected to participate in all course activities and meet all course requirements as scheduled within the School of Medicine curriculum. However, on rare occasion, it may be necessary for a student to miss a required examination, due date for a paper, report or other course activity because of physician-certified illness, death in the immediate family, or other reason of comparable magnitude acceptable to the course leader or clerkship director. When possible, the student should speak with the course leader or clerkship director in advance of missing the required activity and request an exemption. If advance notice is not feasible, the student should notify the course leader or clerkship director as soon as possible.

Students in the clinical years (CCE and AS) are considered a part of the clinical team. If a student does not report as scheduled for a clerkship or elective, or if a student is absent from a clinical rotation or other required activity without appropriate notification to the course director, clerkship coordinator and the associate dean of student affairs and will receive a grade of No Credit for the required rotation. See specific Postponement, Rescheduling, and Withdrawal policies for additional information.

### B. Rescheduling a Required Course Activity

Once a course leader or clerkship director has determined that an exception shall be granted to miss a required examination, due date for a paper, report or other course activity, he/she will determine the timing and nature of any required make-up activities. Additional information regarding attendance and time away during Core Clinical Experiences can be found in the Time Away Policy from Required Core Clinical Experiences.

### C. Holidays

The institution takes federal, state and religious holidays into account when scheduling classes, assessments and other required activities. Every attempt is made to avoid major religious holidays in scheduling required activities, however it is difficult to accommodate all needs. Students should contact course leaders immediately if they identify a conflict between required course activities and a religious holiday that is not accounted for in the school list. Course leaders will do their best to accommodate students by rescheduling these required activities as feasible.

Clinical students should be aware that overnight call and working on assigned holidays is expected of third and fourth year students. State, federal and religious holidays are indicated on the School's academic calendars but may or may not be holidays according to the student's clinical site. Students are expected to follow the holiday schedule at their clinical site.

### D. Postponing a Required Core Clinical Experience (CCE)

Occasionally it may be necessary for a student to request postponement of a required CCE. This request may be made in order to complete required FOM 2 courses or activities, to complete PhD thesis work, for health reasons or extenuating personal circumstances.

ALL students are required to attend the Transitions to Core Clinical Experience before any Core Clinical Experience can be taken, regardless of when the first rotation is scheduled. The Transitions to Clinical Years Program is a required activity and is offered once each academic year. ALL students are also required to attend the Thematic Section Orientation as scheduled regardless of which block they will begin their rotations for that given thematic section. This is a required orientation and is only offered once per thematic section.

The CCE thematic sections involve shared academic elements across disciplines; this is most evident in shared OSCE's, but there are also shared assignments. Students who postpone a CCE will take the integrated OSCE on the basis of the CCE(s) that they have completed and will receive a preliminary grade. This will allow students to move forward and apply for advanced electives and away electives in related fields, even though they may not have been able to complete the postponed rotation(s). The grades will be finalized when the clerkships and shared elements are completed. Students will have access to the online materials during the theme, so that they are available for review prior to the shared OSCE. Please note that course postponements may have other financial consequences for financial aid recipients. Please contact the Bursar's Office or the Office of Financial Aid for details.

In some cases, students may require additional time for USMLE Step 1 preparation, before taking the exam and proceeding to the CCE year. Students requiring additional time for USMLE Step 1 preparation will be identified through key FOM 1 performance data, Organ System Diseases (OSD) NBME scores, and CBSE performance. This process typically will occur in February annually. Students who are identified as needing additional time will be advised by the CAA accordingly.

Requests for postponements of CCE rotations for the purpose of USMLE Step 1 preparation must be supported by the Center for Academic Achievement and the Associate Dean for Academic Achievement, and presented to the CSAEB through the Associate Dean for Student Affairs at least **FOUR WEEKS** prior to the start of the scheduled CCE.

***Detailed Process for CCE deferral for USMLE Step 1 Preparation:***

**1. At-Risk Student identification process before CCE EVOS**

- a. Students at risk for USMLE Step 1 are identified annually in **February, annually**
- b. Students are identified through key FOM1 performance data, OSD NBME scores and CBSE performance
  - i. CAA and ADAA consult with OSD faculty in deferral decisions
  - ii. CAA and ADAA email student and LC mentor to recommend deferral of CCE
  - iii. **If student agrees with recommendation for CCE rotation deferral:**
    1. ADAA emails request to ADSA, with cc to CAA, student and LC mentor
    2. ADAA works with ADSA/student to recommend a deferral duration (either 1A alone, or entire Thematic Section 1)
    3. Entire process is completed before the February CSAEB meeting where the changes are presented as an administrative item
    4. ADSA communicates with OSA staff to adjust CCE EVOS assignments
    5. All students must complete the Transition to CCE.
  - iv. **If student does not agree with deferral recommendation:**
    1. Student may continue to plan for 1A CCE rotations
    2. Student will continue to work with CAA, must make decision to defer as below (see step 2)

**2. Hard Deadlines for CCE Deferrals after CCE EVOS**

- a. Students who decline recommended deferral through the At-Risk process outlined above will have been assigned CCE rotations through EVOS
- b. All students must complete the Transition to CCE
- c. These students will continue to work with the CAA, the ADAA and their Mentor, to determine readiness for Step 1 and readiness to begin CCE in Thematic 1
- d. **Students may subsequently decide to defer all or part of Thematic 1** in consultation with the CAA and ADAA. In this case, they will need to obtain approval according to the following timeline:
  - i. **Deferral of only 1A:**
    1. Request must be made by email to ADAA no later than 4 weeks before the start of 1A (2 weeks before the required Transitions to CCE. For AY17-18, this date is April 10, 2017. If a student does not meet this deadline, they must enroll in CCE for block 1A.
    2. Students who defer 1A will enroll in CAA course XX3002 for 6 credits, for the entire thematic section
    3. If students are ready for clerkships in 1B, XX3002 can be modified to be just 2 credits for 1A
    4. Students deferring 1A do not need to participate in interstitial rotations occurring during 1A, but must consult with the directors of the Interstitial course to confirm
  - ii. **Deferral of Entire Thematic 1:**
    1. Students who will not be ready for clerkships by 1B may choose to defer the entire thematic section.
    2. Request must be made by email to ADAA no later than 4 weeks before the start of 1B. For AY17-18, this date is June 12, 2017
    3. Students who defer the entire Thematic section 1 will remain enrolled in CAA course XX3002 for 6 credits, for the entire thematic section
    4. For 2A, students must notify ADAA by email by the last day of 1B (2A starts August 28, 2017). As with thematic block 1, students may defer block 2A only but if the deferral extends beyond 2A,

the student must defer all of thematic block 2. The student cannot defer 2B and return to CCE for 2C.

3. **Students not ready for USMLE Step 1 by the end of Thematic Section 1**

- a. Students who are not ready for USMLE Step 1 at the end of Thematic 1 may enroll in additional supportive work through the CAA during Block 2A; plans are individualized for each student, in consultation with the CAA
- b. Students must then study independently during Blocks 2B and 2C, though they may continue to utilize CAA resources, including tutoring
- c. Students must be ready to take USMLE Step 1 by the first week of Block 2C
- d. Students who have not taken USMLE Step 1 by the end of the first week of Block 2C will be brought to the CSAEB in November and could be referred to the Progress Board, to determine their ability to continue in the curriculum for the School of Medicine

***Process for CCE deferral for reasons other than USMLE Step 1 Preparation:***

1. Submit Request in Writing to the Associate Dean for Student Affairs a written request (letter or email) indicating the reasons for the request. The student's request will be presented to the Clinical Science Academic Evaluation Board (CSAEB) for consideration.
2. Timing of Approval (A or B below)
  - a. If the request to postpone the CCE is approved before CCE EVOS: Contact the EVOS administrator prior to entering CCE EVOS to arrange to be administratively locked out of the block that you have been approved to postpone.
  - b. If the request to postpone a CCE is approved after EVOS is finalized: Submit a request in writing to the Associate Dean for Student Affairs, with copy to the Assistant Dean for Academic Achievement and forward to the appropriate clerkship director.

*\*\* Please note: Assigned CCE's remain on a student's official schedule until approval for the postponement is provided by the Office of Student Affairs. It is the student's responsibility to follow up and monitor the accuracy of their educational schedule via the Peoplesoft/Student Administration system.*

**E. Rescheduling a Postponed CCE into Advanced Studies**

If a postponed CCE is being rescheduled into the Advanced Studies year, the student must participate in both the CCE and Advanced Studies EVOS process for the following academic year. It is the student's responsibility to contact the EVOS Administrator in early February to reschedule the postponed clerkship into the Advanced Studies year. The EVOS administrator will work directly with the student to reschedule the postponed clerkship after CCE EVOS has run and results are available. All core clinical rotations must be completed by March of the year the student is expected to graduate.

**F. Postponing a Required Interstitial**

Interstitials are required activities for all third year/core clinical students. Interstitial topics complement the required core clinical clerkships. Interstitials are graded on a CR/NCR basis and all UMass Medical School students are required to receive credit for eight interstitials prior to graduation. Grades for interstitials are treated as are grades for all required courses.

An unexcused failure to participate in an Interstitial during the third year/core clinical experiences will result in a "no-credit" grade appearing on the student's transcript. When the interstitial has been successfully remediated, a notation that the interstitial was remediated in a single attempt from an initial failed grade will remain on the student's permanent transcript.

If a student has to miss an interstitial for reasons of physician-certified illness, death in the immediate family or other reason of comparable magnitude, the student should contact the Interstitial Coordinator, preferably in advance, and arrange to remediate the interstitial either by completing it as an advanced studies student or by completing an equivalent educational experience as determined by the specific Interstitial course director. In this case, a grade of "incomplete" will be issued and will be replaced by a grade of "CR" when the clerkship is successfully completed. If a student misses two or more interstitials during his/her third year/core clinical year, s/he will be required to take each of the missed interstitial courses during his/her advanced studies. An exception permitting alternate educational experiences may only be made by the Clinical Science Academic Evaluation Board.

**G. Rescheduling or Dropping an Advanced Studies Course**

It is recognized that occasionally during the Elective/Advanced Studies Program it may be necessary for a student to change his/her schedule. However, changes can only be made if requested at least two months in advance of the elective's start date, and for a

valid reason. Withdrawal from an elective must be approved by the coordinator of the elective before the elective will be removed from the student's schedule. If the request to drop the elective is denied, the elective will remain on the student's schedule and the student will be required to complete the elective or receive a failing grade for that elective. Dropping an elective is by mutual consent only.

*\*\*\*Please note: If a student is dropping or adding an elective the request must be processed and approved by the Office of Student Affairs BEFORE the start date of the elective.*

#### **H. Absence Policy for Clinical Rotations**

The goals of this policy are to support student wellness, to develop more uniform management of time away requests, to foster professional communication, and to minimize administrative burden of untimely or unusual requests. Attendance is mandatory for all required core clinical experiences (includes transitions, clerkships, interstitial curricula). Students must follow the schedule of their specific clerkship site (see: "Weather Watch").

Each clinical course has an internal policy regarding make-up for missed days, regardless of reason for absence (planned or unplanned). Make-up will be required of any student missing more than two days of any single Core Clinical Experiences clerkship or Advanced Studies Elective (or more than one day of Neurology), regardless of reason for absence (planned or unplanned). Make-up will also be required of any missed days containing key, required components of the course, regardless of the amount of missed time. The course will be recorded as Incomplete until the required make-up is completed. The make-up plans may vary based on course length, activities missed, and availability of additional supervision. Students must contact course directors with a request for time off at least 30 days in advance for all planned absences, and as soon as possible for any unplanned absences. The course director will assign all make up activities, which may include additional projects or scheduling of additional clinical work.

#### ***Unplanned (Vital Needs) Absence Policy:***

- The Unplanned Absence Policy applies to all clinical rotations, including Core Clinical Experiences, the Interstitial Curriculum and all Advanced Studies required and elective rotations.
- Students will be excused for acute illness or personal emergency (e.g. to attend a funeral) by the clinical course director. To maintain student privacy, students may state they have an "illness", "family emergency" (which includes serious illness or death of a close family member), or a "medical appointment" and are not required to disclose details. However, students may be asked to provide documentation (e.g. a doctor's note vouching for illness).
  - Note that childcare arrangements must be made for non-critical illness of children, school closures, etc., as these are not considered emergencies.
  - Students are expected to report to work in inclement weather.
- Students must inform the clinical course director and their direct supervisors of the absence as soon as possible.
- For chronic illness issues, please refer to the ADA policy.
- Any required make-up will be at the discretion of the clinical course director.
- Unplanned Absences days will be reported to the Associate Dean for Student Affairs, who will track total number of days used.

#### ***Planned Absence Policy:***

- The Planned Absence Policy applies to all clinical rotations, including Core Clinical Experiences, the Interstitial Curriculum and all Advanced Studies required and elective rotations.
- Planned absences are for significant personal, professional or academic events (conferences, interviews, weddings, family events, etc.). They are not to be used as study days, nor as vacation days.
- A maximum of **two** planned absence days are allowed during the entire, collective course of the Core Clinical Experiences and Interstitial Curriculum.
  - During the Family Medicine, Internal Medicine, OB/Gyn, Pediatrics, Psychiatry, and Surgery clerkships, students are allowed to use both of their planned absence days during a single clerkship.
  - During the Neurology clerkship, students are only allowed to use one of their planned absence days, given the short duration of the clerkship.

- Beyond religious holidays already recognized by the School of Medicine, students are allowed two additional planned absence days for observance of other religious holidays, provided it is approved in advance by the Office of Student Affairs.
- Planned absences are typically discouraged during Advanced Studies required and elective rotations, due to the flexibility of the year and opportunity for time off between elective rotations. However, planned absences may be requested and approved at the discretion of the course director.
  - Planned absences may not exceed 2 days per 4-week rotation unless approved by the course director.
  - All planned absences may need to be made up with extra clinical time, either on a weekend or after the rotation, at the discretion of the course director.
- Planned absence days must be approved by the course director and reported to the Associate Dean for Student Affairs, who will track total number of days used. **Advance notice of at least 30 days is required for planned absences.**
  - The course director will notify the student, clinical supervisors, and the Associate Dean for Student Affairs if the request is approved.
  - Approval for planned absences **will not be granted** if they impact key, required course components or if they create undue hardship for the course.
- Students are requested to plan absences to minimize disruption of their clinical duties if possible. Medical appointments should be scheduled to minimize length of time away from clinical or classroom duties. A planned absence day should be used if routine medical appointment will cause student to miss the entire day. Students should review the ADA policy which may apply to students with frequent medical appointments due to chronic illness.

Final Policy for Excused Absences from CCE Approved 3/14/08.

Applicability: All CCE and AS Students

Responsibility: Clerkship Directors Committee

Date Revised: September 28, 2016

EPC Approved: October 3, 2016

#### **I. Withdrawal from a Required Pre-Clerkship Course**

A student may withdraw from a pre-clerkship course without academic penalty up to two weeks before the final examination or end of the course, whichever comes first. Permission to withdraw must be requested from the Basic Science Academic Evaluation Board. The student must provide the Associate Dean for Student Affairs with a written request including the reason for the withdrawal request. The Associate Dean for Student Affairs will then present the request to the Basic Science Academic Evaluation Board for approval. This action may only be taken once for any specific course. The Basic Science Academic Evaluation Board may require or permit course withdrawal at other times during the academic year. Course withdrawal will not be indicated on the transcript once the course is successfully completed.

#### **J. Withdrawal from a Core Clinical Experience**

**Policy:** Students may withdraw from a Core Clinical Experience before the established withdrawal deadline of a clerkship without penalty. The withdrawal deadlines in CCE are as follows:

- End of week 1 of a 3 week CCE (Neurology)
- End of week 3 of a 5 week CCE (Pediatrics, Psychiatry, Family Medicine, Obstetrics and Gynecology)
- End of week 6 for the 8 to 10 week clerkships (Surgery, Internal Medicine).

This decision must be made in conjunction with the Associate Dean for Student Affairs, the student's Learning Communities Mentor and with the agreement of the clerkship directors. Permission to withdraw must be requested from the Clinical Science Academic Evaluation Board (CSAEB). This action may only be taken once for any specific clerkship. Course withdrawal will not be indicated on the transcript once the course is successfully completed.

**Explanation:** Withdrawals after the above deadlines will generally be unacceptable. Students must complete the rotation and will receive a grade. In extenuating circumstances, the student may be allowed to withdraw without penalty with the approval of the clerkship director and the CSAEB. Evaluations of the student's performance in the clerkship completed prior to the time of withdrawal will become part of the student's permanent record. Generally, the student will be expected to repeat the entire clerkship. However, the clerkship director and the CSAEB may modify this requirement based on factors such as the circumstances leading to the withdrawal, the amount of clerkship completed, and the student's performance to the time of withdrawal.

## **Procedure:**

1. Students should write a letter outlining the reasons for requesting a withdrawal from the clerkship to the Associate Dean for Student Affairs.
2. The request will be presented to the Clinical Science Academic Evaluation Board for consideration.
3. If approved the student will be required to complete a CCE Schedule Change Form.
4. If the Clinical Science Academic Evaluation Board is requiring a student to withdraw or postpone a CCE, the Office of Student Affairs will notify the student and the CCE Coordinator. (Revised CYC 10/22/12 )

## **K. Auditing a Pre-clerkship Course**

A student may audit a pre-clerkship course only by permission of the course instructor and with the approval of the Associate Dean for Student Affairs. The student must register for the course as an auditor with the Registrar Office. When the student meets with the course coordinator, the course coordinator will inform the student which activities of the course the student may participate in (i.e. lectures, small groups, use of CAI equipment, labs). Usually, auditors will not be permitted to sit for examinations or be required to write papers. Exceptions may be made by the course coordinator. No grade will be recorded on the student's transcript for an audited course. A student registered for a course as an auditor may not change his/her status in that course to receive course credit. A student must be enrolled in a minimum of 9 credits in order to audit a course.

In the case of a student who is already enrolled in one or more courses for a semester and who elects, in addition, to audit one or more courses, there is no change to billing or fee schedules as a consequence of the audited course/s. (rev. 060315)

## **L. Exam Policy FOM 1 and FOM 2**

To create an environment comparable to licensure exams and to maintain the integrity of the examination itself, the bubble sheet, pencils/pens, a simple hand-held calculator, and the exam itself are the only items to be used during exams. The use of electronic devices (MP3 players, iPods, cell phones, PDA's, laptops, and any devices capable of recording, retrieving or transmitting text, numbers, images or sound) are prohibited without the explicit approval of the instructor. (Approved by the First and Second Year Curriculum Committees 03/06)

*\*\*Please note: The above policy refers primarily to standard paper-based exams. Guidelines that more specifically apply to computer-based exams, including both UMMS-generated and NBME exams, will be provided by the courses that utilize this type of assessment method.*

# **II. Evaluation of Courses**

## **A. Evaluations of Course and/or Clerkship - Completed by Student**

Each student is REQUIRED to submit to the Office of Educational Affairs completed final evaluations for every course and/or clerkship. A student will not receive a final grade for the course and/or clerkship until he/she submits completed evaluations to the Office of Educational Affairs. To ensure confidentiality, a student's NT login will be retained when an online evaluation form is submitted; however, student names will not be associated with specific responses-only summary tables will be provided.

## **B. Evaluations of Electives - Completed by Student**

Each student is REQUIRED to submit to the Office of Educational Affairs a critique of each elective taken, whether for credit or non-credit. Student will not be given the evaluation of his/her performance in an elective until he/she returns a completed critique of that elective. The completed critique will be kept on file in the Office of Educational Affairs as a reference for the elective department as well as for future students choosing elective programs.

# **III. Evaluation of Students**

## **A. Principles of Evaluation**

### **1. Purpose of Evaluations**

Evaluations are meant to provide both students and faculty with accurate appraisals of the students' learning of the subject matter. They are to be used by the Academic Evaluation Boards in making decisions about academic advancement, remediation, or dismissal, and they provide the Associate Dean for Student Affairs with meaningful information for use in the writing of the Medical Student Performance Evaluation (MSPE). The student's mentor of record will also receive a copy of the mentee's grades and evaluations.

## 2. Principles Underlying Evaluations

UMMS does not rank students within their class and therefore requires that evaluations of performance be based on criteria of competence, rather than on predetermined statistical curves. Thus, the evaluation system is designed to promote a spirit of cooperation and to eliminate unhealthy competition between students.

## 3. Conflict of Interest by Evaluators – *Sensitive Medical and Counseling Care of Students*

**EPC policy (passed 2012):** In order to ensure that there is no conflict of interest between the roles of faculty and resident physicians functioning as physicians or therapists and the roles of faculty and resident physicians in academic evaluation and promotion, the designated director of a course or health delivery service is responsible for a plan to ensure that health professionals who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

**Definition:** Sensitive medical care: Because any medical care may become sensitive, "sensitive medical care" is considered to be any medical care.

**Exemptions:** Emergency situations or other situations in which lack of involvement by physicians, residents or other healthcare professionals would compromise patient care are exempted from the above policy.

**Enforcement:** Under the leadership of the Associate Dean for Student Affairs, oversight for this policy will rest with the Office of Student Affairs.

To view the entire policy on Sensitive Medical and Counseling Care of Students see the Student Health section.  
(Approved by EPC 02/06/12)

## 4. Pre-Clerkship Evaluations

Performance ratings in pre-clinical courses are usually based on results of written or oral examinations, papers or other written assignments. Narrative evaluations may also be prepared to provide information which is not obtainable through the examination process or not apparent in the performance ratings, and which may be pertinent to the student's overall record. This information is helpful in assisting the Academic Evaluation Board, in providing the student with a more comprehensive assessment of his/her strengths and weaknesses, and in aiding in the preparation of the Medical Student Performance Evaluation (MSPE). Examples of themes which appear in the narrative comments are: progress in learning the subject matter, the nature of extenuating circumstances which might have influenced performance, and the pursuit of independent research or projects.

## 5. Pre-Clerkship Performance Ratings

It is the responsibility of each course coordinator to distribute to each student on or about its first day of classes a syllabus which contains a description of the evaluation tools and procedures to be used. This is to include the relative weight of each examination and a statement defining the levels of proficiency required to attain each of the ratings. Ratings which are used by UMMS courses include:

- **CREDIT – PASS** - Indicative of totally acceptable and competent work;
- **CREDIT MARGINAL - LOW PASS** - Work of uneven or consistently borderline quality. This grade appears on the transcript as "Credit" however a student is allowed to carry only one such grade into the clerkship years. Any additional credit/marginal course grades must be remediated.
- **NO CREDIT** - Work of unacceptably low quality; failure to submit required work will result in a No Credit grade for the course unless the student receives an approved extension.
- **INCOMPLETE** - A temporary designation indicating that a final rating is not yet available although the course has ended. This rating is used at the discretion of the course director with review by the Basic Science Academic Evaluation Board (BSAEB) if necessary, such as in cases where the course work is incomplete due to physician-certified illness, death in the immediate family, or a reason of comparable magnitude. If an Incomplete grade is granted, the incomplete work must be made up in the time frame specified by the course coordinator. If no time frame is specified, the work must be made up in a prompt and orderly fashion within one year. Extensions to this one-year limit may be granted by the course coordinator with the approval of the Basic Science Academic Evaluation Board. If a student is carrying two or more grades of Incomplete, the student's academic record will be reviewed by the Basic Science Academic Evaluation Board.
- **HONORS** - Prior to academic year 2010/11, a grade of Honors was indicative of exceptional and clearly outstanding performance. Please note that this grade was discontinued with the LnC curriculum.

*An asterisk (\*) accompanying any grade indicates that this rating has resulted from a single attempt to remediate an initial course rating of NC (No Credit) or F (Failing).*

## 6. Clerkship Evaluations/Assessments

Students doing clerkship rotations shall be evaluated as objectively as possible for competence in each of the following three areas:

**Knowledge** - This may be assessed through written examinations, through evaluation of clinical performance with regard to the ability to apply and integrate facts, and through evaluation of the ability to discuss and relate facts about particular cases in the setting of conferences and rounds.

**Skills** - This refers to the student's capacity to function effectively in areas such as clinical decision-making, physician-patient relationship, the carrying out of procedures, and formulation of various diagnostic and therapeutic courses of action.

**Attitudes** - Students are also judged as to their overall maturity, their professionalism, their ability to relate to staff and patients, and their ability to adapt to the pressures and responsibilities of medical practice.

### **Additional Guidelines for Clerkship Evaluations**

Each clinical discipline is expected to define the relative importance of the various measures used to assess knowledge, skills and attitudes as well as to define the nature of the procedures to be used in arriving at final performance ratings. This is to be described in writing to the students at the beginning of the rotation. While each discipline is allowed flexibility in evaluating students, based upon the uniqueness of that specialty, the following guidelines are to be used:

- A poor initial performance on a single written final examination should not, in and of itself, result in a rating of "Fail." Assuming that other areas of performance are deemed satisfactory, an "Incomplete" is to be assigned until the student has the opportunity of retaking the test.
- A second poor performance on a written examination or an initial poor performance on more than one clerkship component may result in a grade of "Incomplete," "Below Expected Performance," or "Fail" at the discretion of the clerkship director or grading committee.
- If a student fails to pass an exam or course component after two attempts, the course director may require additional tutorial or clinical work, may change the format of the exam, or may require partial or complete course repeat. Only one attempt to pass a course by course repeat is allowed.
- All clinical grades must be Expected Performance or above to graduate.
- If a student has accumulated two or more Incomplete grades, the Clinical Science Academic Evaluation Board may vote to require the student to stop progress until one or more grades is remediated or to take other actions.
- Students with a particular handicap or learning disability shall be afforded every reasonable means of meeting the specific requirements of any course according to ADA guidelines.

### **7. Clerkship Performance Ratings/Final Grades**

It is the responsibility of each course coordinator to distribute to each student on or about the first day of classes a syllabus which contains a description of the evaluation tools and procedures to be used. This is to include the relative weight of each examination and a statement defining the levels of proficiency required to attain each of the ratings/grades.

Ratings/grades used by UMMS courses include:

- **OUTSTANDING** - Indicative of exceptional and clearly outstanding performance
- **ABOVE EXPECTED PERFORMANCE** - Meets most, but not all, requirements for "Outstanding"
- **EXPECTED PERFORMANCE** - Indicative of totally acceptable and competent work
- **BELOW EXPECTED PERFORMANCE** - Work of uneven or consistently borderline quality, less than "Expected Performance," but possibly remediable through additional work or re-examination. Any grades of "Below Expected Performance" or "Fail" in a Core Clerkship must be remediated to at least an "Expected Performance" to fulfill graduation requirements. The remediation of one or more clerkships may be required prior to taking fourth-year electives.
- **FAIL** - Unacceptable work of low quality
- **INCOMPLETE** - A temporary designation indicating that a final rating is not yet available although the course has ended. This rating is used at the discretion of the course director with review by the Clinical Science Academic Evaluation Board (CSAEB) if necessary, such as in cases where the course work is incomplete due to physician certified illness, death in the immediate family, or a reason of comparable magnitude. Requests for a temporary grade of incomplete must be made to the course coordinator prior to the end date of the clerkship or elective. If an Incomplete grade is granted, the incomplete work must be made up in the time frame specified by the course coordinator. If no time frame is specified, the work must be made up in a prompt and orderly fashion within one year. Extensions to this one-year limit may be granted by the course coordinator with the approval of the Clinical Science Academic Evaluation Board. If a student is carrying two or more grades of Incomplete, the student's academic record will be reviewed by the Clinical Science Academic Evaluation Board.

*An asterisk (\*) accompanying any grade on a student's transcript indicates that this rating has resulted from a single attempt to remediate an initial course rating of NC (No Credit) or F (Failing).*

## **8. Advanced Studies Elective Evaluations**

For all electives on a student's schedule within the UMass system: The Registrar's Office will automatically send an evaluation form [electronically] to the Elective Coordinator for completion. The evaluation will be emailed midway through the elective.

For all electives on a student's schedule outside the UMass system (External Electives): Students must follow the policies and rules of the Host School with regard to elective evaluations. Some Host School's utilize their own elective evaluation forms and will submit their evaluation form to the UMMS Registrar's Office. In all other cases, the UMMS Registrar's Office will email an evaluation form to the student. It is the student's responsibility to give this Evaluation Form to the elective coordinator for completion by the supervising faculty for the elective.

For all international electives, students receive an evaluation form electronically from the Office of the Registrar in advance of the elective. It is the responsibility of the student to give the evaluation form to the elective coordinator, and to return the completed evaluation to the UMMS Office of Undergraduate Medical Education upon their return to UMMS.

### **B. Timing of Evaluations**

Final grades for students in all pre-clerkship courses should be presented to the Office of Institutional Research Evaluation and Assessment in a timely fashion, usually no later than 15 working days following the final meeting or the final examination of a given course. IREA will then process and submit an electronic grades roster to the Registrar's Office.

Final grades and narrative summaries for clerkship courses should be presented to the registrar and the Associate Dean for Student Affairs in a timely fashion, no later than six weeks following the completion of the clerkship or elective.

Make-ups of exams, papers, reports and/or other course activities which have been missed because of physician-certified illness, death in the immediate family, or other reason of comparable magnitude may occur within the time period of the course or following the course, as decided by the course coordinator. If, by pre-arranged agreement of the course/clerkship coordinator and the student, the make-up is not completed before the date for submission of performance ratings, then an INCOMPLETE rating will be submitted. If an INCOMPLETE grade is granted, the incomplete work must be made up in the time frame specified by the course coordinator. If no time frame is specified, the work must be made up in a prompt and orderly fashion within one year. If a student is carrying two or more grades of Incomplete, the student's academic record will be reviewed by the appropriate Academic Evaluation Board. All pre-clerkship work must be successfully completed prior to beginning the first clerkship.

### **C. Review of Evaluation Criteria**

The appropriate curriculum committee will periodically review written criteria for assigning final grades in each course. The intent of this requirement is to ensure that each course has well established, written criteria which are distributed to the student at the beginning of each course.

### **D. Academic Evaluation Boards/Review of Academic Records**

Students' academic records are monitored by two Academic Evaluation Boards, a Basic Sciences Academic Evaluation Board and a Clinical Sciences Academic Evaluation Board. Each Board includes the coordinators of each course as well as ex-officio members. It is each Board's responsibility to periodically review student academic records, to recommend students to the Progress Board for academic advancement, remediation or dismissal, to consider any extenuating circumstances which may have contributed to academic performance, and to determine the nature and process of academic make-up and remediation, if possible, for students who have not satisfactorily completed all academic requirements.

### **E. Learning Communities Mentors**

A copy of the student's academic record and of any pertinent letters or emails are also sent to the student's Learning Communities Mentor. The Learning Communities Mentor does not take part in promotion decisions except at the student's request, as an advocate. Records are sent to the student's Learning Communities Mentor so that the Mentor may provide maximum help and consultation to the Mentee.

## **IV. Adverse Recommendation**

(As defined in Sec. 2.2 of the school's Appeal Policy)

An adverse recommendation is a recommendation of either the Basic Science Academic Evaluation Board or the Clinical Science Academic Evaluation Board to the Progress Board to have the student (1) repeat an FOM 1 or FOM2 course because of a failing grade (NCR) in a single course, (2) repeat a clerkship or elective because of a grade of "Below Expected" or "Fail" (3) whole semester

or an entire year; (4) enter a less than full-time or other program which will delay the student's time of graduation, (5) take a leave of absence at the initiative of the Board rather than of the student, or (6) be dismissed.

See Section 3. "Academic Policies and Regulations: Criteria for Academic Review and Advancement"

Revised 5/2016

## V. Progress Board

The Progress Board is a standing subcommittee of the Educational Policy Committee (EPC) consisting of 9 members: 5 clinicians and 4 basic scientists which meets ONLY when a recommendation of the Basic or Clinical Science Academic Evaluation Board which is considered an "adverse recommendation" is made (see definition above). This Board will recommend remediation or repetition of courses, entry into a less than full-time program (when this request is not made by the student), or dismissal, to the Dean of the School of Medicine.

Requirements for membership on the Progress Board:

- Senior member of the faculty (associate professor or above)
- NOT a current course coordinator and has not been a course coordinator for at least 12 months before date of appointment. Faculty members who teach in a course but are not the course coordinator may be members of the committee.
- A member of the committee who has a relationship to the student as a mentor must recuse him/herself from voting in any decision about that student.
- If the case concerns a particular course, faculty teaching in that course must recuse themselves from voting in any decision about that course.

Members are appointed by the Dean of the School of Medicine. Faculty may apply for this position to the Dean. If an insufficient number of faculty apply, the Dean shall appoint the members from the general faculty. Members of the Progress Board will select their own chair; the position of chair may be different for different cases but will be the same for the duration of a case. The member serving as Chair will continue to have a vote. The role of the chair will be (1) to convene and conduct the meetings and (2) to report the findings of the Board to the Dean of the School of Medicine and to the appropriate Academic Evaluation Board. Decisions of the Board will be by majority vote; the standard used will be "preponderance of the evidence" rather than the criminal standard of "beyond a reasonable doubt."

If the Basic or Clinical Science Academic Evaluation Board makes an Adverse Recommendation, this recommendation will be presented by the chair of that Academic Evaluation Board to at least 3 of the 9 members of the Progress Board of which at least 2 members are basic scientists if it is a basic science issue or at least 2 are clinicians if it is a clinical years issue. The members of the Progress Board who are hearing a case will not include any member of a course involved in the adverse recommendation of the Evaluation Board and will not include any mentor of the student. At least 3 of the members of the Progress Board must meet to decide on a given case.

When a Progress Board is to be convened because of an Evaluation Board or Honor Board recommendation or due to an issue concerning the school's Criteria for Academic Review and Advancement, the Associate Dean for Student Affairs shall notify the student at minimum by email in time to provide at least 10 working days' notice before the date on which a board is convened. The Associate Dean for Student Affairs will inform the membership of the Progress Board of the need to meet and will assist in arranging meetings but will not participate in deliberations or voting.

The Progress Board will receive the minutes of the AEB meeting(s) and any other pertinent information and may call on the chair or other members including ad hoc members (e.g. the Associate Dean for Student Affairs) for clarification of process and issues. A student must be invited but is not required to attend any Progress Board meeting at which an adverse recommendation is being considered. The student must be notified by the Associate Dean for Student Affairs in writing by hard copy or email that the Progress Board is meeting to consider a case in which the student is involved at least 10 days before the meeting. Furthermore, any student may request to meet with the Board. If the student wishes to meet with the Board, the student's request must be given in writing to the Associate Dean for Student Affairs at least two working days prior to the Boards' meeting. A student who elects to meet with the Progress Board may bring an advocate into the hearing room with him or her. In a case in which no criminal charges are pending, the

advocate can be any member of the university community. However, no parties shall be represented by legal counsel (this restriction includes faculty members and students other than the accused student who also have formal legal training). The role of the advocate is to assist the student in presenting his/her side of the case as effectively as possible. If criminal charges are pending, the student may bring an attorney as an advocate and the University may also choose to be represented by legal counsel.

## **VI. Criteria for Academic Review and Advancement**

### **A. Overview**

Promotion from the FOM1 to the FOM2, and from FOM2 to the Core Clinical Experiences is determined by the Basic Science Academic Evaluation Board (BSAEB). Advancement within the CCE and AS years and recommendation for graduation are the province of the Clinical Science Academic Evaluation Board (CSAEB).

The BSAEB and CSAEB each meet approximately monthly during the academic year. Additional electronic discussion/consultation and voting may occur as necessary. It is the responsibility of each Board to review a student's entire record, taking into consideration the overall pattern and quality of a student's academic performance. It should be emphasized that the recommendations of the Boards and actions of the Progress Board, ranging from unqualified promotion to dismissal, are based upon assessments of academic and technical competence and upon qualitative, ethical and behavioral criteria.

Any recommendation made by either Academic Evaluation Board that is considered an adverse recommendation; including requiring a student to (1) repeat a whole semester or an entire year; (2) enter a less than full-time or other program which will delay the student's time of graduation, (3) take a Leave of Absence at the initiative of the Board rather than of the student, or (4) be dismissed must be presented to the Progress Board. Students may request to defer pre-clinical courses or clinical rotations and enter an extended course of study, without going before the Progress Board, as long as they are making satisfactory progress towards the MD degree.

A student will be considered to be making satisfactory progress towards the MD degree if the following percentage of the curriculum is met:

- End of first year of enrollment 10% of curriculum
- End of second year of enrollment 20% of curriculum
- End of third year of enrollment 30% of curriculum
- End of fourth year of enrollment 50% of curriculum
- End of fifth year of enrollment 75% of curriculum
- End of sixth year of enrollment 100% of curriculum

Percentage of curriculum completed will be calculated based on the percentage of the curriculum which would normally be completed in 4 years.

Exceptions to the maximum number of years (6 enrollment/2 leave) can be made only in circumstances of extraordinary medical or personal hardship, on appeal to the appropriate Academic Evaluation Board.

Approved by the Educational Policy Committee (EPC) 6/10.

### **B. Academic Review and Advancement During the Pre-clerkship Years**

In general, a student whose internal record shows no ratings of CREDIT/MARGINAL or NO CREDIT and less than two ratings of INCOMPLETE does not require individual review.

Specific requirements for advancement are:

#### ***Promotion from FOM1 to FOM2:***

- Completion of all required courses for FOM1; no unremediated rating of NCR. Students who have received more than one rating of DRM will be reviewed by the BSAEB and Progress Board (if necessary) to determine whether or not they can progress for each course to FOM2

- Course coordinators for each course will establish prerequisites for progression to that course or block of a course. Students who have satisfied the prerequisites will be permitted to progress to that course or course block.
- Students who have not satisfied all requirements to go on to FOM2 may be permitted to take one or more blocks of FOM2 occurring in the first academic year. This promotion to FOM2 is on a provisional basis. In order to continue progression in FOM2, students must satisfy all requirements to move to FOM2 by the start of the second academic year.

***Promotion from FOM2 to Core Clinical Experiences (CCE):***

- Completion of all required courses in FOM1 and FOM2
- No unremediated ratings of NO CREDIT, no ratings of INCOMPLETE and not more than one unremediated rating of CREDIT/MARGINAL.

Students meeting these requirements are eligible for advancement unless additional information brought to the attention of the Board (e.g., demonstration by the student of qualities of character or personality which are incompatible with a career as a physician) requires further deliberation and action.

- A student whose record shows an INCOMPLETE rating shall be reviewed for the purpose of ensuring completion of the INCOMPLETE rating.
- A student whose internal record shows one INTERNAL CREDIT/ MARGINAL rating, shall be encouraged, but not required, to remediate that rating to CREDIT or better.
- A student whose record accrues two CREDIT/MARGINAL ratings shall be reviewed for the purpose of prescribing remediation of at least one of the CREDIT/MARGINAL ratings, or other appropriate action, including possible mandatory program extension.
- A student whose record accrues three CREDIT/MARGINAL ratings may be required to remediate all three of them, and may, in addition, be placed on a mandatory program extension.
- A student whose record shows one rating of NO CREDIT, either alone OR in combination with one CREDIT/MARGINAL rating shall be reviewed, required to remediate the NO CREDIT rating(s) and considered for possible mandatory program extension.
- A student whose record shows one rating of NO CREDIT and two ratings of CREDIT/MARGINAL shall be reviewed and considered for:
  1. remediation of all NO CREDIT ratings and possible mandatory program extension
  2. repetition of the entire academic year
- A student whose record accrues two or more NO CREDIT ratings
  - or - one NO CREDIT and three CREDIT/MARGINAL ratings
  - or - four CREDIT/MARGINAL ratings, shall be reviewed and considered for:
    1. remediation of all CREDIT/MARGINAL or NO CREDIT ratings and possible mandatory program extension
    2. repetition of the entire academic year
    3. dismissal without an opportunity for further remediation

***Program extension*** (please see “Extended Program” Section of the Handbook).

A medical student will be considered to be on “Extended Student” status (“ES”) when that student’s anticipated year of graduation is more than four academic years from the academic year of admission. The change in student status will be effective from the date at which the student begins the action which will extend the program (i.e. withdraws from a required course, begins a leave of absence to do research or other enrichment program, enrolls for fewer than the usual full load of courses). Program extension may include a period of academic leave, either to bring the student’s schedule back into synchrony with the curriculum or to require or allow specific support activities (e.g., counseling, tutoring, reading or other background courses, etc.).

**C. Academic Review and Advancement During the Clinical Years**

The Core Clinical Experience (CCE) and Advanced Studies (AS) constitute the clinical portion of the curriculum. Prior to the core clinical experience, the student is assigned by computer match to thematic sections. Similarly, an approved subinternship and a

clerkship in Neurology are scheduled during the fourth/Advanced Studies year/s, in addition to \*electives chosen by the student. (\*Advanced Studies beginning in AY 2013/14).

### ***Required Clinical Rotations***

- If a BELOW EXPECTED PERFORMANCE rating has been assigned in a required clerkship, the Clinical Science Academic Evaluation Board (CSAEB) shall review the student's progress and require remediation which may include repetition of a portion of the clerkship, repetition of the entire clerkship or the taking of an additional clerkship in the appropriate area.
- If a FAILING rating has been assigned in a required clerkship, the CSAEB shall review the student's progress and/or require remediation which will include repetition of the clerkship or the taking of an additional clerkship in the appropriate area.
- If a student is carrying two or more grades of INCOMPLETE, the student's academic record will be reviewed by the CSAEB, which may recommend modifications in the student's academic program.
- If more than one BELOW EXPECTED PERFORMANCE rating, or any combination of BELOW EXPECTED PERFORMANCE and FAILING ratings are assigned in required clerkships, the Board shall review the student's progress and require repetition of the less than EXPECTED PERFORMANCE clerkships.
- If a student is carrying more than one grade of BELOW EXPECTED PERFORMANCE or FAIL, in a required clinical rotation the CSAEB may recommend modifications in a student's academic progress.

### ***Comprehensive Core Clinical Assessment (CCCA)***

Any student who does not fulfill competency performance standards on the CCCA, will be required to complete a self-assessment as directed by CCCA faculty, meet with CCCA faculty to review their performance and have a second opportunity (CCCA Retest) to meet competency performance standards. Students will be notified of their CCCA performance results and the need to take the CCCA Retest by mid-August of each year. The CCCA Retest will be conducted no later than November of the CCCA year.

A CCCA Performance Evaluation Group will be formed as a standing subcommittee of the CSAEB to determine and oversee the planning and assessment for any student who does not fulfill "competency" performance standards on the CCCA. For each student not meeting "competency" standards on the CCCA, the CCCA Performance Evaluation Group will develop an individualized educational plan tailored to the student's particular area(s) of weakness/need. After completion of the individualized educational plans, all students must complete the CCCA Retest. The CCCA Retest will be developed under the oversight of the Performance Evaluation Group and will be administered no later than November of the CCCA year. Students' performance outcomes from the CCCA Retest will be reviewed and signed off by the CCCA Performance Evaluation Group.

For the student who does not demonstrate "competency" standards on the CCCA Retest, performance of "not meeting competence" on the CCCA will be reported to the student and the CSAEB.

The student may submit a written appeal regarding the CCCA and the CCCA Retest grade to the Performance Evaluation Group within 2 weeks of the grades being sent to the students. All appeals will be managed by the CCCA Performance Evaluation Group.

### ***Advanced Studies Electives***

- If one BELOW EXPECTED PERFORMANCE rating is assigned in an elective, the Board shall recommend, but not require, remediation.
- If more than one BELOW EXPECTED PERFORMANCE rating or any FAILING rating is assigned in elective courses, the Board shall require repetition of the less than EXPECTED PERFORMANCE electives or substitution of other appropriate electives to meet the 24 week minimum.
- If a BELOW EXPECTED or FAILING rating is assigned in an elective and the 24 week minimum is fulfilled by substitution of another appropriate elective rather than by direct remediation of the original elective, the grade of BEP or F in that elective will remain on the student's permanent transcript.

The Clinical Science Academic Evaluation Board shall recommend students to the Dean of the Medical School for receipt of the MD degree based on completion of all of the requirements for the MD degree as found in "Section ONE: Academic Programs."

## **VII. Remediation Policies**

All remediation efforts must receive prior approval of the appropriate Academic Evaluation Board.

#### ***For preclinical courses:***

- The grade which shall be recorded on a student's transcript following successful remediation of an Internal CREDIT/MARGINAL or a NO CREDIT rating by examination can only be CREDIT.
- Only one chance to remediate a less-than-CREDIT rating by repetition of the course is allowed. Students attempting a remediation by course repeat are not eligible to take the remediation exam following this course repeat.
  - If a student fails to obtain a grade higher than the initial grade by repetition of the course, the original grade will stand.
  - If the original grade was a NO CREDIT/FAILING or if the grade results in another condition subject to dismissal the student will be subject to dismissal, as described in the Criteria for Academic Review and Advancement.
- If a NO CREDIT rating is successfully remediated by repetition of the course, the result must be recorded as the appropriate preclinical course grade, such as CR.
- A course may not downgrade a post-remediation rating as a penalty for a previous performance.
- Grades remediated from a NO CREDIT rating will also be noted on the transcript.

#### ***For clerkships & electives:***

- In required clerkships, remediation of BELOW EXPECTED PERFORMANCE grades may include repetition of all or part of the clerkship or the taking of an additional clerkship in the appropriate area.
- In required clerkships, remediation of FAILING grades will include repetition of the clerkship and/or the taking of an additional clerk-ship in the appropriate area.
- For electives, remediation of BELOW EXPECTED PERFORMANCE ratings or FAILING ratings or substitution of other appropriate electives to meet the 24-week minimum requirement as required by the Clinical Science Academic Evaluation Board.
- If a BELOW EXPECTED PERFORMANCE rating is due entirely to performance on a written examination, but clinical performance has been EXPECTED PERFORMANCE, the rating may be remediated by re-examination at a later date.
- Only one chance to remediate a less-than-CREDIT/EXPECTED PERFORMANCE rating by repetition of the clerkship/elective is allowed.
  - If the BELOW EXPECTED PERFORMANCE rating is successfully remediated by repetition of the clerkship/elective, the result which can be recorded may be the appropriate course grade, including EXPECTED PERFORMANCE (EP), ABOVE EXPECTED PERFORMANCE (AEP), or OUTSTANDING (O).
  - If a student fails to obtain a grade higher than the initial grade by repetition of the course, the original grade will stand.
  - If the original grade was a NO CREDIT/FAILING or BELOW EXPECTED PERFORMANCE in a required clinical course, or if the grade results in another condition subject to dismissal the student will be subject to dismissal, as described in the Criteria for Academic Review and Advancement.
- If a FAILING rating is successfully remediated by repetition of the course, the result must be recorded as the appropriate preclinical or clinical course grade, such as CR, or AEP.
- A course may not downgrade a post-remediation rating as a penalty for a previous performance.
- Grades remediated from a FAILING rating will also be noted on the transcript.

#### ***For the Comprehensive Core Clinical Assessment (CCCA):***

Any student who does not fulfill competency performance standard on the CCCA, will be required to complete a self-assessment as directed by CCCA faculty, meet with CCCA faculty to review their performance and have a second opportunity (CCCA Retest) to meet competency performance standards. (see: Comprehensive Core Clinical Assessment, above).

## **VIII. Dismissal**

The Progress Board may recommend to the Dean of the Medical School that a student be dismissed. Circumstances which may warrant dismissal include:

- A student's record which shows failure to remediate successfully to CREDIT/EXPECTED PERFORMANCE or better, any rating of less than CREDIT/EXPECTED PERFORMANCE for which remediation was required (e.g. all Below Expected Performance (BEP), No Credit (NC) and Failing (F) grades must be successfully remediated to Credit (CR) or Expected Performance (EP).

- A student's record which simultaneously shows two or more NO CREDIT/FAILING ratings or one NO CREDIT/FAILING and three CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE ratings or four CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE ratings.
- A student's record which shows in its entirety an accumulation of five or more ratings below CREDIT/EXPECTED PERFORMANCE, irrespective of any remediation (i.e., a history of five or more ratings of CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE or NO CREDIT/FAILING is sufficient grounds for dismissal even if the student has previously remediated some of the ratings to CREDIT/EXPECTED PERFORMANCE or better.
- Demonstration by the student of qualities of character or personality which are incompatible with a career as a physician, including behavior judged to be illegal, unethical, or so objectionable as to be inconsistent with suitability for the medical profession (see Technical Standards for Medical School Admission, Continuation and Graduation).
- A student who does not fulfill requirements in the competency areas for Medical Education as defined by the faculty of the Medical School.

## IX. Appeal Policy (Medical Student)

### Background

The Basic Science Academic Evaluation Board and the Clinical Science Academic Evaluation Board are charged with reviewing the progress of all medical students. From time to time, these Boards find it necessary to make recommendations to the Progress Board which may recommend to the Dean of the Medical School an extended period of study or otherwise affect a student's progress. A student may, on occasion, feel such decisions are unfair in some way. This document outlines the procedures associated with filing an appeal.

Students are encouraged to try all other routes for resolving differences before resorting to the filing of a formal appeal. Students should seek the counsel and help of the Office of Student Affairs and consider such an appeal only after all alternative routes have been explored.

An appeal alleges a mistake in the facts relied upon for the decision or that the facts support different action by the Progress Board.

### Definitions

**Academic Evaluation Board.** The Academic Evaluation Boards are the bodies charged with evaluation of the progress of students and with making recommendations either for promotion, for some remedial program or for dismissal. The Basic Science Academic Evaluation Board monitors progress in the first two (Pre-clerkship) years and the Clinical Science Academic Evaluation Board monitors the last two (Clerkship) years.

**Progress Board.** The Progress Board is a subcommittee of the Educational Policy Committee (EPC) consisting of 9 members: 5 clinicians and 4 basic scientists which meets ONLY when a recommendation of the Basic or Clinical Science Academic Evaluation Board which is considered an "adverse recommendation" is made.

**Adverse recommendation.** An adverse recommendation is a recommendation of either the Basic Science Academic Evaluation Board or the Clinical Science Academic Evaluation Board to the Progress Board to have the student (1) repeat a whole semester or an entire year; (2) enter a less than full-time or other program which will delay the student's time of graduation, (3) take a leave of absence at the initiative of the Board rather than of the student, or (4) be dismissed.

**Appeal.** An appeal is a formal request for reconsideration of a decision. This document addresses appeals filed by students in regard to promotion and dismissal or any adverse decisions. A grade which does not affect promotion or retention may not be appealed beyond the Chair of the Department. Appeals related to issues of Affirmative Action are handled by a specific procedure for such problems (cf. University of Massachusetts Medical School Discrimination Complaint Procedure HR Policy #06.05.10). The appeal must be in writing and state (i) the factual and/or procedural basis for the appeal and, (ii) the resolution the student seeks/

**Senior Faculty Member.** A Senior Faculty Member is a member of the faculty at the rank of Associate or Full Professor and participating regularly and significantly in the formal medical curriculum.

**Standing Academic Appeal Committee.** The Standing Academic Appeal Committee is a standing committee of the faculty appointed to aid the Dean in evaluation of appeals. The committee shall consist of four senior faculty members, two from basic science departments and two from clinical departments. No member of an Academic Evaluation Board can serve concurrently on the Standing Academic Appeal Committee. The committee shall choose a Chair within as expeditious a time frame as practical, usually within ten working days of its constitution. In the event that the committee cannot agree on a Chair, the Dean shall select one from the committee. In the event of a conflict of interest on the part of a member of the Standing Academic Appeal Committee when issues relating to a specific student arise or in the event that a committee member will not be available given the constraints of time associated with prompt evaluation of an appeal, the Dean shall appoint a substitute. Where practical, the substitute shall be chosen so as to preserve the existing balance of the committee.

**Ad Hoc Academic Appeal Committee.** The Ad Hoc Academic Appeal Committee is a committee constituted to aid the Dean in decisions involving non-procedural issues which may result in dismissal. It consists of the members of the Standing Academic Appeal Committee supplemented by a senior faculty member appointed by the Dean from a list of three senior faculty members submitted by the student as part of the written document outlining the appeal. The Dean shall screen this appointee for a possible conflict of interest in issues involving the student in question and the Dean shall confirm that the appointee will be available as required for expeditious evaluation of the appeal. The Chair of the Standing Academic Appeal Committee shall serve as Chair of the Ad Hoc Academic Appeal Committee.

### **Process for an Appeal**

In order to file any appeal, the student must produce some evidence of error beyond the student's simple assertion that the Grade Granting Unit or Board was wrong. For example, if a student disagrees with the grade assigned by a Grade Granting Unit, the student should discuss the issue with the faculty coordinator of the relevant course, clerkship or elective and request a reconsideration by the grading committee if that option is offered by the coordinator. In the event of unsatisfactory resolution of the issue by the grade granting unit, the student has the option to request a reconsideration by the Chair of the relevant department or departments for interdepartmental courses.

The appeal to the Chair of the department is made by writing a letter to the Chair outlining the reasons for disagreeing with the grade. The Chair will convene a small group of faculty, not including the course coordinators, who will review the grade and may interview the student and the course coordinators in coming to a determination.

Once a decision has been made the Chair will inform the student of the outcome by letter. A copy of that letter will also be sent to the Associate Dean of Student Affairs who will inform the appropriate Academic Board.

An appeal to the Dean of the Medical School/Academic Appeal Committee may be made only if the grade has an impact on promotion or dismissal. For example, if a grade results in a requirement for repeating a course or other action resulting in a requirement for program extension, it may be appealed in this way.

### **Procedure for Review of an Appeal**

**1. General.** The particular procedure depends upon the nature of the appeal. The alternatives are identified by number and are listed in the sections below. Throughout the process of the appeal, the student will receive information about the progress of the appeal from the office of the Associate Dean for Student Affairs and/or directly from the office or committee reviewing the appeal.

**2. Procedure I - Program Extension or Repeating of Courses.** If the recommendation of the Progress Board involves the student entering a less than full-time program or repetition of a whole semester or an entire year, the recommendation must be implemented within a reasonable period of time so that the student will be able to take the courses while they are still available. Procedure I is intended to be as expeditious as practical consonant with a fair and reliable evaluation. A student wishing to file an appeal related to such a decision must do so in writing to the Dean of the School of Medicine within 10 working days of receipt of notification of the decision of the Progress Board. The appeal should be sent to the Associate Dean of Student Affairs.

The Dean of the School of Medicine will refer it to the Standing Academic Appeal Committee for review. This Committee shall evaluate the appeal and report its finding to the student, the Progress Board, and the Dean, within as expeditious a time frame as practical, consonant with a fair and reliable evaluation, usually within 20 working days. A majority vote of the Standing Academic Appeal Committee is required to recommend reversal or revision of a decision of the Progress Board. If the

Committee vote results in a tie, the Progress Board's decision shall be upheld. In the event that the Committee disagrees with the Progress Board, the Committee's report shall include a recommendation for correction. The Dean shall review this recommendation and forward it (with any appropriate modifications) within as expeditious a time frame as practical, consonant with a fair and reliable evaluation, usually within 10 working days of receipt to the Progress Board which shall follow the Dean's directions to remedy the appeal.

**3. Procedure II - Dismissal.** When the appeal relates to a recommendation of the Progress Board for dismissal, the student must notify the Associate Dean for student Affairs of the intent to file an appeal. This must be done in writing within 10 working days of receipt of the notification of the decision of the Progress Board. The student's notification of intent to file an appeal may include a list of three senior faculty members from which the Dean of the Medical School may choose the ad hoc member of the Ad Hoc Academic Appeal Committee. If no list is submitted, the Dean shall appoint an ad hoc member of his/ her choosing. Within 20 working days of receipt of the decision of the Progress Board, the student must file the written appeal.

The Dean of the School of Medicine shall review this document and take one of the following three actions. (1) If the Dean deems the appeal to be without merit, the dean shall reject the appeal. (2) If the Dean determines that the entire appeal deals with a procedural error, the Dean may accept the appeal and set in motion a mechanism for redress. (3) If any or all of the appeal deals with a non-procedural issue, the Dean shall constitute an Ad Hoc Academic Appeal Committee which shall review the written record, hear the student in person and, at the student's option, hear one advocate chosen by the student from among students, faculty or administration. In addition, the Ad Hoc Academic Appeal Committee shall make a reasonable effort to include participation of all persons it, the student, the Dean, or any member of the faculty shall deem appropriate and necessary for a full evaluation of the case.

In the case of a dismissal on the basis of academic performance, allegations of academic dishonesty or disciplinary action in which no criminal charges are pending, no parties shall be represented by legal counsel (this restriction includes faculty members who also have formal legal training). In the case of dismissal on the basis of academic dishonesty or disciplinary action, a student may submit a written statement drafted by an attorney and that statement will be considered by the Ad Hoc Academic Appeals Committee before a final decision is issued. A student subject to dismissal who faces criminal charges arising from the same facts shall be permitted to select as his or her mentor an attorney, without regard to whether the attorney is a member of the campus community. This right to have an attorney present (at the student's expense) will also apply when, in the judgment of the Ad Hoc Academic Appeals Committee, it appears likely that such charges will be filed.

The Chair of the Ad Hoc Academic Appeal Committee shall have the right to limit witnesses and testimony to that which the Chair deems relevant to the issues at hand. The Chair may also meet informally with any parties to the dispute to identify points on which both sides agree and thereby streamline the hearing itself. The student shall have the right to hear all testimony and to see all evidence introduced as part of the review process (however, in the event that the evidence should contain information relevant to other students, their identities shall not be disclosed to the student). The student shall be allowed five working days to prepare and submit a written rebuttal of any testimony presented at the hearing. After all the testimony and evidence have been presented, the Ad Hoc Academic Appeal Committee shall meet to evaluate the issues raised in the appeal and the hearing. A majority vote shall constitute a decision. The student may not be present during these deliberations.

The Ad Hoc Academic Appeal Committee shall render its recommendations to the Dean of the Medical School within as expeditious a time frame as practical, consonant with a fair and reliable evaluation, usually within twenty working days. In the event that the Ad Hoc Academic Appeal Committee disagrees with the original decision, the Dean shall ask the Progress Board to reconsider its decision. The Progress Board shall respond to the Dean within five working days of its next meeting. The Dean shall then evaluate the case, reviewing all the written evidence in the case and interviewing the student and the student's advocate (if the student so desires). In particular, in the event of a disagreement between the Progress Board and the Ad Hoc Academic Appeal Committee, the Dean shall make the final evaluation of the appeal and, if it is indicated, effect a mechanism for redress. This decision of the dean shall be final.

In the event that the Ad Hoc Academic Appeal Committee supports the original decision, that decision shall be final.

### **Protection**

No student shall be penalized for having filed an appeal.

Every effort shall be made to meet all time limits set forth in these procedures. However, with the exception of the time limit for filing an appeal, all time limits may be extended at the discretion of the Dean of the Medical School. The time limit for filing an appeal may be extended only in those instances where the Dean finds that there are extreme extenuating circumstances justifying such an extension and that the appeal process will not be unduly burdened as a result.

## X. Advanced Standing

Given the integrated model for our courses and curricular framework, requests for advanced standing will be considered on a case by case basis. Under the oversight of the Associate Dean for Undergraduate Medical Education, requests for advanced standing in a given course will be reviewed by the respective curriculum committee and subject to approval by the designated course co-leaders.

Requests for advanced standing should be directed to the Associate Dean for Undergraduate Medical Education.

## XI. Credit Hour Definitions

The University of Massachusetts Medical School, which consists of its School of Medicine, Graduate School of Nursing and Graduate School of Biomedical Sciences, fulfills the following Federal definition of a credit hour:

Except as provided in 34 CFR 668.8(k) and (1), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hours of credit, or the equivalent amount of work over a different amount of time; or (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

### **Faculty and Student Notifications:**

The credit hour assignments will be included in the appropriate student handbook and they will be provided to the Office of Faculty Affairs for inclusion in the orientation program for new faculty. It will also be presented at relevant curriculum committee meetings to ensure faculty awareness.

### **School of Medicine (SoM) Course Credit Hour Assignments**

#### **Existing Curriculum:**

Each grade-granting course is assigned credits based on the following process, which builds on standard educational benchmarking and local expertise in curriculum development and expectations for clinical work:

- Year 1-2 foundational curricula: approximately 15 classroom hours and two out-of-classroom hours per classroom hour/semester (minimum 45 hours) = one credit.
- Years 2-4 core clinical and elective experiences: one week = one credit.
- Year 3-4 required sub-internship: one week = two credits.
- The allocation of credits for less than 1 hour shall be in 0.5 increments only.

The Credit-Hours Work Group (CHWG) will present the slate of course credit hours annually to the relevant curriculum sub-committee of the Education Policy Committee (EPC) for review and endorsement, and to the full EPC at the request of the EPC curriculum sub-committee.

**New Course Development:** Newly approved courses will apply this metric to confirm appropriate credit.

#### **Adjustment:**

- The CHWG will be convened twice annually in October (to prepare for any necessary changes that would be voted by the EPC in January) and approximately three months before the start of the academic year to review any need to adjust policy or procedure, and on an ad hoc basis throughout the year as time sensitive issues arise. These meetings will be called by the CHWG Chair, the Associate Dean for Undergraduate Medical Education.

- The credit-hours work group consists of the Associate Deans for Undergraduate Medical Education and Student Affairs, Chairs of the EPC curriculum sub-committees, Chairs of the Basic and Clinical Sciences Academic Evaluation Boards, the Registrar and the Financial Aid Director.
- A sub-committee with expertise in elements unique to the MD/ PhD program will meet annually and as needed to address credit-hour issues related to that program. This MD/PhD CHWG will be comprised of the Dean of the GSBS, the Associate Dean for Undergraduate Medical Education, the Chair of the relevant EPC sub-committee, MD/PhD leadership, the Associate Dean for Student Affairs and other content experts as necessary.
- The policy will be posted on the EPC website.
- After the annual credit hours meeting the policy and credit table will be distributed to course leaders, this will also occur at course leadership changes.

### **Credit Hour Audit Process**

The Associate Dean for Undergraduate Medical Education in the SOM, the Dean of the GSBS and the Dean of the GSN will annually supply a list of all credit granting courses to the Associate Dean for Allied Health and Interprofessional Education Programs (the "Associate Dean"), who will randomly select two courses from each of the three schools for an audit to determine credit hour compliance with this policy. The Associate Dean will formally notify each of these three individuals concerning the initial results of this audit. If there is a disagreement concerning the findings, the associate dean will meet with the individual for further discussion. The Associate Dean will report his final audit conclusions to the provost.

December 8, 2011, SOM updated 3.24.14, SOM updated 6.30.14

## **XII. Extended Program**

Most students at the University of Massachusetts Medical School will complete their course of study in four years. However, students may wish to pursue opportunities for research, other academic enrichment such as international programs, completion of work toward another degree, or may experience child care responsibilities, financial, health, personal or family problems. In addition, students may occasionally experience academic difficulty. For any of the above reasons, students may request program extension, or be recommended for program extension by the appropriate Academic Evaluation Board.

As of May 2, 1995, the following policy regarding Extended Students will apply. This policy will apply to matriculated UMass Medical School, School of Medicine students only.

A medical student will be considered to be on "Extended Student" status ("ES") when that student's anticipated year of graduation is more than four academic years from the academic year of admission. The change in student status will be effective from the date at which the student begins the action which will extend the program (i.e. withdraws from a required course, begins a leave of absence to do research or other enrichment program, enrolls for fewer than the usual full load of courses)

School policy requires a student to take a minimum of eight (8) semesters of enrollment and allows for a maximum of 12 semesters of enrollment in medical student courses to complete the MD degree.

Students MUST be registered for a minimum of nine (9) credit hours for that semester by two weeks before the start of the semester and must maintain a minimum enrollment of 9 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc. "See; Matriculating Student Status" and "Number of Years to Complete the MD Degree."

Students should be aware that in many states, extended status will result in automatic review by the Board of Registration when the initial license is applied for. Because this may result in a minor time delay, students on Extended Status are therefore advised to apply for their temporary license as soon as feasible.

In addition, students should understand that in many states not more than seven (7) years may elapse between the initial passing of Step 1 of the USMLE and the taking of Step 3. Current information on this may be obtained at the Federation of State Medical Boards (FSMB) web site <http://www.fsmb.org/>.

Students enrolled for any medical school courses for credit, including students on ES status will be assessed the full medical school tuition for each semester of enrollment.

The first semester in which the student is enrolled for medical school courses for credit after completing eight full semesters of assessed UMass Medical School tuition, excluding any prior semesters for which a Post Sophomore Fellowship tuition waiver was received (such as the "Pathology year"), the student's status will change to "Extended Student/ Program Fee" ("ESPF" status).

#### **Extended Students and the Financial Ramifications**

- Students in Extended Student Program Fee (ESPF) status will not be assessed tuition and will be required to pay a program fee plus all applicable student fees. Students in ESPF status will be considered full time, active, matriculated medical students. A student may continue in ESPF status for a maximum of four semesters.
- A semester for which only partial tuition was paid (i.e. a semester during which the student withdrew and received a pro-rated tuition rebate) will not be credited toward the four full semesters of assessed UMass Medical School tuition.
- Students transferring from other medical schools will not be eligible for ESPF status until they have completed eight full semesters of assessed UMass Medical School tuition.

Please see "Criteria for Academic Review and Advancement and Office of the School Bursar" for more information. (rev. 060315)

### **XIII. Fifth-Year Option for the MD Degree**

The Fifth-Year Option requires extension of the educational program for completion of the MD degree, including a minimum of 9 credits per semester for up to two semesters. This option is not intended for students who are required to extend their program in order to complete courses required for the regular MD degree (e.g. decelerated students, students remediating courses, or students who took a leave during their regular program). The option is under the oversight of the Office of Student Affairs and will be overseen by the Associate Dean for Student Affairs.

Common reasons for application for entry into the Fifth-Year Option:

- extended international experience
- extended research experience
- extended clinical experience

#### **Requirements for completion of Fifth-Year Option:**

- Students may elect to enroll in the option for one or two semesters.
- Extension of a one semester into a two semester option is permissible with approval of CSAEB (if, for example, a research project is found to take longer than anticipated). If the option extends into the second semester, the student is required to successfully complete a minimum of 9 credits during the second semester.
- A minimum of 9 credit hours must be taken per semester of enrollment.
- Students must fulfill educational objectives s/he set out in his/her proposal.
- Students will be held to the same standards of academic and professional behavior as during the regular MD program.
- Students beginning this option will not be eligible for the MD degree until they have completed the Option as approved.
- Failure to successfully complete this option once approved and begun may result in consequences up to and including dismissal.

#### **Opportunities to apply:**

- Students may apply for the Fifth-Year Option at any time after matriculation. The expectation is that most proposals would be made at the end of the third or beginning of the fourth year.
- Proposals must be submitted to the CSAEB for approval by April 30 of the year preceding the fifth year of enrollment (e.g. by April 30, 2017 for entry into the Option in AY 17/18).

#### **Application process:**

Student must meet with:

- His or her Learning Communities Mentor
- Associate Dean for Student Affairs or designee

- Appropriate sponsor/s
- Research mentor if a research proposal is part of the Fifth-Year Option
- Specialty advisor if a specialty field has been chosen; otherwise the LC mentor letter of support will suffice
- Director of Financial Aid or designee
- Others as may be determined by the Associate Dean for Student Affairs

Applications must be submitted by completing an online application form, which can be found on the Office of Student Affairs website, at <http://www.umassmed.edu/studentaffairs/how-do-i/apply-for-fifth-year-option/>. The application consists of:

- Student's description of the Fifth-Year Option including the educational goals/ objectives and stating whether it is a one semester or a two semester proposal.
- Letter or email of support from the student's Learning Communities Mentor.
- Letter or email of support from an international advisor if participating in a global experience.
- Letter or email from the Director of Financial Aid or designee attesting that the student understands the financial ramifications of application for the Option.

#### **Option details:**

- Enrichment courses may be started during the fourth or the next to last year of enrollment, with required courses completed during the fifth or the graduation year.
- A single semester option may be completed in the fall or spring semester.
- Students may be eligible for federal financial aid but must consult with the financial aid director for specific information.
- Institutional gift aid will not be made available to Fifth Year Option students.

Approval will be by the CSAEB; CSAEB may choose to appoint a subcommittee to pre-review all proposals and recommend action before voting by the entire committee.

#### **Fifth-Year Options that include International Experiences:**

All Fifth-Year option requests must be approved by the Clinical Science Academic Board, as noted above, and not the Office of Global Health (OGH) or the Office of Undergraduate Medical Education (OUME). However, students do need OUME and OGH pre-approval for any global health experience. The process is described on the OUME website <http://www.umassmed.edu/oume/international-medical-education/>. Courses taken to fulfill the requirements for the option will be noted in the MSPE and on the transcript.

(Approved by EPC on 6/4/2012) (revised 070814) (rev. 060315)

\* Please see: Extended Students and the Financial Ramifications [here](#).

## **XIV. Leave of Absence**

A Leave of Absence (LOA) is a temporary interruption of studies for one or more semesters. An approved LOA is generally not for more than one year, except in the case of students pursuing joint degrees, either at UMass or in conjunction with another degree-granting program. A student on an approved LOA prior to the start of the semester will not be assessed tuition and fees, although the student may choose to maintain his/her health insurance coverage by paying the appropriate fee. All other students are assessed a refund of tuition and fees based on the date of withdrawal and whether or not he/she is a Title IV Financial Aid recipient. Leaves of Absence may have other financial consequences for financial aid recipients. Please refer to the Bursar and Student Financial Aid sections of the Medical School Student Handbook or contact the Bursar's Office or the Office of Financial Aid for details.

### **A. STUDENT INITIATED**

A student in good academic standing may, at any time, request a leave of absence for a specified period of time not to exceed one year.

#### **I. Personal Leave of Absence**

A student in good academic standing may, at any time, request a leave of absence for a specified period of time not to exceed one year. This type of LOA may be requested in order to take time for research, clinical work at another site without academic credit, international travel without academic credit, or other types of academic enrichment. A Personal LOA can also be taken in order to take additional time for preparation for USMLE Licensing exams. The request must be made in writing (e-mail from the UMass email account is acceptable) to the Associate Dean for Student Affairs, who will bring the request to the appropriate Academic Evaluation Board for consideration. The appropriate Academic Evaluation Board will determine whether or not such a leave of absence is to be granted, whether or not it can be renewed, and what, if any, conditions for readmission will be set.

## **II. Medical Leave of Absence**

A student in good academic standing may request a Medical Leave of Absence from the appropriate Academic Evaluation Board with a supporting letter from his/her physician or therapist. Medical leaves are normally for a period not to exceed one year, although they may be extended after review by the appropriate Academic Evaluation Board.

If the medical reason for the leave is expected to be a simple, acute, self-limiting condition, e.g. pregnancy, injury, the request and supporting letter from the physician or therapist should be sent to the Associate Dean for Student Affairs, who will present it to the appropriate Academic Evaluation Board. If a second medical leave is requested for the same condition, it will automatically be considered to have become more complex (see below).

If the medical reason for the leave is expected to be chronic or more complex, the student must apply for the leave through the Academic Accommodations/Achievement Committee (AAC), which will review the case and will present it to the appropriate Academic Evaluation Board for consideration once the committee feels it has enough evidence to support a medical leave.

## **III. Parental Leave: Maternal, Paternal, Adoptive, etc.**

Students may request Parental Leaves of Absence, with or without extensions of their academic program, to fulfill parental responsibilities. Requests should be discussed with the Associate Dean for Student Affairs and will require approval of the appropriate Academic Evaluation Board (Basic or Clinical).

## **B. SCHOOL INITIATED**

A student with academic deficiencies may, under certain circumstances, be placed on an Administrative Leave for a specified time, either to bring the student's schedule back into synchrony with the curriculum, or to require or allow specific support activities (e.g., counseling, remedial reading or other background courses, etc.)

A student appealing a Board recommendation which makes that student ineligible to progress academically shall be placed on an administrative extension during which the student will be ineligible to attend classes and will not be charged tuition for the semester which begins while the situation is under appeal. The tuition refund policy will apply for changes to administrative extension that occur during a semester.

## **C. RETURN FROM A LEAVE OF ABSENCE**

Return from a medical leave requires a supporting letter from the student's physician or therapist and approval of the Board.

The student is responsible for contacting the appropriate departments to make any necessary arrangements before returning to school. More specifically, the student must contact the Registrar Office thirty (30) days prior to the start of courses to make arrangements for the pre-registration of classes. In addition, for a student returning to a clinical year, the Office of Student Affairs must be notified no later than January 31 of the academic year preceding the academic year of return, in order to participate in the appropriate core clinical or fourth year/advanced studies EVOS. Students will not be permitted to take required sub-internships until all prerequisites have been successfully completed. Students participating in financial aid programs must also contact the Office of Financial Aid for specific details.

A student who fails to attend the Medical School regularly or fails to return from a Leave of Absence, in spite of notification by the Associate Dean for Student Affairs, will be considered to have withdrawn voluntarily from Medical School and cannot be reinstated without positive action of the Committee on Admissions.

### **Matriculating Student Status**

Beginning with the Academic Year 2015/16, students must be registered for and maintain a minimum enrollment of 9 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc.) (rev. 060315)

### **Conditions for a Leave of Absence are as follows:**

A Leave of Absence for personal or medical reasons is normally for a period not to exceed one year and may be renewed only by the appropriate Academic Evaluation Board on appeal by the student.

Students in our combined MD/PhD are by definition on leave during their research time, but are not required to apply annually for extension of their leave and are not held to the 4 year maximum by the SOM. Any maximum on-leave time devoted to dissertation research for MD/PhD students will be determined by the Graduate School of Biomedical Sciences.

Students pursuing another degree (e.g. MPH, MBA, etc.) or participating in a program at an external agency or institution must get approval from the appropriate Academic Evaluation Board and reapply for extension annually of their leave. The same appropriate Academic Evaluation Board reserves the right to reverse its permission to pursue another degree or participate in a program at an external agency or institution.

The number of years of Leaves of Absence shall not exceed two academic years (4 semesters) unless the student is pursuing another degree either at UMass or through a previously approved program at an external agency or institution.

A student will be considered to be making satisfactory progress towards the MD degree if the following percentage of the curriculum is met:

- End of first year of enrollment 10% of curriculum
- End of second year of enrollment 20% of curriculum
- End of third year of enrollment 30% of curriculum
- End of fourth year of enrollment 50% of curriculum
- End of fifth year of enrollment 75% of curriculum
- End of sixth year of enrollment 100% of curriculum

Percentage of curriculum completed will be calculated based on the percentage of the curriculum which would normally be completed in 4 years.

Exceptions to the maximum number of years (6 enrollment/2 leave) can be made only in circumstances of extraordinary medical or personal hardship, on appeal to the appropriate Academic Evaluation Board.

6/10 approved by the Educational Policy Committee (EPC)

## **XV. Number of Years to Complete the MD Degree**

The majority of students will complete our curriculum in four years. School policy requires a student take a minimum of eight (8) semesters of enrollment and allows for a maximum of twelve (12) semesters of enrollment is permitted for completion of the MD degree. Program extension to more than the usual 4 years/8 semesters of enrollment may be requested by a student or required by the Progress Board.

A student in good academic standing may apply to the appropriate Academic Evaluation Board for program extension or Leave of Absence after consultation with the Associate Dean for Student Affairs at any time during his/her medical school program until requirements for graduation have been completed. The request for an extension or Leave of Absence must be made in writing

(email is acceptable only from UMass student email account) and must include a description of the student's proposed program. (See: [Extended Program](#))

A Leave of Absence during which the student remains matriculated but is not actively enrolled may be requested by a student or required by an Academic Evaluation Board.

## **XVI. Posting of Faculty Course Material**

Our Learning Management System through BBL contains lectures, notes, PowerPoints, slides, recordings, etc. that are the property of faculty members creating them. These materials, of course, provide students with important educational information while enrolled in the courses.

Because these materials are the property of the faculty member, use of faculty course material outside the BBL Learning Management System requires faculty permission. Such uses include sending UMMS course materials to students not enrolled at UMMS or posting UMMS course materials on public web sites unless the faculty member has given prior permission to do so. In addition, it is not permissible to use UMMS faculty names or the UMMS logo in association with learning materials that are posted in the public domain without the permission of the respective UMMS faculty member. Your personal use of course materials in secure sites, such as Drop Box, is permissible.

## **XVII. Praise Report**

A praise report is a narrative statement praising a student sent to the Associate Dean for Student Affairs, who will send a copy to the student. While it is often helpful to receive personal praise, a face-to-face meeting of the person filing the praise report and the student is not required. Praise reports will be placed in the student's file and may be mentioned in the MSPE.

## **XVIII. Withdrawals**

### **A. Voluntary Withdrawal**

A student may withdraw voluntarily from the Medical School at any time upon written application to the Associate Dean for Student Affairs. A student who is withdrawn is not guaranteed readmission. Application for reinstatement must be received in writing at least two months prior to the date of requested readmission and must be approved by the Committee on Admissions. The level of reinstatement within the curriculum will be determined by the appropriate Academic Evaluation Board.

### **B. Administrative Withdrawal**

A student may be administratively withdrawn from the University if, after due notice, the student fails to satisfy an overdue financial obligation to, or to comply with certain administrative requirements of, the campus of the University of Massachusetts at which the student is registered. Conditions warranting Administrative Withdrawal include failure to comply with administrative requirements such as failure by a student to satisfy an overdue financial obligation to the University, consisting of tuition, loans, fees, library (charges), or other student charges, including orientation, student activities, health services, failure to comply with other administrative requirements, such as the submission of health forms, etc., forgery, fraud, or falsification of information on any official University form or document, such as student grade report, recommendation, (transcripts), etc. At the Medical School, such failure is considered a violation of the Professionalism policy.

The appropriate administrative official, including an Assistant Registrar, may recommend in writing to the Registrar that a student be administratively withdrawn from the University. An attempt to resolve the matter must have been made by the administrative official by mailing to the student at his last known address a written notice of the proposed recommendation for withdrawal and the reasons therefore, such matter not having been successfully resolved with 14 calendar days of the mailing of said notice. If the Registrar is satisfied that the conditions warranting administrative withdrawal have been satisfied, he/she shall send a certified letter to the student at his/her last known address setting forth the recommendation for withdrawal and the reasons therefore, and notifying said student that he/she may within fourteen calendar days after said letter is mailed request a hearing on the matter. If the student does not request a hearing or take action satisfactory to the Registrar to resolve the matter within the time allotted, the Registrar shall administratively withdraw the student from the university no sooner than the 15th calendar day following the mailing of the notice provided for. If the student requests a hearing, it will be held by an appointed subcommittee of the appropriate Academic Evaluation Board.

Any student who has been administratively withdrawn may at any time during the semester in which the withdrawal was made make arrangements with the Registrar for the resolution of the matter. Upon such a resolution satisfactory to the Registrar, the Registrar shall forthwith reinstate the student to active enrollment status. Any student who has attempted to resolve the matter but has failed to satisfy the Registrar may petition for reinstatement by mailing or delivering to the Associate Dean for Student Affairs a written statement why the student believes himself/ herself entitled to reinstatement. This statement will be reviewed by a subcommittee of the appropriate Academic Evaluation Board. The determination of whether a reinstated student shall receive credit for the period for which he/ she was withdrawn shall be made by the instructor for each course involved.

# Section Four: Honor Society, Residency Applications, and USMLE Exams

## I. Alpha Omega Alpha

The University of Massachusetts Medical School was granted a Chapter of the honor medical society, Alpha Omega Alpha (AOA) in 1996 (Delta of Massachusetts). Election to AOA is an honor in medical schools, comparable to election to Phi Beta Kappa as an undergraduate, and is the only National Medical Honor Society in the world.

Unlike other honors given out by the school at the time of graduation, election to AOA is accomplished in time to receive mention in the Medical Student Performance Evaluation (MSPE), which is used to evaluate graduating students applying for residency positions. AOA is an organization that performs service, as well as an honorary organization. Chapters in some schools are quite active in organizing community outreach and service programs, similar to other programs at UMass carried out by various student organizations.

### A. Student Membership

To be eligible for election to AOA, students must be in the academic top quartile of the class. Determination of students in the upper quartile will be based on a combination of clinical grades and United States Medical Licensing Examination (USMLE) Step 1 Board scores; no grades from the first 2 years will be used. From among these students, up to 1/6th of the graduating class may then be elected to membership. For example, in a graduating class of 125, up to 31 are considered for membership, of whom up to 21 are then elected to membership by a vote of the AOA members at UMass Medical School (the "AOA selection committee.") Election is based not only on academic performance, but also on qualities of character, contributions to medicine and society, and the promise of future achievements in medicine.

### B. Faculty, Alumni and House Officer election to AOA.

In addition, a limited number of faculty (3), alumni (3) and house officers (4) can also be elected yearly. While national criteria also allow election of a limited number of students during their junior (third) year, UMass currently only elects students during the summer or early Fall preceding their graduating year.

### C. The process of student election to AOA is as follows:

1. The names of students in the top quartile of the class are provided to the AOA selection committee by the Associate Dean for Student Affairs, in collaboration as needed with the officers of AOA (president, vice president, secretary, councilor), in alphabetical (not ranked) order. The ranking list is then disposed of and not used for any other purpose.

2. The AOA selection committee, which is made up of current members of AOA from the faculty and house staff, is provided with information about each eligible student's background, academic performance, and participation in extracurricular activities such as research, community service and medical school student and faculty activities (such as Student Body Committee or Medical School committees).

3. Election of new members is accomplished by vote of the AOA selection committee, after careful review based on this information and personal knowledge.

### D. The process of Alumni, Faculty and House-Staff election to AOA

Up to three alumni members may be chosen by ballot from a list of UMass graduates who have graduated at least 10 years previously, have made significant contributions to medicine, science and/or the community, and have been nominated by AOA members. Up to three Faculty members may be also chosen by ballot from among those nominated by AOA members; and up to four house staff members may be chosen from those nominated by UMass program directors.

### E. Volunteer Faculty Award

Each year the entire graduating class has the opportunity to select a volunteer (non-salaried) faculty member for a special award, given at the AOA awards ceremony prior to graduation.

### F. Student Fellowships and Awards

Each year, all medical students in the first three years of medical school are eligible for several awards:

### **G. The Student Research Fellowship**

Provides \$5,000 for the support of a proposed research project, and \$1,000 to travel to a meeting to present the results. The Medical School may submit one nomination; in past years many UMass students have successfully won these Fellowships.

### **H. The Medical Student Service Project Award**

Any student or group of students in the first 3 years may submit an application for a service project benefiting the medical school or the community. The medical school can submit one proposal per year; successful candidates receive \$2,000, and may renew for a second year for \$1,000, or a 3rd year for \$500. The applications must be submitted by January 30 2016, to be considered.

### **I. The Student Essay Award**

This is an essay on any non-technical aspect of medicine, such as medical ethics, education, philosophy, culture, science, history, etc.

### **J. The Pharos Poetry Competition**

Any student may submit a poem to AOA for publication in the Society's magazine, "The Pharos."

### **K. AOA Visiting Professorship**

The UMass Alpha Omega Alpha chapter has the opportunity every year to invite a nationally distinguished physician to spend one day at the Medical Center, give a public talk and a scientific lecture, and visit with interested students and faculty. C. Everett Koop and Judah Folkman have been AOA visiting professors at UMass.

## **II. Gold Humanism Honor Society**

The University of Massachusetts medical school was granted a chapter of the Gold Humanism Honor Society (GHHS) in 2014. Election to GHHS is an honor in medical schools. Although the framework is analogous to other honor organizations such as Phi Beta Kappa and Alpha Omega Alpha (AOA), election to GHHS is based on recognition of one's humanism rather than academic performance or scholastic achievement.

Unlike other honors given out by the school at the time of graduation, election to GHHS is accomplished at the beginning of 4th year (i.e. Advanced Studies Year). This timing allows the GHHS Chapter sufficient time to design and complete projects focused on humanism during their senior year. This schedule also allows for a student's election to GHHS to receive mention in the Medical Student Performance Evaluation (MSPE), which is used to evaluate graduating medical students applying for residency programs.

### **A. Student Membership**

Near the end of their CCE year, students in the third-year class are asked to fill out a form nominating up to 12 of their classmates based on very humanism for consideration of selection to the GHHS. In addition to voting, students may submit supplemental narratives explaining why a classmate is particularly deserving of this honor. The top 25% of those students nominated by their peers are then advanced to the next stage of the selection process. A list of the names of the top 25% of nominated students is forwarded to the clerkship directors and learning community mentors who are invited to submit narrative comments on any of the students under consideration. The top 25% of nominated students are provided with the opportunity to submit an application, including their curriculum vitae (or, a listing of their community service in extracurricular activities) as well as a brief essay explaining how they would like to promote humanism at UMMS. Next, an ad hoc selection committee is formed, the membership of which is drawn from GHHS students/residents/faculty, clerkship directors, and deans. The selection committee reviews the application materials and then votes on each nominated student so as to ultimately select a total of no more than 15% of the class for membership to GHHS.

### **B. Resident Membership**

Once the new student chapter is formed, the students are asked to nominate and subsequently elect up to 6 residents who they esteem as exemplars of humanism.

### **C. Faculty Membership**

Faculty may be elected to GHHS by one of the following processes. Once the new student chapter is formed, the students are asked to nominate and subsequently elect one faculty member who they esteem as exemplar of humanism. In addition, the faculty member who is selected annually to receive the Leonard Tow Humanism in Medicine Award is also inducted into GHHS. Finally, if a faculty member is chosen to serve as GHHS chapter advisor, they will also be inducted into GHHS.

### III. Electronic Residency Application Service (ERAS)

ERAS is the electronic residency application service from the Association of American Medical Colleges.

ERAS is made up of four components: the Web-based Applicant site (called MyERAS), the Dean's Office Workstation (DWS), the Program Director's Workstation (PDWS) and the ERAS Post Office (ERASPO). In order to participate in ERAS, you must obtain an ERAS Token from the Office of Student Affairs. All students scheduled to graduate during that application cycle will automatically receive an ERAS token in late May/early July. Students who plan to participate in ERAS and have not received a token should contact the Office of Student Affairs.

Detailed information about ERAS can be obtained from the ERAS website: <https://www.aamc.org/students/medstudents/eras/>

### IV. Medical Student Performance Evaluation (MSPE)

The Medical Student Performance Evaluation is an important part of a student's application for a postgraduate internship/residency position. In accordance with guidelines drafted by the AAMC, the letter is primarily descriptive rather than a personal letter of recommendation.

In addition to the student's grades (which are also contained in the student's transcript), the MSPE includes paragraphs describing some of the student's achievements prior to coming to Medical School, selected research, school and community service activities during Medical School, and descriptions of clinical performance excerpted from narratives written by clinical clerkship and elective coordinators. The letter concludes with an endorsement at a level decided by a faculty committee.

The faculty of the University of Massachusetts Medical School have established these guidelines for the level of endorsement of their graduates for the Medical Student Performance Evaluation. These ranks may be considered as overall appraisals of student performance by a committee of the faculty, but they should not be considered as representing "quartiles" of performance. As these are criterion-based rather than competitive norm-based rankings of students, it is theoretically possible for all students to be considered as "outstanding" or as "good." We consider this endorsement to represent the student's performance as it will reflect functioning in a clinical position; therefore significantly more emphasis is placed on clinical than on preclinical academic performance. Because qualities other than purely academic average are also considered, the difference in academic averages of students between continuous ranks is small and may even overlap. Factors other than academic performance that may be considered at all levels of endorsement include special interpersonal skills and characteristics considered necessary for effective functioning as a physician, outstanding research or social service participation, or unusual strengths in the student's chosen clinical field.

#### Summaries of these criteria:

**Outstanding:** Reserved for those students who have earned ratings of "Outstanding Performance" in all of the required core clerkships and whose clinical performance has been consistently above the expected level. These students' preclinical knowledge is also strong, as represented by a Step 1 score usually in the top 50 percent nationally.

**Excellent/Outstanding:** Those students who have done quite well and generally earned grades of "Outstanding" in the majority of required core clerkships. This student has successfully completed all preclinical coursework and has passed USMLE Step 1 with a score of at least 200. For students admitted before 2010, when we moved to P/F for preclinical years, many have also earned "Honors" grades in preclinical courses. Often this student shows increasingly strong performance as third year clerkships are completed and fourth year status is attained. When available, fourth year courses are also considered.

**Excellent:** These students have done very well academically, generally receiving grades of "Outstanding" or "Above Expected" grades in the majority of required core clerkships. This student has successfully completed all preclinical coursework and has passed USMLE Step 1. This student is considered highly competent. When available, fourth year courses are also considered.

**Very Good/Excellent:** The student has received a mixture of “Out-standing, Above Expected Performance and “Expected Performance” grades in core clerkships or electives and has successfully completed all preclinical coursework as well as passed Step 1 of USMLE. This student has achieved a solid academic performance.

**Very Good:** The student has successfully completed all coursework, generally at an “Expected” or “Credit” level. This student may have received ratings of “Outstanding” or “Above Expected Performance” in electives, but generally has not received them in core clerkships. When available, fourth year courses are also considered.

**Good:** The student has met all requirements. Additional support time may have been required to master basic science or clinical skills. The student’s performance is considered acceptable at the current time. When available, fourth year courses are also considered.

**Recommended:** The student is considered competent to progress to postgraduate training but has needed significant additional support or has required a longer time to master both basic science and clinical skills. When available, fourth year courses are also considered.

(N.B.: Any grade of “No Credit” (preclinical) or “Fail” (clinical) must be remediated. A successful remediation from these grades will be noted on the transcript. In addition, any grade of “Below Expected Performance” in a clerkship must be remediated. All clinical remediations from any previous grades are discussed in the body of the Medical Student Performance Evaluation.

When an MSPE has been written for a student who has graduated, and after graduation that person chooses to apply to a program in a subsequent year, the Student Affairs Office will submit the original MSPE as requested. This means that an updated MSPE will not be written for the former student.

The Medical School utilizes the AAMC guidelines for composition of the MSPE. In addition, the following guidelines were approved by the Executive Council of the Faculty in April, 1987 and amended subsequently:

1. Each student will be given the opportunity to read his/her letter before it is sent out and discuss it with the Associate Dean for Student Affairs or the Associate Dean for the Office of Undergraduate Medical Education.
2. Students will not be placed in categories of endorsement through any predetermined percentages, statistical curves, or class rankings.
3. Scores on Steps I and II of the United States Medical Licensing Examination will be mentioned in the letter only at the student’s request.
4. The letter will attempt to describe those themes which characterize and typify the student’s overall academic performance. Thus, negative comments will not necessarily be mentioned unless they are part of a pattern of performance.

## V. National Resident Matching Program (NRMP)

URL: <http://www.nrmp.org/>

The function of the National Resident Matching Program is to allow senior medical students seeking positions in the first year of graduate medical education and institutions offering positions an opportunity for each to submit a rank list to the NRMP specifying their order of preference. Virtually all of the nation’s hospitals and graduating medical students participate in the NRMP. The NRMP compiles this information to generate a “match” for the student and the residency training program using an applicant-proposing algorithm. The “matching” process is accomplished through the NRMP computer system. All NRMP correspondence is coordinated through the Office of Student Affairs.

Registration for the Match as well as submission of each student’s “Rank List” is done through the NRMP Website: (<http://www.nrmp.org>). Registration for the Main Match is a three-step, online process including completing a registration form, agreeing to the Terms and Conditions of the Match and payment of a registration fee. An e-mail address will be necessary for the NRMP to communicate quickly and easily with you if necessary. Students can register with the NRMP in September. In early February of the senior year, students will enter their rank list by computer through the NRMP. In March, all seniors and

residency programs receive the results of the computer matching process. A match generated through the NRMP is a BINDING agreement to attend that program. Please visit the NRMP's Website (<http://www.nrmp.org>) for more specific information pertaining to the NRMP matching process including important dates, deadlines and policies.

**USMLE Requirements for Match participation:**

Students are required to have passed USMLE Steps 1 and 2 CK in order to participate in the National Residency Match Program (NRMP). If a student does not have a passing score recorded in both examinations by the last date for submission of rank lists, the student's name will be withdrawn from the Match by the Associate Dean for Student Affairs on the Match deadline date.

## VI. United States Medical Licensing Examinations (USMLE)

The United States Medical Licensing Program administers a series of examinations. Most states accept passing of these examinations as a means of obtaining licensure for the practice of medicine.

Successful passage of Steps 1 and 2 (Clinical Skills and Clinical Knowledge) of the U.S. Medical Licensing Examinations is a graduation requirement.

### A. USMLE Step 1 Timing Requirements Policy

#### USMLE Step 1 Timing Requirements

- Effective upon approval (4/4/16) for all students matriculating from August 2016 onwards (Class of 2020 onwards)
- FOM 2 students will be *required* to **take** Step 1 *prior* to beginning their CCE year and to **pass** Step 1 before continuing in the CCE year. In addition to this, completion of all FOM 2 coursework is required for taking Step 1.
- A student who fails three attempts at Step 1 will be referred to the Progress Board.
- MD/PhD students will continue to be required to take and pass Step 1 prior to entry into GSBS, consistent with current practice.

#### Eligibility for USMLE Examinations for Students on Leave of Absence

- Effective upon approval (4/4/16) for all current and future students
- Students on leave of absence may be certified by the University of Massachusetts Medical School as eligible to sit for USMLE licensing exams.

*This policy change applies to all students who matriculated in Fall 2016 and later (Class of 2020 and later).*

**Applicability:** All students entering in the Fall of 2016

**EPC Approval:** April 4, 2016

### B. USMLE Step 2 Timing Requirements Policy

- Students are required to take the USMLE Step 2 Clinical Skills (CS) Examination no later than October 31st of their Advanced Studies year.
- Students are required to take the USMLE Step 2 Clinical Knowledge (CK) Examination no later than December 15th of their Advanced Studies year.
- Failure to take each of the Step 2 examinations by the specified deadlines will result in the student's not being permitted to continue coursework (required or elective) until the examination is taken.

*This policy change applies to all students graduating in the Class of 2018 and later, regardless of year of matriculation.*

**Applicability:** All students graduating Class of 2018 and later

**EPC Approval:** September 12, 2016

Step 1 and Step 2CK each consist of a one-day multiple-choice examination. They are taken at the student's discretion, subject to scheduling arrangements made directly with Prometric Test Centers, the organization that administers the USMLE for the National Board of Medical Examiners. Most students will want to take the USMLE Step 1 Exam in April, after completion of the FOM2 curriculum. Step 1 encompasses material from the basic science curriculum. Details regarding USMLE Step 1 can be found at <http://www.usmle.org/step-1/>. Step 2CK (Clinical Knowledge) is similar in format to Step 1 and is usually taken at the beginning of the fourth year of medical school. Step 2CK assesses competency in the clinical sciences, in the areas of physician tasks (medical knowledge, patient care diagnosis and management, disease prevention, communication, professionalism,

systems-based practice/patient safety and practice-based learning) as well as the general principles of foundational science, biostatistics/epidemiology and interpretation of the medical literature. Details regarding USMLE Step 2CK can be found at <http://www.usmle.org/step-2-ck/>. Step 2CS (Clinical Skills) is an eight (8) hour exam in which students encounter standardized patients. Each student is evaluated based on their interaction with the standardized patients, as well as their skills with differential diagnosis and note taking. Components of the exam include the Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). It is recommended that students sign up for this exam no later than February or March of their CCE year to secure a spot prior to October 31 of their AS year as locations fill up quickly. Details regarding USMLE Step 2CS can be found at <http://www.usmle.org/step-2-cs/>. Step 3 is taken during the end of the first year of residency training.

Applications for and complete information pertaining to the Step 1, Step 2CK and Step 2CS are available at the USMLE Web site: ([www.usmle.org/](http://www.usmle.org/)). Students receive a report of their scores directly from the National Board. Scores are also sent to the Associate Dean for Student Affairs and are kept in the Registrar's Office as part of each student's permanent academic record. A tabulated summary of the performance of the class for each examination, including average scores for each of the subject matters, is made available to faculty.

***Please Note:***

1. Students must successfully meet the UMMS USMLE requirements for participation in the National Residency Match Program (NRMP). See: section Four IV above, [National Resident Matching Program \(NRMP\)](#).
2. Students requesting to postpone a CCE for USMLE test preparation must do so at least four weeks prior to the start of the CCE. (See: Postponing a Required Core Clinical Experience).

# Section Five: University Policies, Student Rights & Responsibilities

## I. Access, Solicitations, and Demonstrations

The University of Massachusetts recognizes the rights of members of the University community to freedom of assembly and speech, and strongly believes in fostering discourse and the free exchange of ideas at the University. However, as a matter of law and University policy, these rights and interests are restricted, and must be exercised on University property in a manner consistent with the mission and operation of the University and the rights of other members of the University community. Demonstrators will be held accountable for any actions which violate University Policy and Regulations.

Guidelines include but are not limited to:

- Demonstrations may not include material that will disrupt or interfere with instructional activities, other University business and campus events;
- Demonstrations may not include actual or threats of physical violence, or other forms of harassment, or destruction of University, other public or private property;
- Demonstrations must not interference with free entry to or exit from University facilities and free movement by individuals; and
- Demonstrations may not interfere with the rights of other members of the University community to freedom of speech and assembly, and other rights.
- Demonstrations are limited to appropriate public forums, which do not include, among other locations, faculty and administrative offices, classrooms and other instructional facilities. (Public forums are locations which by tradition or policy are available for public assembly and speech – such as a student union lobby where students have traditionally gathered to debate issues.) To the extent that a public forum exists within a University building, any demonstrations within that forum shall take place only during the building’s normal operating hours.
- Where appropriate, the University shall endeavor to maintain open lines of communication with demonstrators and to provide opportunities for discussion of matters in dispute so long as the demonstrators act consistent with University policy and the rights of others. However, as a general rule, the University shall not negotiate with individuals who occupy any University facility, or with associated demonstrators, while any such occupation continues, and shall never negotiate within an occupied facility.

These guidelines are intended to support, not supplant, existing University policy. They apply to all members of the University community, including undergraduates, graduate students and employees, as well as guests and visitors.

Please see Human Resource; General Administration Policy #06.05.00 as found at <http://inside.umassmed.edu/Policies/Policies-listing-page/oc/Access-and-Solicitation/>

## II. Access to UMass Medical School Facilities

UMMS facilities may be utilized to provide care and treatment of patients, to conduct research for the advancement of health care and to teach and train health care professionals. In support of these goals, the facilities may be used by the following:

- a. Recognized internal organizations for purposes which promote the health-related, educational, research and service and development goals of the organization; and
- b. Non-profit outside organizations which are public service or health related sponsored by a recognized internal organization and approved by the associate vice chancellor for Communications. Such sponsorships of outside organizations shall not interfere with programs or activities conducted by UMMS.

A recognized organization must send a request, in writing, to the Office of Communications (formerly called Public Affairs & Publications) 30 days in advance of the event or program for permission to use the facilities if an outside organization is being sponsored and will participate in the event. The outside organization must be identified in the request and its proposed participation described.

Commercial use of UMMS facilities is prohibited.

The entire UMMS Policy "Access and Solicitation," Human Resource; General Administration Policy #06.05.00 as found [at http://inside.umassmed.edu/Policies/Policies-listing-page/oc/Access-and-Solicitation/](http://inside.umassmed.edu/Policies/Policies-listing-page/oc/Access-and-Solicitation/)

### III. AIMS Committee Policy on Impaired Medical Students

The purpose of the policy on medical student impairment is to reduce the likelihood of physician impairment among University of Massachusetts Medical School (UMMS) students and graduates by identifying and treating these problems during medical school. UMMS has a responsibility to help medical students with problems that impair or threaten to impair their ability to function. UMMS also has a responsibility to assure safe care to patients treated by students. UMMS recognizes that a small number of medical students may become impaired during their medical school years or may start a pattern which could lead to impairment as a physician.

Medical students are held to the same ethical and behavioral standards as physicians during both the pre-clinical and clinical years of medical school. Untreated substance abuse or major psychiatric impairment is unacceptable to the school and is cause for administrative action up to and including dismissal.

In order to provide better treatment and rehabilitation for these students and to minimize risk to the public, the Medical School and the AIMS committee instituted the following policy:

**AIMS Committee (UMMS Aid for Impaired Medical Student Committee):**

#### **A. Composition**

UMMS has established a committee on Aid for Impaired Medical Students (AIMS), separate from the Hospital's Committee on Physician Health and Well-Being.

#### **B. Function**

This committee will seek to: (a) Help medical students become free of their impairments; (b) Provide information to referred or concerned students, faculty and therapists; (c) Advocate for students who are in the process of recovery; (d) Review AIMS policies and recommend changes as necessary.

1. The primary function of the AIMS committee will be to provide information and a forum for discussion regarding the severity of a student's problem and treatment options. The committee or committee members will be available to talk with students concerned about themselves or others, with faculty concerned about students, or with therapists treating students. Peer teaching sessions will provide information to medical students about the recognition and treatment of substance abuse problems.
2. A group composed of trained AIMS committee members may assist in interventions with medical students who have untreated impairments, should circumstances support such action.
3. If substance abuse is suspected the student will be referred to Physicians Health Services (PHS) of the Massachusetts Medical Society (MMS). They will assess the student and if necessary will assist in planning and coordinating the components of a student's treatment program. PHS will, when appropriate, assist with locating inpatient or outpatient resources and otherwise facilitate treatment, whenever possible.
4. Supporting the process of recovery through a treatment contract. PHS may decide, in conjunction with the student, that a contract that involves monitoring of the student's compliance with the treatment program is necessary. If PHS feels a contract is necessary for monitoring the student's compliance with treatment, the contract will be signed by the student and a representative of PHS. Through this contract the student agrees to participate in the treatment program. PHS, in return, agrees to advocate for the student in helping the student to continue successfully with his or her professional career, assuming that the student successfully meets the goals of the contract. Aspects of treatment which may be monitored include meetings with monitors who will be aware of the student's compliance with treatment, psychotherapy and substance abuse counseling, breath, blood or urine monitoring, and participation in a 12-step program (such as AA) or other appropriate program.
5. The AIMS committee will periodically review the policies under which it operates, and may revise the policy subject to approval by the dean of the Medical School in consultation with appropriate individuals.

For additional information or to contact Physicians Health Service, go [here](#).

*Confidentiality is a strict practice of the committee. Names of impaired individuals will be known only to those members of the committee who need to know. An effort will be made not to involve faculty members in a position to generate subjective grades (small group or clerkship grades) for that student.*

### **Entry into Involvement with the UMMS AIMS Committee**

**1. Self referral** - A student who is abusing drugs or alcohol, or who is otherwise impaired and recognizes that he/she is having difficulty, may seek assistance from the UMMS AIMS Committee, the Student Counseling Service, the Physician Committee on Health and Well-Being, or a private therapist.

Each student who is concerned about his/her substance abuse or behavior will be carefully evaluated to determine if a referral to Physicians Health Service (PHS) is indicated. The committee's involvement may be limited to discussion or, depending on the severity of the situation, the committee may refer to PHS for assessment, particularly in light of the evidence that some patterns of substance abuse will eventually lead to impaired performance.

A multi-disciplinary treatment approach including monitoring for abstinence from alcohol or other drugs, is an essential part of the treatment.

In the case of a student presenting to the Student Counseling Service with a substance abuse problem, the counseling staff will consult with and refer to PHS, as necessary to assure optimal treatment for the student and safety for patients at UMMHC.

**2. Referral by third parties** - Faculty members, school administration or fellow students may seek out members of the UMMS AIMS Committee for information and review. The UMMS AIMS Committee will review information to determine whether it is necessary to initiate an interview with the student in order to evaluate the situation further; information will be carefully reviewed for indications of repeated behavior, severity and the potential for patient and student harm. The purpose of this interview will be to determine whether the student is impaired, or potentially impaired, by substance abuse or psychiatric problems and to assist the student in recognizing the problem and the need for help if a problem is identified. The UMMS AIMS Committee will use this meeting to express a commitment to aid the student, and explain the evaluation and treatment resources available. Confidentiality will be maintained, as required by law, as long as the student is not perceived to represent an imminent danger to patients, to him or her self, or to others.

### **Consequences of Involvement in the Program**

Confidentiality is of utmost importance in order to protect the student and to assure the continued success of therapeutic programs in helping students.

Some students who consult the committee will not require a treatment contract. In these cases, administrative reporting is unnecessary. In general, a student who self initiates participation in treatment and monitoring overseen by PHS will not be reported to the Associate Dean for Student Affairs. Such reporting will only be done if the student is not in compliance with a contract, or if the committee feels that there may be risks to patients, UMMS or to the student. In certain circumstances, the Associate Dean for Student Affairs will have made the initial referral and will therefore be aware of the student's participation.

Successful participation in a treatment or monitoring program by a self-referred student generally will not be reported in the Medical Student Performance Evaluation (MSPE). However, if the original impairment was severe enough to come to the attention of an evaluation board or to be reflected through grades or comments in the student's transcript, the program to which the student is applying will be made aware of the original problem and the student's progress. This may be accomplished through the Medical Student Performance Evaluation (MSPE) or through a supplemental letter. If the student is in compliance with a contract or has successfully completed treatment, PHS would be available to act as an advocate on that student's behalf.

If the student is not in compliance with a contract (voluntary or mandatory), or PHS feels that patient welfare may be compromised, as for example in the case of a student who has not been monitored for a sufficient length of time, the student will not be supported in an application to a postgraduate program at that time. Therefore, if a student believes that he/she needs help, it is advisable that the help of PHS be sought as soon as possible.

The University shall distribute the following statement for inclusion in materials related to residency applications by all students: "It is the policy of the University of Massachusetts Medical School not to provide information regarding medical leaves of absence."

Following acceptance into a residency or graduate training program of a student whose compliance is being monitored or who is in a contract, PHS will strongly recommend that the student report his/her involvement in the contract to the Impaired Physician Committee of the state or the hospital to which the student has been accepted and to the residency training director. Responsibility for further contracting and monitoring will be transferred to the receiving state or hospital Impaired Physician Committee upon the student's graduation from UMMS.

#### **Lack of success in treatment**

If, in the opinion of PHS, the student appears to be demonstrating poor compliance, or treatment does not appear to be leading to a level of recovery sufficient to assure student, UMMS, or patient protection, PHS may require a change of treatment, such as inpatient treatment, in order for the student to remain in compliance with a contract. In the event that no options appear to be successful, PHS will inform the associate dean of student affairs or his/her designee of the student's difficulty in successfully completing treatment.

Further action will rest with the Associate Dean of Student Affairs and the Dean of the Medical School and may include requiring a leave of absence or dismissal from the school.

## **IV. Alcohol Policy**

All members of the University of Massachusetts community shall abide by the laws of the Federal Government, the Commonwealth of Massachusetts, the regulations of the Alcohol Beverages Control Commission and local ordinances and regulations relative to the possession, consumption, distribution, transportation, manufacture and sale of alcoholic beverages or products, on land or premises owned or occupied by the UMMS. (Trustee Document T97-112) Students must also be in compliance with Alcoholic Beverages on Campus policy 1.2.01 from the vice chancellor of operations (copy of this policy is available in the Office of Student Affairs).

Alcohol can be consumed on the campus of the University of Massachusetts at Worcester only by students of legal drinking age at University-sponsored student events in designated areas.

Any student-sponsored event that includes alcoholic beverages must be reviewed and approved through the vice chancellor of operations.

Student sponsored events shall prohibit under-aged drinking, excessive drinking, and shall stress safety and individual accountability by those who choose to drink. No advertisement, sale or promotion of alcoholic beverages of any kind is permitted on campus. Outdoor public drinking on premises owned, occupied or controlled by the University of Massachusetts is forbidden, except at University-sponsored events in designated areas. The University will take disciplinary action against any student who violates federal, state, city or University regulations.

In summary:

- There is no advertisement involving alcohol for any event.
- Students cannot sell individual drinks (if a caterer is hired, the caterer may sell individual drinks using its license.)
- Students cannot serve anyone who is underage.
- Students cannot serve anyone who is intoxicated.
- Students must also provide and display equivalent non-alcoholic drinks (for example; cans of soda if cans of beer are being offered, or pitchers of non-alcoholic beverage if pitchers of beer are being offered. Students cannot set up a situation where the beer is free and to get a non-alcohol drink the student has to purchase it out of a machine.)
- Students MUST stay in the designated area, Students CANNOT take alcohol outside of the [designated area, [e.g. student lounge], (i.e. NO drinking outside the building or in the lobby or in the halls).

Further, the University will provide educational programs for the campus community relative to the dangers of alcohol use/abuse. These programs will be provided by the academic departments as part of required courses in all three schools. The Student Health Service and Counseling Service will provide information about counseling and treatment programs for individuals in need of such intervention.

The policy on Alcoholic Beverages on Campus, Policy #01.02.01 can be found at <http://inside.umassmed.edu/Policies/Policies-listing-page/UMass/Alcoholic-Beverages-On-Campus/>

## **V. Americans with Disabilities Act / Student ADA Accommodations**

According to the Americans with Disabilities Act (ADA) a disability is defined as an impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or, the perception that one has such an impairment.

The University of Massachusetts Medical School is firmly committed to providing full access to individuals with disabilities. In so doing, UMMS intends to fully comply with the Americans with Disabilities Act (ADA) of 1990, Diversity and Inclusion Office guidelines, and Human Resources policies. Policies and procedures are in place to ensure that disabled applicants, students, staff, faculty, visitors, volunteers, and vendors do not experience discrimination in any way. The Diversity and Inclusion Office, working in conjunction with the Department of Human Resources and the Academic Accommodations Committee, develops policies, procedures and training programs to ensure UMMS complies with all applicable federal and state regulations relating to individuals with disabilities. In addition, the Council on Equal Opportunity and Diversity evaluates policies regarding employees with disabilities, assesses adherence to these policies and makes recommendations for improvement to the Chancellor.

The University of Massachusetts Medical School's ("UMMS") School of Medicine, Graduate School of Nursing, and Graduate School of Biomedical Sciences fairly consider all applicants who meet the admissions requirements, and further UMMS shall make every effort to provide reasonable accommodations for any individual with a disability. According to the Americans with Disabilities Act ("ADA" – 42 USCA 1211 and following), an "individual with a disability" is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not name all "impairments" that are covered under the Act. UMMS intends to fully comply with the ADA as well as all other applicable federal and state laws, codes and regulations, including but not limited to Massachusetts General Laws, Chapter 151C.

The Academic Accommodations Committee (AAC) shall coordinate all student accommodation issues for UMMS' three (3) schools in accordance with all federal and state laws, codes and regulations. The AAC is co-chaired by Dr. Deborah DeMarco and Dr. Dawn Carpenter, both of whom serve as UMMS Student ADA Coordinators.

Once a student is admitted to one of UMMS' schools, it is the student's responsibility, if they desire, to notify the Student ADA Coordinator of their disability, requesting academic accommodations in writing, and providing appropriate documentation of the disability (see Documentation requirements listed below). A student may request accommodations at any time prior to or during matriculation. All requests for accommodations are reviewed and acted on by the AAC, which must determine, based on the documentation provided, if the student meets the definition of an individual with a disability and if the requested accommodation is reasonable. The AAC is comprised of faculty or staff representatives from the three (3) schools, the UMMS Learning Specialist and a representative from Graduate Medical Education. Other specialists may be called in as needed. Regardless of any accommodation that may be approved, all students must meet the "technical standards" for their respective school, which standards are listed in each school's handbook webpage.

It is always the student's choice whether or not to accept any approved accommodation and the student has the right to appeal the AAC's decision. Students who meet the definition of an individual with a disability and apply for accommodations and/or who are approved for same shall not be treated adversely or with prejudice. Confidentiality is a strict practice of the AAC and Academic Accommodations Appeals Committee (AAAC). No ADA information goes into a student's academic file.

For specific details on accessing ADA accommodations go to this link: [www.umassmed.edu/ada](http://www.umassmed.edu/ada).

## **VI. Appropriate Treatment of Learners**

The University of Massachusetts Medical School ("UMMS") is committed to providing a supportive and respectful learning environment that fosters mutual trust and understanding between learners and the educational community. Accordingly, UMMS has developed an Appropriate Treatment of Learners ("ATL") policy to address concerns regarding the inappropriate treatment of learners by a member of the educational community. The educational environment supports optimal teaching, learning and

professional development of learners when the ATL standards are upheld. The ATL policy defines some behaviors that represent inappropriate treatment of learners. It also describes the procedure for reporting complaints and the follow-up of such allegations. UMMS is committed to conducting investigations thoroughly, promptly and impartially.

As a student, you should expect to be treated with respect, and to learn and work in a safe environment. All individuals who interact with students are expected to behave in accordance with the ATL policy, which applies to all UMMS faculty, staff, residents, fellows, nurses, administrators and others who interact with learners.

Inappropriate treatment of learners occurs when behavior by a member of the learning community shows disrespect for the dignity of learners such that it interferes with their learning process. Examples of such behaviors include, but are not limited to, the following:

- Humiliation of learners
- Verbal attacks towards learners
- Inappropriate anger or harsh language when addressing a learner
- Lack of communication with a learner
- Requiring a learner to perform tasks that belittle the learner
- Requiring a learner to perform personal services, e.g. babysitting, errands, shopping, etc.
- Insulting conduct to a learner
- Disregard for learner safety

The ATL policy does not address sexual harassment complaints.

The reporting and investigation of such complaints are addressed in the Title IX Incident policy, number 02.01.09.

In addition, other UMMS policies address the reporting and investigations of other complaints, including but not limited to:

Violence and Hostility in the Workplace, Volume II, policy number 01.01.07

Discrimination Complaint Policy and Procedure, Volume II, policy number 02.01.10.

Learners who believe they have been subject to inappropriate treatment in the learning community are responsible for reporting their complaint to the DIO as soon as possible. In addition, any member of the learning community who becomes aware of inappropriate treatment of a learner is strongly encouraged to report the issue to the DIO for further investigation. The DIO is responsible for the ongoing oversight and periodic review of this policy. The DIO is responsible for investigating ATL complaints filed with the DIO.

For more information, including definitions, policies and procedures for reporting suspected inappropriate treatment, students are encouraged to contact the [Diversity and Inclusion Office \(DIO\)](#). The policy and procedure is also available in the Office of Student Affairs.

(revised 02/17)

## VII. Bereavement Policy

The Medical School considers bereavement a valid reason to postpone required course-related activities. The Medical School does not have a standard amount of time permitted for immediate family-related bereavement and understands that each student's situation is unique. Students experiencing or anticipating bereavement should contact the Associate Dean for Student Affairs and their course coordinators, preferably in advance of missing any required course activity. *See Section Three Academic Policies and Regulations: [Attendance, Rescheduling, Withdrawing](#).*

## VIII. Clery Act

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act is a federal law that requires colleges and universities to annually disclose information about campus crime. Each year the campus files a report with the United States Department of Education tabulating incidents of crime on campus. The current report can be accessed by visiting the Public Safety website.

This annual report lists the incidents of crime that occurred on or near campus for the previous three calendar years. Also included in the report are the numbers of arrests and disciplinary referrals.

Other topics included in the report are incidents of timely warning, emergency response and evacuation; general information about campus facilities safety and security; security awareness and crime prevention programs and sexual assault prevention and response.

Anyone may obtain a copy of the report from the UMass Worcester Department of Public Safety office on the main level of the visitor parking garage, 55 Lake Avenue North, Worcester, MA 01655.

The Campus Security Report and additional information can be found on the [Public Safety web page](#).

The Clery Committee Policy, Policy # 01.02.03, can be found at <http://inside.umassmed.edu/Policies/Policies-listing-page/UMass/Clery-Committee-Policy/>

## **IX. Confidentiality of Patient Information - Related Materials Used in Teaching Policy Statement**

Faculty, students and staff are responsible for maintaining the confidentiality and security of information about, and materials related to, patients at UMass Memorial, its affiliates and other clinical sites, and must abide by the privacy and security policies and procedures of all clinical facilities visited during clerkship assignments. The UMass Memorial Notice of Privacy Practice information is available [here](#).

This policy applies to the use of such information and material in educational activities outside of the clinical care setting, such as grand rounds, lectures, patient reports and clinical case correlations taking place within UMass Medical School, or outside UMass Memorial or other clinical sites.

We are required by law to keep confidential and secure patients' "protected health information." Protected Health Information (PHI) as defined in HIPAA, has two components: (1) one or more personal identifiers; and (2) information about or relating to a person's health condition, provision of health services or payment for health services.

In these educational settings, patient-related materials, such as medical records, radiographs or pathology specimens, may be used freely for educational purposes only if all personal identifiers are removed. This may require concealing or otherwise eliminating patient names and/or other identifiers. When materials that in any way identify patients are used for educational purposes outside of the clinical care setting, an Authorization for the Disclosure of Protected Health Information must be signed by the patient(s) prior to the presentation.

### **What elements are considered Identifiers?**

The following is a list of data elements that are considered to be personal identifiers under HIPAA:

- *Name;*
- *All geographic subdivisions smaller than a state, to include street, address, city or town, county, precinct, zip code, geocode, and three-digit zip code tracts where less than 20,000 people live;*
- *Names of relatives and employers;*
- *All elements of dates (except year), to include birth date, admission date, discharge date and date of death;*
- *Telephone and fax numbers;*
- *Email addresses;*
- *Social security number;*
- *Medical record number;*
- *Health plan beneficiary number;*
- *Account number;*
- *Certificate/license number;*
- *Any vehicle or other device serial number;*
- *Web URL;*
- *Internet Protocol (IP) address;*

- *Finger or voice prints;*
- *Photographic images; and*
- *Any other unique identifying number, characteristic, or code.*

Additionally, while the age of a person in years is generally not considered an identifier, ages of 90 and over must be aggregated to a category of 90+ to avoid identification of individuals within this population. Other demographic information, such as gender, race, ethnicity and marital status are not identifiers.

A Consent for Educational Use of Visual Images form, i.e., photographs or videos that reveal patient identity, must be signed before these images are obtained and an Authorization for the Disclosure of Protected Health Information form must be signed before the images are presented. UMMS Consent for Educational Use forms are available from Communications (formerly called Public Affairs & Publications) at 508-856-2000. UMMC Authorization for the Disclosure of Protected Health Information forms are available through the UMMC Health Information Management Department at 508-334-5700, Option 1. Other clinical sites will require patient signature on similar forms.

As with all matters regarding patients' confidentiality, all participants attending educational programs and activities are responsible for maintaining the confidentiality and security of patient-related information.

As a prerequisite to accessing patients' protected health information held by UMass Memorial and its affiliates, all students must complete the UMass Memorial security training course known as the "E-Learning 4 U Privacy & Information Security Module" and sign a UMass Memorial Confidentiality/User Access Agreement as noted in the HIPAA Privacy and Security Training section of this handbook. Other clinical sites may have similar requirements.

**Social Media:** It is *never* permissible to post any information that could possibly be used to identify a particular patient. This not only includes patient names but other identifying details that could allow someone to recognize a patient (e.g., photos, dates, locations, or a description of symptoms or an incident).

**Breaches of Protected Patient Information:** This policy establishes a process for addressing the handling of all alleged breaches of patients' confidentiality. All alleged breaches will be investigated, documented and acted upon. The facility where the alleged breach occurred will be engaged in the investigation as appropriate. Disciplinary action will be implemented based on the severity of the breach and will consider any prior breaches involving the individual in the allegation. Breaches of confidentiality by students are considered violations of the confidentiality provisions of the professionalism document and will be handled according to that process. Sanctions may be applied up to and including dismissal from the Medical School. "See: Professionalism Policy."

**Issues of Confidentiality:** All members of the academic community, including students and faculty, are encouraged to bring their concerns regarding confidentiality in the use of patient information and medical records in teaching to the attention of individual faculty members, the course directors, the Medical Ethicist, and/or the Associate Dean of Undergraduate Medical Education. The Director of Patient Care Services will also be available as a contact for medical students who wish to report on issues of confidentiality in the use of patient records in teaching.

Other resources available to discuss confidentiality issues are the UMass Memorial privacy officer at 508-334-8096, the UMMC Privacy and Information Security Hotline at 508-334-5551 and the UMMC Privacy and Information Security email account at [privacyandsecurity@umassmemorial.org](mailto:privacyandsecurity@umassmemorial.org).

## **X. Guidelines for Consensual Amorous Relationships**

The University of Massachusetts Medical School (UMMS) strives to provide a friendly and supportive working and learning environment for its employees and students. As well, it must promote an environment where all work/academic decisions are made professionally and fairly, unencumbered by the effect of personal relationships. Nevertheless, in any work or academic setting, it is possible - even likely - that consensual romantic relationships may develop. UMMS recognizes this potential, particularly in an academic health care milieu where individuals work closely together in circumstances that are frequently demanding and complex.

There are certain potential risks inherent in all workplace romantic relationships between individuals in unequal positions within the institution, such as faculty/student. Such relationships may compromise or be perceived as compromising the fairness and impartiality of a faculty member's conduct toward the student or to others in subordinate positions. Further, there is potential

impact on the learning environment and potential damage to the supervisory individual's credibility and standing within the department and within the organization as a whole.

Given the power imbalance between the two individuals, the relationship may in fact be far less voluntary for the subordinate than it appears to the supervisory individual. Also, circumstances may change and conduct that was previously welcomed by the subordinate may in fact become unwanted and unwelcome. Initial consent by both parties to the relationship may not prevent later charges of sexual harassment by the subordinate. Legally, the supervisory individual and the organization could be challenged if a consensual amorous relationship results in allegations of sexual harassment or hostile work or learning environment by the subordinate or by any others in the department who feel they themselves have been treated unfairly as a result of the relationship.

The UMMS policy with regard to faculty and students is:

- A UMMS faculty member should not date, or have a romantic relationship with, a student over whom s/he has a direct or indirect teaching/advisory/mentoring/evaluative responsibility, or over whom there may be a perception of such responsibility.
- A faculty member with questions/concerns should consult promptly with his/her department Chair, or may choose to consult with other individuals such as his/her dean, the Vice Provost for Faculty Affairs, the Vice Provost for Research, or the Vice Chancellor for Human Resources, Diversity and Inclusion. A student with concerns should consult with his/her Dean, advisor or the Diversity and Inclusion Office (DIO).
- The Dean (or designee) will recommend a resolution in consultation with DIO.

Students and faculty are encouraged to contact the DIO (HI-728 or call 508-856-2179) with any questions about these guidelines, which can be found at <http://www.umassmed.edu/dio/equal-opportunity/ppg-car-consensual/>.

**Applicability:** All

**Date Revised:** April 2006 (DIO)

## **XI. CORI - Procedure for Reviewing and Acting Upon Criminal Background Checks**

**Purpose:** There shall be a standing committee established and known as the Committee to Review Criminal Background Checks ("CRCBC"). This committee shall be available to:

- A. Review certain conditionally accepted applicants to the three (3) schools of the University of Massachusetts, Worcester ("UMMS"), who receive a positive response from a so-called criminal background check (CBC), which may include but is not limited to the Commonwealth's "Criminal Offender Record Information" check ("CORI");
- B. Perform (and then review) criminal background checks on medical school students where a clinical rotation site has requested that such be undertaken; and
- C. Perform (and then review) criminal background checks on medical school students who we learn (from a clinical rotation site) has received a positive response from their criminal background check.

**Composition:** This Committee shall be comprised of three individuals: the Director of the Center for Academic Achievement (who will serve as chair), the Associate Vice Chancellor, Diversity and Inclusion Office or designee, and the third member will be a faculty member of the school to which the applicant has applied or attends (the School of Medicine, the Graduate School of Nursing, or the Graduate School of Biomedical Sciences). The Associate Dean – Graduate Medical Education may, at his/her discretion, serve as a non-voting ad hoc advisory member. At a minimum, the Director of the Center for Academic Achievement and the Associate Vice Chancellor, Diversity and Inclusion Office shall be "CORI-authorized." If, for whatever reason, a member of the CRCBC (or the later described Review Panel) is unable to serve, the Provost shall appoint a temporary substitute Committee member. If the Director of the Center for Academic Achievement is unable to perform the duties and responsibilities assigned in this process, they will be performed by one of the then-approved "CORI-authorized" agents of UMMS.

### **Procedure for Reviewing and Acting Upon Criminal Background Checks – School of Medicine**

1. For those applicants (including transfers) found acceptable to the Admissions Committee of the School of Medicine, they will be notified in writing of their conditional acceptance pending, in part, a criminal background check. In order for the criminal background check to be performed, the applicant must provide a completed and signed consent form.

Medical school applicants will receive the Criminal Offender Record Information (CORI) consent form at the time that they are invited to interview. The completed form and copy of government issued identification is required as part of the interview check-in process. Accepted medical school applicants will be provided with information regarding a criminal background check from the third-party vendor who is engaged to do this work on behalf of the American Association of Medical Colleges (AAMC) (currently Certiphi Screening, Inc.) Accepted medical school applicants will provide consent to the criminal background check upon submission of the information required by the third-party vendor.

2. For those currently enrolled School of Medicine students: (a) where a clinical rotation site has requested a criminal background check be undertaken; or (b) where we are advised by a clinical rotation site that a student has received a positive response from a criminal background check, **we will initiate our own criminal background check**. In either instance, the student shall provide the Office of Student Affairs with a completed and signed consent form.

[Prior to triggering this section, the currently enrolled student must be advised in writing of the following: (a) a clinical rotation site requested by him/her requires that there be a satisfactory criminal background check before they will be able to participate in same; (b) if the site requires UMMS to conduct the CBC, the student must agree to promptly and voluntarily provide UMMS with a completed and signed consent form; (c) if the site conducts its own CBC, the student must agree to promptly and voluntarily provide that site with a completed and signed consent form; (d) if, as a result of the CBC conducted by a clinical rotation site, the student's criminal background check is positive, the student must agree to promptly and voluntarily provide UMMS with another completed and signed consent form so that UMMS may perform such a CBC; (e) notwithstanding that he/she is currently enrolled at UMMS, the student must further acknowledge, understand, and agree that if the results of any CBC reveal that the student has a criminal history, the CRCBC will review and administer same consistent with this Process, and that the student's right to continued enrollment at UMMS may be jeopardized by the results of said Process.]

3. The School of Medicine Admissions Office and/or Office of Student Affairs will deliver all completed and signed consent forms to the UMMS designated CORI Officer only, who will obtain the results of the criminal background check.

4. If the criminal background check is negative:

(a) and the report comes from the AAMC third-party vendor, the Office of Student Affairs shall notify the Medical School Admissions Office, who will then advise the applicant

(b) and the report is on a currently enrolled School of Medicine student and relates to a clinical rotation site, the Office of Student Affairs shall further handle same, including advising the student

5. If the criminal background check is **positive**, the Director of the Center for Academic Achievement will forward a copy of same to the applicant or currently enrolled student advising that his/her "status" at UMMS may be impacted by same, and also informing the applicant that he/she may submit a voluntary written response within seven (7) calendar days addressing the following issues:

(a) Whether the criminal history refers to somebody else and not the applicant/student.

(b) Provide an explanation for the criminal history and/or why it should not be relevant to the applicant's candidacy or student's continuing enrollment. The applicant/student may provide "letters of explanation" from third-parties.

(c) Whether the applicant/student wishes to participate in an in-person on campus interview to discuss same (the applicant/student is not allowed any representation at such an interview, legal or otherwise).

[For "applicants", the Director of the Center for Academic Achievement will review the application of each person who has a positive criminal background check to see if the applicant answered certain questions on the application truthfully. The Director of the Center for Academic Achievement will report on any discrepancies to the CRCBC and respective Admissions Office.]

6. The CRCBC will meet within 10 calendar days following the above deadline to review the criminal background check and any written response that may have been submitted thereto. If the applicant/student has requested an in-person interview, it may occur on the same day as the CRCBC's meeting, but in any event the interview must occur within this same 10 day period following the deadline in section 5. If the applicant/student does not arrange for such an interview within this 10 day period, the process is closed and the CRCBC will move to its decision, unless the CRCBC is satisfied that remarkable extenuating circumstances warrant a delay. However, in no event will the delay be allowed to extend to within 2 weeks of school registration. The CRCBC may also meet prior to any interview to determine if, based on the content of the background check, no such interview is necessary in order to endorse the applicant's offer of acceptance or the student's continuing enrollment. The CRCBC may, but is not obligated to, review certified or authenticated copies of court documents that further discuss or explain the facts/issues surrounding the involved criminal history.

7. After considering:

- (a) the results of the criminal background check,
- (b) the applicant's written response and supporting reference letters (if any were submitted),
- (c) the contents of the student's application, and (iv) the results of the in-person interview (if one occurred), the CRCBC shall vote, by a majority, on whether:
  - (i) the applicant's conditional offer of acceptance to UMMS should be rescinded, or
  - (ii) the student should be allowed to continue his/her enrollment at UMMS.

8. Factors that may be considered by the CRCBC in making its decision may include, but not be limited to, the following:

- (a) Whether the contents of the criminal background check are considered of a nature that would (or would not) preclude the applicant/student from safely caring for patients or other vulnerable populations.
- (b) Relevance of the crime to the status sought at UMMS.
- (c) Disposition of the incident.
- (d) Time since conviction(s) (if any).
- (e) Age of the candidate at the time of the offense.
- (f) Seriousness and specific circumstances of the offense.
- (g) Number of offenses.
- (h) Whether the applicant/student has pending charges.
- (i) Any relevant evidence of rehabilitation or lack thereof.
- (j) Any other relevant and credible (authenticated) information, including information submitted by the candidate or requested by the CRCBC.
- (k) Whether the contents of the criminal background check are considered of a nature involving a high degree of moral turpitude and/or calling into question the applicant's/student's professional standing, ethics, and/or reputation in the community.
- (l) For currently enrolled students only, whether there is an available method of re-mediation and/or rehabilitation, to which the student must agree to undertake and satisfactorily complete.

9. If the CRCBC votes by a majority **not to rescind/revoke** the applicant's offer of acceptance or the student's continued enrollment, the Director of the Center for Academic Achievement will notify the Admissions Office or the Office of Student Affairs that the applicant's/student's criminal background check is satisfactory/acceptable, and the applicant/student will be so informed.

10. If the CRCBC votes by a majority **to rescind/revoke** the applicant's offer of acceptance or the student's continued enrollment at UMMS, the Director of the Center for Academic Achievement will notify the applicant/student of same, as well as their right of appeal. The applicant/student will be further advised that if they elect to pursue such an "appeal", they must consent (in writing) to allow the full results of their criminal background check to be disclosed to the Review Panel and, if appropriate, the Clinical and/or Basic Science Evaluation Board. Such an appeal must be requested in writing by the applicant/student within seven (7) calendar days following delivery of the rescission/revocation decision. The CRCBC will consider requests for brief extensions of time if reasonable and not prejudicial to the involved school. If the **applicant** decides not to appeal, the Director of the Center for Academic Achievement will forward the matter to the Admissions Office. If the **currently enrolled student** decides not to appeal, the Director of the Center for Academic Achievement shall forward the matter to the Clinical and/or Basic Science Evaluation Board.

If the applicant/student desires to appeal, a panel of three faculty members will be convened to hear the appeal ("Review Panel") comprising of:

- Director, Office of Ethics
- Associate Vice Provost for Research
- Associate Dean for Academic Affairs, Graduate School of Nursing

11. The applicant/student may choose to meet with the Review Panel either in person or by conference call (the applicant may not have any representation present, legal or otherwise). This meeting must be accomplished within 10 calendar days following expiration of the above deadline unless the panel decides that remarkable extenuating circumstances warrant a further delay. In no case will such a delay be allowed to extend to within one (1) week of school registration.

12. The Review Panel will consider

- (a) the results of the criminal background check,
- (b) the applicant's original written response thereto,
- (c) any supporting references,
- (d) the contents of the student's application,
- (e) the results of any interview(s) that may have occurred, and the CRCBC's threshold decision to either rescind the offer of acceptance or revoke the student's eligibility for continued enrollment (the Review Panel will not be told the CRCBC's actual vote, 2-1 or 3-0). For currently enrolled students only, the Review Panel may also consider whether there is an available method of re-mediation and/or rehabilitation, to which the student must agree to undertake and satisfactorily complete.

13. If the Review Panel **reverses** the CRCBC's decision by a **unanimous** vote, it will notify the Director of the Center for Academic Achievement, who will notify the respective Admissions Office or Office of Student Affairs that either the applicant's criminal background check is now satisfactory/acceptable, or the student's continued enrollment is approved. The Admissions Office or Office of Student Affairs will notify the applicant/student.

14. With regard to an "applicant", if the Review Panel **fails to vote unanimously** for reversal, it will notify the Director of the Center for Academic Achievement, who will notify the Admissions Office that the student applicant's criminal background check is **not acceptable** and that the prior offer of acceptance should be rescinded. The Admissions Office will notify the student applicant that said offer is rescinded and that no further internal appeal is possible.

15. With regard to a currently enrolled "student", if the Review Panel **fails to vote unanimously** for reversal, it will notify the Director of the Center for Academic Achievement, who will notify the Office of Student Affairs and forward the matter to the Clinical and/or Basic Science Evaluation Board for further handling consistent with that Board's already established protocols and procedures.

16. All files, materials, correspondence, documents, memos, and notes on "positive" CBC and/or CORI checks (including the actual criminal background record and notes from any interviews), will be securely housed in the office of the Director of the Center for Academic Achievement and/or his/her recordkeeping assistant.

17. Anonymous, unsubstantiated, or other peripheral information given to, or received by, a member of either the CRCBC or the Review Panel shall not be considered germane to their respective discussions. However, if substantiated (authenticated) information of a crime or conviction involving the student applicant becomes available that was not included in the initial criminal background check, the CRCBC and Review Panel may consider same, and additionally, it may further investigate the case(s). Any such additional information or history, if considered at all by the CRCBC or Review Panel must be shared with the applicant/student, and the applicant/student given an opportunity to respond thereto.

18. At any time during the work of the CRCBC or Review Panel, either committee may seek the assistance and/or input from an attorney within the University of Massachusetts' Office of the General Counsel, but said attorney is not a voting member of either committee.

19. Criminal background checks and Criminal Offender Record Information documents on students who are matriculated will be destroyed upon the student's graduation. *A CORI expires after one year.*

20. Criminal background checks and Criminal Offender Record Information documents on applicants who are denied matriculation because their acceptance was rescinded will be destroyed three (3) years after the final rescission decision was delivered to the applicant.

21. Criminal background checks and Criminal Offender Record Information documents on applicants whose candidacy was found acceptable but who either elected not to matriculate or withdrew before matriculation will be destroyed at the end of that year's admission cycle.

## **XII. Dress Code**

Students are asked to remember that our campus shares space with a major medical center and that patients may see them at any time. Therefore, students are asked to use judgment at all times in selecting clothing to avoid including clothing that is ripped, revealing, or which displays slogans or images that could be offensive to patients or colleagues. Examples to avoid include clothing with sexually or other provocative sayings or that advertise alcoholic beverages, ripped jeans or excessively low cut or tight clothing.

Specific dress has not been delineated in this code in order that students should have freedom of choice as long as professionalism is maintained. However, students are required to abide by all policies of the hospital or clinical system in which they are rotating or in which they are doing research involving patient contact.

Students are expected to dress in a manner that is appropriate for their particular work environment. For example, jeans are acceptable in the laboratory or classroom but are not acceptable when seeing patients. Shoes with open toes are acceptable in the classroom but not in the lab or in the clinical setting. As part of professional appearance, students are expected to be generally well groomed.

Violation of the dress code can have detrimental consequences for patient care and could damage the reputation of the School of Medicine and the functioning and attractiveness of the hospital. Flagrant and repeated violations of the dress code may be deemed to signify a lack of insight or maturity on the part of the individual student and call for counseling and discipline. Violations of the dress code should be initially brought to the attention of the student by the immediate supervisor. Repeated and flagrant violations should be brought to the attention of the Associate Dean for Student Affairs who shall discuss the infraction with the student involved. If flagrant repeated violations continue, formal counseling or disciplinary action shall be recommended by the Associate Dean for Student Affairs and shall be carried out after a hearing and approval by the appropriate academic evaluation board.

### **XIII. Drug-Free Schools and Community Act Amendments of 1989**

The University of Massachusetts, in accordance with both federal legislation and existing University policy, is committed to providing a drug-free, healthful and safe environment for all faculty, staff and students.

The Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226, require that as a condition of receiving funds or any other form of financial assistance under any federal program, an institution of higher education adopt and implement a program to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees.

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, and the unauthorized possession or use of alcoholic beverages on the University of Massachusetts Medical School campus or as part of any University activity or business off University premises is prohibited. If it is determined that a violation of this policy has occurred, disciplinary action up to and including termination of employment, expulsion of students and referral for prosecution may result as deemed appropriate. Applicable legal sanctions for the unlawful possession or distribution of illicit drugs and alcohol are summarized in the following section.

The University recognizes alcohol and drug dependency as an illness and a major health problem. Alcohol is the number one drug problem in this country and on campuses. Drinking alcohol has acute effects on the body. It impairs judgment, vision, coordination and speech and often leads to dangerous risk-taking behavior, including drunken driving, injuries and serious accidents. Nearly half of all accidental deaths, suicides and homicides are alcohol-related. The misuse of alcohol is often involved in violent behavior, acquaintance rape, unintended pregnancies and the exposure to sexually transmitted diseases. Long-term excessive drinking and drug use can lead to a wide variety of health problems in many different organ systems.

The use of drugs and alcohol can cause physical and psychological dependence and can interfere with memory, sensation and perception. Drugs impair the brain's ability to synthesize information. Regular users of drugs develop tolerance and physical dependence often experienced by withdrawal symptoms. Psychological dependence occurs when the drug taking becomes central to the user's life.

Students with substance abuse problems are encouraged to use the full range of educational and treatment services provided by the Student Health Service at 508-334-8464.

Summary of Legal Sanctions (Alcohol and Drug Abuse) Specific findings of alcohol impairments as identified by federal studies, have been compiled and distributed to all members of the campus community to meet the requirements of the Drug-Free Schools and Communities Act. In addition to this policy, other University of Massachusetts policies which relate to inappropriate use of alcohol and drugs remain in force. (see AIMS policy)

Local, state and federal laws make illegal use of drugs and alcohol serious crimes. Conviction can lead to imprisonment, fines and assigned community service. Courts do not modify life prison sentences in order for convicted persons to attend college or medical

school or to continue in their jobs. A felony conviction for such an offense can prevent you from entering many fields of employment or professions.

Cities and towns in Massachusetts prohibit public consumption of alcohol and impose fines for violation. The Metropolitan District Commission also prohibits public consumption of alcohol in its parks.

Massachusetts laws prohibit sale or delivery of alcohol beverages to persons under 21 with a fine of up to \$2,000 and six months imprisonment, or both.

Misrepresenting one's age or falsifying an identification to obtain alcoholic beverages is punishable by a fine of \$300. First conviction of driving under the influence of alcohol has a \$1,000 fine, one year revocation of driver's license, up to two years in prison, and mandatory alcohol rehabilitation.

Massachusetts has criminal penalties for use of controlled substances, or drugs, with penalties varying with the type of drug. In general, narcotic and addictive drugs with a high potential for abuse have heavier penalties.

Possession of drugs is illegal without valid authorization. While penalties for possession are generally not as great as for manufacture and distribution of drugs, possession of a relatively large quantity may be considered distribution. Under both state and federal laws, penalties for possession, manufacture and distribution are much greater for second and subsequent convictions. Many laws dictate prison terms and the full minimum term must be served.

It is illegal in Massachusetts to be in a place where heroin is kept and to be "in the company" of a person known to possess heroin. Anyone in the presence of heroin at a private party or dormitory suite risks a serious drug conviction. Sale and possession of "drug paraphernalia" is illegal in Massachusetts.

Persons convicted of drug possession under state or federal law are ineligible for federal student grants and loans for up to one year after the first conviction, five years after the second; the penalty for distributing drugs is loss of benefits for five years after the first conviction, 10 years after the second, permanently after the third conviction.

Under federal law, distribution of drugs to persons under age 21 is punishable by twice the normal penalty with a mandatory one year in prison; a third conviction is punishable by mandatory life imprisonment. These penalties apply to distribution of drugs in or within 1,000 feet of a college or school. Federal law sets greatly heightened prison sentences for manufacture and distribution of drugs if death or serious injury results from use of the substance.

## **XIV. Email Use and Access Policy and Student Access to UMMS online services**

Every student will be given an email address that the student can access through computers in our library and any other computer with access to the World Wide Web. Library computers have access to the World Wide Web and to internal Computer-Aided Instruction resources and databases. Students may also create a WWW home page, maintained on the campus computer system and subject to the UMMS Internet Policy.

The following policy is designed to provide students with the maximum amount of advance notification of cancellation and/or announcements of engagements. Any questions regarding this policy should be addressed to the Office of Student Affairs.

**Email is considered an official means of communication at UMass Medical School. Failure to comply with this policy may be viewed as a violation of the medical school honor code.** It is required that students review their email accounts at least every 72 hours (excluding weekends and vacations) while enrolled in courses, clerkships or electives. All student users of electronic communication are expected to observe the following policy:

1. Individually addressed emails should be responded to within 72 hours (excluding weekends and holidays).
2. All users are expected to utilize the "out of office" response function during periods when they anticipate that they will not have access to their email for prolonged periods of time (greater than 72 hours).
3. Senders (i.e. faculty) are strongly encouraged to include a suggested response time for recipients.
4. Faculty are expected to check with the Registrar's Office or Student Affairs Office as to whether a student not responding to email was enrolled in a course, clerkship or elective at the time of the lapse before filing any professionalism incident report.

In addition, the official IT Electronic Email policy applies to all users, including students. Therefore, all students must follow all applicable IT email policies. These policies are available at the UMass Medical School Information Technology page: <http://www.umassmed.edu/it/security/policies-and-guidelines/policies/>.

### **Electronic Mail Use Guidelines**

The University makes email facilities available to both students and staff. Campus email users are encouraged to use these communications resources to share knowledge and information in furtherance of the University's missions of education, research and public service. Students are free to use email for personal use. Email is made available to employees for the purpose of conducting University-related business, but occasional social/personal use is allowed, providing it does not interfere with an employee's job function. An employee's university email address, however, should not be considered the same as a personal email address. Violation of email policies and guidelines may result in disciplinary action.

1. Individuals are prohibited from using an electronic mail account assigned to another individual to either send or receive messages. If it is necessary to read another individual's mail (e.g., while they are on vacation, on leave, etc.), delegates or message forwarding should be utilized.
2. Individuals with email IDs on University computer systems are prohibited from sending messages that violate state or federal law, or University policy.
3. The use of email for transmission of information disparaging to others based on race, national origin, gender, sexual orientation, age, disability or religion is prohibited.
4. The use of email for the transmission of information that solicits or results in personal gains (as in the case of personal or fraudulent donations and "chain letters") is prohibited.
5. Authorized users will not "rebroadcast" information obtained from another individual that the individual reasonably expects to be confidential.
6. Bulletin boards used for soliciting or exchanging copies of copyrighted software are not permitted on University electronic mail systems.
7. Authorized users are prohibited from sending, posting or, publicly displaying or printing unsolicited mail or materials that are of a fraudulent, defamatory, harassing, abusive, pornographic, obscene or threatening nature on any University system. The sending of such messages/materials will be handled according to University codes of conduct, policies and procedures.
8. Authorized users will NOT unnecessarily or inappropriately use limited computer resources by sending chain emails, spamming, mail bombing, generating unnecessary excessive print, etc.
9. Global email shall be restricted to emergency events requiring timely notification to all members of the University of Massachusetts Worcester community and must be approved by the Office of Communications. The header ID must include a description of the topic/issue being addressed. Broadcast messages must address one issue at a time.

The University cannot control the content of electronic mail. If an individual receives electronic mail that they consider harassing, threatening or offensive, they should promptly contact one of the following departments: Information Technology, Equal Employment Office, Human Resources and/or Student Affairs.

The entire UMMS Email Policy can be found at: <http://www.umassmed.edu/it/security/policies-and-guidelines/policies/>

### **Alumni Email**

Graduated students email in umassmed.edu accounts will be maintained for up to 90 days after graduation or until a forwarding address is provided, whichever is sooner.

Alumni may designate a forwarding address for their email and change it as necessary through the UMass Information Technology Helpdesk. Any person who has your current umassmed.edu electronic mail address will be able to reach you via email. This is strictly a "bounce" account you will not have an actual mailbox. This minimizes the issues involved with maintaining multiple mailboxes. Email will be forwarded to the designated address from the student umassmed.edu email address as long as a valid

forwarding address is provided. A mechanism will be established for you to update your email forwarding address via the alumni web site. Your current umassmed.edu email address will also serve as your user ID to gain access to “Alumni Only” sections of the alumni web site. Please note that the contents of the mailbox at the time the forwarding address is provided will not be automatically forwarded and will be deleted. If the forwarding address is invalid for three days the forward will be removed. As long as a valid forwarding address is provided, the student email address will remain in effect in perpetuity.

Any graduating student who will remain at UMMS as a student or staff member must notify the Information Technology Help Desk that their umassmed.edu electronic mail box should remain active.

## **XV. Fire Safety Procedures**

The fire response procedures outlined apply to UMass Memorial Medical Center only; this includes the Memorial, University and Hahnemann campuses. All other UMass Memorial Health Care sites follow specific fire response procedures outlined in individual fire plans posted at each location.

- All corridors must be clear. Portable equipment and carts must be in use (30 minutes or less) with crash carts an exception. Alcoves and dead end corridors can be used for temporary storage and charging. Fire devices, pull stations, fire extinguishers and heat and smoke detectors must be clear and accessible at all times. Eighteen inches of clearance must be provided under all sprinkler heads. Keep all cross-corridor doors clear of equipment so that they may close properly in the event of a fire emergency.
- Report all fires and suspected fires immediately. Never assume that any fire is too small to initiate the fire procedure, even if a fire appears to be insignificant or controllable by hospital personnel.
- To report a fire pull the nearest pull station and call extension 911 from an in-house phone for campus police. A “Code Red” will be announced. Refer to posted evacuation maps for Fire Alarm Zone locations.
- Movement throughout the hospital should be minimized during a fire alarm, until the all clear has been given, to prevent the possible passage of smoke and/or fire. When responding to a fire scene located on a different floor level, always use the stairs. Do not use the elevators.
- The campus emergency team will respond to the fire scene. Where appropriate, administration will be notified. All other employees should remain where they are when the alarm occurs, unless circumstances require special assistance at the fire scene as announced over the public address system or other media.
- When the fire alarm sounds, patients and visitors in hallways should return to their rooms or other safe areas. They should be kept calm and asked to remain there until the “All Clear” announcement is made. Ensure that all doors and windows are closed.
- If evacuating, retrieve patient medical information, if possible and safe to do so.
- To report a fire at the ambulatory building or the community centers, activate the pull station and call 911 as appropriate. Immediately evacuate the building to a safe area. When the pull stations are activated, the alarm sounds throughout those locations and the alarm is transmitted directly to the fire department.
- Cooking – microwave/toasters, etc. must be supervised at all times.
- Candles and halogen lights are prohibited.
- Space heaters are prohibited in all patient care areas.

### If You Discover a Fire

If you discover a fire you must make sure that several things are done quickly.

Think of the word “RACE” to help you remember what to do.

R = RESCUE anyone in immediate danger from the fire, if it does not endanger your life

A = ALARM: sound the alarm by calling “2600” (on-campus locations only) and activating a pull station alarm box

C = CONFINE the fire by closing all doors and windows

E = EXTINGUISH the fire with a fire extinguisher, or EVACUATE the area if the fire is too large for a fire extinguisher.

## **XVI. Hazing**

University of Massachusetts Medical School in accordance with Massachusetts General Laws, Chapter 269, Sections 17, 18 and 19 (Jan. 5, 1988) does not tolerate any form of hazing. Massachusetts General Laws, Chapter 269, Sections 17, 18 and 19 contain the following:

**Section 17:** Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year or both such fine and imprisonment.

The term 'hazing' as used in this section and in Sections 18 and 19, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

**Section 18:** Whoever knows that another person is the victim of hazing as defined in Section 17 and is at the scene of such a crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such a crime shall be punished by a fine of not more than one thousand dollars.

**Section 19:** Each institution of secondary education and each public and private institution of postsecondary education shall issue to every student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student organization, a copy of this section and Sections 17 and 18; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and Section 17 and 18 to unaffiliated student organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student organizations.

In addition, hazing is not compatible with the Medical School's Technical Standards for Admission, Continuation and Graduation. Students accused of hazing will be reviewed by a Technical Standards Subcommittee and may be subject to sanctions by the Medical School up to and including dismissal. (See [Honor Code](#).)

## **XVII. iCELS Audio Visual Acknowledgement**

The interprofessional Center for Experiential Learning & Simulation (iCELS) is a robust simulation environment, utilizing standardized patients, virtual simulation, psycho-motor task trainers and high fidelity manikin-based simulation to create an ideal learning environment.

Throughout the duration of your enrollment as an enrolled SOM student, you will have a number of educational experiences in iCELS as part of your required curriculum. As such, you will be photographed and/or video recorded at iCELS. Such files in the forms of photographs, slides, movies, audio or video recordings are used for educational and quality assurance purposes only and will not be distributed or publicized beyond these purposes.

Through your voluntary enrollment at UMMS and participation in the iCELS environment, you understand, acknowledge and agree that such photographs, slides, movies, audio or video recordings shall be taken of you and you consent to same for the limited educational and quality assurance purposes.

## **XVIII. Identification of Students**

Identification cards are issued to all students at the time of registration during the first year and should be worn at all times. Students may be asked to present their identification card for identification by UMMS Police, library personnel, cafeteria personnel, etc. It is important to report a lost or stolen card to the UMass Police as well as the Parking and Access Control Office at 6-5934. Lost cards can be replaced by the Parking and Access Control Office. Cards must be returned when the student leaves the school. Cards temporarily assigned at rotation sites must be returned once the student is no longer participating in a rotation at that site.

PLEASE NOTE: The section of Standards Pertaining to the Practice of Medicine by Medical Students, in the Regulations of the Massachusetts Board of Registration in Medicine, states that: *"medical students are to be identified to a patient visibly as a medical student. Each patient is to be informed that the patient has a right to refuse examination or treatment by the medical student."*

Students should cooperate in insuring that they are clearly identified as medical students in all interactions with patients in the clinical program.

## **XIX. Jury Duty**

It is not unusual for students residing in Worcester County to be summoned to serve as trial jurors. The Commonwealth of Massachusetts has a statewide one-day/one-trial system. Under this system, trial jurors serve either one day or, if selected, one trial. After juror service has been satisfied that juror is disqualified from serving again for a minimum of three years.

Medical students are NOT automatically excused from jury duty. Most jurors called do not have to serve more than 3 days (the majority fulfill this obligation in one day). If you are selected for a jury pool for a longer period of time, you will have the opportunity to explain how this may constitute a hardship to the judge who may or may not excuse you from that trial. Student Affairs can assist students by providing them with a letter of support if needed.

Grand jury or federal jury assignments do not fall under this one-day/ one-trial umbrella. If you received a summons for grand jury or federal jury duty, contact the Student Affairs Office for assistance.

Students should carefully read all materials they receive with their summons to service, which contains helpful information about confirming, postponing, rescheduling or relocating service, and can address many of the most frequently asked questions. Jury duty is an important legal obligation, and those who fail to respond are subject to criminal prosecution.

Students who must miss class in order to fulfill their jury service requirement should notify each of their instructors of the summons and make arrangements to complete any missed work.

If you have any questions about jury duty, including confirming, postponing, rescheduling or limiting your service, contact the Office of the Jury Commissioner (1-800-THE-JURY/1-800-843-5879). Further information can also be found on the Office of Jury Commissioner's website at [www.massjury.com](http://www.massjury.com).

## **XX. Logos, Usage of UMass Medical School Logos**

Use of the school logo or name on t-shirts, totes, baseball caps etc. is generally not allowed as it is protected by copyright and trademark rules. For information on the approved uses of UMMS logos and print guidelines, and/or to request a logo, please contact the Office of Communications via email at [UMMScommunications@umassmed.edu](mailto:UMMScommunications@umassmed.edu).

## **XXI. Malpractice Liability Insurance**

All matriculated University of Massachusetts Medical School students receive malpractice insurance under the Self Insurance Trust beginning with their first year of medical school for all approved clinical activities (See: Matriculating Student Status).

## **XXII. Medical Marijuana**

Although Massachusetts law permits the use of medical marijuana, federal laws prohibit the use, possession and/or cultivation of marijuana at educational institutions. Federal laws also require any institution of higher education which receives federal funding to have policies prohibiting the possession and use of marijuana on campus.

The use, possession or cultivation of marijuana for medical purposes is therefore not allowed in any University housing or on any other University property. The University will continue to enforce its current policies regarding controlled substances, and any students, faculty or employees who violate University policy prohibiting the use or possession of illegal drugs on campus, may be subject to disciplinary action.

## **XXIII. Patient Information Security**

UMMS is required by federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA) to ensure that Protected Health Information (PHI) is only accessed by authorized individuals. Medical School students are responsible for the secure handling and storage of any confidential patient information that they may access as part of their studies. The following guidelines provide practical steps that you can take which will ensure that any confidential patient information that you are exposed to remains secure:

**Minimum Use:** The best way to ensure that patient information is protected is to not transcribe or acquire it in the first place. There should never be any reason to store patient information on any computer or portable device (laptop, thumb drive, etc). If you must work with sensitive data, take steps to anonymize patient information before storing it on a laptop or computer. By simply removing key identifiers such as name, address, date of birth and telephone number, you can retain data that is meaningful to your studies or research but is not identifiable to a specific individual.

**Physical Security:** Always be aware of your surroundings when discussing or working with confidential information. Remember to lock your screen if you step away from your laptop and only leave your laptop unattended in a trusted and secure (locked room, locked drawer, secured via a cable lock) environment. Never leave your laptop in a visible location inside a parked car such as on the floor or the front or back seat. "Smash and grab" thieves are on the lookout for computer bags and backpacks that can easily be seen by walking by the vehicle. Try to lock your laptop in the trunk of your car or if there is not a trunk, position it in such a way that isn't obvious to thieves. When traveling, never leave your laptop unattended and never check your laptop as luggage; always keep your laptop with you as carry-on luggage. Understand the specific laws which regulate the transport of computing devices (specifically with encryption) into foreign countries.

**Passwords:** Ensure that your laptop is protected with a strong password. Your password should be something that is easy to remember but hard to guess. Passwords should be at least 8 characters long with a combination of lower case, upper case and numbers. Consider using a pass-phrase (ILike@pplePie!) while incorporating multiple construction parameters. Never "cache" passwords in your browser for easy retrieval; this would make them vulnerable if your laptop was lost or stolen.

**Encryption:** UMMS IT can provide encryption software for student or personally owned laptops that meet Medical School specifications. Contact the Help Desk if you do not have encryption software installed. Once encryption software has been installed, do not remove it and contact the Help Desk to have it reinstalled if your laptop is re-imaged.

**Other Security Software:** Anti-virus and Geotracking software must be installed (again the Help Desk can assist) to ensure that student laptops are properly protected and traceable if lost or stolen.

**Email:** Do not send confidential information via email. If it is necessary to transmit patient information to an authorized recipient, please contact the Help Desk for instructions to encrypt the message.

**Back-ups and Portable Media:** It is always a good idea to backup important files in the event that your laptop crashes. If you must store confidential information, ensure that your backup is encrypted. Never store unencrypted confidential information on any portable media device (such as a CD or a thumb drive).

**Report Security Incidents:** It is imperative that you immediately report to the Help Desk any instance of a lost or stolen laptop or computing device that is used in the course of your time at UMMS. If the incident happens after hours or over the weekend, contact Campus Police (508-856-3296).

## **XXIV. Patient Rights Under HIPAA**

In addition to information concerning the HIPAA Privacy, Confidentiality of Patient-Related Information and Security Regulations found in this Handbook, students must read and be familiar with UMass Memorial's Joint Notice of Information Practices brochure distributed to all patients at the time of their first clinical visit, students must also read and be familiar with the privacy notices of all other clinical sites visited for clinical experience. A copy is available at all UMass Memorial locations where patients receive treatment or through the Privacy Office at [PrivacyandSecurity@umassmemorial.org](mailto:PrivacyandSecurity@umassmemorial.org).

HIPAA requires that written notice be presented to patients to inform them, among other things, of their privacy rights and to make them aware of how UMass Memorial and other clinical sites can use and disclose their protected health information. It also includes a point of contact for answering questions or receiving complaints.

Patient rights afforded by HIPAA include:

- Right to Access (inspect/copy) Designated Record Set.
- Right to Request an Amendment of information in the Designated Record Set.
- Right to Request an Accounting of Disclosures of Protected Health Information.
- Right to File a Complaint regarding alleged Privacy Violations.
- Right to Request Restrictions on Uses and Disclosures of Protected Health Information.
- Right to Confidential Communications.
- Right to Receive the Joint Notice of Information Practices.
- Right to Revoke Authorizations for the disclosure of Protected Health Information.

## XXV. Religious/Ethical Matters

### Requesting accommodation for religious holidays and activities

**Principle:** The purpose of this policy is to acknowledge respect for the religious diversity of UMMS students by providing opportunities, where possible, for accommodation in cases where genuine conflicts exist between students' religious beliefs/practices and educational activities. Such accommodations must honor the primacy of our commitment to patient care and not unduly burden faculty or disproportionately affect the general student population involved in the affected educational activity.

**Applicability:** This policy applies to any UMMS student who, because of religious beliefs or practice, believes that s/he is unable to attend a class, participate in any examination, or in other ways fulfill an educational requirement of any course, clerkship or other required activity.

**Policy:** Recognizing that the religious diversity of its students may result in conflicts between students' religious beliefs/practices and certain educational activities, UMMS will attempt to make accommodations that honor the primacy of its commitment to patient care and do not unduly burden faculty or disproportionately affect the general student population involved in the affected educational activity. Students who believe they have a need for religious accommodation during any course, clerkship or other required educational activity shall notify the relevant instructor/preceptor as soon as possible after an impending conflict becomes apparent — preferably prior to or at the beginning of the course, clerkship or other activity.

If it is established that there is a legitimate need for the affected student(s) where possible, shall be provided reasonable accommodation, including the opportunity to make up the activity in conflict if this is indicated.

### Requesting exemption from participating in certain educational and/or patient care activities for religious/ethical reasons

**Purpose:** To allow students under certain circumstances, to exercise their rights not to participate in certain aspects of care or treatment of patients while still continuing their academic requirements.

**Policy:** The Medical School believes that all patients, without regard to diagnosis, disability, race, color, religion, creed, gender or gender orientation are entitled to comprehensive and individualized quality care.

The Medical School recognizes the right of students in special or unusual circumstances to decline to participate in certain aspects of patient care which are in conflict with their ethical or religious beliefs only if the following conditions are met: a) The student notifies his/ her course/clerkship director and the Associate Dean for Student Affairs of the request not to participate in an aspect of the curriculum. b) The written notification is dated and includes the aspect of the curriculum the student is requesting not to participate in and the reason for the request. c) The notice is signed by the student as well as the course/clerkship director. d) The course/clerkship director reviews the notice and discusses any potential problems with the student, the Associate Dean for Student Affairs and the appropriate Evaluation Board if necessary and places the request in the student's file where it will be maintained.

A student may not refuse to participate in the care or treatment of a patient based solely on the patient's diagnosis (e.g. HIV/AIDS or other sexually transmitted diseases, tuberculosis or other contagious diseases) or behavior. Such a refusal may result in a disciplinary action up to and including termination. a) An exception will be made when a student has been directed in writing by a personal physician to avoid patients with certain diagnoses because of danger to an existing health condition of a student. b) The student will provide the written directive to his/her course/clerkship director and the Associate Dean for Student Affairs. c) The course/clerkship director will review the physician's directive and discuss any potential problems with the Associate Dean for Student Affairs. The

Associate Sean for Student Affairs will place the notice in the student's file where it will be maintained. d) A student will not be subject to any adverse action or evaluation for exercising his/her rights under this policy. However, the student's ongoing performance evaluation process may consider whether the request to participate can be appropriately justified based on ethical or religious beliefs.

In accordance with Massachusetts General Law 112 sec 12I, no student shall be required to participate in an elective abortion or sterilization procedure if their objection is on moral or religious grounds and they state this objection in writing to the Associate Dean for Student Affairs. This exclusion from participation does not excuse the student from responsibility for understanding basic science, methods, rationale or counseling related to these procedures.

When a student has exercised his/her right under this policy, the care or treatment of the patient shall not be compromised.

## **XXVI. Sexual Harassment (Policy and Procedures)**

The University of Massachusetts Medical School (UMMS) is firmly committed to working to ensure that all employees, students and individuals who are authorized to conduct business with and/or perform other services on behalf of UMMS are not subject to sexual harassment. To that end, it is the policy of UMMS to comply with all federal and state laws and regulations: Title VII of the Civil Rights Act of 1964, Chapter 151B, and M.G.L. 151B Sec. 3A.

**Sexual Harassment is defined as:** Any unwanted and/or unwelcome sexual advances, requests for sexual favors and other verbal, written or physical conduct of a sexual nature.

**It constitutes sexual harassment when:** Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's continued employment or assessment of academic work; Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual; Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or in creating an intimidating, hostile, humiliating, uncomfortable or offensive work or academic environment.

Simply stated, sexual harassment, as well as other forms of harassment, have no place in the workplace or classroom.

It is UMMS's policy to protect the rights of all persons by providing fair and impartial investigations of all allegations of harassment. Any member of the UMMS community found to have violated the harassment policy will be subject to disciplinary action up to and including possible termination/dismissal.

Complaints will be investigated with every effort made to respect the privacy of those involved, and ensuring that there will be no retaliation. Retaliation against an individual for filing a complaint of sexual harassment or against any individual for cooperating in an investigation of a complaint is against UMMS policy and it is against the law. If retaliation is found to have occurred, appropriate action(s) will be taken.

A copy of UMMS's sexual harassment complaint policy and procedure for resolution may be obtained from the Diversity and Inclusion Office (DIO), 508-856-2179, at: <http://umassmed.edu/dio/equal-opportunity/ppg-sexual-harassment/>.

[The complete Sexual Harassment Policy and Procedure, Policy #02.01.07, can also be found at http://inside.umassmed.edu/Policies/Policies-listing-page/DIO/Sexual-Harassment-Policy-and-Procedures/](http://inside.umassmed.edu/Policies/Policies-listing-page/DIO/Sexual-Harassment-Policy-and-Procedures/)

## **XXVII. Smoke Free and Tobacco Policy 05/27/08**

### **Policy Statement:**

UMass Medical School (UMMS) promotes a smoke and tobacco free environment across our campuses in order to model and encourage healthy behaviors which are consistent with the UMMS mission and purpose; an institution dedicated to the education and training of health care professionals.

Accordingly, everyone is prohibited from smoking or using tobacco products in any UMMS vehicle, building, facility, site, garage, grounds, or adjacent grounds that are owned, leased, controlled or operated by UMMS.

Scope: The use, dispensing or sale of any tobacco product is prohibited within any vehicle, building, facility, site, grounds, and garage owned, leased or controlled by UMMS.

Responsibilities: Student shall comply with this policy and report any violations of this policy to the Associate Dean for Student Affairs.

Students desiring to stop smoking shall be responsible for reviewing tobacco cessation benefits available through their health insurance provider.

The complete policy HR General Administrative Policy #6.05.18 can be found on the Human Resources website [here](#).

## **XXVIII. Student Clinical Education Hours Policy**

As working significant numbers of hours continuously has been shown to contribute to reduction in performance and increased incidence of significant errors in work, the clinical faculty of the University of Massachusetts Medical School require the following:

In order to allow medical students to perform maximally, to effectively assist in the clinical care of patients and to learn from their patients clinical medical students will be expected to follow ACGME PGY-2 clinical work hour restrictions.

Approved by CYC (CCEC) October 2010, Implementation July 1, 2011; Revised 11/18/2013

## **XXIX. Title IX Incident – Investigative Policy and Procedure**

### **Deputy Title IX Coordinator:**

Jesse Edwards, Director, Diversity and Inclusion

[jesse.edwards@umassmed.edu](mailto:jesse.edwards@umassmed.edu)

The complete Title IX Incident-Investigative Policy, Policy #02.01.09, can be found [at http://inside.umassmed.edu/Policies/Policies-listing-page/DIO/Title-IX/](http://inside.umassmed.edu/Policies/Policies-listing-page/DIO/Title-IX/)

[Revised 11/15](#)

## **XXX. UMMS Policy on Students Infected with a Blood-Borne Pathogen**

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of infected students while also attending to the protection of the health of the public. A student who is infected with a blood-borne pathogen may attend the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current findings and standards of practice.

All matriculated UMMS students will have their Hepatitis B immunity status confirmed as part of the School's immunization policy. Although testing for hepatitis C and human immunodeficiency virus is not required, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

Students who are aware that they are infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], if not currently under the care of a personal physician, are strongly urged to contact the Student Health Service so that appropriate medical and psychological treatment may be instituted or continued.

Students infected with a blood-borne pathogen must avoid situations in which they could potentially transmit their infection to others. They are required, therefore, to disclose their infection status to the Assistant Dean for Student Advising in order to arrange necessary accommodations. Such notification is considered the professional responsibility of the student, and failure to disclose blood-borne pathogen infection status is grounds for disciplinary action, including dismissal from the medical school.

The University of Massachusetts School of Medicine reserves the right to restrict students who may transmit blood-borne pathogens from situations that place others at risk. All reasonable accommodations will be made for any student who has tested positive for a blood-borne pathogen to be able to continue medical education. Restrictions and accommodations will be determined on a case by case basis by the UMMS Blood-Borne Pathogen Review Panel. In addition, the Assistant Dean for Student Advising will provide career guidance and elective rotation oversight to all students who have a blood-borne pathogen infection. Every reasonable effort shall be made to maintain confidentiality regarding the blood-borne pathogen status of students. Nevertheless, before an infected student begins a clerkship; directors and supervisors of that clerkship may be informed on a need-to-know-basis of limitations imposed on the student's activities. In the event that an urgent determination is required, the Assistant Dean for Student Advising will issue temporary restrictions.

The full policy on Students Infected with Blood-Borne Pathogens, which can be found here, contains a partial list of some of the procedures in which infected students may not be allowed to participate. Students infected with blood-borne pathogens should be aware that, based on current medical knowledge and practice, they may be restricted from future residency training and specialty practice which require the performance of high-risk procedures.

A student infected with HBV, HCV, or HIV may continue in the MD program as long as he or she is able to carry out the physical and intellectual activities of all students as outlined in the [UMMS Technical Standards](#). Other conditions that carry a high likelihood of debilitating personal illness or that are likely to lead to a compromise of the student's immune system should be carefully considered by the applicant before committing to a career in clinical medicine.

Demonstrated competence on Standard Precautions is required of students in clinical programs of the University of Massachusetts School of Medicine. To decrease their risk of acquiring or transmitting blood-borne pathogens, all UMMS students involved in patient care will receive training in the principles of Standard Precautions. They will be expected to adhere to these principles at all times within educational and clinical settings. Any student who feels that a patient or colleague is exposed to their blood or bodily fluids in a professional situation has a professional obligation to notify the attending physician (or appropriate supervising faculty member), and to consent to undergoing diagnostic testing for blood-borne pathogens as defined below. In addition to the UMMS Policy, students on clinical rotations are also subject to the same blood-borne pathogen disease policies as physicians and nurses at those individual clinical sites.

The complete Policy, Medical Students with Blood Borne Pathogen Infection, [can be found here](#).

[Revised 06/13](#)

## **XXXI. UMMS Faculty and Student Vendor Relations Conflict of Interest Policy**

**Reason for Policy** - This policy seeks to prevent conflicts of interest between commercial vendors doing business with the University of Massachusetts Medical School (UMMS) and UMMS' faculty members, and students. Such potential conflicts can be viewed as influencing patient care and/or purchasing/procurement. This policy, working in tandem with the Commonwealth of Massachusetts' Ethics Laws (M.G.L. c. 268A), strives to ensure that relationships between the UMMS Faculty Members or Students and commercial vendor representatives enhance the University's mission as a center of excellence for teaching and research.

A vendor is defined as a company or person offering a good for service or sale. This definition includes, but is not limited to, pharmaceutical companies, device manufacturers and supply companies.

This policy recognizes that some UMMS faculty members provide patient care and/or conduct research in various hospitals, outpatient settings, and research centers that may have their own policies governing Vendor relations and conflicts of interest. Such policies may vary from this policy. When two or more policies govern the relationships of UMMS faculty members with commercial vendors, the faculty member must comply with all restrictions. Each faculty member must identify and adhere to the applicable policies.

**People Governed by This Policy** - The UMMS Faculty and Student Vendor Relations Conflict of Interest Policy apply to all UMMS faculty members and students, unless otherwise specified. When UMMS faculty are subject to other laws, regulations or policies,

this policy supplements those laws and regulations and policies but does not supersede them. In each case where such laws or regulations or policies differ from this policy, faculty members must comply with the most restrictive applicable standard.

Some of the specific areas of the policy that apply to medical students are indicated below, however, students are responsible for abiding by the entire policy which is available [here](#).

**Product Fairs:** Product fairs at UMMS sites are allowed. Students and faculty members providing patient care may not accept offered samples.

**Gifts to Students:** Students in the School of Medicine and Graduate School of Nursing may not accept gifts from a vendor. Students in the Graduate School of Biomedical Sciences will adhere to the requirements of section (4).

**Vendor Contributions to UMMS Student Educational Activities:** In the event that a vendor wishes to contribute supplies, equipment or other goods/services of material value to support an educational activity, the vendor is responsible for contacting the appropriate program, department or school representative, respectively. It is understood throughout the process of approving such contributions that students will not be responsible for negotiating, securing or otherwise designating the allocation of these items of services. The department and/or the UMMS administration responsible for the oversight of such vendor goods or services must assure that they are acquired, managed and distributed in a manner that complies with UMMS conflict of interest standards. These standards include but are not limited to the avoidance of vendor names and brands on items of general use and assuring anonymity of the vendor's name in association with any such items, whenever practical. All UMMS Student handbooks must explain that students can invite industrial, commercial or vendor groups to UMMS only after obtaining prior approval from their respective dean or the dean's designee, who must make a recommendation for approval to the provost for final review and approval.

The entire Vendor Relations Conflict of Interest Policy, Policy #04.06.03, can be found at <http://inside.umassmed.edu/Policies/Policies-listing-page/ofa/other-policies--guidelines2/Vendor-Relations-Conflict-of-Interest-Policy/>

(Effective date 10/17/12)

# Section Six: Academic Student Resources

## I. Office of Educational Affairs (OEA)

**Location:** Student Wing

**Telephone:** 508-856-4250

**Fax:** 508-856-3700

**URL:** <http://www.umassmed.edu/oea>

Under the oversight of the Senior Associate Dean, the Office of Educational Affairs (OEA) seeks to advance the educational mission of the School of Medicine, by providing the following services and resources:

- Provide leadership and oversight for institutional accreditation processes (NEASC and LCME).
- Assessment and research in medical education and institutional reporting and quality tracking for educational programs through the Division of Institutional Research, Evaluation & Assessment.
- Enhanced teaching, learning and assessment opportunities in medical education provided by the nationally recognized Standardized Patient Program.
- Simulation-based programs including task trainers, cardio-pulmonary simulation, full body mannequins, neonatal simulation and many additional resources available for use by trained faculty to provide educational opportunities to small groups offered by the interprofessional Center for Experiential Learning and Simulation (iCELS).
- Special educational opportunities provided by ongoing grants and funding opportunities.

The OEA administers several national educational grants awarded to the Medical School to promote curriculum innovation and enhancement in the teaching of a variety of subjects. Topics enhanced through external grant-funded initiatives over the past decade have included: health communication, professionalism, complementary and alternative medicine, sexuality and sexual health, managed care, community outreach to underserved populations' and medical education research. The OEA also administers an internal grant program, Innovations in Interprofessional Education Grants (IPEG), which provides limited funding to faculty, residents and students to support educational innovation.

The Senior Associate Dean for Educational Affairs also oversees the diverse offices of the School of Medicine comprising Admissions, Student Affairs, Undergraduate Medical Education and Continuing Medical Education.

## II. Center for Academic Achievement

**URL:** <http://www.umassmed.edu/oea/center-for-academic-achievement/>

The Center for Academic Achievement (CAA) is open to all students at UMMS. The academic achievement program is oriented toward prevention of academic problems through systematic needs assessment, mobilization of resources, and continuity of the support experience.

The CAA is comprised of faculty whose job is to assist students in achieving their educational goals. The following is a sample of areas where we have been able to help our students:

- Study skills

- Test-taking
- Reading
- Communication skills with patients, teams, or with colleagues
- Write-ups
- Soap notes
- Oral presentation skills
- Physical exam skills
- Clinical problem solving and synthesizing information
- Organization skills
- Time Management
- Issues of professionalism
- Life-long learning skills (including study strategies, and using evidence based medicine sources)

Most of our work is 1:1 (faculty and student) but we are available to any group of students who wish help in the art of group studying.

### **III. Office of Undergraduate Medical Education (OUME)**

**Location:** S1-151, First Floor, Student Wing

**Telephone:** 508-856-4265

**Fax:** 508-856-5536

**URL:** <http://www.umassmed.edu/oume>

The Office of Undergraduate Medical Education (OUME) is the center for academic life at the School of Medicine, where students meet with faculty and peers, plan activities, develop ideas for curricular enhancement and innovation, and learn about the latest advances in medical education. In essence, the OUME serves as the hub for the numerous spokes that represent UMMS undergraduate medical education, providing comprehensive resources and support to students and faculty for all facets of the educational program, including curriculum-development, faculty development, academic computing and community based education.

The school's four-year integrated curriculum emphasizes interdisciplinary coordination, early clinical exposure, broadened participation of generalist physician faculty, interprofessional experiences and the use of new learning modalities, including web-based, computer-aided instruction and medical simulation. The curriculum includes the Doctoring and Clinical Skills Course (DCS) in Foundations of Medicine Years 1 and 2, which provides small group, case-based teaching with emphasis on learning the medical interview, preventive medicine, physical diagnosis, problem solving and medical ethics. This course is closely linked with the concurrent basic science curriculum, and the Longitudinal Preceptor Program (LPP) based in community physicians' offices.

The OUME provides administrative support for DCS, including the LPP and Physical Diagnosis elements as well as a number of other educational programs including the 3rd-year Interstitial curriculum, International Medical Education Program, Global Health Pathway Program, Senior Scholars Program, Summer Research Fellowships, Summer Curriculum Development Program, Flexible Clinical Experiences (FCE) Program, the Capstone course and Optional Enrichment Electives in a wide range of topics including: Adoption and Foster

Care; Basic Skills for Working With Smokers, Care of the Seriously Ill; Clinical/Translational Research Pathway (Years 1-4); Complementary and Alternative Medicine; Creative Writing in Medical School; The Bigger Picture: Health Issues Affecting the Community of Worcester; Understanding and Improving Our Health Care System; and Wilderness Medicine and Recreational Emergencies (see <http://www.umassmed.edu/oume/student-resources/optional-enrichment-electives-oe/> for full list of offerings). The OUME jointly administers the new SoM Learning Communities initiative with the Office of Student Affairs. This innovative program provides a home for the DCS course, matches faculty mentors to students for longitudinal advising throughout their career at the SOM, promotes peer, social and professional interactions and supports our transitions curricula.

The OUME is conveniently located in the student wing and shares a suite of offices with Student Affairs. Students are encouraged to interact with the OUME staff and to participate in the continuous improvement of the Medical School's educational programs.

#### **IV. Learning Communities Program**

**URL:** <http://www.umassmed.edu/learningcommunities/>

The development of Learning Communities further enhances LInC and our broader learning environment. Learning Communities fall under the auspices of the Office of Undergraduate Medical Education and the Office of Student Affairs. Learning Communities are made up of five "Houses." Upon entry to medical school, students are randomly assigned to one of these Houses, which facilitates their interaction with house mentors, house specialty advisors and other faculty. The House structure also provides opportunities for student community promoting peer mentoring and other forms of vertical integration. House mentors also teach their students clinical skills. These interactions support students academically and professionally through the establishment of a robust, four-year mentoring program.

Learning Communities are designed to enhance the quality of student-teacher and student-student relationships by promoting longitudinal interactions between students and faculty within and between classes throughout the four-year educational program. This model improves continuity of teaching doctoring and clinical skills, supports interactive and small group teaching, fosters students' self-directed learning, and develops students' skills in formal and informal peer teaching and mentoring.

#### **V. Global Health Pathway**

**URL:** <http://www.umassmed.edu/oume/international-medical-education/pathway-program/>

The Office of Undergraduate Medical Education is excited to introduce the new Global Health Pathway. This pathway is open to all UMass first-year medical students who are interested in pursuing a four-year curriculum that will prepare them for cultural, clinical and research experiences with underserved populations both in the U.S. and around the globe.

The Global Health Pathway (GHP) is a four-year curriculum for highly motivated UMass Medical School (UMMS) who choose to gain additional curriculum and experiences in global health during their medical school training. Students in the GHP will have the opportunity to explore cultural, public health, clinical and

research aspects of global health, with a focus on underserved populations living both in the U.S. and around the globe.

This pathway is open to all UMMS first-year medical students, and applications for the GHP are accepted from interested first-year UMMS students during the fall semester.

While most students in the GHP will choose to focus on underserved populations outside of the U.S., some GHP students may choose to focus on underserved populations in the U.S. such as immigrants and refugees who are living in the U.S. or Native American populations.

## **VI. Pathway on Clinical and Translational Research**

There is a great need to further develop evidence-based approaches to improve clinical care, and to translate discoveries in basic science to clinical practice. This requires teamwork amongst basic scientists, clinical researchers and practicing clinicians, and leaders who can combine a clinical with a research career. This pathway is designed to support students who have an interest in conducting medically relevant research throughout their career. It is generally designed for individuals with strong research experience prior to medical school, who have a strong interest in continuing this experience and receiving further training. Thus, the CTRP is a selective program that provides advanced opportunities for students to further their skills in basic, clinical or translational research in parallel with the traditional medical school curriculum, and will help you gain the research experience often needed for competitive residency placement. In addition, the program offers the opportunity for an additional gap year to complete a Master's Degree in Clinical Investigation program in the Graduate School of Biomedical Sciences. If you have a strong interest in continuing to pursue research as part of your career this program is for you.

The training received will enhance your understanding of the methods involved in:

- Conducting human trials of new drugs and devices
- Examining the translation of experimental cures or diagnostic measures into routine patient care.
- Examining patterns or correlates of disease (e.g. epidemiology).
- Examining the quality of health care, health care outcomes, and other health services research questions (e.g. disparities in care, cost-effectiveness of care, etc.)
- Conducting basic science that focuses on a clinical problem or disease

Successful participation in the 4-year Clinical and Translational Research Pathway (CTRP) will culminate in receipt of a "Certificate of Training in Clinical and Translational Research," and notation of completion of this elective pathway on your official transcript, and formal letter from pathway leadership to the dean about the student's participation. The completion of the 5-year CTRP-MSCI will culminate in receipt of a Masters in Clinical Investigation from the Graduate School of Biomedical Sciences.

[Review the curriculum outlines for the 5-year CTRP-MSCI program here.](#)

## VII. Rural Health Scholars Pathway

**URL:** <http://www.umassmed.edu/fmch/ruralhealthscholars/>

The goal of this pathway is to foster students' interest in and desire to learn about issues related to practicing in rural and small town communities as well as to help them develop contacts with rural health clinicians and leaders while learning skills useful to rural/small town practice.

Objectives:

- To identify and then nurture the interest of students who would like to explore issues related to pursuing a career in rural health.
- To help participating students acquire the skills and develop the attitudes necessary to become effective clinicians in rural and small town communities.
- To expose students to the important linkages between clinical practice and public health in developing healthy rural communities.
- To introduce students to clinicians who are practicing in rural and small town communities in Massachusetts and New England.
- To foster relationships among medical and Graduate School of Nursing students and introduce them to others in the medical, public health, and governmental sectors who are working to meet the needs of rural communities.

The Pathway achieves these objectives through hosting a series of enrichment seminars and offering participating students priority placements in rural and small town communities for LPP, clerkships, and rotations.

For additional information please feel free to contact [Suzanne.Cashman@umassmed.edu](mailto:Suzanne.Cashman@umassmed.edu), [Steve.Martin@umassmemorial.org](mailto:Steve.Martin@umassmemorial.org), [Marcy.Boucher@umassmemorial.org](mailto:Marcy.Boucher@umassmemorial.org) or [Janet.Hale@umassmed.edu](mailto:Janet.Hale@umassmed.edu).

## VIII. Senior Scholars Program

**URL:** <http://www.umassmed.edu/oume/student-resources/research-and-service-opportunities/ume-senior-scholars-program/>

The goals of the Senior Scholars Program are: 1) to provide an opportunity for fourth year/advanced studies medical students to have a structured research experience; 2) to develop hypothesis-generating skills; 3) to provide an opportunity for students considering academic careers; and 4) to foster student-mentor relationships. The program affords students an introduction to the philosophy of research that is based on answering scholarly questions through hypothesis generation, information gathering, experimentation and critical interpretation. The research project is a tool for growth in an evidence-based health care environment.

The Senior Scholars Program has broadened its definition of scholarly work beyond typical basic science and population-based epidemiologic research studies. In the past, students have also completed projects in a variety of venues, including quality improvement, health policy, medical education, program evaluation, and community-based/public health needs assessments. Many students have published their work in peer-reviewed journals and/or presented their findings at regional or national meetings, serving as a platform for subsequent academic endeavors.

Senior Scholars are required to devote a minimum of two months to their scholarly research project under the guidance of a faculty member. The months do not have to be contiguous and projects may even be done at a site outside of UMMS, including international settings.

Senior Scholars are asked to meet with their mentor at least weekly/bi-weekly and convene as a group at one of the Senior Scholars Program Committee quarterly meetings to discuss the progress of their work.

Senior Scholars are required to submit a 1-2 page Abstract of their work by the end of March of their graduation year. Lastly, each student participates in “Senior Scholars Presentation Day” preparing a scientific poster and sharing ideas with medical school peers and faculty members. The presentation of all Senior Scholars posters is typically held in late April/early May.

## **IX. Summer Research Fellowship Program (Medical Students)**

**Phone:** 508-856-5827

**URL:** <http://www.umassmed.edu/oume/student-resources/research-and-service-opportunities/medical-student-summer-research-fellowship-program/>

The goals of this program are to develop medical students’ skills in research, and to cultivate students’ interest in the inclusion of research in their careers as physicians.

Faculty mentors provide projects on which students work for pay during an eight-week period in the summer before or after their first year.

## **X. The Office of Student Affairs (OSA)**

**Location:** Student Wing, Room S1-131

**Telephone:** 508-856-2285 - Student Affairs

**Fax:** 508-856-5536

**Email:** [studentaffairs@umassmed.edu](mailto:studentaffairs@umassmed.edu)

**URL:** <http://www.umassmed.edu/studentaffairs>

The primary goal of the Office of Student Affairs (OSA) is to provide advocacy for and support to medical students in pursuing their major role, which is to learn both the science and the art of medicine. Medicine is a

fascinating and complex profession. It is a privilege to be selected to train for and to enter this field. Our goal is to help medical students to develop into empathic, compassionate, knowledgeable physicians who have a life-long enthusiasm for their profession and who reflect the goals and ideals set forth in the Mission Statement for the school.

The Office of Student Affairs strives to be a supportive and responsive place where students can find help in coping with the academic and personal demands of medical school. The Associate Dean for Student Affairs shares these roles with the Assistant Dean for Advising and responsive faculty members and the Learning Community mentors. The office also works closely with the Diversity and Inclusion Office (DIO). The Student Counseling Service is also available for support.

The Office of Student Affairs (OSA) strives to promote a supportive and responsive environment where students find help coping with the academic, personal and social demands of graduate education. OSA nurtures a diverse culture inclusive to the sensitive needs of our students, staff, faculty and visitors. Student Affairs encourages personal growth and success by embracing a holistic definition of diversity and meeting individual needs of our constituents.

The Office of Student Affairs also provides support for a variety of student activities, such as assignment of core clinical activities and fourth year studies, administration of the NRMP (National Residency Matching Program), Electronic Residency Application Service (ERAS), VSAS (Visiting Student Application Service), Medical Student Performance Evaluations (MSPE), orientations to inform and prepare students for all four years of medical education, commencement, and graduation activities. Student Affairs also coordinates the Basic Science and Clinical Science Academic Evaluation Boards, Progress Board, administrative support for all student-run group and organizations as well as the Student Body Committee (student governance group). In these roles, the Office acts as an advisor both to students and faculty to help facilitate and carry out timely and informed decisions.

Under the leadership of the Office of Educational Affairs (OEA), the Office jointly sponsors the Learning Communities program, together with the Office of Undergraduate Medical Education. This association with the overall educational effort of the School encourages the interdigitation of support, curriculum, and educational issues in medical student education. One goal of the Office is to decrease any sense of impersonal learning and isolation, particularly in the pre-clerkship years, and to provide a positive learning environment throughout individual, programmatic, and curricular levels in all years. The goals and objectives of medical education for the school include attributes of knowledge, problem-solving, attitudes, interpersonal skills and self-reflection which the Office of Student Affairs endorses and hopes to foster.

## **XI. Careers in Medicine**

The Medical School participates in the AAMC Careers in Medicine Program. Careers in Medicine is a career planning program designed to help you choose a medical specialty and select and apply to a residency

program. To access the website go to [www.aamc.org/careersinmedicine](http://www.aamc.org/careersinmedicine). Students may sign in using their AAMC number.

## **XII. Room Reservations**

**URL:** <http://www.umassmed.edu/roomreservations/index.aspx>

All function rooms (class rooms, meeting rooms, conference rooms, etc.) for UMMS and UMass Memorial are scheduled through the Room Reservations service. Information on scheduling function rooms may be obtained by e-mail ([roomreservations@umassmed.edu](mailto:roomreservations@umassmed.edu)) or by calling 508-856-2264.

## **XIII. Weather Watch**

**Weather Watch for Students ONLY:** Class delays or cancellations due to inclement weather are handled individually by each school (GSBS, GSN and SOM). Decisions about delays or cancellations will be made by 6 a.m. This information is usually conveyed directly to the students by email from the respective deans or course coordinators. Students at clinical sites MUST follow the policies of the clinical site. When inclement weather such as snowstorms are predicted, students should frequently check their email.

## **XIV. Pre-Matriculation Programs**

### **Outreach Programs at UMMS**

Under the charge to the University to “serve the people of the Commonwealth,” UMMS has a commitment to reaching out to the community. Considerable institutional resources have been allocated to support the following programs: the Worcester Pipeline Collaborative (WPC, K-12) with the Worcester Public Schools, Mentoring Program for Worcester K-16 students, Summer Enrichment Program for undergraduates from underrepresented groups or disadvantaged or disadvantaged backgrounds, Combined Summer Undergraduate Research Fellowship Program (NIH and Summer Undergraduate Research Experience) and the High School Health Careers Program. Student volunteers are welcome!

For more information contact Robert Layne at 508-856-2707.

### **Pertinent Web sites:**

- High School Health Careers: <http://umassmed.edu/hshcp/index.aspx>
- Summer Enrichment Program: <http://umassmed.edu/sep/index.aspx>
- Summer Undergraduate Research: <http://umassmed.edu/summer/index.aspx>

- Worcester Pipeline Collaborative: <http://umassmed.edu/wpc/index.aspx>

## **XV. Registrar's Office**

**Location:** Room S1-844

**Telephone:** 508-856-2267

**Fax:** 508-856-1899

**URL:**<http://www.umassmed.edu/registrar/>

All educational records at the University of Massachusetts Medical School concerning enrolled students and graduates are maintained by the Office of the Registrar. The Registrar maintains an academic file on each student which contains a copy of each evaluation received, official transcript release forms filed by the student, copies of letters written as official recommendations from the school and disclosure of released information concerning the student. Letters received in support of extracurricular or other activities may also be included in this file.

The office also maintains student biographic and demographic information. Permanent address and name changes must be processed through the registrar's office. All other addresses and student information can be entered online by the student.

### **Medical School Registration**

Students are admitted through the Medical School's Office of Admissions and registered for courses by the Registrar's Office.

Students are issued Network and UMMS email accounts.

Walk-in registration is conducted the month of July for the incoming medical school class.

Health clearance by the Student Health Office is a requirement for enrollment.

UMMS photo ID and Library barcodes are issued.

Students are enrolled in all first-year courses.

### **Matriculating Student Status**

Beginning with Academic Year 2015/16, students must be registered for and maintain a minimum enrollment of 9 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc.)

Approved by the EPC 12/01/14; (rev. 060315)

### **Transcripts/Grades**

The name of each course is listed on the transcript, followed by one of the following performance ratings:

Basic Science Grades - H (Honors), CR (Credit), NC (No Credit), I (Incomplete);

Clinical Science Grades - O (Outstanding), AEP (Above Expected Performance), EP (Expected Performance), BEP (Below Expected Performance), F (Failing), and I (Incomplete)

*An asterisk (\*) accompanying any course indicates that this rating has resulted from a single attempt to remediate an initial course rating of NC (No Credit) or F (Failing).*

In a circumstance where a student has not completed the requirements of a course, a temporary designation of "I" (Incomplete) will appear on the transcript, indicating that a final rating is not yet available, although the course has ended. This is a temporary designation indicating that a final rating is not yet available although the course has ended. This rating is used at the discretion of the course director with the approval of the appropriate Academic Evaluation Board, if required, such as in cases where the course work is incomplete due to physician-certified illness, death in the immediate family, or a reason of comparable magnitude. Requests for a temporary grade of incomplete must be made to the course coordinator prior to the end date of the course. If an Incomplete grade is granted, the incomplete work must be made up in the time frame specified by the course coordinator. If no time frame is specified, the work must be made up in a prompt and orderly fashion within one year. Extensions to this one year limit may be granted by the course coordinator with the approval of the appropriate Academic Evaluation Board. If a student is carrying two or more grades of Incomplete, the student's academic record will be reviewed by the appropriate Academic Evaluation Board. The student must work directly with the course coordinator to address an Incomplete grade. At the end of that period, if a grade is not submitted a grade of NC (No Credit) or F (Failing) will be recorded. It is the responsibility of the student to arrange the removal of an "I" (Incomplete).

At the conclusion of a course, clerkship or elective final grades are submitted to the Registrar and are entered in the student database with a paper copy placed in the student's academic record file. Copies of evaluations containing narrative comments are forwarded to the student and the Student Affairs office.

Successful completion of Optional Enrichment Courses is indicated by a notation of ##.

### **Guidelines for Student Records**

All educational records at the University of Massachusetts Medical School concerning students enrolled and former students are maintained by the Office of the Registrar. If possible, students will have immediate access to their record. In no case will students have to wait more than 45 days. If students are required to wait, the office will tell them when their record will be available. Students will have to identify themselves with a picture ID to see their record.

Access to student records is limited to: (a) The Dean of the Medical School, Vice Provost for School Services, Senior Associate Dean for Educational Affairs, Associate Dean for Student Affairs, chairs of the Academic Evaluation Boards and the student's advisor/mentor; (b) Other faculty members may have access to the record file for the writing of letters of recommendation or other legitimate purposes upon written release by the student and approval by the Registrar. An information disclosure form will be kept in each academic file to record the date of review identifying the person reviewing the folder, and the reason for the review.

## **XVI. Family Educational Rights & Privacy Act (FERPA)**

This information constitutes your official notification of rights granted to you under the Family Educational Rights and Privacy Act (FERPA).

FERPA is a Federal law that is administered by the Family Policy Compliance Office in the U.S. Department of Education. 20 U.S.C. § 1232g;34 CFR Part 99. FERPA applies to all educational agencies and institutions (e.g. schools) that receive funding under any program administered by the Department of Education.

In compliance with FERPA, the University of Massachusetts Medical School (UMMS) does not disclose personally identifiable information contained in student education records, except as authorized by law. Information about students' rights under FERPA and UMMS implementation of FERPA is set forth below.

### **Student Rights under FERPA**

In general, a student has the right under FERPA to:

- Inspect his or her education records.
- Require that the University obtain his or her prior written consent before releasing personally identifiable information from education records.
- Request that corrections be made to education records if the student believes the records are inaccurate, misleading or otherwise in violation of the student's privacy rights under FERPA.

### **Definitions**

For purposes of this notification, the University of Massachusetts Medical School uses the following definitions of terms.

A **student** is any person who attends or has attended the University of Massachusetts Medical School. Persons admitted but never enrolled in courses are not considered students.

**Education records**, with certain exceptions, are any information maintained by the University directly relating to a student. These records include files, documents, and materials in whatever medium (handwriting, print, tapes, disks, film, microfilm, microfiche) which contain information directly related to students and from which students can be personally (individually) identified

**Personally identifiable information** means data or information which includes:

- The name of the student, the student's parent, or other family members.
- The student's campus or home address.
- A personal identifier (such as a social security number or student ID number).

A list of personal characteristics or other information which would make the student's identity known with "reasonable certainty".

Directory information may include the following:

- Student's name
- School or college
- Academic program (degree, major, specialty)
- Dates of attendance and or full-time/part-time status
- Degrees, certificates, honors, and awards received

The most recent previous educational agency or institution attended by the student.

### **Privacy preferences**

Unless restricted, UMMS may disclose any of the items of directory information without a student's consent. Students may restrict the disclosure of any item of directory information by indicating this restriction on the Privacy Settings (FERPA Restrictions) page in the PeopleSoft Campus Solutions (PSCS) database.

The right to restrict disclosure of directory information does not include the right to remain anonymous in class and may not be used to impede classroom communication.

### **Inspection of Educational Records**

If possible, students will have immediate access to their record. In no case will a student have to wait more than 45 days. If a student is required to wait, the office will inform him or her when the record will be available. A student will be required to establish identity with a picture ID to see his or her record.

### **Information Which a Student Does Not Have the Right to Inspect**

A student does not have a right under FERPA to inspect information that is not an education record, such as:

- Medical treatment records.
- Law enforcement records.
- Employment records (provided that employment is unrelated to student status).
- Records containing information about the individual that were created or received after he or she is no longer a student and that are not directly related to the student's attendance at the University.
- Records of instructional, supervisory and administrative personnel and educational personnel that are kept in the sole possession of the maker of the record and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.
- Peer-graded papers before they are collected and recorded by an instructor.

*Note: A student may have rights to inspect such records under other laws.*

In addition, a student does not have the right to access certain education records, such as:

- Confidential letters of recommendation if the student has waived his or her right of access in writing.
- Financial records of the student's parents.
- Admissions records for a student who does not officially attend the program of admission. If the student completed a course at the University but never officially attended as a degree candidate in the program of admission, then the student has FERPA rights with respect to that course but does not have rights with respect to the admissions records for that program.
- Records of a student that contain information on other students.
- The student may inspect, review, or be informed of only the specific information about that student.

### **Authorizing Another Person to Inspect or Receive Copies of Your Records**

A current or former student who wishes to permit another person to inspect or receive copies of the student's education records must provide a signed and dated written consent which must:

- Specify the records that may be disclosed.
- State the purpose of the disclosure.
- Identify the person or class of parties to whom the disclosure can be made.

### **When Disclosure is Permitted Without Prior Consent of the Student**

In general, the University will not disclose personal information from a student's education records without

the student's prior consent. However, the University, in compliance with the law, may disclose personal information without the student's prior consent under these conditions:

**A. To university officials, staff, and others engaged in activities on behalf of the University with a legitimate educational interest.** The University discloses information to University officials, staff, and others whom the University has determined to have a legitimate educational interest. An individual has a legitimate educational interest if the individual needs to review an education record in order to fulfill his or her professional responsibilities to the University. Such individuals include officers of the University, faculty, administrative staff, law enforcement and medical and legal personnel, and may include contractors, consultants and professionals engaged by the University where disclosure of the information is necessary for such individuals to fulfill their duties and responsibilities to the University. In addition, these individuals may include UMMS students, persons from outside the University, and volunteers, who are requested to serve on an authorized committee or board of the University (such as a disciplinary committee or the Board of Trustees) or to otherwise perform authorized tasks for the University.

**B. The information that has been designated as directory information.** The University of Massachusetts defines directory information as:

- Student's name
- School or college
- Academic program (degree, major, specialty)
- Dates of attendance and or full-time/part-time status
- Degrees, certificates, honors, and awards received
- The most recent previous educational agency or institution attended by the student
- Acknowledgment of a student's participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Appointment as a resident assistant or community development assistant.

For graduate students who are teaching credit courses:

- Work department
- Office address
- Employment category

**C. In health or safety emergency situations.** In the case of an emergency, the University discloses information from education records to the appropriate parties, including parents, if the University deems that knowledge of the information is necessary to protect the health, safety, or well-being of the student or other individuals. Such disclosure may include any disciplinary action previously taken against the student for conduct that posed a significant risk to the safety and well-being of that student, other students, or members of the University community.

**D. In compliance with a subpoena.** The University will make a reasonable effort to notify the student of the subpoena before complying. However, in the case of a subpoena issued for law enforcement purposes or an ex parte order under the USA Patriot Act, the University is not required to notify the student of the existence or the contents of the subpoena, or of the information furnished in response to the subpoena, if the court or other issuing agency has ordered that such information not be disclosed.

**E. To officials of other institutions or organizations.** To which the student seeks or intends to transfer or in which the student is already enrolled, provided the disclosure is for purposes related to the student's enrollment or transfer.

In connection with the student's placement or participation in internships, practica, affiliations or other programs related to the student's courses or programs at the University.

To which a student has applied for or from which he/she has received financial aid to support the student's education, in cases where the information is related to (1) determining the eligibility for, amount of, or conditions of the aid, or (2) enforcing the terms and conditions of the aid.

In cases where the University has previously transmitted such information to another institution or organization in which the student has enrolled, has been placed, or has sought financial aid, the University may send corrected records if there are changes to the information previously sent.

**F. To parties who provided or created a record.** The University may send education records back to the creator or sender of such records for confirmation of the authenticity of the record (e.g. of a transcript or letter).

**G. To the parents of dependent students.** In rare circumstances, the University may disclose information from a student's records to the student's parents without the student's prior consent if the student meets the criteria of dependency as defined by Section 152 of the Internal Revenue Code of 1986. In cases of divorce or separation, when relying on dependency as the basis for communication, the University reserves the right to communicate with both parents unless provided with evidence that one parent's rights have been legally revoked or otherwise limited.

**H. To authorized representatives of certain government offices.** The University will release information to authorized representatives of the U.S. Comptroller General's Office, the U.S. Attorney General, the U.S. Department of Education, and state and local educational authorities in connection with an audit or an evaluation of federal or state supported programs and to assure the enforcement of or compliance with federal or state legal requirements related to these programs.

**I. In compliance with the Solomon Amendment.** The University will release student information for the purposes of military recruiting to the Department of Defense. The information released is limited to student name, address, telephone listing, date and place of birth, levels of education and degrees received, prior military experience, and the most recent educational institution attended unless restricted.

**J. In response to complaints and legal actions involving the student and the University.** If a student or parent initiates legal action or brings complaints against the University, the University may disclose education records relevant to the response to the complaint without a court order or subpoena. In addition, in the event that the University initiates legal action against a parent or student, the University may disclose education records relevant to the action without a court order or subpoena.

**K. To accredited organizations.** The University may release information to organizations that accredit colleges and universities for the purpose of assisting their accrediting functions.

**L. To organizations conducting studies for or on behalf of the University.** The University may disclose information to organizations seeking to improve education for or on behalf of the University (e.g. developing predictive tests or administering student aid programs).

### **Limitations of Re-disclosures**

Under FERPA, information disclosed by the University may be subject to restrictions against re-disclosure.

### **Amending Educational Records**

Students have the right to request that inaccurate or misleading information in his or her education records be amended. While the University is not required to amend education records in accordance with a student's request, the University is required to consider the request. If the University decides not to amend a record in accordance with a student's request, the student will be informed of his or her right to a hearing on the matter. If, as a result of the hearing, the University still decides not to amend the record, the student has the right to insert a statement in the record setting forth his or her views. That statement must remain with the contested part of the student's record for as long as the record is maintained. However, while the FERPA amendment procedure may be used to challenge facts that are inaccurately recorded, it may not be used to challenge a grade, an opinion, or a substantive decision made by the University about a student. FERPA was intended to require only that schools conform to fair record-keeping practices and not to override the accepted standards and procedures for making academic assessments, disciplinary rulings, or placement determinations.

### **Complaint Procedure**

A student has the right to file a complaint with the Family Policy Compliance Office at the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.

A complaint must be submitted to the Office within 180 days of the date of the alleged violation or of the date that the student knew or reasonably should have known of the alleged violation. The complaint must contain specific factual allegations giving reasonable cause to believe that a violation of the Act has occurred, and it should be forwarded to:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW Washington, DC 20202

## **XVII. Certification For Graduation**

The Registrar's Office certifies that each candidate for graduation from the Medical School has completed all academic and administrative requirements of the Institution. No student may graduate who has outstanding fees or fines (i.e. tuition, loans, library books, parking fees or tickets.) Final determination that the student has satisfied academic requirements rests with the appropriate faculty academic evaluation board.

### **Certification Process:**

Three months prior to Commencement, the Registrar's Office conducts a degree audit of the academic records of all candidates for graduation. The week prior to Commencement, students are required to come to the Registrar's Office for final certification.

### **Early Certification For Graduation:**

Permission of the Associate Dean for Student Affairs is required for early certification for June graduation. The student is responsible for completing all certification requirements and obtaining all signatures. Students are still subject to university policies and procedures regarding graduation (e.g., diplomas may be held for non-payment of fines incurred after completing early certification).

**Deadlines:**

For early certification dates prior to April 1: Notification deadline is Dec. 15.

For early certification dates after April 1; Advance notice is not required but students should allow sufficient time to complete all required signatures for the certification process.

The certification date will be recorded as the date of completion.

Students are not eligible for financial aid after the completion date. Repayment or grace period for student loans begins at the date of completion.

Students must complete an early Certification for Graduation form and will be required to obtain all necessary signatures from all departments before submitting the form to the Registrar's Office for approval.

## **XVIII. Voter Registration Forms**

The Higher Education Amendment of 1998 requires this institution to provide students with the opportunity to register to vote. Voter Registration Forms can be accessed at the following site: <http://www.sec.state.ma.us/ele/eleifv/howreg.htm>

**Office Hours**

General office hours are 8 a.m. - 5 p.m.

The Registrar's Office is open until 8 p.m. on the first Wednesday of the month (Sept.- June).

**Enrollment Verification**

It is the responsibility of the Registrar's Office to verify students' dates of attendance, degrees awarded, enrollment status, demographic information and expected date of graduation. Inquiries for official enrollment information are to be submitted to the Office of the Registrar.

**Transcripts**

An academic transcript is a certified document intended for use by parties outside of the educational institution and is an unabridged summary of the student's academic history at that institution.

The official transcript is a legal document which contains:

1. The signature and title of the certifying official.
2. The institutional seal and date of issue.
3. Statement forbidding the release of information from the transcript to a third party as required by the Family Educational Rights and Privacy Act of 1974 (FERPA).

Transcripts are issued only by staff of the Registrar's Office. Transcripts, copies of diplomas, enrollment and licensure verifications will not be provided in cases where outstanding financial obligations remain.

In order to obtain a transcript, a written request is required. Forms are available in the Registrar's Office, or requests can be made electronically via the Registrar Office web site at [www.umassmed.edu/registrar](http://www.umassmed.edu/registrar). The request may also be made in the form of a letter that must include the following:

- Printed name and signature

- Any former name(s) used on university records
- Current address, telephone number and email address (if any)
- Date of birth
- Graduate degree received
- Graduation date and/or dates of attendance
- Complete address where transcript is to be sent
- Number of copies requested

There is no charge for transcripts. Transcripts are sent via first-class mail and sent within two working days after the written request is received.

When requests are made in person, appropriate documentation for identification, such as a student picture ID or driver's license, is required. Telephone and email requests are not accepted.

File copies of undergraduate and/or graduate transcripts from another institution will not be released (back) to the student or to a third party. The request will be returned to the student or third party with a statement explaining the policy.

## **XIX. Financial Aid Office**

**Location:** Room SI-855, First Floor

**Telephone:** 508-856-2265

**Fax:** 508-856-1899

**URL:** <http://umassmed.edu/financialaid/index.aspx>

The Financial Aid Office administers federal and institutional student loans and gift aid. To be eligible for financial assistance, students must be accepted for admission, enrolled in good standing or making satisfactory academic progress and be enrolled in at least 9 credit hours each fall and spring (see Registrar: matriculated student status). In addition, they must neither owe a repayment on a Federal Pell Grant, a Federal Supplemental Educational Opportunity Grant, or State Incentive Grant, nor be in default on a Federal Perkins Loan or Federal Family Education Loan received for study at any post-secondary institution. Furthermore, students must demonstrate either federal eligibility or financial need to be eligible for most financial aid programs. Because financial aid is awarded annually, all financial aid recipients need to reapply each year. The maximum amount of aid a student may receive in a given year may not exceed the cost of attendance as defined by the U.S. Department of Education. This includes any external scholarships, grants or loans. More detailed information is available in the catalog and the financial aid website.

### **Satisfactory Academic Progress**

Financial aid is available to medical students who matriculate at the University of Massachusetts Medical School and maintain satisfactory academic progress in the four-year medical school curriculum. It is expected that most students will complete graduation requirements in four years. For either academic or personal reasons, a student may require more than four years to complete the curriculum and will qualify for financial aid only if he/she advances through specified percentages of the Medical School curriculum as follows:

<b>Year at Medical School</b>	<b>% of Medical School Curriculum Completed</b>
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First year of enrollment	10% = 18 (17.5) credits
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Second year of enrollment	20% = 35 credits
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Third year of enrollment	30% = 53 (52.5) credits
Fourth year of enrollment	50% = 88 (87.5) credits
Fifth year of enrollment	75% = 131 (131.25) credits
Sixth year of enrollment	100% = 175 credits

Satisfactory academic progress toward the MD degree, along this time scale, will be monitored by the Office of Medical Education through its Basic Science Academic Evaluation Board (for pre-clinical courses) and Clinical Science Academic Evaluation Board (for clinical clerkships and electives), according to their guidelines (see Criteria for Academic Review and Advancement). The evaluation boards review at least, at the conclusion of each academic year, the qualitative progress of each student in course completion. A student who does not satisfactorily complete all course requirements may be permitted to remediate (see also Remediation Policies). The timetable may also be extended and still be deemed as satisfactory academic progress by the evaluation boards for other extenuating circumstances. These might include a death in the family, prolonged illness or extended programs based on physical or mental disability. In such cases, financial aid may be made available to the student after the student files an appeal for additional resources with the Financial Aid Subcommittee of the Student Affairs Committee. It will be the responsibility of the student to provide this subcommittee with documentation detailing the nature of the extenuating circumstances and a specific plan for completing the medical curriculum. Appeals are heard and approved on a payment period basis. Once approved, a student is considered on financial aid probation for one payment period, and is able to appeal for one additional payment period before re-establishing satisfactory academic progress.

### **Financial Aid Appeals**

Anyone seeking adjustments to aid packages, need analysis or cost of attendance should first seek clarification or submit a written request to the Financial Aid Office. Anyone dissatisfied with the Financial Aid Office's response should write Deborah Harmon Hines, PhD, vice provost for school services. Anyone dissatisfied when the vice provost concurs with the Financial Aid Office may write an appeal to the Financial Aid Subcommittee of the Student Affairs Committee. Anyone still dissatisfied with the decision of the subcommittee may write to the Student Affairs Committee and may present the case in person.

### **Emergency Loan Policy**

**I. Eligibility:** Interest-free emergency loans of up to \$1,000 are available on a short-term basis to enrolled students with true emergencies (but not poor budgeting) who meet the following criteria:

A. Student does not owe past due tuition, fees, or other charges to the Medical school; B. Student has never been past due on a previous emergency loan; C. Student is in good academic standing, and; D. Application for emergency loan and supporting documentation (i.e. completed financial aid application) is approved by the director or assistant director of financial aid.

**II. Repayment:** Emergency loans must be repaid at the earliest date of when any one of the following occurs:

A. Receipt of financial aid funds;

B. Withdrawal or graduation from the Medical School; or

C. Arrival of established due date – within 90 days of loan application.

**III. Default:** Students who do not repay emergency loans in full as specified in Section II are in default and subject to the following penalties:

- A. The student will be administratively withdrawn from the Medical School until the loan is paid in full;
- B. If re-admitted, the student will be ineligible to receive additional emergency loan funds during remaining years of attendance at the Medical School.
- C. The borrower will be subject to all available means of collection. If Medical School collection efforts have been exhausted and the debt remains unpaid the debt may automatically be assigned to intercept from any other state or federal payments that are due to the borrower, or scheduled to be paid to the borrower, including tax refunds under M.G.L. c.62
- D. The debt may also be assigned to a collection agency for collection and subject to late charges.

*Note: Federal programs are subject to legislative and regulatory change at any time without prior notice.*

## **XX. Bursar's Office**

**Location:** Room S1-802, First Floor, Student Wing

**Telephone:** 508-856-2248

**Fax:** 508-856-2555

The School Bursar: Processes all tuition and fee billings and payments, disburses emergency loan checks and financial aid checks, upon presentation of UMass Student ID, and provides endorsements for jointly payable checks to the student and UMMS. The Bursar's Office provides a check cashing service for enrolled students. The student check cashing procedure is:

1. Students present UMMS student ID.
2. Checks must be drawn on a Massachusetts bank.
3. Students may cash one check per day for a maximum amount of \$25.00.
4. No more than two checks may be cashed per student each week.
5. Checks must be made payable to "Cash."
6. The student's endorsement on the back of the check is required.
7. Student ID number, phone number, student mailbox number and address must be listed on the front of each check.

### **Learning Contract**

The University of Massachusetts offers medical students the opportunity to enter into a Learning Contract which gives students the option of deferring payment of two-thirds of tuition until either the completion of advanced training or withdrawal from medical school. Students who defer payment may provide payment with dollars (plus 8 percent) or by providing qualifying service in primary care, underserved, public or community service within the Commonwealth. For detailed information, students may visit the financial aid website at <http://umassmed.edu/financialaid>. Students may refer to the copies of the Learning Contract and the Annual Statements of Learning Contract Obligation they signed for detailed information about the repayment obligations to which they agreed. The Financial Aid Office is happy to answer questions students may have about the Learning Contract.

### **Extended Students: Tuition & Fees**

Students enrolled for Medical School courses for credit are assessed the full Medical School tuition for each semester of enrollment. The first semester after a student has completed eight full semesters of Medical School tuition payments, excluding prior semesters of Post Sophomore Fellowship tuition waiver received, the student's status will change to extended student program fee status. The student is not assessed tuition, but is assessed the extended student program fee of \$2,750.00 per semester plus all other student fees.

### **Billing and Policy on Past Due Student Accounts**

Each academic year in the fall and spring semesters tuition and fee bills are sent to students' UMMS email address. Student account balances are due by the due date stated on the bill. Failure to pay the account in full by the due date may result in one or more of the following actions by UMMS:

Assessment of Late Payment Fee to the student account; Denial of registration for future semesters; Denial of credit transfers/transcripts/graduation/diploma; Submitting student debt to the Massachusetts Intercept Program for recovery through offset against State payments such as tax returns. Referring student debt to a collection agency.

### **Refund Policy**

Refunds are calculated when students do not register for the academic term for which they are charged, take an approved leave of absence or otherwise fail to complete the program on or after the first day of class of the period of enrollment for which charges are assessed.

Students who cease enrollment after 60 percent of the term has elapsed receive no refund and are not required to refund any federal aid received for the term. Students who cease enrollment before 60 percent of the term has elapsed receive a refund for the percentage of the term remaining after the last date of attendance. The percentage is calculated by dividing the number of calendar days elapsed between the beginning of the term and the date the individual ceases enrollment by the number of calendar days in the term. For example, a student who withdraws 57 percent of the way through the term of enrollment receives a refund of 43 percent of tuition and fees (100 percent minus 57 percent).

If a student received Title IV funds, a "Return of Title IV Funds" calculation will also be performed with the same percentage. Accordingly, only the prorated amount of financial aid is available to the student. Additionally, per federal regulations, the student is required to return the unearned percentage of aid received as cash or from a credit balance. Failure to return unearned Title IV aid may result in ineligibility for future federal aid.

### **Allocation of Refunds**

A share of the refund will be returned to the financial aid programs that funded students. Refunds and recovered overpayments are allocated to the programs from which an individual received aid in the following order:

- Federal Unsubsidized Stafford Loan
- Federal Stafford Loan
- Federal Perkins Loan
- Federal GradPlus Loan
- Other Federal Student Aid Programs
- Institutional Student Aid Programs
- State Student Aid Programs
- Private Student Aid Programs

- Student

Students must notify the dean of the respective graduate school and the registrar in writing of their intent to withdraw. Students who withdraw without notifying the dean and registrar of their status will be considered withdrawn as of the last recorded date of class attendance as documented by the University.

Upon request, the school bursar will provide examples of the application of the refund policy. Any withdrawn student who believes that individual circumstances warrant exceptions from published policy may make a written appeal to:

Nancy E. Vasil, Associate Vice Chancellor, Administration and Finance  
University of Massachusetts Medical School  
333 South Street, Shrewsbury, MA 01545

**Note:** This policy is subject to change at any time without prior notice if necessary to comply with Federal law.

# Section Seven: Governance

## I. Governance of the School of Medicine

The primary governing bodies of UMW are the Executive Council and the Faculty Council. The Executive Council has student representation in the form of the SGA Chair.

The Faculty Council's student representation includes one President from each school's student representative body. No one other than these named positions are able to serve on these committees.

Committees that report directly to the Faculty Council and Executive Council include the following:

- Committee on Scientific & Research Affairs
- Faculty Council reports to Executive Council
- Information Technology Committee
- Intellectual Property Committee
- Library & Learning Committee

The Faculty Assembly and EPC shall advise the Faculty Council and Executive Council.

**Applicability:** All enrolled students

**Date Revised:** August 2015

## II. Committees

There are a number of committees at the Medical School and UMass Memorial Health Care that recommend policies, programs, etc., within their charge. Most of these committees have student representatives who are chosen through the Appointments Subcommittee of the Student Body Committee. The SBC Bulletin Board will have sign-up lists for students interested in serving on these.

Students sit on these committees as full voting members, with rights and responsibilities equal to those of the faculty members. As the list below indicates, student representation exists on essentially all committees whose business pertains in any way to student interests. In addition, ad hoc committees convened by the administration generally include one or more student members. Also, a student from this campus is elected annually by the students to serve on the University of Massachusetts Board of Trustees. Only two student representatives from among the five University of Massachusetts campuses have voting rights in any given year.

The following is a list of the standing committees at UMMS along with the number of student representatives to be appointed and the Faculty Chair for each.

<b>Committee</b>	<b># of Student Representatives</b>	<b>Faculty Chair *</b>
Admissions Committee	Four medical students recommended by the SBC and appointed by the associate dean for admissions	Dr. Mariann Manno
Core Clinical Experiences Committee	One CCE med student One AS med student	Dr. Erin McMaster
Council on Equal Opportunity & Diversity (CEOD)	One student from each school	Dr. Jeroan Allison Edith Cullen
Educational Policy Committee (EPC)	Two medical students	Dr. Vijay Vanguri
Ethical Treatment & Issues Committee	One medical student	Dr. Michael Ennis
Executive Council	SGA chair only	Dr. Catarina Kiefe
Faculty Council	One president from each school's student representative body	Dr. Robert Weinstein
FOM1 Curriculum Committee	Four 1st yr. students	Dr. Susan Gagliardi
FOM2 Curriculum Committee	Four 2nd yr. students	Dr. Thomas Smith
Informational Technology Committee	One student (elected by the SGA)	Dr. Silvia Corvera
Learning Contract Advisory Group	One medical student	Dr. Deborah Harmon Hines
Library & Learning Resources	One student per school appointed by the school's student representative body	Dr. Bruce Barton
Nominations Committee	Chair of the SGA only	Dr. Luanne Thorndyke
Student Health Advisory	Two medical students	Dr. Philip Fournier
Three Schools Committee	Four students from each school	Lisa Beittel, Faculty advisor
Women's Faculty Committee	One student per school appointed by the school's student representative body	Dr. Ann Salerno Dr. Molly Waring
Worcester District Medical Society	Two medical students	Dr. Michele Pugnaire

*\* Faculty Chairs are listed at the time of the printing of this handbook and are subject to change.*

### III. Student Government Alliance (SGA)

Established in 2011, the UMMS Student Government Alliance (SGA) is the overarching student governance body. The SGA consists of the two elected officials from each school's student governance group and the student trustee. The SGA promotes student communication and collaboration across the three schools, and serves as a resource for communicating and working with campus administration. The SGA provides representation for students across the three schools on Faculty Council and Executive Council and other campus-wide governing bodies and committees. The SGA reports to the Provost, and addresses matters of importance to students and submits recommendations expressing student views and concerns to administration (provost). The SGA oversees the campus student trustee election process. The SGA has a faculty advisor appointed by the provost and in accordance with their bylaws, the Provost meets with the SGA at least once per semester (fall and spring). Additional information, including members, can be found at: <http://www.umassmed.edu/dean/student-governance-landing/>

### IV. Student Body Committee

The Student Body Committee (SBC) is the student representative government for the School of Medicine and functions as the liaison between students, faculty and administration.

Information on the Student Body Committee can be found at: <http://www.umassmed.edu/students/student-government/sbc/about-us/>.

### V. Student Trustee

Every year, the student body at UMass has the opportunity to elect a student trustee from UMass Worcester to the University of Massachusetts Board of Trustees. This student is the sole student representative from UMass Worcester and holds a very important position. Of the five University of Massachusetts student trustees, three are voting members at any one time, on a rotating basis.

The only distinction between the voting student trustee and other board members is the abbreviated term in office of the student. The student trustee's term of office runs from July 1 to June 30. Elections for the student trustee are held in April. All students are eligible to be on the ballot.

The student trustee is expected to (1) keep the students and the SBC informed of discussions and the decisions made by the Board of Trustees; (2) provide a UMass Worcester student's perspective to the board; (3) review tenure and faculty advancement within the University system; (4) review the allocation of funds throughout the University system; (5) assist in the selection of honorary degrees; (6) review the Hospital Management Board meetings; and (7) work with the chancellor on selected projects.

The position offers a student the opportunity to contribute to the decision-making process that affects students on the Amherst, Boston, Dartmouth and Lowell campuses, as well as students here in Worcester.

**Applicability:** All enrolled students

**Date Revised:** June 2014

## Section Eight: Everyday Living

### I. Bulletin Boards

Bulletin boards are located on the first floor of the student wing near the Student Lounge. Several bulletin boards are available for general posting by the UMMS community as well as the general public. Other boards are reserved for approved student organizations/groups. These Boards come under the auspices of the Student Body Committee (SBC).

### II. Campus Store

**Location:** First Floor, in the Medical School Lobby

**Telephone:** 508-856-3213

**Hours:** Monday - Friday 7:45 a.m. - 4 p.m.

**URL:** [www.umassmed.edu/bookstore](http://www.umassmed.edu/bookstore)

The UMMS Campus Store is a full-service bookstore serving the Medical School community as well as health professionals in Worcester County. The Campus Store supplies textbooks recommended for courses at the School of Medicine, Graduate School of Biomedical Science, Graduate School of Nursing and the Master of Science in Nursing Program.

The campus store features a large selection of medical reference & review books as well as an assortment of popular fiction and nonfiction books, medical instruments & supplies including stethoscopes & parts, school supplies, lab coats, UMMS & UMass Memorial insignia clothing, diploma frames and merchandise, candy and soda, newspapers, greeting cards, jewelry, reading glasses and gifts including Vera Bradley & Alex & Ani jewelry. Software is available to order on our website and student and staff discounts apply for qualified customers. A textbook rental program is accessible through our website.

The campus store offers a 5 percent discount on most medical books to students of UMass Medical School and those in residency programs at UMass Memorial showing a valid ID when purchasing with cash or check. Students do not pay state sales tax on textbook purchases. Special orders of books not in stock are welcomed.

The campus store accepts cash, personal checks and Mastercard, Visa, American Express and Discover. Departments may also charge merchandise with approved account numbers.

### III. Child Care/Daycare

**Location:** Bright Horizons at UMass, Shaw Building, 419 Belmont Street, Worcester, MA 01604

**Telephone:** 774-455-KIDS

**Email:** [umass.university@brighthorizons.com](mailto:umass.university@brighthorizons.com)

**URL:** <http://centers.brighthorizons.com/umassmemorial>

Bright Horizons at UMass Child Care provides exceptional care & early education for infants, toddlers, preschool and kindergarten prep children. Our state-of-the-art environment provides young children the opportunity to learn, grow and nurture their natural curiosity & inquisitiveness as well prepare them with the academic foundation to achieve success in school and in life.

## IV. Dining on Campus

Cafeteria	Hours
<p><b>Albert Sherman Center Cafeteria</b></p> <p><b>Location:</b> First Floor, Albert Sherman Center  <b>Telephone:</b> 774-455-3761  <b>Menu:</b> <a href="https://umassmed.catertrax.com/">https://umassmed.catertrax.com/</a></p>	<p><u>Monday through Friday</u></p> <p><b>Breakfast:</b> 7am-10am  <b>Lunch:</b> 11am-2pm  <b>Starbucks:</b> 7am-4pm</p>
<p><b>School/Hospital Cafeteria</b></p> <p><b>Department:</b> Nutrition &amp; Food Service  <b>Manager:</b> David Lindstrom  <b>Location:</b> First Floor, Hospital  <b>Telephone:</b> 774-442-3842</p>	<p><u>Monday through Friday</u></p> <p><b>Breakfast:</b> 6:30am-11am  <b>Lunch:</b> 11:15am-1:45pm  <b>Grill/Deli/Coffee:</b> 11:15-6pm  <b>Dinner:</b> 4pm-6pm  <b>Late Night Dining:</b> 6pm-10pm</p> <p><u>Weekends and Holidays</u></p> <p><b>Breakfast:</b> 7:15am-10:30am  <b>Lunch:</b> 11:15am-1:45pm  <b>Dinner:</b> 4:30-6pm  <b>Snack Bar:</b> 1:45pm-7pm</p>
<p><b>Simply-to-Go Cafe</b></p> <p><b>Location:</b> Ambulatory Care Center (ACC) lobby  <b>Menu:</b> Serving coffee, pastry, up scale sandwiches, pizza and soup</p>	<p><u>Daily</u></p> <p>7:30am-2pm</p>
<p><b>Pavilion Cafe</b></p> <p><b>Location:</b> Hospital, Main Lobby  <b>Menu:</b> Serving specialty coffees, soups, sandwiches and pastries</p>	<p><u>Monday through Friday</u></p> <p>6:30am-8:30pm</p> <p><u>Saturday</u></p> <p>7:30am-1pm</p>

Completely disposable serviceware is utilized in the cafeteria and everyone is encouraged to recycle.

During off hours, students are also invited to utilize the 24-hour vending services located on level 1 of the hospital near the cafeteria with seating in the cafeteria and in the student lounge.

## V. Diversity and Inclusion Office (DIO)

**Location:** H1-710 - First floor

**Telephone:** 508-856-2179

**URL:** <http://www.umassmed.edu/dio>

The Diversity and Inclusion Office leads and fosters university-wide efforts to embrace the diversity of the UMMS community and maintain an environment in which students can learn and thrive. Students are welcome to participate in DIO events and activities. These activities build a strong UMMS community through collaboration, service, and fun.

The office also works to maintain a learning environment that is safe, civil, and free of all forms of harassment and discrimination. Students have special legal protections against sex and gender-based discrimination under Title IX. To inform students of these rights and support resources, a comprehensive online resource has been created to guide individuals who witness or experience sexual assault and violence on campus or during any activity that is part of the educational program. [This resource can be found at www.umassmed.edu/dio/care/](http://www.umassmed.edu/dio/care/).

There are additional important policies and guidelines that provide protections to students and guide expected behavior in a graduate school environment.

**Appropriate Treatment of Learners:** <http://www.umassmed.edu/dio/equal-opportunity/ppg-ats/>

**Civility Statement:** <http://www.umassmed.edu/dio/equal-opportunity/civility/>

**Class Show Guidelines:** <http://www.umassmed.edu/dio/equal-opportunity/class-show-guidelines/>

**Consensual Amorous Relationships:** <http://www.umassmed.edu/dio/equal-opportunity/ppg-car-consensual/>

**Title IX Policy:** <http://www.umassmed.edu/dio/equal-opportunity/title-ix-incident-investigative/>

Any questions or assistance needed? Please contact the Diversity and Inclusion Office at 508-856-2179.

## VI. Lamar Soutter Library

**Location:** First Floor of the Medical School

**Telephone:** Library Service Point (LSP) 508-856-6099, Inter Library Borrowing 508-856-2080, Administration 508-856-2205

**URL:** <http://library.umassmed.edu>

**Hours:** Sunday 10 a.m.-12:00 p.m.; Mon - Thur 7:30 a.m.-9 p.m.; Friday 7:30 a.m.-6 p.m.; Saturday 10 a.m.-6 p.m.

The library doors will close 15 minutes prior to closing time.

**24/7 Access:** UMMS students, residents, and faculty can enter the library 24 hours per day, seven days per week by swiping their UMMS ID cards at the front door. The library will not be staffed after regular hours.

The library is closed New Year's Day, July 4, Thanksgiving Day and the day after Thanksgiving, the day before Christmas and Christmas Day.

**MISSION:** Our mission is to provide you with the information resources you need during your medical school career, to provide information for researchers and clinicians, and to serve the health information needs of the general population in Massachusetts. We will assist you in locating information within the library and through other available resources, including other libraries, electronically, and over the Internet. We also offer hands-on training sessions to facilitate your skills in searching library databases.

You will often be aware of tours, training sessions and orientations going on around you as you are working on your own research and studies. The library at the Medical School is the largest health information resource in Central and Western Massachusetts, and is the only public academic health sciences library in the state. It is the Regional Medical Library for New England. For these reasons it is used by health care professionals, researchers, other students and health care consumers in increasing numbers.

Still, in the midst of the hustle and bustle, you will find that the library is a good place to study and to discuss your classes and your patients; there are quiet areas and tables available for study groups; and there are computers for word processing, literature searching, computer-assisted instruction, e-mail and Internet access. In addition, the library has nine group study rooms equipped with white boards to facilitate group work; five of the rooms also have large screen monitors for group viewing.

**Library Card:** A library card entitles you to full borrowing privileges. Applications for cards are available at the Library Service Point or on line at the libraries website.

**Access to the Lamar Soutter Library Collection When Off Site:** Access to electronic resources is available off campus via a proxy service. You will log on with your borrower's card barcode and a password that you choose.

The Lamar Soutter Library has a Pull & Copy Service which is free of charge for medical students assigned for training and/or study at remote sites. All requests must be sent electronically via the "Interlibrary Loan/Pull and Copy Request Form" on the Library's Web site. The Pull & Copy Service will fill only requests referencing a verifiable UMass Medical School student name. Requests will be filled through the Pull & Copy Service only for materials owned by the Lamar Soutter Library. No charges will be submitted to the medical student for this service. The Pull & Copy service is available to students on the main campus for a fee of \$13 per article.

**Medical Instruments and Anatomical Models:** Medical Instruments, including stethoscopes, otoscope/ophthalmoscopes, tuning forks, and blood pressure kits are available for check out at the LSP. Anatomical models are available at the Reserve Collection for in-house use.

**Reserve Collection:** Reserve materials are accessible on the first floor of the library. Consult the online catalog for the call number for each item you need. You are not required to check out reserves at the Library Service Point. However, please consider your fellow student and return the reserve material within 2 hours. Reserves must be used in the library.

**Reference Collection:** The collection contains directories, statistical sources, dictionaries and handbooks in the health sciences. It is located on the First Floor. These books, while generally non-circulating, may be checked out for two hours when permission is granted by a librarian or an LSP staff member. Reference Librarians are available to assist you Monday through Friday.

**Web Resources:** The Library's Web site hosts more than 400 searchable databases, as well as more than 8000 electronic text books and journals.

**Internet Access:** The Library's computers connect you to the Internet. The Lamar Soutter Library Web site: ([library.umassmed.edu](http://library.umassmed.edu)) gets you started.

**E-Mail:** You will receive an e-mail account as you enter as a first-year student. The accounts are issued by the Information Technology. Students may access their e-mail from the library.

**Library Computing Area:** The library supports and administers the only public student computing area on campus. Word processing, spreadsheets and computer-assisted instruction are available on the library computers. The computers are used on a first come, first served basis. There are many times during the year when every seat in this area is taken. Be considerate of your peers: when not working at the computer, log out and let the next person log on. Laptop computers are available at the LSP for use within or outside of the library (one-week loan.) The library also circulates bamboo tablets (two-week loan.)

**Training/Education Sessions:** The Lamar Soutter Library offers a wide array of classes on an appointment basis for groups or individuals.

Classes are taught in:

The Computer Training Classroom (hands-on) in the Lamar Soutter Library (University Campus)

The Computer Training Classroom (hands-on) in the Homer Gage Library (Memorial Campus)

In your department (demo or hands-on, based on computer availability) across the multiple campus locations of the UMMS and UMMHC network.

All classes are free of charge to UMMS and UMMHC students, faculty and staff. Use the Library's web site to view the class offerings, to register and/ or to discover a wide variety of online sites offering tutorials and tips.

**Journals:** The library subscribes to more than 5,300 electronic journals and maintains an active core print collection of 16 titles. Unbound, current core journals are located on the first floor of the library. Bound journals are located on the second and third floors. The journals are arranged alphabetically by title. They do not circulate outside the library. Journals older than 1978 are in storage and are retrieved once a day, Monday - Friday; request forms are available at the LSP.

**Books and Audio-Visuals:** Books and audio-visuals may be checked out or used in the library. See the information sheets at the LSP or the library's website for specific policies and procedures. Books, and audio-visuals are located on the first floor, along the long-windowed wall, and are shelved according to the National Library of Medicine classification. Viewing equipment is available for in-library use. The library also circulates Kindles (two-week loan.) Each is loaded with titles from four categories – Medical Thrillers, History of Medicine, Humanities in Medicine, and Leadership.

**Fines, Overdue or Lost Materials:** Currently, overdue fines are not charged for books. Lost items are billed at the replacement cost, plus a processing fee of \$50. Notices are sent out for overdue materials. Overdue or lost items will result in interruption and potential loss of ALL borrowing privileges.

**Photocopiers:** There is a photocopier on the first floor of the library. A debit card system is used with the copier. The cost is .20/page with a card and .25/page with coin.

**Printing:** Two networked printers are located on the first floor. A debit card system is used. The cost is .20/page.

**Phones:** Paging phones are located on the first floor and second floor.

**Study Carrels:** Study carrels are available for quiet, individual study on the second and third floors of the library. See the library website for details of the current study carrel policy.

**Security System:** An electronic security system is installed near the LSP exit and the rear fire exits to help prevent theft of library materials. The gate at the LSP beeps if the system is activated.

**Food & Beverages:** Food and beverages are allowed in all areas of the library except the computer lab on the first floor, providing you dispose of all trash and containers and work surfaces are kept clean. Please be sure your drinks have a cover when working at a computer.

**Closing:** The library staff flashes the lights on all three floors 15 minutes prior to closing, and again five minutes before closing. Doors are closed 15 minutes prior to closing. UMMS students, residents, and faculty can remain after closing and can enter the library 24 hours per day, seven days per week, by swiping their UMMS ID cards at the front door.

**Use of Other Libraries:** The Lamar Soutter Library is a member of the Boston Library Consortium. Through our membership, you may make use of the other member libraries. The Boston Library Consortium includes: MIT, Wellesley College, Northeastern University, Boston College, Boston University, Tufts University, Williams College, Brandeis, Woods Hole Oceanographic Institute, University of Connecticut, University of New Hampshire, the Massachusetts State Library and all campuses of the University of Massachusetts. To apply for card privileges, ask for more information at the LSP. The Countway Library, Harvard's Medical School library, also makes its resources available to you. As a medical student, your name appears on a listing at the main entrance of the library. Upon showing identification, you may enter the Countway Library with no fee.

**Interlibrary Borrowing:** You may request that the Interlibrary Borrowing staff request materials (books, copies of book chapters and/or journal articles) from other libraries. All requests must be sent electronically via the "Interlibrary Loan/Pull and Copy Request Form" on the library's website. Generally articles are received within two days and books within one to two weeks, depending on availability. There is no charge to students for this service.

## VII. Lockers

Locker assignments are made at the start of the first year by the Office of Student Affairs. It is strongly advised that lockers be kept locked at all times. Students should contact the Office of Student Affairs if they misplace or lose their assigned locker combination. The School is not responsible for anything left in the lockers/locker room.

## VIII. Mail - Postal Services

**Location of Student Mailboxes:** 1st Floor Medical School Lobby, Behind Elevators

**Main Office:** B Level, Hospital

**Telephone:** 508-856-2361

All students registered at UMMS are issued a student mailbox with a combination lock. The Registrars Office maintains a list of mailbox numbers and combinations. Delivery is made each day to the student mailboxes between 7 a.m. and 8 a.m. These boxes should be kept locked. The Postal Services Department is not responsible for lost mail when a mailbox is left open.

All incoming mail must be properly identified with the following information: University of Massachusetts Medical School, Student Name, Box Number, 55 Lake Avenue North, Worcester, Massachusetts 01655-0002.

When leaving mail for classmates, the student's name and student mailbox number should be clearly visible on the mail. The student can tape this mail to the students mailbox that the mail is intended for. Please note that UMMS is not responsible for postage for student's mail. There is a mailbox outside of the entrance near the Office of Student Affairs for all outgoing mail. Students should leave a forwarding address with the Postal Services Department if they expect to be away from the Medical School for any extended period of time (six weeks or longer) but not longer than 12 months.

**Junk Mail:** One of the perils (or advantages) of being a medical student is the large amount of unsolicited, "free" mail that students receive in their mailboxes. Most often these companies have obtained students' names from mailing lists purchased from the American Medical Association (AMA, 535 N. Dearborn Street, Chicago, Illinois 60610). One way to decrease the volume of this mail is for students to write to the AMA asking to have their names put on the non-promotional mailing list. In addition, students can write individual companies asking for the same treatment.

## IX. Medical Instrument Loans

The Student Body Council has the following medical instruments available for loan in the Lamar Soutter Library at the Library Service Point:

- Stethoscope
- Otoscope/Ophthalmoscope
- Tuning Fork
- Blood Pressure Kits

### **Loan Policy:**

SOM students may borrow up to one of each item at a time (Stethoscope, Otoscope/Ophthalmoscope Set, Tuning Fork).

Students must present their student ID with library barcode to the Library Service Point (LSP).

Instruments must be returned to the LSP within 24-hours of check-out.

Students are responsible for proper cleaning and care of the devices. All pieces and instructions must be kept together in the casing provided. Instruments must be cleaned before and after use. Alcohol wipes are available at the LSP.

Any loss or damage should be reported to library staff within 24-hours of check-out. Students are responsible for the cost of any damage or replacement. Students will lose borrowing privileges until instruments are returned or replaced.

By borrowing these items from the library, students are agreeing to comply with the library loan policy, and are taking responsibility for any loss/damage to the equipment.

If you have any questions, please contact Jane Fama at ext. 6-2099. For borrowing guidelines please go to the library website at <http://library.umassmed.edu>.

## **X. Mothers Rooms/ Breastfeeding/ Nursing Rooms**

The Medical School has eight Mothers' Rooms where breastfeeding mothers can go to feed their babies or pump breast milk. The rooms are located:

### **University Campus:**

Location: Medical School Building - S6 100A & S6 100B; Sherman Center – AS5-1084

Equipment: The room is equipped with a hospital grade Medela Symphony breast pump.

Access: Send an email to [Parking@umassmed.edu](mailto:Parking@umassmed.edu) (Parking Office)

Privacy: Only those given pass card access can enter the room.

### **South Street Campus:**

Location: Two private spaces located on the second floor of building 1-SHR 1-2

Equipment: Each room is equipped with a hospital grade Medela Symphony breast pump.

Access: Employees need to email South Street Security to receive card access.

Privacy: The room locks when you close the door. There is a "Privacy" sign that you should put outside the door when in use. When finished, put the "privacy" sign inside the room.

Scheduling: When you receive access to the Mother's Room, you are also granted access to the South Street Mother's Room calendars on Outlook.

### **Worcester State Hospital:**

Locations: BB2-204

Access: Contact Christine Bibeault, x62648.

### **Biotech IV:**

Location: B4-314C

Equipment: The room is equipped with a hospital grade Medela breast pump.

Access: Contact Denise Maclachlan, x68773 to schedule a time.

**Schrafft Building, Boston:**

Location: Office 3.635

Access: To reserve this room, call x56200 or, if unavailable x56067 and ask to reserve the Mother's Room.

**MBL, Mattapan II Building:**

Locations: Room 2034

To purchase accessories for the Medela Breast Pump, contact: Carol Matthewson, 508-752-9796

A supply of double Symphony sets is available. They are \$40. Call Carol to arrange to pick it up. To order via the internet visit the sites below:

SelfExpressions

Amazon

Medela Symphony Breast Pumps

Additional information can be found at: <http://www.umassmed.edu/hr/work-life/parenting.aspx>.

## **XI. On Call Center (OCC)**

The On Call Center (OCC) is located on Level A of the Hospital and is a 'hoteling' space for medical students and residents when scheduled for overnight call. It is equipped with a kitchenette, complete with refrigerator, toaster, microwave and eating area as well as a lounge room with comfortable furniture and television for use while on call. The OCC has wi-fi and cell phone reception.

The OCC has several sleeping areas to accommodate students and residents including:

4 multi-bed rooms that can accommodate 4-8 students each.

1 private room for students with special considerations.

3 additional private rooms are designated for resident use only in the OCC.

The OCC suite is equipped with a private male and female bathroom. Showers are available in an adjacent hallway.

Access:

Access to the OCC is accessible using a UMMS Student ID Badge.

For additional security, each bedroom door is 'locked' with a Code key.

Each student will receive the code in the clerkship orientation materials provided to them at the start of any clerkship that has overnight call.

Reserving a room:

Rooms are available on a first come - first served basis.

A sign in sheet is located on the front of each bedroom.

If a bed is available, sign in.

Please be sure to change the sign on the door to reflect "Male or Female" occupants in the room for that evening.

Contacts:

Housekeeping issues: contact the number located inside of each room.

For administrative concerns: contact Judy Holewa at 508-856-1829 or at [judy.holewa@umassmed.edu](mailto:judy.holewa@umassmed.edu). You can also call the Office of Student Affairs at 508-856-2285.

## **XII. Pagers/Beepers**

Pagers are available to all medical students and are required for students in their clinical years. A monthly fee (paid in full for the upcoming academic year) is assessed. If a pager is lost or stolen, there is a \$40 replacement fee. All student pagers are coordinated through the Office of Student Affairs. Students are responsible for all monthly pager fees until the pager is returned to the Office of Student Affairs and/or the replacement fee is paid in full. Pagers must be returned to the Office of Student Affairs and paid in full as part of the Certification for Graduation requirement.

## **XIII. Parking and Access Control**

**Location:** HA-531 - A Level of the Hospital

**Telephone:** 505-856-3630 or 508-856-5934

**URL:** <http://www.umassmed.edu/parking/>

The Parking and Access Control Department is responsible for all card access on Medical School properties. Access coded Identification Badges (ID's) are prepared in the office, West Parking Garage, Level 1, and coded to allow entrance to both parking areas and doors, including student areas. These picture ID Badges must be displayed while on the campus.

### **Student Parking:**

Year one medical students and GSBS students will be assigned to the Plantation Street Garage. Year 2, 3 & 4 medical students & GSBS students will be assigned onsite campus parking. Medical students and GSN students will need to pay a student parking rate for the year of \$208. Only cash or check is accepted. All UMass students will be granted free onsite parking access only after 5 p.m. weekdays, all school holidays, and Saturday & Sundays.

Students will receive a "STUDENT" parking permit to be placed on the rear view mirror of their car. This permit allows students to park in unreserved parking areas during the day and Reserved parking areas (except the 1st floor of the First Road garage and the clinical lot) from 5 p.m. to 8 a.m. weekdays and 24 hours on weekends and medical school holidays. In the South Road garage, you must swipe your ID badge to get "IN" as well as "OUT". Those not eligible will be assigned to the Plantation Street Parking Garage.

Parking tickets are issued for violations and will result in further fines if not paid as required. Non-payment may also result in failure to renew your license or register your vehicle through the Registry of Motor Vehicles and/or affect your school registration/graduation. Appeals are made through the Parking Clerk. Forms are available at the Parking Office, the Police Station and on the UMass Intranet Parking/Access control web site.

Please see the Parking and Access Control website for the most up to date information at <http://www.umassmed.edu/parking/>.

## **XIV. Police/Department of Public Safety**

**Location:** UMass Memorial Medical Center - University Campus: Visitor/Patient Parking Garage Main Level

**Emergency (Police and Fire):** 911 (This will ring directly to the UMass Police Dept. from all school and hospital

phones).

**Non Emergency:** 508-856-3296

**URL:** <http://www.umassmed.edu/publicsafety/>

**Personnel:** John Luippold, Chief of Police

The University of Massachusetts Police Department is responsible for all routine and emergency police and security matters at the University of Massachusetts Memorial Medical Center, University Campus.

Police personnel are available 24 hours a day, 7 days a week. Services provided by the department include all aspects of law enforcement and security matters.

University of Massachusetts Police Officers patrol both inside and outside the Medical School and the Hospital and are trained to respond to a variety of situations. All police officers have completed police training at a municipal police academy approved by the Commonwealth and have the same police powers as a city or town police officer. Should emergency police or fire assistance be needed, students should call 911 (this will ring directly to the University of Massachusetts Police Department from all school and hospital phones). For business or non-emergency situations, students should call 508-856-3296.

Calling 911 from a cell phone in Massachusetts will connect the caller to the regional emergency dispatch center. The call will be re-routed to the appropriate police agency at that time.

Upon request, University of Massachusetts police officers will provide escorts to employees and students to their vehicles after dark. This is a service that medical students are encouraged to use.

The University of Massachusetts Police Department sponsors "R.A.D" - an internationally taught self-defense training class specifically designed for women. The police officers who teach this class are certified instructors. To put your name on our R.A.D. class notification list please send an email to: [PoliceDepartment@umassmed.edu](mailto:PoliceDepartment@umassmed.edu). You will be contacted prior to the next scheduled class.

The hospital utilizes the PA system for specific incidents that occur within the hospital building. A CODE PINK is the emergency alert and response signal at the hospital for the potential or actual abduction of an infant or child, (patient or visitor). During a Code Pink, it is important that all staff and students assist with the monitoring of hospital/ school locations and report any suspicious activity to University Police.

A CODE SILVER is used for immediate threats on campus involving a handgun or shooting situation. Information related to responding to a Code Silver can be found on the Department of Public Safety and Emergency Management website.

For additional codes and information on response to emergencies that may affect you, please refer to the Medical School Emergency Management Web Site at: <http://inside.umassmed.edu/em/index.aspx>. This site also includes information on how you will be notified of an emergency and how you can update your contact information.

Students will be issued an identification card for access to areas within the school and hospital and should have it visible at all times. It is important to report a lost or stolen card to the Police as well as the Card Access Office at 508-856-5934.

Parking enforcement is carried out by the Parking and Access Control Department. Those who wish to appeal parking tickets can do so through the Office of the Parking Clerk at 508-856-2720. Chapter 20A-1/2 of the

Massachusetts General Laws provides fines for the destruction of parking tickets. In addition, failure to pay parking fines may result in Registry of Motor Vehicle actions which could affect drivers' licenses and registration renewal.

Motor Vehicle registration/inspection/licenses: For information on owning, registering and operating motor vehicles in the Commonwealth refer to: Massachusetts Registry of Motor Vehicles at <http://www.mass.gov/rmv/>.

## **XV. Student Groups/Organizations**

UMMS has a wide array of opportunities for students to participate in. These include interest groups, free clinics and educational experiences.

A complete listing of all UMMS student groups/organizations can be found on the Student Affairs website at: [www.umassmed.edu/students/student-organizations/school-of-medicine-som/](http://www.umassmed.edu/students/student-organizations/school-of-medicine-som/)

Learn about the Student Body Committee (SBC) is the administrative arm of the student government: <http://www.umassmed.edu/students/student-government/sbc/about-us/>

For information about starting a new student group, go to: [http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/New%20Organization%20Form%202%20\(1\).pdf](http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/New%20Organization%20Form%202%20(1).pdf)

For information about requesting funding for an approved student group: [http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/SBC\\_FUNDING%20REQUEST%20FORMv4%20\(2\).pdf](http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/SBC_FUNDING%20REQUEST%20FORMv4%20(2).pdf)

If you need to change the Faculty Advisor for your Student Group: [http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/SBC\\_FORM\\_Change%20of%20Advisor\\_v1%20\(1\).pdf](http://www.umassmed.edu/Global/UMassMed-Students/UMASS%20SBC%20Common%20Forms/SBC_FORM_Change%20of%20Advisor_v1%20(1).pdf)

## **XVI. Student Housing**

UMMS does not have on-campus housing; however, there is a 'Housing Board' accessible on the GSBS website. There are also bulletin boards in the hallway by the student lounge that have housing listings as well as other opportunities posted.

Sites that might assist you in your search for local housing:

- [\*UMass GSBS housing board\*](#)
- [\*worcester.craigslist.org\*](#)

## **XVII. Student Lounge**

The Student Lounge is located on the First Floor of the Medical School's Student Wing. The Lounge is a large area designated as a home base for UMass students and residents. It is a place to gather for meals, to socialize, to watch some television or to simply take a break. The lounge is equipped with comfortable furniture, wide screen TV's, DVD player, stereo, ping pong tables, pool table and fooseball table.

The student lounge also has kitchen area equipped with a sink, large refrigerator, microwave ovens, and toasters. In addition, there are vending machines for a quick snack or drink.

The student lounge is open and available to UMass students and residents 24/7 and is accessible via ID badge.

## **Section Nine: Student Health and Wellness**

### **I. UMMS Policy regarding Medical Students with Blood Borne Pathogen Infection**

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public. A student who is infected may attend the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current medical findings and standards of practice.

All matriculated UMMS students will have their Hepatitis B immunity status confirmed as part of the School's immunization policy. Although testing for hepatitis C and human immunodeficiency virus is not required for attendance at UMMS, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

Students who are aware that they are infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], if not currently under the care of a personal physician, are strongly urged to contact the Student Health Service so that appropriate medical treatment may be instituted or continued.

Students infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. They are required, therefore, to disclose their infection status to the Assistant Dean for Student Advising in order to arrange any necessary adjustments to their educational program. Such notification is considered a professional responsibility of the student, and failure to disclose blood-borne pathogen infection status will be grounds for disciplinary action, up to and including dismissal from the medical school.

The University of Massachusetts School of Medicine reserves the right to restrict students who may transmit blood-borne pathogens from situations that place others at risk. Reasonable adjustments will be made for any student who has tested positive for a blood-borne pathogen to be able to continue medical education. Restrictions and adjustments will be determined on a case by case basis by the UMMS Blood-Borne Pathogen Review Panel. In addition, the Assistant Dean for Student Advising will provide career guidance and elective rotation oversight to all students who have a blood-borne pathogen infection. Every reasonable effort shall be made to maintain confidentiality regarding the blood-borne pathogen status of students. Nevertheless, before an infected student begins a clerkship; directors and supervisors of that clerkship may be informed on a need-to-know-basis of limitations imposed on the student's activities. In the event that an urgent determination is required, the Assistant Dean for Student Advising will issue temporary restrictions.

Students infected with blood-borne pathogens should be aware that, based on current medical knowledge and practice, they may be restricted from future residency training and specialty practices which require the performance risk-prone procedures.

A student infected with HBV, HCV, or HIV may continue in the MD program as long as he or she is able to carry out the physical and intellectual activities of all students as outlined in the UMMS Technical Standards.

Demonstrated competence on Standard Precautions is required of students in clinical programs of the University of Massachusetts School of Medicine. In addition to the UMMS Policy, students on clinical rotations

are also subject to the blood-borne pathogen disease policies for health care workers at those individual host sites.

## II. Disability Insurance

The Medical School ensures that medical students are covered by disability insurance. This insurance is required and is paid for by student fees. Benefits begin after 90 consecutive days of disability and include coverage for blood-borne pathogens.

Upon completion of medical school the coverage is portable to a residency and then to medical practice at the option of the graduate. Details of the policy are available in the Office of Student Affairs or [online at www.medplusadvantage.com](http://www.medplusadvantage.com).

## III. Exercise Facilities

### The Albert Sherman Center (ASC) Fitness Center

**Hours:** 24 hour, 7 days/week - access via student ID badge

**Contact:** [Fitnesscenter@umassmed.edu](mailto:Fitnesscenter@umassmed.edu)

**Telephone:** 774-455-3500

**Manager:** Hannah Dunlap

**URL:** [www.umassalbertshermanfitnesscenter.com](http://www.umassalbertshermanfitnesscenter.com)

UMass ASC Fitness service is provided by Advantage Health Corporation, a respected source for results-oriented programs that promote wellness and productivity. The UMass Albert Sherman Fitness Center (ASC) is located on the third floor of the Albert Sherman Center building and is open 24/7. All matriculated students are able to register free of charge as the cost is included in their tuition. Employees/non-matriculated students can join the ASC Fitness Center for a monthly fee. The ASC Fitness Center is staffed between the hours of 6am and 7pm Monday-Thursday and on Fridays from 6am and 6pm. This brand new center consists of a large open concept room equipped with cardiovascular equipment (concept 2 rowers, treadmills, elliptical machines, stationary bikes, etc.), a variety of free weights and other state-of-the-art LifeFitness equipment. Also featured in the main room is a Synergy 360 Machine. Take your workouts to another level or sneak a quick workout in with hanging bags, monkey bars, box jumps, TRX and more. Whether your interests include fitness improvement, stress relief, conditioning, fun or wellness and recreation, the ASC Fitness Center community has an offering that is right for you.

We offer everything from yoga/Pilates and kickboxing to group-cycle, metabolic style training and high intensity interval training. If you prefer a more personalized approach, we have a qualified staff of personal trainers and fitness-wellness specialists that can tailor a program just for you. We also hold a variety of wellness programs to facilitate your motivation, to expose other facets of wellness, and to help you to break through your fitness plateaus.

### Group Fitness Classes

All group fitness classes are included in your membership free of charge.

Core conditioning

Ballet Barre

Strength training

Group Cycling

Pilates

Yoga  
Kickboxing  
Bootcamp  
Interval Training  
And more...

**To apply for membership:**

1. Come to the fitness center or find our forms on our website. Complete the membership application form.
2. Return forms with payment information (all memberships are to be paid via credit or debit card) to the fitness center between the hours of 6 a.m. - 7 p.m.
3. All members will be granted access to the center via their UMMS ID badge. Please allow up to two business days for processing and badge activation.

## **IV. Flu Vaccination Policy for UMMMC; Supported by UMass Medical School**

**Segment 1: All physicians, licensed independent practitioners, graduate medical education trainees, and medical and nursing students** are required to receive a flu vaccine shot prescribed for the specified flu season unless they receive an exemption for medical or religious reasons. Those with an exemption (whether religious or medical) must wear a surgical mask while in clinical care buildings on the University, Memorial and Hahnemann campuses (Clinical Care Buildings) during flu season.

**Segment 2: All other UMMMC workforce members\* not listed above,** receipt of the influenza vaccination is strongly encouraged. Annual influenza vaccination or the proper wearing of a hospital approved surgical mask while at work in Clinical Care Buildings and sites where clinical care is provided, including patient/client homes and community settings during the flu season is required for all other UMMMC Workforce members not listed above, including employees, contracted and vendor personnel, volunteers and trainees.

**Effective Date:** Flu season typically occurs sometime between November and March. The exact dates for wearing respiratory protection will be determined by UMMMC and announced.

**Where Can I Get a Flu Shot?** Flu shots will be available at fairs held across many UMMMC and UMMS locations. Flu shots will not be available at Employee Health Services. All UMass students are required to receive a yearly flu shot. Student Health Services will coordinate this process.

**General Process:** This year, those receiving flu shots will receive an orange sticker to apply to their identification badge to indicate they have received the vaccine. Employee Health Services will keep a record of influenza immunizations, consents, declinations and exemptions. In addition, periodic compliance reports will update managers on the immunization rates and declinations or exemptions of staff who work in their areas.

**Wearing a Mask Process:** Surgical masks will be available in the main lobbies of the three Medical Center campuses as well as on the first floor of the University Campus, where the school meets the hospital.

**Locations to Wear The Mask:** Masks will need to be worn in the clinical care buildings and sites where clinical care is provided, including patient/client homes and community settings during influenza season. Masks will not be required while entering or exiting the building, in elevators, in the cafeteria, in closed maintenance rooms, or in closed break rooms.

*\*Definition of UMMMC workforce: All employees, contractors, volunteers, vendors, trainees (including medical and nursing students, interns, residents, allied health professionals and business students), members of the*

*Medical Staff, including employed and private physicians, Licensed Independent Practitioners, Graduate Medical Education trainees, temporary employees, Per Diem employees, and other persons employed, credentialed or under the direction and control of UMMMMC whether or not they are paid by UMMMMC.*

Summary policy can also be found [here](#).

## **V. N95 Respirator Fitting/Mask FIT Testing**

### **(Patients with Respiratory Pathogens)**

In-patient clinical sites require all health professional students (SOM and GSN) to follow CDC respiratory infection control recommendations. The CDC recommends healthcare workers to be fit tested for a NIOSH-approved N-95 respirator or a powered air purifying respirator (PAPR) in order to provide protection from certain airborne pathogens such as H1N1 or Tuberculosis.

The mask fit process begins early in the first year of school for the GSN and SOM students. Students are first required to be medically cleared by Student Health Services (SHS) and then fitted by Environmental Health and Safety (EHS) for either N-95 respirator mask or a PAPR prior to entering any clinical site.

Students will be sent an e-mail containing a mask fit clearance form to be completed and sent back to SHS for review. Once cleared, the student will be instructed to call Environmental Health and Safety (EHS) to arrange an appointment for a mask fitting.

Students not medically cleared to be fitted for the N-95 mask will need to be trained for the PAPR which is also arranged through EHS. Reasons for wearing a PAPR instead of a N-95 mask include certain medical conditions such as poorly controlled asthma or extensive facial hair. It is the professional responsibility of each student to complete the mask fit requirement. Any student who does not complete this requirement will not be allowed to participate in clinical rotations and the dean of students of the corresponding school will be notified for further action as per the Medical Clearance Policy.

The above requirement and mask fit clearance form can be found on the Student Health website [www.umassmed.edu/studenthealth](http://www.umassmed.edu/studenthealth).

**Applicability:** All enrolled students

**Date Revised:** March 9, 2014

## **VI. Sensitive Medical and Counseling Care of Students by Faculty and Residents**

**Policy Statement:** In order to ensure that there is no conflict of interest between the roles of faculty and resident physicians functioning as physicians or therapists and the roles of faculty and resident physicians in academic evaluation and promotion, the designated director of a course or health delivery service is responsible for a plan to ensure that health professionals who provide psychiatric/psychological counseling or other sensitive health services to a medical student must have no involvement in the academic assessment or promotion of the medical student receiving those services.

**Definition:** Sensitive medical care: Because any medical care may become sensitive, "sensitive medical care" is considered to be any medical care.

**Exemptions:** Emergency situations or other situations in which lack of involvement by physicians, residents or other healthcare professionals would compromise patient care are exempted from the above policy.

**Enforcement:** Under the leadership of the Associate Dean for Student Affairs, oversight for this policy will rest with the Office of Student Affairs. The policy will be stated in the handbook and disseminated to all affiliates.

**Applicability:** All enrolled students

**Date Revised:** 2012

## VII. Student Counseling Services

**Location:** S1-620 (behind the Medical School Library). Enter the library, head toward the Computer Lab in the back-right corner then proceed through the brown steel door. There will be signs for SCS.

**Telephone:** 508-856-3220

**Fax:** 508-856-3036

**URL:** <http://www.umassmed.edu/psychiatry/clinicalservices/studentcounseling/>

**Hours:** Office Hours for Administrative Assistant

Monday - Thursday 8:30 a.m. - 2:30 p.m.

Friday 8:15 a.m. - 1:15 p.m.

**Scheduling:** To schedule an appointment with a clinician on the Student Counseling Service, please call: 508-856-3220 or email: [SCS@umassmed.edu](mailto:SCS@umassmed.edu).

**Services eligible to all:** Medical Students, GSBS Students, and GSN Students

**Services provided:** Consultation and Evaluation, Psychotherapy, Medication management and Assistance with stress management

**Drop-In Clinic:** Established patients will be seen by Dr. Rizzi for uncomplicated medication refills or other quick needs. No appointment is necessary, but early arrival is recommended as students will be seen on a first-come-first-served basis. Drop-In Clinic hours are posted on [our website](#). We will post any Drop-In Clinic announcements or changes to our website; please check the website if you wish to be apprised of such to review announcements to insure that you are informed of changes outside the standard schedule.

**Mental Health EMERGENCY:** If a mental health emergency arises, please try to call our office first at 508-856-3220. Outside business hours please call Emergency Mental Health at 508-856-3562 and ask to have Dr. Rizzi paged at 4261.

**Short Term/Long Term Use:** Many students want to cope more effectively with difficult or stressful academic situations, while others seek counseling to deal with broader life issues. Some students come because of more serious, troublesome, and/or chronic difficulties in their lives. Others are beginning to address health and wellness issues. While short-term counseling is most common, it is possible, when time permits, for students to be seen for an extended period. Medication is prescribed when needed.

**Privacy and Confidentiality:** SCS maintains strict standards of privacy and confidentiality. Records are kept separately from students' general medical records. No information about a student's contact with the service or information obtained in counseling is released to anyone outside the counseling service staff, including school or hospital administration, faculty, family, or other students, without the knowledge and written

consent of the student, unless required by law or in the rare instance of an emergency situation involving someone's safety.

**Fees/Insurance:** The costs of these services are covered by the prepaid Student Health Plan fee; there is no insurance billing and no additional charge to students for using SCS.

**Stress Reduction Program:** The Center for Mindfulness and the Stress Reduction Clinic offers a reduction in regular tuition to active medical students of the University of Massachusetts Medical School. Medical Students can enroll in the 8-Week MBSR Stress Reduction Program at a tuition of \$125 per cycle. The CFM SRP accepts up to three students each cycle, a total of twelve per year. Should there be more than three per cycle, they will be accepted on a case-by-case basis.

Process:

- Call the Stress Reduction Program to enroll in an orientation and a class.
- Notify the staff that you are a Medical Student
- Attend Orientation
- Enroll in the program
- Pay your tuition fees

For additional information please contact the Center for Mindfulness in Medicine, Healthcare, and Society at 508-856-2656.

## VIII. Student Health Services

**Location:** 1st floor of the Benedict Building - University Campus - Family Medicine Dept.

**Telephone:** 508-334-8464, 508-334-2818: Family Medicine Clinic (appointment line/triage)

**Emergency:** 911

**After hours/weekends:** 508-334-2818 for the doctor on call

**Fax:** 774-443-2350

**Prescription refills:** 508-334-2818 (Please have your refill information with you when calling)

**Email:** [studenthealth@umassmemorial.org](mailto:studenthealth@umassmemorial.org)

**URL:** <http://www.umassmed.edu/studenthealth/>

**Hours:** Monday - Friday 7:30 a.m. - 4 p.m. (Closed for lunch from 12:15 p.m. to 1p.m.)

**Family Medicine Clinic:** Monday - Friday 8 a.m. - 5 p.m.

Most Tuesday evenings until 7 p.m. Saturday

Urgent Care 9 a.m. to 1 p.m.

**Lab:** Monday - Friday 7 a.m. - 6 p.m./Saturday 8 a.m. to 1p.m.

For administrative questions call 508-334-8464 or e-mail Lori Davis at [Lori.davis@umassmemorial.org](mailto:Lori.davis@umassmemorial.org). If you have a billing concern, please bring the bill to Student Health.

**Process to Make an Appointment:**

-If you have a health concern/illness/injury and would like to be seen, please call the Family Medicine Office at 508-334-2818.

-For routine appointments you can email [studenthealth@umassmemorial.org](mailto:studenthealth@umassmemorial.org).

- If you have a health emergency, please call 911.
- Family Medicine is not a walk in clinic. Please call for an appointment.
- Check-in for appointments at the Family Medicine windows.
- Always identify yourself as a UMass student as these appointments are scheduled differently.
- Describe your illness/injury to the triage nurse

If you are enrolled in the BC/BS student health insurance plan, the Student Health Service is automatically recognized as the student's primary care provider (PCP). If you are insured through a different plan, you can still use the SHS, as long as your insurance is accepted by UMass Memorial, which accepts most plans.

If you already have an established PCP who is in the BC/BS network, or would like to select a different UMass Memorial physician as your PCP, either on the University campus or in the community at a non-teaching site, we can arrange for you to do so and have this physician be recognized by BC/BS as your PCP. However, to do so you MUST contact SHS to complete the PCP enrollment process.

**Applicability:** All enrolled students

**Date Revised:** June 9, 2014 (LDSH)

## **IX. Student Health Clearance**

The University of Massachusetts Medical School (UMMS) requires all incoming students to complete the Student Health Clearance process prior to matriculation. This policy was developed to decrease risk of transmission of potential infectious agents. It is also required by Massachusetts Law.

It is each student's professional responsibility to maintain this clearance throughout his/her educational experience at UMMS. All clinical sites within UMMS and outside of UMMS require documentation of medical clearance prior to starting any clinical educational experience. Student Health Services (SHS) is responsible for periodic tracking of health clearances for all students and will notify students who need updated clearance information via email.

The SHS office can help with any questions regarding the clearance paperwork and can assist with resources to help complete the process. Forms that must be completed can be downloaded from the Student Health Services (SHS) website at [www.umassmed.edu/studenthealth](http://www.umassmed.edu/studenthealth). For additional information, please call (508) 334-8464.

Any incoming student who fails to comply with SHS requests to complete the clearance process by the first day of class will be reported to the Associate Dean of Student Affairs and the Registrar's Office for further action including suspension of registration which would result in being withheld from classes and all clinical educational experiences.

Existing students that are non-compliant with maintaining their clearance during their education at UMMS will be reported to their perspective deans if they do not respond to Student Health requests in a timely manner.

**Applicability:** All enrolled students

**Date Revised:** June 3, 2015 (SHS)

## **X. Student Health Insurance**

MA law requires all students to carry health insurance. UMass Worcester offers one health insurance plan with BC/BS which is managed by University Health Plans (UHP). Students have the option to enroll in the BC/BS plan through UMass Worcester, purchase Insurance with a company of their choice, or apply for and purchase eligible subsidized coverage through the Commonwealth Connector at: <https://www.mahealthconnector.org>. Students may also purchase dependent coverage (spouse, children) for an additional cost after the completion of their enrollment in the Student BC/BS health insurance plan. Students may also purchase optional dental insurance plan with Delta Dental for an additional cost and/or optional vision insurance plan with VSP for an additional cost after the completion of their enrollment in the student BC/BS health insurance plan.

The Bursar's Office is responsible for assisting students with the BC/BS student health insurance enrollment. Students complete online enrollment form during annual open enrollment period or request enrollment to the Bursar's Office during the year when a qualifying event occurs. The Bursar Office can be reached at 508-856-6641 or 508-856-6612. For plan overview and summary of benefits, students can go UHP website at [www.universityhealthplans.com](http://www.universityhealthplans.com) or call UHP toll free at 1-800-437-6448, x112.

Students should contact UHP directly for any questions regarding dependent health plan and optional dental/vision plans.

**Applicability:** All enrolled students

**Date Revised:** June 9, 2014 (LDSHS)

## **XI. Student Health Fee**

The Student Health Fee is different from the student health insurance plan. This fee is MANDATORY for all students whether or not they have the health insurance plan or their own insurance. About half of the fee goes to student counseling service and the other half goes to SHS. The SHS half pays for physician and nurse services in the SHS, waiver of co-pay in the SHS and administrative support. The other half of the fee covers Student Counseling Services. This portion of the fee allows these visits to be covered at no cost to the student. Please refer to the Student Counseling website for details.

**Applicability:** All enrolled students

**Date Revised:** June 9, 2014 (LDSHS)

## **XII. Tuberculin Skin Testing Policy**

Tuberculosis screening is required for all incoming UMMS Medical, GSN, and GSBS students. Several testing methods, either a 2 step TST or a IGRA blood test (Quantiferon Gold Test or T-spot) are accepted.

The 2-Step TST is a baseline test for adults who will periodically be retested such as healthcare workers. A 2-Step test is defined as two TST's (previously called PPD test) completed within three months of each other. The optimal timing between the two tests are within one to four weeks of each other. The 2-Step is performed to reduce the likelihood that a "boosted effect" will be misinterpreted as a recent infection or new conversion. A positive reaction to the second test probably is a boosted reaction (indicating past infection with tuberculosis - or very rarely an infection with another related bacteria or a reaction to BCG vaccination). The 2-Step policy is designed to reduce the potential of overestimation of new infections.

The Quantiferon Gold Test and T-Spot are two different blood tests that also test exposure to tuberculosis. Either test is accepted as an alternative to the 2-Step TST upon entrance. This test is preferred for foreign born students who have received BCG vaccine as BCG will not interfere with the results as it may with the TST. Student Health may also use this test in certain circumstances to verify new conversions or questionable reactions or if a student has an allergy to PPD serum.

PLEASE NOTE: All Medical students are required to have a yearly tuberculin skin test (TST) or an IGRA test. It is the student's responsibility to maintain yearly TB screening throughout his/her education at UMMS.

If you have had a positive TST or IGRA test then documentation of a chest x-ray is required to be taken after the positive TST. If it is determined that you have latent TB, it is required that you complete an annual symptom review form.

For all students travelling to a TB endemic area (contact SHS for a list of these countries) a TST between 8-10 weeks after return to the U.S. is required.

Students born outside the U.S. who have received BCG vaccine are required to meet the TST requirement as noted above. Generally, individuals who receive a BCG vaccination usually stop having a positive TST reaction after 5-10 years (even when tested with a 2-Step TST). Consequently, an individual who received BCG in childhood who has a positive TST as an adult very likely has latent tuberculosis infection, it is recommended in these cases to check an IGRA test to verify, and to discuss recommended treatment options with a provider.

Please visit the [Student Health Website](#) for additional information and/or forms.

**Applicability:** All enrolled students

**Date Revised:** June 2, 2015 (SHS)

# Section Ten: Additional Services

## I. Office of Admissions

**Location:** S1-112, First Floor, Student Wing

**Telephone:** 508-856-2323

**URL:** <http://www.umassmed.edu/som/admissions/>

The University of Massachusetts Medical School accepts applications from residents and non-residents of Massachusetts for the M.D. and MD/PhD programs. All applications are reviewed by the Admissions Committee, which is composed of 25 voting faculty and 4 student members. Applicants who are invited for an interview are given a tour of the Medical School by students. Students who are interested in giving tours or serving on the admissions committee may contact their student representatives or Karen Lawton.

## II. Office of Alumni and Parents Relations

**Telephone:** 508-856-8300

**URL:** <http://alumni.umassmed.edu/>

The Office of Alumni and Parent Relations works to strengthen lifelong relationships between alumni and their alma mater and cultivate more meaningful personal and financial commitments to UMass Medical School. The office creates, promotes, and encourages opportunities for School of Medicine alumni to connect with each other and UMass Medical School. The office also fosters an engaged exchange of information and sentiment between alumni and the medical school, and enhances alumni collaboration and involvement that furthers the mission of UMass Medical School.

The Office of Alumni and Parent Relations maintains a database on alumni of the School of Medicine, Graduate School of Nursing, Graduate School of Biomedical Sciences and Graduate Medical Education. Students wishing to contact alumni for assistance in identifying housing during internships, interviews and clerkships, or to make inquiries about residency programs should contact the Alumni Office. The office also sponsors various programs and events for alumni and student throughout the year. Class representatives from each of the graduated classes are selected to serve as liaisons for reunions and alumni class events.

### Parents' Association

The Office of Alumni and Parent Relations also coordinates the activities of the [UMMS Parents Association](#), established to support Medical School students, educate parents and nurture the relationship between parents and the school. The Association is a vital link between parents and the Medical School. It enables parents to both actively participate in the life of their son/daughter and interact with and lend support to other parents. The office organizes and participates in activities such as the First-Year Parents Orientation, Second-Year Class Oath Ceremony and the Annual Parents Dinner. All parents are invited to become involved with the Association.

### III. Office of Communications

**Location:** S4-228, Fourth Floor

**Telephone:** 508-856-2000

**URL:** <http://www.umassmed.edu/communications/>

The Office of Communications is the official source of news and information at the University of Massachusetts Medical School.

The OC is committed to keeping our colleagues, students, alumni and donors connected to the institution. We embrace a newsroom philosophy and develop original written, video and other multimedia story content that showcases the breadth and depth of UMMS. OC staffers identify and produce compelling stories relating to our world-class academic, research, clinical and community work. Those stories are told online daily @UMassMedNow ([umassmed.edu/news](http://umassmed.edu/news)) and in UMassMed magazine.

Our expert media relations team works closely with journalists and bloggers to bring UMMS' impressive people, stories and discoveries to audiences down the street, across the country and around the world. The OC media team strives to place faculty experts and UMMS news in top print, broadcast and online media markets. Our team members are former print and broadcast journalists skilled at making the pitch and interview process easy on faculty and reporters alike. The OC media team manages the communication process during campus emergencies. We are the main distribution channel for leadership and institutional messages.

The OC manages the official identity of UMass Medical School. We offer links to official logos and language about UMMS plus our PowerPoint template. In our Help Library you can find an overview PowerPoint presentation on UMMS plus stock photography to complement your own projects and presentations. If you require assistance with printing, writing or website creation we are happy to connect you with reliable vendors.

### IV. Continuing Medical Education

**Location:** S4-124

**Telephone:** 508-856-3041

**Fax:** 508-856-6838

**URL:** <http://www.umassmed.edu/cme/>

The primary objective of this department is the provision of quality educational opportunities to medical school faculty, students and graduates as well as physicians and other health care professionals. This office, in conjunction with UMMS faculty, develops professional meetings, conferences and symposia for local, regional and national audiences. As part of their required curriculum, students are provided with certificate level emergency courses (e.g.: BLS, ACLS, ATLS) through this department. Students may also audit any other programs offered by Continuing Education throughout the year.

## V. MassAHEC Network

**Location:** 333 South St., Shrewsbury, MA 01545

**Telephone:** 508-856-4305

**URL:** <http://chpr.umassmed.edu/our-programs/massahec-network>

The MassAHEC Network, a program of UMass Medical School since 1978, works with centers in Pittsfield, Springfield, Worcester, Lawrence, Boston and Brockton through a central office in Shrewsbury. The mission of the MassAHEC Network is to reduce health disparities across the Commonwealth by enhancing the skills and increasing the diversity of the health care workforce and facilitating access to culturally and linguistically responsive health care services.

AHEC, which stands for Area Health Education Center, is a federally funded program that is available nationally and collaborates with the National Health Service Corps and other programs focused on improving access to care for underserved populations.

The MassAHEC Network's central office and centers are active partners in the Population Health Clerkship, several interclerkships, as well as the Rural Health Scholars and Pathways programs. MassAHEC also supports community based primary care clerkships.

Rotations and learning experiences in other states are made possible through partnerships with other AHEC centers across the country. Students have gone to AHEC centers outside of Massachusetts, including Montana, Vermont, Indiana, Maryland and Colorado.

MassAHEC will also contribute to your experiences in less visible ways. As a physician, you will work with other members of the health care team. MassAHEC has a long-standing commitment to support the effectiveness of the health care team, particularly by improving access to health care for culturally/linguistically diverse populations. When you work with a medical interpreter or a community health worker, they were most likely trained by MassAHEC. If you need help drafting patient education materials or a flyer for community work, MassAHEC can help with ensuring that those materials will be understood by the people you are working with, written in clear language and translated as needed into the language or languages spoken in the community.

## VI. The New England AIDS Education and Training Center (NEAETC)

**Location:** Regional Office: 333 South Street, Shrewsbury, MA

**Telephone:** 508-856-2571

**Fax:** 508-856-5294

**URL:** <http://www.neaetc.org/>

The New England AIDS Education and Training Center (NEAETC), a program of Commonwealth Medicine, offers HIV/AIDS, Hepatitis, and STD education and training for healthcare providers, residents, and health professions students throughout the six New England states. The goal of NEAETC programs is to educate and mentor healthcare providers to be more effective as they counsel, diagnose, treat and manage individuals living with HIV/AIDS across the continuum of disease, as well as assist in prevention efforts. The NEAETC maintains an active web site as well as a library of curricula, resource materials and webcasts on HIV, Hepatitis, STDs, and a myriad of other related topics. These are all available for use throughout the health professions, including students. Their website also provides links to the nationwide network of AIDS Education and Training Centers (AETC's) and related resources.

NEAETC is the only health professions education program focused on HIV, Hepatitis and STDs providing education, clinical consultation, mentorship and technical assistance targeting the six New England states' workforce about the most up to date approaches to care, prevention and innovations in HIV science. In 2014, this program served approximately 10,000 caregivers; and it currently remains 1 of 11 such centers nationally funded by the Ryan White program and administered by the Health Resources Services Administration (HRSA) for almost 30 years.

## **VII. The Summer Service-Learning Assistantship Program**

**Location:** Department of Family Medicine and Community Health, 3rd Floor, Benedict Building

**Telephone:** 774-441-6366 or 774-442-2930

**Background:** The Summer Service-Learning Assistantship Program offers medical students the opportunity to work in a variety of community-based health, education and human service organizations during the summer months after the first year of medical school.

The main goals of the program are to:

- Provide unique service-learning experiences for future physicians.
- Offer medical students an opportunity to explore ideas and a focus for a Capstone project.
- Help students understand the connection between an individual's health and a community's health.
- Enhance students' understanding of the larger community of professionals providing care and meeting the needs of underserved populations, as well as local resources and programs of benefit to their patients.
- Provide community based organizations with supplemental staffing and services.

Through this program, the University of Massachusetts Medical School establishes and/or strengthens relationships with community-based health, education and human service organizations that work with underserved populations across the state. Students meet with the UMMS faculty coordinators five times during the course of the summer, to discuss and reflect upon their experiences using a semi-structured discussion format. As a means of enhancing the learning experience, students write reflective essays and present posters at the conclusion of the summer. Financial support is provided by the Office of Undergraduate Medical Education, the Department of Family Medicine and Community Health, and the Massachusetts Area Health Education Network.

The Summer 2015 Service-Learning Assistantship Program proved to be highly successful, with many key community agencies participating as host community sites and a strong group of enthusiastic community-engaged medical students applying to the program. Fourteen students were placed in agencies located in Worcester, Holyoke, and Amherst for five to eight weeks of part-time or full-time work. Their experiences ranged from developing training materials for community health workers to developing protocols for hypertension care in a community health center. Students worked with the Worcester Division of Public Health in immunization planning and with the Hector Reyes House to train program managers in the use of Medline Plus online resources. Several students also continued the work of the "Farm to Family Health Center" program in becoming integrated with patient care and the electronic medical record, so a family physician can write a prescription for vegetables and the patient can fill the prescription with locally-sourced produce at the farmer's market co-located in the building.