



**MCWfusion Curriculum**  
**Medical School Handbook\***  
**2025-2026**

*\*The MCW Student Handbook is subject to change as this is a living document. Please contact the Office of Student Affairs for the current version.*

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# SECTION I GENERAL INFORMATION

## PURPOSE OF THE MEDICAL SCHOOL HANDBOOK

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

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

## ACADEMIC CALENDAR

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

## ACCREDITATION

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

## CEREMONIES

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

### White Coat

The White Coat Ceremony formally welcomes first-year students to the Medical School as colleagues

dedicated to patient care. The presentation of the white coat represents passage into the medical profession, with all the associated rights, opportunities, and responsibilities. This event typically happens during the first semester for students at each campus.

## Hooding & Senior Awards Ceremony

Each campus hosts an optional hooding and awards ceremony with Commencement. This event typically has a reception to celebrate this accomplishment.

## Commencement

MCW-Milwaukee, MCW-Central Wisconsin, and MCW-Green Bay each host commencement ceremonies. Attendance at Commencement is required for graduating medical students. Any questions regarding attendance should be directed to the Associate Dean for Student Affairs.

# THE OATH OF HIPPOCRATES

The Oath of Hippocrates traditionally has been sworn by physicians at the time of graduation from medical school. The precepts of the Hippocratic Oath are important throughout undergraduate medical education as well. Since it originally was developed as part of the Hippocratic Canon about 400 BC, the oath has undergone several changes from the original Greek. The version used by the Medical College of Wisconsin in its Commencement exercises is based on the Declaration of Geneva and was written by medical students in 2019:

*As a member of the medical profession: I pledge to dedicate myself to the service of humanity through the art and science of medicine; The health and well-being of my patients will be my first consideration; I will respect the autonomy and dignity of my patients; I will value the individuality of my patients and care for all of them to the best of my ability; I will safeguard the confidentiality of my patients; I will practice my profession with conscience and integrity and in accordance with medical standards; I will share my medical knowledge for the benefit of the community and the improvement of health care; I will give to my teachers, colleagues, and students the respect and gratitude that is their due; I will attend to my own health, well-being, and abilities so that I am able to provide the best care for my patients; I will engage in honest self-reflection upon my character, acknowledging both my strengths and limitations; I will not use my medical knowledge to violate human rights or civil liberties, even under threat. I make these promises solemnly, freely, and upon my honor.*

# MCW Fusion CURRICULUM

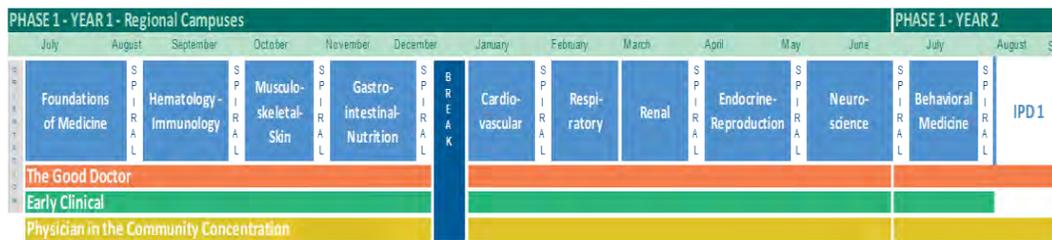
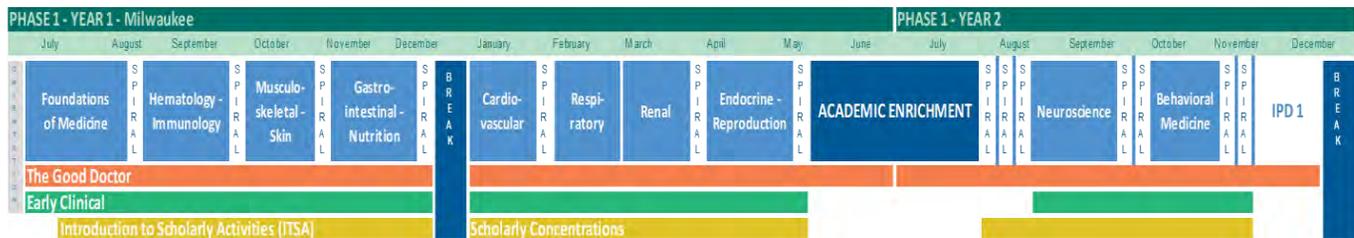
The new [MCWfusion curriculum](#) features clinically applicable and fully integrated basic science teaching. Throughout your medical school experience, you will be engaged in active, small group inquiry-based learning, patient care, and healthcare team experiences, and individualized, differentiated training to become a well-rounded physician ready to practice in a rapidly evolving healthcare environment.

Courses in the MCWfusion Curriculum are led by course coordinators and directors in several basic science and clinical departments as well as centers and institutes.

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

Below are images highlighting sample student schedules.

## Phase 1



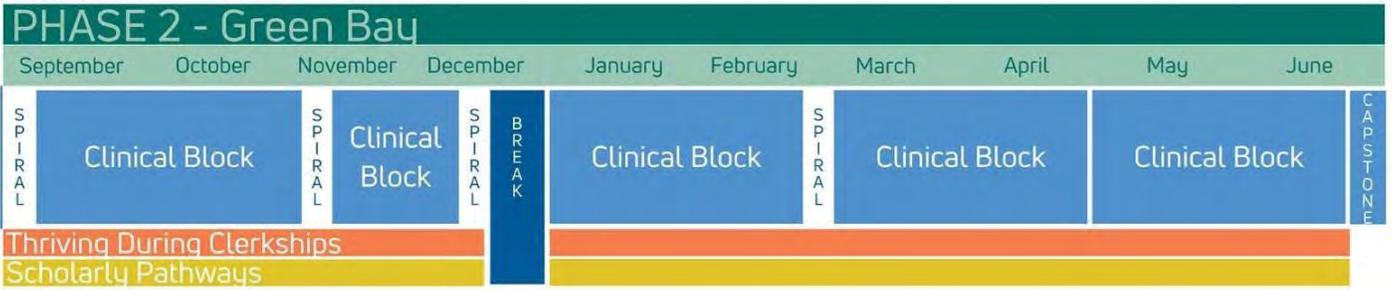
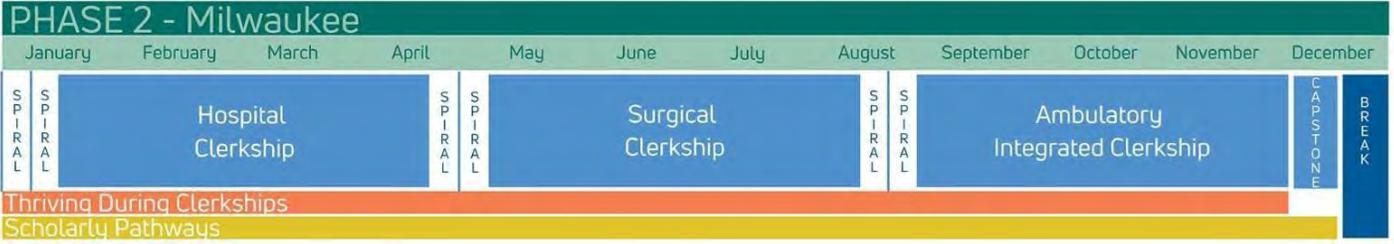
## Phase 1 Sample Integrated Science Week

	Monday	Tuesday	Wednesday	Thursday	Friday
8 am	Patient-based case distribution & pre-work	Integrated Science sessions	Patient-Based Discussion	Integrated Science sessions	Large group activities with readiness assessment
10 am	Integrated Science sessions		Learning Communities		
12 pm		Lab session			Summation
1 pm	Launch - Early Clinical	Independent study	Launch - Early Clinical	Scholarly Concentrations	Independent study
5 pm					

## Phase 1 Sample Spiral Week

	Monday	Tuesday	Wednesday	Thursday	Friday
8 am	Assessment Integrated Science Block Exam	Doctoring Threads Sessions	Remediation as needed	Doctoring Threads Sessions	Reassessment as needed
10 am			Learning Communities coaching session		
12 pm					
1 pm	Independent study	Clinic Make-up Session	Independent study	Scholarly Concentrations	Individualized Learning Plan (ILP) documentation
5 pm					

## Phase 2



## Phase 3

PHASE 3 - Milwaukee - YEAR 1												PHASE 3 - Milwaukee - YEAR 2								
January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May				
IPD 2	Elective	Acting Internship	Elective	Integrated Science Selective	Elective	SPIRALL	Elective	SPIRALL	Acting Internship	Elective	SPIRALL	Elective	IPD 3	SPIRALL	Elective	Elective	Elective	Elective	SPIRALL	SPIRALL
Preparing for Residency																				
Scholarly Project																				

PHASE 3 - Central Wisconsin														
July	August	September	October	November	December	January	February	March	April	May				
IPD 2	SPIRALL	Elective	Acting Internship	SPIRALL	Integrated Science Selective	IPD 3	SPIRALL	Elective	Acting Internship	Elective	Elective	SPIRALL	SPIRALL	SPIRALL
Preparing for Residency														
Scholarly Project														

PHASE 3 - Green Bay													
July	August	September	October	November	December	January	February	March	April	May			
IPD 2	SPIRALL	Elective	Acting Internship	SPIRALL	Integrated Science Selective	IPD 3	SPIRALL	Elective	Acting Internship	Elective	Elective	Elective	SPIRALL
Preparing for Residency													
Scholarly Project													

The following webpage includes specific course descriptions: <https://www.mcw.edu/education/medical-school/curriculum/mcwfusion-curriculum>

## MCW Requirements for the M.D. Degree

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

- Successfully complete all required basic science courses, clinical clerkships, Phase 2 capstone, acting internships, and elective rotations.
- Complete the Scholarly Concentration requirements and produce a Scholarly Project.
- Take and pass the United States Medical Licensing Examination (USMLE) Step 1 prior to beginning Acting Internships and Away Rotations at any campus
- Take and pass the USMLE Step 2 CK examination prior to March 1 of the final year of study to be certified for the National Resident Matching Program.
- Demonstrate competence in patient evaluation and management.
- Demonstrate integrity in personal conduct, respect for the rights of others, and evidence of ethical conduct and mature judgment throughout the course of study.
- Receive the recommendation of the Academic Standing and Professionalism Committee to the Board of Trustees.
- Meet the “Technical Standards for Admission and Graduation.”

- Attending Commencement exercises.

## MCW Global Competencies

MCW graduates will be assessed and develop knowledge and skills in the following competency domains:

### Integration & Inquiry

II-1 Medical knowledge for practice

II-2 Clinical reasoning

II-3 Evidence-Based Practice

### Patient Care & Systems

PS-1 History & physical exam

PS-2 Diagnosis & management

PS-3 Patient Safety & quality improvement

PS-4 System Navigation

### Communication & Collaboration

CC-1 Communication with patients

CC-2 Team and Interprofessional Communication

CC-3 Communication with health professionals

### Character & Professional Development

CP-1 Reflective Practice & Commitment to Personal Growth

CP-2 Accountability & Professional Conduct

## CP-3 Self-awareness & Wellbeing

*Submitted to Curriculum and Evaluation Committee August 16, 2021, and approved*

# Technical Standards for Admission, Retention, Promotion, and Graduation

The Medical College of Wisconsin is committed to diversity and to attracting and educating students who will make the population of healthcare professionals' representative of the national population. We actively collaborate with students to develop innovative ways to ensure accessibility and create a respectful accountable culture through our confidential and specialized disability support. We are committed to excellence in accessibility; we encourage students with disabilities to disclose and seek accommodation. MCW provides the following technical standards to inform incoming and enrolled students of the performance abilities and characteristics that are necessary to successfully complete the requirements of the medical school curriculum and provide effective and safe health care.

To matriculate, the student must meet technical standards with or without reasonable accommodations and maintain related satisfactory demonstration of these standards for progression through the program. We wish to ensure that access to our facilities, programs, and services are available to students with disabilities. MCW provides reasonable accommodations to students on a nondiscriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments ACT (ADAAA) of 2008, and the Rehabilitation Act of 1973.

The Liaison Committee on Medical Education (LCME) is the accrediting body for the MCW medical school and requires delineation of technical standards. MCW technical standards are comprised of the following abilities and characteristics:

## Intellectual-Conceptual Abilities

A candidate/medical student must have sufficient cognitive capacities to assimilate the technically detailed and complex information presented in formal lectures, small group discussions/activities, and individual study and in clinical settings. A candidate/medical student must be able to measure, calculate, reason, analyze and synthesize information across modalities, appreciate three-dimensional spatial relationships among structures and logical sequential relationships among events, and form and test hypotheses in order to enable effective and timely problem-solving in diagnosis and treatment of patients. They must have the emotional capacity for recognition and prompt response in the setting of an emergency. Candidates/students must have the ability to process information in a rapid paced environment which may include distractions such as loud noises, simultaneous information from multiple sources, and biohazards.

## Behavioral and Social Attributes

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

## Communication

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

## Motor Capabilities

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

After reasonable training and experience, the candidate/medical student must be capable of performing a complete physical examination, including observation, auscultation, percussion, and palpation. The candidate/medical student must be capable of using instruments, such as, but not limited to, a

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

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

## Reasonable Accommodations

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

In accordance with applicable laws, MCW provides upon request and in accordance with applicable policies, reasonable accommodation to ensure that there is equal access to and the opportunity to benefit from all its educational programs.

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

Candidates/medical students who feel accommodation is necessary must submit their request to the appropriate individual identified below. MCW may require that a candidate/medical student provide

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

If a candidate/medical student, in spite of reasonable accommodations, fails to meet the technical standards, rescinding admission or mandatory withdrawal from the program may be required.

Reasonable accommodations provide students with disabilities with equal access to course instruction, materials, and evaluation and minimize the impact of the student's disability on their academic performance. Accommodation must be "reasonable" leaving the essential requirements of the course unaltered.

Some examples of accommodations may include:

- More frequent breaks for students with:
  - Crohn's Disease/Irritable Bowel Syndrome, who may need to use the restroom frequently.
  - Diabetes, who may need to check blood sugar levels/administer medication.
  - Anxiety Disorder, who may need to step out to calm down before returning to class if they have a panic attack.
- Extended time for testing for students with:
  - ADHD, who may struggle to remain focused and have difficulty filtering distractions.
  - Learning disability, who may need extra time to read questions or formulate a response.
  - Neurological disorders, who may have difficulty writing.

The above lists are not exhaustive, nor is such accommodation guaranteed by virtue of its being listed above. All requests for accommodation are evaluated on a case-by-case basis.

The designated disabilities coordinator for applicants with disabilities is the Director of Recruitment and Admissions. The designated disabilities coordinator for enrolled medical students with disabilities is the Associate Dean for Student Affairs. Candidates and students with disabilities are strongly encouraged to contact these people as soon as practicable, so decisions about and planning accommodation may occur in a timely manner.

MCW maintains a strong institutional commitment to equal educational opportunities for qualified students with disabilities who apply for admission to the School of Medicine or who are already enrolled.

The technical standards are not intended to deter any candidate for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Admitted candidates with disabilities are confidentially reviewed by the Associate Dean for Student Affairs to determine whether there are any reasonable accommodations or alternative mechanisms that would permit the candidate to satisfy the standards. This process is informed by the knowledge that students with varied types of disabilities have the ability to become successful health professionals.

If you are an applicant with a disability who may require accommodation in our program, we encourage you to contact the Associate Dean for Student Affairs at [studentaffairssom@mcw.edu](mailto:studentaffairssom@mcw.edu) or 414-955-8256 for a confidential consultation.

## CAMPUS REASSIGNMENT POLICY

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

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

## CURRICULUM OPTIONS

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

In unusual circumstances, where there are compelling reasons, students completing a part of their training at a regional campus may request reassignment between campuses or the Milwaukee campus.

Requests must be supported by the transferring Dean of a regional campus.

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

Reassignment mid-year is precluded.

Because the curriculum of the MCW regional campuses provides required coursework with a different format and timeline during Phase 1 and Phase 2, students from the Milwaukee campus cannot request reassignment to a regional campus after matriculation.

*Approved June 19, 2017*

## TUITION

Students pursuing the standard curriculum, available at Central Wisconsin, Green Bay, and Milwaukee, are expected to pay a minimum of eight full terms of tuition, while students pursuing the accelerated curriculum, available only at the Central Wisconsin and Green Bay campuses, are expected to pay a minimum of six full terms of tuition. All Regional Campus students must declare their choice of standard or accelerated curriculum between February 15 of the M2 year and August 15 of the M3 year. Please note, Wisconsin Medical Student Assistance is only available for approved Wisconsin resident students for up to eight terms.

There is no add/drop period at Central Wisconsin, Green Bay, and Milwaukee campuses. Tuition starts being earned at the start of the term. With the exception of health, dental, vision, and life/disability insurance, all fees are non-refundable at the start of the term. Please see the MCW All Student Bulletin for additional information on Refunds related to withdrawal or dismissal.

Curricular Option	Definition	Tuition	Deadlines/Notes
Repeat	A student who must repeat first 12 months of Phase 1 at the instruction of the institution	50% tuition	Tuition discounts are applied after eight full terms (154-week curriculum)/six full terms (134-week curriculum) are first paid.
Decelerated	A student who voluntarily opts to complete the first year of studies across two years	35% tuition	Tuition discounts are applied after eight full terms (154-week curriculum)/six full terms (134-week curriculum) are first paid.
8 Weeks of Coursework or Less	A student enrolled in a term for 8 weeks or less, regardless of credits. Note, vacation time is enrolled time.	No additional tuition is charged	This is limited to students who have no more than 8 weeks of coursework to complete in a given year.
Enrichment	A student who does not match and wishes to pursue additional training at MCW.	\$3,500 per year in enrichment program	April 15 of the final year of studies

## WISCONSIN RESIDENTS

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

# Extended/Decelerated Phase 1

Deadline for decision by the end of Spiral week after the Musculoskeletal/Skin Module in Phase 1.

Supports Built in:

- ARRT Member will work with student
- Final exams will be delayed 2 weeks when next block is an 'X Block'
- Accommodations will continue as previously determined
- Provide materials for subsequent coursework to prep during X Blocks
- Mental Health/Wellbeing
- Student Affairs/Services
- Continue inclusion in Fusion Class 1 events/activities to maintain relationships
- Academic Support and Enrichment
- Library Resources
- Career Services—plan to enter Match 1 year later than expected
- Curriculum
- Good Doctor/Learning Community—continues with Class 1 LC through the end of semester 3
- Early Clinical will continue
- Block Directors/Coordinators
- Took Intro to Scholarly Activities (ITSA, semester 1) —will begin Scholarly Concentrations in January year 2
- Transition to Clerkship/Learning Community—begins new LC in January Semester 4, will need new assignment with Class 2 LCs
- Climb 2 access to materials/sessions during Spring, will take for grade the following Spring
- Soar access to materials/sessions during Fall, will take for grade following Fall
- Spiral weeks will fall with previous block

Stakeholders to Notify (responsible):

- Registrar
- Financial Aid
- Block Directors
- Integration Directors
- Scholarly Concentration Team

- Learning Communities
- The Good Doctor
- Early Clinical Director/Preceptor
- Exam Team
- Student Services-Academic Support, Career Services, Wellness, etc.

## Deceleration Example Phase 1

**2025**

PHASE 1 - Semester 2						PHASE 1 - Semester 3					
January	February	March	April	May	June	July	August	September	October	November	December
Cardio-vascular	X Block	Renal	Academic Enrichment & REMEDIATION			Neuroscience	X Block	Gastro-intestinal-Nutrition	B R E A K		
The Good Doctor 2 Learning Communities						The Good Doctor 3 Learning Communities					
Climb 2 (audit)						SOAR 1 & 2 (audit)					

**2026**

PHASE 1 - Semester 4						PHASE 1 - Semester 5					
January	February	March	April	May	June	July	August	September	October	November	December
X Block	Respiratory	X Block	Endo Repro	Academic Enrichment & REMEDIATION			X Block	Behavioral Medicine	IPD 1 or REMEDIATION	B R E A K	
Learning Communities (informal)						Learning Communities (informal)					
Climb 2						SOAR 1 & 2					
Scholarly Concentrations						Scholarly Concentrations					

## MCW Enrichment Year Policy

### Purpose:

To best prepare unmatched MCW graduates to secure a residency position, a non-degree granting, postgraduate enrichment program is offered.

### Criteria for acceptance:

Medical Student must:

1. Have an academic deficit (low grades in transcript, low Step scores, failed to match through NRMP etc.) to correct.
2. Not have any record of unprofessional conduct
3. Have completed the entire process of ERAS application for residency, including MSPE letter,

participated in Mock interviews, and fully engaged in SOAP process.

4. Followed faculty counsel during the SOAP process
5. Was not offered any residency position in any specialty in the SOAP or initial match process.
6. Have at least 1 year left to complete the process of earning a medical degree within stipulated time frame (6 years for MD, 7 years for MD/Master's, 9 years for MD-PhD)
7. Be a US citizen

### **Program description:**

Students will apply to the Associate Dean for Student Affairs by April 1. A decision regarding their admissibility will be made by April 14. The program begins in June after graduation and continues until either March of the following year or when a residency position is secured, whichever comes first. Tuition will be charged at a substantially reduced rate \$3,500 per semester (subject to change annually). No tuition waiver will be considered. Students will need to meet with their Clinical Advisor, the Academic Support and Career Counseling Services, the Associate Registrar of the School of Medicine, Student Financial Services, and Tuition Accounts Office.

### **Components of the program:**

#### **Job acquisition skills:**

Meet in June with Career Counselor to  
update CV and Personal Statement  
improve interview skills  
Develop a financial plan  
Check job boards  
Engage and work with an employment agency (head-hunter) if needed  
Be ready to move out of town at short notice if a job offer is available  
Network, including MCW faculty

#### **Clinical Program:**

July: Acting internship  
August: Second any Acting Internship  
September - March  
Electives focused on career choice (3) with permission, may be done as away electives.  
Ambulatory acting internship (1)  
Vacation months to interview (2)

*Approved June 19, 2017, revised 2026.*

# SUMMER ACADEMIC PROGRAMS FOR MEDICAL STUDENTS (SAMS)

The MCW Medical Student and Summer Research Programs are collectively referred to as the “[Summer Academic programs for Medical Students](#)” or SAMS for short (P is silent). MCW will retain the MSSRP designation exclusively for research carried out by medical students over the summer and academic year.

A limited number of 6, 8, 10, or 11-week paid, full-time (40 hours per week) summer fellowships are awarded competitively to MCW-Milwaukee medical students wishing to participate in a rigorous research or academic experience during the academic enrichment period between the second and third semesters of Phase 1.

The Medical Student Summer Research Program is designed to expose medical students to cutting-edge basic science, clinical or translational research and to encourage them to explore careers in research and academic medicine. The training is designed to help medical students acquire greater understanding of and appreciation for the tools and methodologies that support healthcare innovation. The program is competitive. Successful applicants work on a full-time basis through June and July and receive a stipend during the training period. Please see the SAMS [website](#) for more details about which programs are participating and details around application and timelines.

## MCW Graduation with Honors Distinctions

### HONORS in RESEARCH PROGRAM

The Honors in Research Program is an optional research training opportunity that enables medical students to extend their SAMS- training experience throughout their educational program with the goal of:

1. Exploring additional aspects of their projects that potentially may generate new data or add knowledge to their investigations
2. Further enhancing their overall research exposure. Students will be recognized at graduation with *Honors in Research* on their diploma and designated on their transcript, pending the satisfactory completion of the requirements.

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

## HONORS IN COMMUNITY ENGAGEMENT PROGRAM

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

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

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

## HONORS IN GLOBAL HEALTH

MCW offers the *Honors in Global Health Program*, the purpose of which is to:

1. Encourage, support, and recognize medical students who work extensively with medically vulnerable global populations during their medical school careers.
  - a. MCW is committed to improving global health through both local and international engagement. Many students work with global populations or on global issues through service, education or research through Scholarly Pathways and their student organizations.
  - b. The purpose of this Honors distinction is to support and recognize sustained commitment, excellence, and impact over and beyond usual expectations.
2. Improve and learn about the unique healthcare needs of patients, families, and communities from a “neighborhoods to nations” perspective through the development,

implementation, and evaluation of evidence-based global health projects.

- a. Students distinguish themselves by assuming significant responsibility in the collaborative planning, implementation, evaluation, and dissemination of focused, sustainable global health initiative(s).

Students will be recognized at graduation with *Honors in Global Health* on their diploma and transcript, pending the satisfactory completion of the requirements.

## HONORS IN MEDICAL EDUCATION

The purpose of this program is two-fold:

1. Encourage, support, and recognize medical students who aspire to pursue careers in Academic Medicine and/or be a purposeful Medical Educator.
2. Reinforce excellence in teaching, highlighting the educational theories and practice that a clinician will come to depend on in a career in academic medicine.

Students will be recognized at graduation with *Honors in Medical Education* on their diploma and transcript, pending the satisfactory completion of the requirements.

Information about all MCW Honors programs can be found [here](#).

## ELECTIVES AND RESEARCH

Phase 3 of the MCW-Milwaukee M.D. program provides the opportunity for elective rotations. Although most students choose clinical electives, as many as two months of this time can be spent in the research environment, working under the supervision of the student's faculty preceptor. There are several research electives listed on the M4 [Scheduling Site](#), as approved by the Curriculum and Evaluation Committee. In addition, "non-standard" research electives may be undertaken through mutual agreement among the student, the faculty member, and the Associate Dean of Students, School of Medicine. Use of elective time for an initial research experience is not encouraged. However, this time may be particularly useful for students completing the Honors in Research Program and others with a continuing research interest.

## MEDICAL SCIENTIST TRAINING PROGRAM

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

Students accepted into the Program enter a special track for Phase 1 of medical school, a track which encompasses all the Phase 1 courses for medical students except for Introduction to Scholarly Activities and Scholarly Concentration, research rotations and additional MSTP educational activities. This is followed by three-four years of advanced graduate courses and an independent research project conducted under the supervision of a Graduate School faculty mentor. During this time, the trainee completes the requirements of the Graduate School for the Ph.D. degree and continues to participate in specialized MSTP training including, grant writing, manuscript writing, scientific presentations, clinical connections, and residency selection.

Programs of study leading to the Ph.D. degree are available in the following fields: Basic and Translational Science (Biophysics, Microbiology & Molecular Genetics, Cell Biology, Neurobiology & Anatomy, Biochemistry, Physiology, Pharmacology and Toxicology), Biophysics, Biostatistics, Interdisciplinary Program in Biomedical Sciences (Biochemistry, Biophysics, Cell Biology, Neurology & Anatomy, Microbiology and Molecular Genetics, Pharmacology and Toxicology), Neuroscience Doctoral Program, Pharmacology and Toxicology, Physiology, Public and Community Health.

Students subsequently re-enter medical school and complete all Phase 2 and Phase 3 coursework while keeping up with scientific endeavors through the MSTP Research in Progress, Physician-Scientist Track, research, and other activities as clinical time constraints allow.

## HONORS SOCIETIES

### ALPHA OMEGA ALPHA

Alpha Omega Alpha (AOA) is a national medical honor society for individuals who have achieved

scholastic excellence and have demonstrated qualities of integrity, leadership, compassion, and fairness. As many as one-sixth of each class may be selected. Selection is made by faculty members of AOA in August of the senior year, and is based on achievement, character, and service.

## GOLD HUMANISM HONOR SOCIETY

The mission of the Gold Humanism Honor Society (GHHS) is to recognize individuals who are exemplars of humanistic patient care and who will serve as role models, mentors, and leaders in medicine. The power of the Society lies in bringing together like-minded individuals to sustain their own humanism and to inspire and nurture humanism in others. GHHS honors medical students, residents, fellows, role-model physician teachers and others who demonstrate excellence in humanistic clinical care, leadership, compassion, and dedication to service.

## MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

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

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





# Section II. STUDENT GOVERNMENT AND STUDENT SERVICES

## STUDENT GOVERNMENT

### The Role of Student Government

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

### Specifics of Student Assembly Affiliation

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

- The Program Manager and Coordinator of Student Affairs are non-voting advisors and staff members for the student representatives.

## Affiliated Members and Organizations

**Organization of Student Representatives (OSR):** The Organization of Student Representatives shall have four (4) representatives, one from each of the M-2 to M-4 classes of the Milwaukee Campus and one from the Regional Medical Campuses (RMCs), serving as voting members on the Student Assembly. OSR representatives shall be elected according to guidelines previously set forth by the Student Assembly. The election will take place in the spring of the academic term. OSR representatives shall answer directly to Student Assembly, the Coordinator for Student Support Services, and the Associate Dean of Students, School of Medicine.

**Student Representatives to Faculty Council and Standing Committees:** The medical student body shall elect one medical student to Faculty Council and one to each of the following Faculty Council standing committees: Faculty Information Technology, Research Affairs, and Library. Students are non-voting members.

**Student Representatives to School of Medicine Academic Committees:** The medical student body shall elect medical students to the School of Medicine. Academic Committees: Academic Standing and Professional Conduct; Admissions; Curriculum and Evaluation.

**Academic Standing and Professional Conduct:** Five medical students, one from each Phase on the Milwaukee campus and one student from each of the RMCs, shall be selected by their respective classes. Student members may attend and participate in committee policy discussions, but not in discussions concerning the status of individual students.

**Admissions:** Six medical students, one from each Class on the Milwaukee campus, and one student from each of the RMCs, shall be selected by their respective class. Student members may attend and participate in all committee deliberations, except those concerning the status of individual applicants. Students are nonvoting members.

**Curriculum and Evaluation:** Six medical students, one from each class on the Milwaukee campus, and one student from each of the RMCs, shall be selected by their respective class. Student members may attend and participate in all committee deliberations.

## Student Representatives to Faculty Assembly Standing

**Committees:** The medical student body shall elect medical students per class to the following Faculty Council standing committees:

- Curriculum and Evaluation
- Admissions and Academic Standing
- Research Affairs
- Library.

In addition to their duties on the above- mentioned standing committees, the twenty-four (24) MCW-Milwaukee student representatives, along with the President and Vice-President of the Student Assembly, also will serve as members of the student-Faculty Liaison Committee. This standing committee of the Faculty Council will be chaired by the President of the Student Assembly. The Vice-President of the Student Assembly will oversee and coordinate the daily activities of this standing committee. The student-Faculty Liaison Committee shall meet throughout the academic year to discuss the activities of the various standing committees of the Faculty Council. This committee will be responsible for presenting pertinent information to the Student Assembly and to the student body at-large through class meetings.

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

**Council of Presidents Representatives:** The Council of Presidents (COPs), which is a council of the presidents of all the recognized student organizations and interest groups at the Milwaukee Campus and the RMC(s), will elect four (4) individuals from among its own members to function as representatives to the S.A. These representatives will represent the student organizations as a whole without preference or prejudice. This affiliation is intended to improve communication between the Assembly and the student organizations. Each COP

Representative to the Student Assembly will have one vote for a total of four (4) votes at Student Assembly meetings.

## Rights and Responsibilities of the Student Assembly

The Student Assembly shall:

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

# STUDENT SERVICES

## OFFICE OF STUDENT AFFAIRS

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

The Office of Student Affairs is open Monday through Friday from 8:00 a.m. to 5:00 p.m.

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

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

- Offering all-student social events and programs for students in coordination with all schools
- Overseeing student spaces and the Student Lounge
- Collaborating housing information and resources across all schools

For more information on these services and activities, please contact the Office of Student Affairs at [StudentAffairsSOM@mcw.edu](mailto:StudentAffairsSOM@mcw.edu)

## Career Counseling, Specialty Selection and Residency Application

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

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

## Academic Support and Enrichment

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

### Academic Support Programs

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

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

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

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

**Step 2 CK Preparation:** Preparation for the USMLE Step 2 Clinical Knowledge board examination is supported through supplemental instruction within the Clerkship Academic Enhancement program delivered by Academic Support and Enrichment, as well as through voluntary, individualized consultation.

**USMLE Prep Resources:** The Office of Academic Support and Enrichment collaborate with

Medical College Libraries and the Matthews MCW Bookstore on the identification and circulation of board prep resources, including computer-based resources. In addition to this, the office collaborates annually with the student body to determine whether discounts from or contracts with external board preparation vendors may be useful to pursue.

## Advancement, Remediation, Resource Team

This faculty committee provides an extra layer of longitudinal support for every student. Students can self-refer or be referred by anyone when an issue has been identified. The committee helps to get to the root of a problem, identify resources, and develop a plan for improvement. Early intervention for a wide variety of issues, such as social, communication, stress, academic, or professional issues, can be addressed.









## Section III. ACADEMIC REGULATIONS

### GRADES

The Medical School's grading system is as follows:

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

A grade of "W" for withdrawal is assigned when a student leaves a class before its completion, i.e., for deceleration, a permanent or temporary withdrawal. Except in extenuating circumstances, a student enrolled in M1-Phase 1 classes may not withdraw past November 15 of the fall term or April 15 of the spring term, and a student enrolled in M2 Phase 1-M4 Phase 3 classes may not withdraw past the 50% point of the class.

A grade of "I" for incomplete is used only when a student has completed at least 75% of the course and is otherwise not able to complete course requirements for some acute and

unexpected circumstances beyond the student's control. A student may not take an incomplete if they begin a permanent or temporary withdrawal during the course. If incomplete coursework is not completed by January 31 for the immediately preceding fall term or July 31 for the immediately preceding spring term, the incomplete grade will be converted to a grade of F or a grade of U pursuant to the course. A pending graduate with an incomplete grade on their record in the last term of enrollment must complete the coursework by the established deadlines. The date of graduation will reflect the graduation date for the term in which the course began, not the term in which the coursework was completed.

A grade of "IE" (4-point grading system) or "IV" (S/U grading system) signifying incomplete pending student completion of course evaluation is used only when a student has completed all coursework but has yet to complete the course evaluation. If the course evaluation is not completed by January 31 for the immediately preceding fall term or July 31 for the immediately preceding spring term, the IE or IV grade will be converted to a grade of F or U, respectively. The student's name will also be forwarded to the Academic Standing and Professionalism Committee to address remediation for the F or U grade and for consideration for possible disciplinary probation.

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

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

The Medical School does not calculate a cumulative grade point average. Students may view final grades in [MCWConnect](#) and written assessments in [OASIS](#). View the [Transcript Key](#) (PDF)

## Grading Policy– Phase 1 MCWfusion Integrated Science Blocks

Definitions:

S = Satisfactory

U = Unsatisfactory

**Midterm Quiz** = mid-block, non-cumulative, course assessment

**Examination** = summative course assessment

**Preliminary examination score** = score on a summative assessment prior to finalization of all scoring adjustments

**Finalized examination score** = score on a summative assessment after all scoring adjustments have been made (taking into account mis keyed or challenged questions)

**Final course grade** = numerical score in a course including all grading components (examination and non-examination grading components).

### Grading Policy for the Phase 1: 23-24 Cohort only:

*All Integrated Science Blocks use the S/U grading system where Satisfactory  $\geq 70\%$  and Unsatisfactory  $< 70\%$ .*

1. Block director outreach to students
  - a. Block directors must clearly lay out the grading components and expectations for course engagement at the beginning of each block.
  - b. Block directors will email all students who do not pass an exam (score below 70%) and consider emailing students who score below 75% in courses with more than one exam.
2. Block directors should discuss with the students how they are approaching the course material and provide guidance on additional resources. Block directors should refer students to Academic Enhancement (academic counseling), Student Affairs (physical or mental health issues that require accommodation), and/or their Learning Community faculty navigator, as appropriate.
3. All blocks must offer practice questions. The practice questions should be representative of what is covered in the course and include questions in the style

- used on exams.
- a. Practice questions should be available to students each week.
  - b. Practice questions can be offered as a Brightspace Assessment for credit or other format of the block directors' choosing.
4. Each block must include a minimum of 10% non-exam and non-PBD grading components.
- a. The recommended grading distribution is 70% summative assessments, 20% Patient-based Discussions (PBD), 10% other (lab, SDL, reflections, formative assessments, TBL/large group, etc.).
  - b. Preparation and active participation in the PBDs are required.
5. All block exams and re-exams must undergo vetting by the course director, OEI/instructional designers, and exam review group
6. If dropping a question from an exam alters a student's final grade from Satisfactory to Unsatisfactory, the final grade determination will rest with the block directors in consultation with the Advancement, Remediation, Resource Team (ARRT). Students who receive a preliminary final exam grade of less than 70% but greater than 50% will be offered a re-exam for an exam failed if they meet the re-exam criteria. The preliminary final exam grade is determined by the final block exam result (blocks with a single block exam), the preliminary final block exam result (blocks with a midterm and final exam), or the average of exam scores on the two block exams (blocks with two, non-cumulative exams).
- a. Criteria for a re-exam
    - i. Eligible for re-exam if the final exam or average of two exams in blocks with two non-cumulative exams is >50%.
    - ii. Each student is allowed only two re-exams per year. A third re-exam can be allowed with approval from the Success Team.
      - i. A student must have attended all mandatory sessions (exempting excused absences) and complete all mandatory non-exam graded components for the course.
  - b. Notifications
    - i. The block directors are responsible for contacting the student about eligibility to take the re-exam.
  - c. Re-exam format
    - i. Short answer (recommended) or multiple-choice question (MCQ)

- format
- ii. If short answer format, exam is graded by the block director
- iii. MCQ – at least 10% of the questions must be different from the prior exam (25% recommended).
- iv. Re-exam will cover content for full block (cumulative).
  - 1. All re-exams must be given using the ExamSoft platform.
- d. Post re-exam
  - i. Students receive their scores on the re-exam from the course director.
  - ii. The score on the re-exam will replace the score on the prior exam and be used to calculate the new final grade. If there are two exams in the course, the score on the re- exam replaces each of the two exams.
  - iii. If the score on the re-exam is  $\geq 70\%$  and the recalculated final grade is  $\geq 70\%$ , the student will receive a grade of Satisfactory in the course.
  - iv. If the score on the re-exam is  $< 70\%$ , the student will receive a course grade of Unsatisfactory and be referred to the Advancement and Remediation Committee and/or the Academic Standing and Professionalism Committee to discuss the student’s academic progress and remediation plan

## Grading Policy for the Phase 1: 24-25 Cohort:

1. All Integrated Science Blocks use the S/U grading system where Satisfactory  $\geq 70\%$  and Unsatisfactory  $< 70\%$  for the final course grade.
2. Grading components:
  - a. Each block must include a minimum of 10% non-examination and non-PBD grading components. The recommended grading distribution is:
    - i. 70% Summative Assessments (All examinations in the course, including quizzes and examinations)
    - ii. 20% Patient-Based Discussions (Course-specific. Please see the course syllabus.)
    - iii. 10% Other (Course-specific. Please see the course syllabus.)

### 3. Course Examination Scores

- a. Students must achieve a minimum (threshold) grade on every examination of  $\geq 62\%$  in addition to a final course grade of  $\geq 70\%$  in order to receive a grade of Satisfactory for a course. The threshold score does not apply to midterm quizzes in courses with a midterm and a final. The course syllabus will provide specifics on which exams require a threshold score.
- b. Students who earn  $< 62\%$  on an examination may be offered a re-examination if the re-examination criteria are met (see section 4.a.).
- c. If an exam question is dropped, no student's preliminary exam score will be adjusted from  $>62\%$  to a final exam score of  $<62\%$ .

### 4. Re-examinations

#### a. Eligibility

- i. For blocks with only a final examination, a student who receives a final examination grade of less than 62% on the final is eligible if they have completed all mandatory components of the course as outlined in the syllabus.
- ii. For blocks with two examinations, a student who receives a score of less than 62% on one of the examinations is eligible if they have completed all graded components of the course and have scored  $\geq 62\%$  on one of the two examinations in the course.
- iii. Each student is allowed 1 re-examination per block within Phase 1.
- iv. A student must complete mandatory components of the course to be eligible for a re-examination.
  1. Individual students must have attended all mandatory course sessions (exempting excused absences) which include but are not limited to PBDs, lab sessions, and small group sessions.
  2. Individual students must complete all required assignments for the course.
  3. The course syllabus will provide a comprehensive list of mandatory sessions and required assignments required for re-examination eligibility.

#### b. Format:

- i. The format of the re-examination is at the discretion of the course director.

- ii. All re-examinations must be given using the ExamSoft platform.
- c. Post Examination:
  - i. Students receive their scores on the re-examination in Exemplify immediately after submitting a MCQ re-examination and from the block directors following correction of a short-answer re-examination.
  - ii. If the score on the re-examination is  $\geq 62\%$ , the score on the re-examination will replace the score on the prior examination and be used to calculate a new final grade.
    - 1. If the recalculated final course grade is  $\geq 70\%$ , the student will receive a grade of Satisfactory in the course.
    - 2. If the recalculated final course grade is  $< 70\%$ , the student will receive a grade of Unsatisfactory in the course.
    - 3. If the score on the re-examination is  $< 62\%$ , the student will receive a grade of Unsatisfactory in the course

## Grading Policy– Phase 1 MCWfusion Early Clinical Courses 23-24 Cohort Only:

Launch, Climb 1, Climb 2, and Soar will use the Satisfactory/Unsatisfactory grading system.

**Satisfactory Grade:** To achieve a satisfactory grade in the early clinical courses, students must pass all components of the course which include:

1. Completion of all class sessions, including receiving Satisfactory for all pre- and post- class work with an 80% score
2. Satisfactory completion of all Objective Structured Clinical Examinations (OSCEs), which will be graded as follows:
  - a. For each domain (i.e., communication, history gathering, physical exam, note writing, presentation), the number of rubric items “not done,” “partly done” and “well done” will be summated.
  - b. Students who receive a percent “well done” above the lowest decile (10%) of the class distribution for ALL the graded domains will receive a Satisfactory OSCE grade.

- c. Students who receive a percent “well done” in the lowest decile of the
    - a. class distribution for only ONE of the graded domains will receive a Satisfactory OSCE grade and be identified for review.
  - d. Students who receive a percent “well done” in the lowest decile of the class distribution for TWO OR MORE of the graded domains will be identified for review and considered for an Unsatisfactory OSCE grade and reassessment at the discretion of the course directors. Students are expected to successfully participate in this process to receive a Satisfactory grade for the OSCE.
  - e. Students’ OSCE performance will be tracked longitudinally; those with persistent borderline satisfactory performance in one or more of the graded domains may also be reviewed and asked to participate in reassessment.
3. Completion of all thread sessions and work
  4. Satisfactory evaluation by a clinical preceptor (only for Climb 1 and Climb 2)

### Unsatisfactory Grade

1. Students who receive a preliminary final course grade of Unsatisfactory will be offered reassessment of graded components if they meet the criteria below.
  - a. Criteria for a reassessment
2. Clinical Experience: students must attend all scheduled sessions and/or make up any missed sessions (see 5.b.iii)
3. All other graded components: Students must partner with course directors to develop a reassessment plan within 2 weeks of notification of a preliminary unsatisfactory grade, and attempt make up within 4 weeks. Changes to this timeline for extenuating circumstances will be considered by the course directors on a case-by-case basis.
4. Students who receive more than one Unsatisfactory component within a single course will be given the same reassessment opportunities.
5. Notification
6. Students will be notified by a course director or coordinator about any

- Unsatisfactory graded component(s) (OSCE performance, clinical performance, thread components, overall assignment, and classroom attendance) via e-mail.
7. Students share responsibility to monitor session attendance completion, assignment completion, and grades posted in the school's learning management system.
  8. Students should respond to course director/coordinator notifications and reach out to course directors if any of these are unsatisfactory in a timely manner.
  9. Students are responsible for attempting to reschedule any missed clinical experience sessions. This includes excused absences, preceptor out-of-office time, or unanticipated issues.
  10. Students are obligated to notify Course directors and Coordinators of any difficulty with rescheduling sessions within two weeks of the missed session.
  11. This communication should be done via e-mail.
  12. This communication should include an explanation of the student's attempts to reschedule.
  13. Students who fail to notify course directors and coordinators about missed sessions as above may not be offered a re-assessment.
  14. Reassessment format and criteria for completion will be individualized for the specific unsatisfactory grade component.
  15. The course director will develop the plan for reassessment after discussion with the student.
  16. The course director will communicate the reassessment plan with the student via e-mail.
  17. Reassessment outcomes
    - a. Students who meaningfully engage and pass the reassessment will earn a Satisfactory grade.
    - b. Students who do not meaningfully engage with the reassessment will earn an Unsatisfactory grade.

## Grading Policy– Phase 1 MCWfusion Early Clinical Courses 24-25 Cohort:

- A. Launch, Climb 1, Climb 2, and Soar, collectively the Early Clinical courses, will use the satisfactory/unsatisfactory grading system. To achieve a satisfactory grade in

each Early Clinical course students must pass all course components which include:

1. Completion of all class sessions, including receiving a satisfactory grade for all pre- and post-class work.
  - a. Absences will need to be made up with an alternate session or by the completion of a make-up assignment to receive a satisfactory grade on attendance.
  - b. Unsatisfactory course work will need to be revised to a satisfactory threshold to receive an overall satisfactory grade on class work.
2. Satisfactory completion of all Objective Structured Clinical Examinations (OSCEs), which will be graded as follows:
  - a. Competency for each skill set is determined based on learner level and class performance. Our expectation is that all students will demonstrate competence for the skills assessed for every OSCE.
  - b. For each domain (i.e. communication, history gathering, physical exam, note writing, presentation), the number of rubric items “not done”, “partly done” and “well done” is summated.
  - c. Students who receive a percent “well done” above the lowest decile (10%) of the class distribution for ALL the graded domains will receive a satisfactory OSCE grade.
  - d. Students in the bottom decile in any of the assessed domains are flagged for review. If, based on this review, further student action is required, then this is labeled as “not met.”
    - i. Further actions may include engaging in some form of review, coaching, skill development, or reassessment.
    - ii. Successful completion of requested action plans is required to receive a satisfactory grade for the OSCE.
  - e. Scores for each domain are labeled as “met”, “borderline”, or “not met.”
    - i. “Met” indicates the expected competency is met.
    - ii. “Borderline” indicates that you have met the competency is met, but the score is borderline, and we encourage continued work on developing the domain skills, such as with the support from a learning community navigator, developing a SMART goal as part of an individualized learning plan.
    - iii. “Not met” indicates further action is required as outlined by 2.d

above. See

2.d.i above for examples of further actions.

- f. Students' OSCE performance will be tracked longitudinally; those with persistent borderline satisfactory performance in one or more of the graded domains will be identified for review. After review, the course director(s) will determine if further actions are needed prior to receiving a satisfactory OSCE grade. Successful completion of requested action items is required to receive a satisfactory grade for the current OSCE.
3. Completion of all thread sessions and work
  - a. Absences will require completion of a make-up session and/or a make-up assignment to receive a satisfactory grade on attendance.
  - b. Unsatisfactory course work will need to be revised to a satisfactory threshold to receive an overall satisfactory grade on class work.
4. Satisfactory evaluation by a clinical preceptor for Clinical Experience (within Climb 1 and Climb 2)
  - a. Students must attend all required clinical sessions per course and/or make up any missed sessions
- B. Students share responsibility to monitor session attendance completion, assignment completion, and grades posted in the school's learning management system.
- C. Students who receive an unsatisfactory on any component of their grade will be offered a reassessment, which requires:
  1. Students attend or make-up all required Clinical Experience sessions
  2. Students partner with course directors to develop a reassessment plan within 2 weeks of notification of a preliminary unsatisfactory grade, and attempt to make up work within 4 weeks. Changes to this timeline for extenuating circumstances will be considered by the course directors on a case-by-case basis.
- D. However, if the unsatisfactory grade component is the result of a major professionalism issue, reassessment will be offered at the discretion of the course director.
- E. Students who receive more than one unsatisfactory component within a single course will be given the same reassessment opportunities.
- F. Reassessment outcomes include:

1. Students who meaningfully engage and pass the reassessment will earn a Satisfactory grade.
2. Students who do not meaningfully engage with the reassessment will earn an Unsatisfactory grade.
3. Students who do not pass the planned reassessment will earn an Unsatisfactory grade.

Students who receive an Unsatisfactory final grade will be offered an opportunity to remediate the grade to a satisfactory grade

## UNSATISFACTORY GRADE IN PHASE 1

1. Unsatisfactory grade in any Phase 1 course (integrated science, early clinical or Scholarly Concentration) results in the following:
  - a. Academic Standing Professionalism Committee (ASPC) is alerted, and the student is placed on Academic Probation
  - b. ASPC also determines plan: remediation, repeating a semester, repeating the year, or being heard for dismissal.
  - c. Students must meet with ASPC and the Associate Dean of Student Affairs. Associate Dean of Student Affairs communicates committee's action with ARRT and course directors. Students must also meet with Advancement, Remediation, Resource Team (ARRT) and course director.
  - d. If approved by ASPC, a remediation plan will be created in collaboration between ARRT and Course director(s). Individualized plans will be created based on knowledge and/or behavioral deficit.
  - e. Evaluation at the end of remediation will be in the months of June/July for courses in the first two semesters and in December of third semester for third semester courses. Course directors should schedule remediation examinations with the exam team's availability.
  - f. The ARRT/Course director team may consult with the Associate Dean of Student Affairs if a leave of absence is a part of the recommended remediation plan.
  - g. Students will be ineligible for MSSRP/SAMS if they remediate any Phase 1 courses in June/July.

2. Unsuccessful remediation will result in referral to Associate Dean of Student Affairs who will ask ASPC to prescribe any further action that includes repeating a semester, repeating the year, or being heard for dismissal.
  - a. Students will not progress from Phase 1 second semester to Phase 1 third semester unless remediation of first year's courses has been successfully completed.
  - b. Students will not be permitted to start Phase 2 unless all Phase 1 courses have been successfully completed.

### Grading Policy for Phase 2:

In Central Wisconsin: the Longitudinal Integrated Clerkship (LIC) sections are graded in the SY/UY format. At the end of Phase 2, grades will be assigned in the H/HP/P/F format for: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery; and in the S/U format for: Anesthesiology and Emergency Medicine.

In Green Bay: At the end of discipline clerkship experiences, students are graded SY/UY. At the end of Phase 2, grades will be assigned in the H/HP/P/F format for: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery; and in the S/U format for: Anesthesiology and Emergency Medicine.

In Milwaukee: The following Integrated Clerkship Blocks are graded in the SY/UY format: Ambulatory, Hospital, and Surgical. At the end of Phase 2, grades will be assigned in the H/HP/P/F format for: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery; and in the S/U format for: Anesthesiology and Emergency Medicine.

All Phase 2 grading will be criterion-based. Students should refer to the course syllabi for the detailed grading process. Course directors will also share these details during orientations. Assessment methods used for clerkship grading decisions include:

- National Board of Medical Examiners (NBME) Comprehensive Clinical Science Examination (CCSE): all students on all campuses take this multiple-choice exam during the Capstone Course.
- Clinical Reasoning Examinations (CRE): All students on all campuses take these free

text-based examinations during the Capstone Course. Students take a CRE for each of the following disciplines: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery.

- Objective Structured Clinical Examinations (OSCE): all students on all campuses take these clinical examinations during Phase 2 clerkships in each of the following disciplines: Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. Timing will be specified by clerkship directors and coordinators.
- Standardized Performance Evaluations (SPE): faculty and residents who meet criteria specified by clerkship directors will complete an SPE for students they observe in our authentic clinical clerkship settings. These will be completed for all students on all campuses
- Assignments and Professionalism: Each clerkship will provide detailed description of assignments and grading in the syllabus. Professionalism criteria are consistent across clerkships and campuses (see below).

Formative Assessments: clerkships will include several formative assessments (see syllabi for details). Some examples include AMBOSS exams (medical knowledge), Clinical Snapshot (directly observed clinical skills, mid-clerkship assessment, self-assessments), and formative CRE activities (excluding the summative CREs in the Capstone course). Completion of these will be required to pass courses, but the scores/content of these formative assessments will not be considered when determining any Phase 2 grades.

Grading Committees are an evidence-based tool employed by MCW to utilize the expertise of medical education leaders in making high-stakes grading judgments. MCW's Grading Committees are composed of clerkship directors and other medical education leaders who complete detailed holistic review of student performance if there is any concern that they may have earned a "Fail" or "Unsatisfactory" grade. An individual student will be reviewed by the appropriate grading committee if they meet any of these criteria:

- An average of "Low Pass" or "Fail" on SPEs in the clerkship OR any "Low Pass" or "Fail" grade recommendation on an SPE
- A score in the 10<sup>th</sup> percentile or lower on any competency of any summative OSCE in the clerkship

- Failure to satisfactorily complete any clerkship assignment
- Any professionalism concerns from a clerkship director
- Failure to complete the clerkship formative medical knowledge examination

Grading committees are convened for the following courses at our campuses (see syllabi for details):

- Central Wisconsin campus: LIC
- Green Bay campus: Discipline-based Clerkships
- Milwaukee campus: Integrated Block Clerkships

Clerkship Professionalism Criteria: achievement of each element is determined by clerkship director judgment. For clerkships graded H/HP/P/F, “Pass” is the best grade a student can earn if they fail to achieve one or more of these elements.

- Acting with respect and integrity at all times
- Active participation during didactic learning activities
- Professional appearance at all times
- On-time completion and submission of assigned tasks (see clerkship syllabi)
- Proactive communication regarding absences or other administrative issues

## Course and Clerkship Grades

For Anesthesiology & Emergency Medicine clerkships graded S/U on all campuses, final grades will be assigned as follows:

- Satisfactory: Students must achieve both of the following criteria:
  - Clinical grade of “Pass” or better (see syllabus for details)
  - Successful completion of all workshops, assignments, logs, and formative assessments (see syllabus for details)
- Unsatisfactory: failure to achieve either or both “Satisfactory” criteria above.

For Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery clerkships graded H/HP/P/F on all campuses: “Excellence Points” may be earned in each of the summative assessments. Students may earn up to a total of six excellence points – see syllabus for details. Final grades will be assigned following the Capstone course as follows:

- Honors: 5 or 6 excellence points AND achievement of all professionalism elements.
- High Pass: 4 excellence points AND achievement of all professionalism elements.
- Pass: 1, 2, or 3 excellence points.
- Fail: one or more of the following:
  - SPE averaged to Low Pass or Fail (see syllabus for details)
  - Failure to achieve two or more clerkship professionalism criteria
  - Failure to complete all assignments and administrative tasks as assigned by the clerkship director

The Good Doctor: These courses are graded S/U on all campuses.

- A grade of “Satisfactory” indicates a student has fulfilled all Good Doctor requirements as outline in the syllabus including Individualized Learning Plans, reflections, character assessments, indexes, and quizzes. As part of the final Good Doctor block, the student must pass a summative exam.
- A grade of “Unsatisfactory” could result from unexcused absences at core sessions, failing to complete make-up work following an excused absence, submitting multiple assignments after scheduled deadlines or failing to pass a summative exam.

Immediately following each block in MCW-Milwaukee, 2x in MCW-Central Wisconsin and every 8-12 weeks in MCW-Green Bay, a grading committee will meet to review student performance. The committee will conduct a holistic review of all of the following student data:

- Clinical grades and Narrative comments from all SPEs for the block
- OSCE performance data from component clerkships
- Scores from component clerkship assignments (see syllabi)
- Any professionalism issues identified

The grading committee will determine if learners earned a satisfactory, unsatisfactory, or Incomplete grade for the block. In the event of an “unsatisfactory” evaluation, the grading committee will provide learners with a written statement recommending specific remediation. This may include repeating the entire block rotation or may only require the remediation of certain portions of the course. This recommendation will be considered by the Associate Dean of Student Affairs (ADSA) and the Academic Standing and Professionalism Committee (ASPC). The ADSA and ASPC will make the final decisions on remediation needs.

In the event of an “incomplete” evaluation, the grading committee will provide learners with a plan of exactly which components of the block clerkship must be completed to earn a “satisfactory” grade.

### Thriving During Clerkships:

This course is graded S/U on all campuses.

- A grade of “Satisfactory” indicates a student has fulfilled all Thriving During Clerkship requirements as outline in the syllabus including Individualized Learning Plans, reflections, character assessments, indexes, PBD prework and quizzes.
- A grade of “Unsatisfactory” could result from unexcused absences at core sessions, failing to complete make-up work following an excused absence, or submitting multiple assignments after scheduled deadlines.

### Scholarly Concentrations:

This course is graded S/U on all campuses.

- A grade of “Satisfactory” indicates a student has fulfilled all Pathway requirements as outlined in the syllabus and is determined by the Pathway Director, in consideration of attendance, adequacy and relevance of noncore activities, review of required assignments and advisor assessment.
- A grade of “Unsatisfactory” could result from unexcused absences at core sessions, failing to complete make-up work following an excused absence, or submitting multiple assignments after scheduled deadlines.

## Capstone:

For the Capstone course graded S/U on all campuses, final grades will be assigned as follows:

- Satisfactory: score at or above the minimum passing score on both the NBME CCSE and each of the six CREs. If a student is below minimum passing scores for any examination, they will have the opportunity to enter into a period of intensive study and reassess these examinations within 30 days.
- Unsatisfactory: Any student who fails to meet minimum passing scores on their reassessment will receive an “unsatisfactory” grade and be referred to the Academic Standing and Professionalism Committee to determine a remediation plan.
- IF a student fails to meet the minimum competency threshold on the CCSE Exam during the Phase 2 Capstone course
  - The student, their Learning Community Navigator, and ARRT will be notified.
  - The student will be ineligible for an “excellence point” in Medical Knowledge.
    - On subsequent tests, if the student meets the excellence threshold, they will still be ineligible for the Medical Knowledge excellence point. The first time counts for the grade.
  - Students will be required to retake this exam and pass it to advance into phase 3 acting internships or away rotations:
    - If passed within 30 days, students will receive a satisfactory grade on Phase 2 Capstone.
    - If the test is unable to be passed within 30 days, students will receive an unsatisfactory grade and be referred to the Academic Standing Committee to plan remediation. Remediation of Phase 2 capstone does NOT mean a student will be required to remediate all phase 2.
      - Students, LCN, and ARRT will work to create a study plan. The student will retake the exam during phase 3. The student will not be allowed to participate in away rotations or acting internships until they have successfully completed CCSE.

## Grade Appeal Policy

If a student has concerns regarding a grade in a course or clerkship, they must first address

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

### Fully Satisfactory Performance

A fully satisfactory performance means that the student earns a minimum grade of *Pass* in every course or clerkship.

## FULL-TIME STUDENT STATUS

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

## TIME LIMIT

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

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

## ACADEMIC PROGRESS

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

## FINANCIAL AID ELLIGIBILITY

Students must maintain acceptable academic progress to be eligible for Title IV financial aid programs, as set forth by federal regulations. Please refer to the Satisfactory Academic Progress requirements in the All-Student Handbook [MCW ALL STUDENT BULLETIN](#)

## UNIFORM PROFESSIONAL CONDUCT POLICY FOR CLINICAL ROTATIONS

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

1. Professional Appearance
  - a. Identification: While on clinical rotations, students at all times must wear a Medical College of Wisconsin Name Tag/ID Badge and appropriate identification as outlined by the facility at which they are rotating.
  - b. Clothing and Accessories: Clothing, including white coats, must be clean and professional-looking. Any clothing or personal accessories (e.g., jewelry, tattoos, or piercings) that interfere with the provision of patient care is not acceptable. This includes clothing or personal accessories that limit a student's ability to effectively communicate with patients, families, staff, and/or their ability to perform a physical examination or procedure.
2. Communication
  - a. Introduction to Patient: Students will introduce and identify themselves to the patient and their families as "medical students." The student will advise the patient that he/she has been directed to evaluate the patient and share the findings with the staff physician who is responsible for the patient's care.
  - b. Cultural Differences: Students must acknowledge and respect the cultural differences between patients, families, and staff.
  - c. Respect: Students will demonstrate respect in all interactions with patients, families, supervisors, peers, and members of the healthcare team.
3. Patient Care Responsibility
  - a. Responsibility: Patient care is the responsibility of the supervising physicians.

- b. Supervision: Students must be supervised in their interactions with patients. Student/patient interactions must be within the confines of resident/faculty teaching.
  - c. Patient Access: Student interaction with patients is limited to only those patients of the supervising physician or service to which they have been assigned. Students should limit and qualify discussions of any findings (e.g., H and P, laboratory findings, prognosis, treatment) with the patient.
  - d. On Call: When the student is on call, they may interact with patients seen in consultation by the service to which they are assigned or with those patients in need of emergent/urgent problems that require evaluation/treatment.
  - e. Confidentiality: All aspects of patient care (e.g., conversations re: H & P, diagnosis, test results, treatment, prognosis, and written medical record) will remain confidential. Discussions should occur in appropriate venues with treating physicians for the purposes of patient care or education.
  - f. Medical Records: Students may make notations in the actual or electronic chart consistent with the protocol of the facility to which they are assigned and in the direction of the supervising physician.
4. Professional Responsibility
- a. Responsibility to the Profession: The student will report any witnessed violations of this policy or other forms of unprofessional behavior to their immediate supervisor, course director, and/or Clerkship Director.
  - b. Attendance: The student will participate in clinical care activities as assigned by the supervising physician. In case of a personal emergency, the student must contact the supervising physician and the Clerkship Coordinator to discuss absence from the assigned service. Students are required to provide their own transportation for all Educational and Clinical Experiences. When students are assigned to a rural rotation, housing will be provided by MCW. Students with personal circumstances that would make a rural rotation a hardship should contact the clerkship coordinator no later than 60 days before the start of the rotation. Regional campus students should contact their Campus Administrator for further information on the housing and fuel policies.

## MEDICAL STUDENT MISTREATMENT POLICY

MCW SOM is committed to providing a learning, training, and research environment that optimizes

students' acquisition of the knowledge, skills, and attitudes necessary for the competent and compassionate practice of medicine. Mistreatment is antithetical to such an environment. As such, mistreatment is not condoned at MCW.

## Definitions

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

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

## Options for Reporting

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

- Course Instructor
- Course Director/Coordinator
- Assistant Dean for Basic Science Curriculum
- Assistant Dean for Clinical Curriculum
- Associate Dean for Curriculum, School of Medicine
- Academic Enrichment Counselors
- Assistant Provost for Student Services

- Program Manager for Student Affairs
- Associate Dean for Student Affairs, School of Medicine
- Associate Dean for Diversity and Inclusion
- Senior Associate Dean for Academic Affairs
- Office of Compliance
- Title IX Office
- Written end-of-course evaluations

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

To submit an anonymous report please call: **(844) 703-8171**

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

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

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

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

# ACADEMIC STANDING

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

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

Procedures for the Academic Standing and Professionalism Committee

## Regarding the Dismissal of Students

1. Whenever the Academic Standing and Professionalism Committee determines, based on available information, that a student's performance might warrant dismissal from the Medical College, it should initiate a hearing by mailing (confidential email, registered or certified mail, read / return receipt requested) or personally delivering a written notice\* to a student which:
  - a. Indicates that the possibility of dismissal is under consideration.
  - b. Describes the basis upon which dismissal is under consideration.
  - c. Notifies the student that a hearing is to be conducted by the Committee before final action is taken.
  - d. Notifies the student of the date, time, and place of the hearing.
  - e. Encloses a copy of these procedures or notifies the student of the office where a copy may be obtained without charge.
  - f. Notifies the student that legal and/or academic counsel may accompany or represent the student at the hearing. If the student will be accompanied or represented by legal counsel, the student should notify the Academic Standing and Professionalism Committee of this fact no less than three (3) business days prior to the hearing. The student may choose not to be present.
  - g. Notifies the student that they may withdraw at any time prior to the beginning of the dismissal hearing. Once the hearing begins, withdrawal is no longer an option.
2. The Academic Standing and Professionalism Committee should conduct the hearing subject to the following:
  - a. Hearings should be held not less than five but no more than 15 business days after the date the notice is sent to the student. Extensions of time for hearings should be authorized only for

- good and compelling reasons and should be submitted in writing not less than three (3) business days in advance to the hearing.
- b. The academic record pertaining to the student's case should be made available to the student or the student's advisor in advance of the hearing.
  - c. The student should be able to present any witnesses, data, or evidence deemed appropriate by the Academic Standing and Professionalism Committee and should have the right to confront witnesses, if any. If the student wishes to present any information that is not contained in their permanent record, this information should be provided to the Committee two business days prior to the hearing. If the new data or evidence is not provided in advance, the Committee may choose not to consider it. The student should provide the Committee with a list of witnesses. This information should likewise be provided two business days in advance; if not, the Committee may choose not to hear those witnesses. The student and/or counsel, advocates and witnesses will have no more than 90 minutes to present evidence or testimony to the Committee.
  - d. If the student does not appear (personally or through counsel) without any satisfactory explanation for the absence having been made, or leaves the hearing before its conclusion, the hearing should proceed, and a decision should be rendered based on the available evidence just as though the student had been present throughout the hearing.
  - e. The Academic Standing and Professionalism Committee should maintain an orderly hearing and permit no person to be subjected to abusive treatment. The Committee should also be able to question witnesses. The Chair of the Committee is the presiding officer of the hearing and should rule on all questions of procedure or admissibility of evidence, and this ruling should be conclusive.
  - f. The hearing is not public and should be closed to anyone other than members of the Academic Standing and Professionalism Committee, the student being reviewed, appropriate advisors for each (legal counsel, faculty advisor, student's family, and friends), the person designated to record the hearing, and witnesses while they are presenting evidence. The student may have a total of two (2) advisers (counsel, witnesses, family members) present at any time. Additional witnesses, if any, will be called one at a time and shall leave the hearing and may not return after presenting testimony except upon request of the Committee.
  - g. The Academic Standing and Professionalism Committee should make a summary of the hearing. Tape recordings of the conduct of the hearing should be permitted and may be requested by the student.
  - h. Following presentation of evidence, all other participants should be asked to withdraw, and the Academic Standing and Professionalism Committee should privately consider the evidence and reach a decision. A majority vote of the Committee members present, and

- voting should be required for a binding decision.
3. The Academic Standing and Professionalism Committee will decide, and the decision will be effective immediately.
    - a. Should the Committee find that dismissal of the student is warranted, the student should promptly be notified.
    - b. Should the Committee find that dismissal from the Medical College is warranted, the Committee should promptly prepare a written report, which should contain:
      - i. A summary of the facts found.
      - ii. A finding that the facts found demonstrated that the student failed to meet the academic and/or the professional standards of the Medical College.
      - iii. A statement of the action that the Committee has decided to take and the effective date of the action.
  4. A copy of the Academic Standing and Professionalism Committee's report should be delivered to the student personally or by registered or certified mail.
  5. The decision of the Academic Standing and Professionalism Committee will be treated as conclusive and binding unless appealed by the student.

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

## PROCEDURES FOR APPEALS OF ACADEMIC DISMISSAL

1. A student may appeal a decision of the Academic Standing and Professionalism Committee to suspend them from Medical College of Wisconsin by giving notice, in writing, of their intention to do so, to the Senior Associate Dean for Medical Education within three (3) business days of the date the decision was communicated to the student. Typically, the student will receive verbal communication on the date the decision was made. This will be followed with a written communication via email or traditional mail. A student who does not give such notice within three (3) business days shall be deemed to have waived his or her right to appeal.
2. The Senior Associate Dean for Medical Education shall inform the Dean of the Medical College of the student's appeal. The Dean shall appoint an Appeals Committee of three senior faculty members to consider the appeal and shall appoint the Appeals Committee Chair. At least one of these faculty members shall have previously served on the Academic Standing and Professionalism Committee. The Appeals Committee is advisory to the Dean; that is, the Appeals Committee will make a recommendation to the Dean. The Dean may accept or reject the recommendation of the Appeals Committee.

3. The Appeals Committee shall set a date for hearing the appeal which shall be not more than thirty (30) days after its creation, and shall give written notice of the date, time, and place of the hearing to the student by personal delivery or by certified or registered mail.
4. At least three days prior to the appeal hearing, a written report stating the decision of the Academic Standing and Professionalism Committee, or an Ad Hoc Hearing Committee and the summary of the hearing conducted by that Committee, shall be delivered to the Appeals Committee Chair.
5. At least three days prior to the appeal hearing, the student, or their representative shall submit to the Chair of the Appeals Committee a written statement detailing the grounds on which the appeal is based.
6. The Chair of the Appeals Committee shall distribute a copy of both these documents to members of the Appeals Committee at least two days prior to the appeal hearing.
7. The Appeals Committee shall conduct its review in the following manner:
  - a. The Appeals Committee will confine its consideration to the written report submitted by the Academic Standing and Professionalism Committee and the written statement submitted by the student. No new information and no new witnesses or advocates will be considered. The student, their faculty advisor and/or legal counsel may appear and present a statement. A representative of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee may appear and explain the context of the committee's decision, make statements, ask questions, and interact with all persons present at the hearing. Members of the Appeals Committee may question those present on pertinent matters, but these matters must relate to the grounds for the appeal or the basis for the committee's findings.
  - b. The Appeals Committee must determine whether the substantial rights of the student have been violated by virtue of the fact that:
    - i. The decision of the Academic Standing and Professionalism Committee is arbitrary and capricious.
    - ii. The decision reflects an unfair or incorrect application of college policies.
      - a. No irregularity in the procedure or deliberations of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee shall be a ground for rejection of the Appeals Committee's decision so long as it has conformed substantially to suggested guidelines unless the substantial rights of the student have been prejudiced by any such irregularity.
      - b. The Appeals Committee shall recommend to the Dean of the Medical College that the decision by the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee to dismiss the student be confirmed or reversed.
      - c. Hearings before the Appeals Committee are not public. Members of the Appeals Committee, the student, their faculty advisor and/or their legal counsel, a representative

of the Academic Standing and Professionalism Committee, or Ad Hoc Hearing Committee, legal counsel for the Medical College, and a person designated to record the hearing may be present. All hearings may be recorded.

- d. Following the presentations and questioning, the Appeals Committee shall consider the matter privately. A majority vote of the three-member committee will determine its recommendation. The legal counsel for the Medical College may remain for the deliberations of the Committee if the Committee members so request.
  - e. The Appeals Committee will inform the Dean of the Medical College of its recommendation in writing and in person if the Dean so desires. In its written statement, the Appeals Committee shall state its recommendation and rationale.
8. The Dean of the Medical College shall consider the recommendation of the Appeals Committee and shall render their decision regarding the student appeal within seven (7) days. The Dean may investigate further, clarify issues, and communicate with all persons involved in the case. The Dean may reconvene the Appeals Committee, if necessary. If the Dean requires additional time, they will notify the student when the final decision will be made. The Dean shall either:
- a. Accept the decision of the Academic Standing and Professionalism Committee to dismiss the student.
  - b. Reverse the decision to dismiss the student. If the Dean reverses the decision, the case may be returned to the Academic Standing and Professionalism Committee for further consideration.
9. A written copy of the Dean's decision shall be delivered with reasonable promptness to each of the following:
- a. Senior Associate Dean for Medical Education.
  - b. The student, in person or by certified mail, return receipt requested.
  - c. The Chair of the Academic Standing and Professionalism Committee or Ad Hoc Hearing Committee.
10. The decision by the Dean of the Medical College shall be final.

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

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

The Academic Standing and Professionalism Committee has formulated clear guidelines about academic status and advancement. The course or clerkship directors set the standards and determine if and when the standards have been met by the students. The Academic Standing and Professionalism Committee will not recommend any alternative that requires less remediation than that required by the course or clerkship director. It may, however, require more.

Professional ethics and appropriate personal conduct are as essential to the practice of medicine as academic excellence. Unethical and/or inappropriate behavior will be considered by the Committee in its advancement and academic standing deliberations.

The Medical School's evaluation system consists of seven categories:

- Honors (H)
- High Pass (HP)
- Pass (P)
- Satisfactory (S)
- Fail (F)
- Unsatisfactory (U)
- Incomplete (I, IC, IE or IV).
  1. Promotion is contingent upon completion of the required work and the demonstration of appropriate professional conduct.
  2. A student may be considered for dismissal for non-academic reasons including unprofessional conduct, behavior, ethics, or poor quality of work.
  3. All final student assessments are due within one month of the completion of the class. All final evaluation forms become part of the student's permanent record which is maintained by the Office of the Registrar.
  4. Any student who encounters academic difficulties or demonstrates unprofessional conduct will be brought to the attention of the Committee.
  5. In reaching its decisions, the Academic Standing and Professionalism Committee utilizes all information available to it. All evaluations by departments, individual faculty members, the Associate Dean of Students, School of Medicine, etc., are utilized to assess intellectual ability, motivation, and personality factors.
  6. A student failing to meet the standards set by a course or clerkship director will be given a grade of F *Fail* or a grade of U *Unsatisfactory*. Remediation of an unsatisfactory final course grade is

determined by the course/clerkship director. The ASPC will approve students to remediate a course.

7. When two U (*unsatisfactory*) grades are posted in Phase 1 curriculum, the Academic Standing and Professionalism Committee will consider the requirements of Curriculum and Evaluation Committee (see above: Section III Academic Regulations/Unsatisfactory Grade in Phase 1) to correct the failures. A student usually cannot accomplish more than two course remediations during the summer or winter. Therefore, repetition of the year may be necessary. The Committee has the option to require the student to repeat the year if it believes a stronger base for subsequent work is needed.
8. Repetition of the year, assuming space and equipment are available, is limited to students believed to have sufficient ability to do medical schoolwork but who are slow to adapt to such work, were inadequately prepared, have personal or health problems affecting performance, etc. Students repeating the year will usually take all courses. Exceptions may be made in circumstances where both the specific course director and the Academic Standing and Professionalism Committee agree the student has demonstrated adequate knowledge of the course material in that particular course.
9. A student who does not obtain a grade of P *Pass*, S *Satisfactory* when repeating a course or courses will be considered for dismissal from the Medical College.
10. An evaluation of I *Incomplete* is used to identify a student who, at the time a course has ended, has not yet completed the usual course requirements, but has been temporarily excused (e.g., because of illness) from doing so by the course director. *The grade of Incomplete can be used only when a student has not been able to complete course requirements for some acute and unexpected circumstance beyond the student's control.* The Academic Standing and Professionalism Committee expects that the *Incomplete* will be converted as soon as possible. If a supplementary evaluation is not received by the Registrar by August 1 following the academic year in which it was received, each I *Incomplete* grade will be converted to a *Fail* or *Unsatisfactory*. Both the *Incomplete* and the *Fail* or *Unsatisfactory* will remain on the student's permanent record regardless of when the final evaluation is received after August 1.
11. Students who have had academic difficulties or who have taken a leave-of-absence because of illness may be permitted alterations in the curriculum so they may be eligible to begin a residency program as close to the regular schedule as possible. Each case will be considered individually.
12. Students who have serious emergencies (e.g., extended illness) may request that the Academic Standing and Professionalism Committee waive one month of senior elective work. Students who fail the United States Medical Licensing Examination, Step 1 (administered by the National Board of Medical Examiners) will not be allowed routinely to waive one month of senior elective

work. Each case will be considered individually.

13. For students with less than *P Pass* or *S Satisfactory* evaluations, the Committee may restrict the number of courses taken away from the college in the clinical years.
14. Students wishing reconsideration of decisions involving their record, with or without a personal appearance before the Committee, should send a written request that includes their reasons for reconsideration to the Associate Dean of Students, School of Medicine for consideration by the Committee.
15. The Academic Standing and Professionalism Committee may request that the Associate Dean of Students, School of Medicine communicate with course and clerkship directors regarding individual students.
16. Policy and Procedures for Examinations administered by the National Board of Medical Examiners:
17. Students enrolled at MCW are required to report a passing score on the United States Medical Licensing Exam (USMLE) Step 1 and all required Phase 1 and Phase 2 courses before enrolling in any acting internship, away rotation, or integrated science selective course. After applying for and receiving approval from academic affairs leadership, students may enroll in and earn credit for up to six electives before reporting a passing score on USMLE Step 1.
18. Students enrolled at MCW shall have three opportunities to pass the USMLE, Step 1. Failure to pass the examination on the third attempt will be considered grounds for dismissal from MCW. Only in exceptional extenuating circumstances, and with the permission of the Academic Standing and Professionalism Committee, will any student be permitted to take the examination a fourth time.
19. Students enrolled at MCW are required to take and report a *passing* score on the USMLE, Step 2 CK to graduate. Students planning to graduate in May or June of the senior year must report a passing score to the Medical College no later than March 1 of the fourth year (MCW-Milwaukee) or the third year (MCW-Green Bay or MCW-Central Wisconsin). This deadline may vary slightly depending on the date set for certification by the Medical School Registrar to the National Residency Matching Program each year.
20. Students shall have three opportunities to pass the USMLE, Step 2-CK. For those students who fail to post a passing Step 2 CK score by March 1 of the senior year (and were scheduled to graduate in May or June), a passing score must be posted by no later than 6 months subsequent to the May or June graduation date to maintain degree candidate status for receipt of the Doctor of Medicine degree. Failure to do so may place the student in jeopardy of losing degree candidate status and denial of the M.D. degree by MCW.
21. Students enrolled at MCW shall have three opportunities to pass the USMLE, Step 2. Failure to pass the examination on the third attempt will be considered grounds for dismissal from MCW.

Only in exceptional extenuating circumstances, and with the permission of the Academic Standing and Professionalism Committee, will any student be permitted to take the examination a fourth time. The scores earned on Step 2 examination may be considered by the Academic Standing and Professionalism Committee in making graduation decisions.

22. Students admitted with advanced standing into the second-year class will be required to follow these guidelines.
23. Students admitted with advanced standing into the third-year class must have reported a passing score on the USMLE, Step 1 examination prior to admission, as dictated by the Admissions Committee. They will be required to follow paragraph "C" above regarding USMLE Step 2.

## PROFESSIONAL CONDUCT AND BEHAVIOR POLICY

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

The **Multisource Feedback Tool (MSF)**, **Advancement, Remediation, Resource Team (ARRT)**, and **Learning Community Navigators (LCN)** are ways for the Associate Dean of Students, School of Medicine to be aware of any problems in a timely fashion so that an early monitoring and prevention strategy may be implemented. The Medical College is interested in knowing about behaviors that may result from stress, problems in judgment, chemical dependency, and other issues of professional conduct. The Medical College's goal is to prevent situations that may result in academic standing problems. If the Associate Dean of Students, School of Medicine receives a notification from a faculty or staff member regarding professional attributes and associated behaviors of a particular student, the Associate Dean may wish to speak with that student or to the Academic Standing and Professionalism Committee, depending on the severity of the problem. If multiple notifications are received by the Associate Dean, the student will be required to meet with the Associate Dean of Students, School of Medicine and/or the Academic Standing and Professionalism Committee to review their professional conduct with the Committee members. Based on the review of the Academic Standing and Professionalism Committee, a process may be initiated in accordance with existing policies on professional conduct.

## ACADEMIC PROBATION

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

Students may be placed on academic probation due to the following circumstances:

- any grade of Fail or Unsatisfactory in an academic year
- failure to successfully complete enrolled courses in any academic year from which they have not withdrawn without penalty (see Handbook Section 3, “Academic Regulations”)
- other patterns of academic difficulty deemed to be of significant concern by the Academic Standing and Professionalism Committee

Once placed on academic probation, a student will remain on probation for a twelve-month academic period although this may be appealed at 6 months. At least six months of courses in which the student was not previously enrolled must be completed before the committee considers early removal from academic probation. In addition, all students applying for the Match under academic probation will be reviewed by the Academic Standing and Professionalism Committee prior to drafting of their Medical Student Performance Evaluation (MSPE) letter. The duration of academic probation may be modified by the Academic Standing and Professionalism Committee given extenuating circumstances, continuing academic risk, or other factors that may affect a student's progress. Students will be notified in writing when placed on or removed from probationary status. While academic and non-academic probation do not appear on MCW transcripts, such references do appear on Medical Student Performance Evaluations. Academic Dismissals and Disciplinary Dismissal do appear on MCW transcripts. Students who are on academic probation must maintain acceptable academic progress in all subsequent coursework. A student currently on academic probation or has been on academic probation will be considered for dismissal if they receive a Fail or Unsatisfactory grade.

## PROFESSIONAL MISCONDUCT

Procedure Relating to Medical Students

### Preliminary Investigation

1. When an allegation of professional misconduct (dishonest, unethical, or irresponsible behavior)

is made, the Associate Dean of Students, School of Medicine shall provide notice to the student concerning the grounds raised which may constitute a violation of the rules of professional conduct. The Associate Dean of Students, School of Medicine may rely upon or consult with other MCW institutional offices, as appropriate, to conduct the investigation and fact-finding of reports or allegations of misconduct. This includes, but is not limited to the Title IX office, Public Safety and Human Resources, as appropriate to the circumstances of the inquiry. The investigation, at a minimum, shall include an interview with the student by the Associate Dean of Students, School of Medicine or another appropriate institutional official assisting the Associate Dean of Students, School of Medicine. If, after investigation, the Associate Dean of Students, School of Medicine determines that there are insufficient grounds to believe that a student has violated the rules of professional conduct, the complaint will be dismissed and will not be recorded in the academic file.

2. If, after the investigation, the Associate Dean of Students, School of Medicine determines that there are sufficient grounds to believe that the student has violated the rules of professional conduct, the Associate Dean of Students, School of Medicine may impose an appropriate disciplinary sanction other than dismissal, including disciplinary probation, reprimand, or suspension, as described in Section 2 below. If the Associate Dean of Students, School of Medicine believes that dismissal may be an appropriate sanction, the case will be referred to an Ad Hoc Hearing Committee as described in sections 3 and 4 below.
3. Members of the Academic Standing and Professionalism Committee will recuse themselves if they are the accuser of professionalism/disciplinary action or the Committee member feels there is a conflict of interest which would make it difficult to be impartial for voting. The Academic Standing and Professionalism member will consult with the Committee Chair or the Associate Dean for Students, School of Medicine for guidance on whether they should consider recusing themselves in such circumstances.

## Non-Academic Disciplinary Sanctions

The following disciplinary sanctions have been established:

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

the student that any further misconduct will automatically raise the possibility of dismissal. Probation may be imposed for a specified length of time or until graduation.

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

### Non-Academic Disciplinary Probation Procedure

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

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

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

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

Suspension or dismissal from the Medical School is possible if an infraction is sufficiently serious or if any misconduct occurs while a student is on Disciplinary Probation. The Associate Dean of Students, School of Medicine will lead an inquiry and investigation into the matter and present information to the Academic

Standing and Professionalism Committee. The Committee may elect to suspend the student for a maximum of one year at its discretion.

## Non-Academic Probation Review

The Academic Standing and Professionalism Committee will meet in person with the student during the Disciplinary Probation period. This allows the student to reflect upon experience and share with the Committee any information pertaining to the student's growth in professionalism, behavioral change, and engagement with the MCW community.

Students may also present supporting references from members of the MCW community who have direct knowledge of and experience with the student during the relevant time period. Thereafter, the Associate Dean of Students, School of Medicine will provide at a minimum frequency of annual updates to the Committee concerning the experience of each student on active Disciplinary Probation, on a schedule to be determined at the discretion of the Committee which may be extended as needed by the Committee. Re-evaluation of Disciplinary Probation status considers the presence or absence of further professionalism lapses and instances of exemplary conduct.

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

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

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

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

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

## Non-Academic Disciplinary Hearing Procedure

1. The Associate Dean of Students, School of Medicine shall give the student written notice of the charges and the grounds upon which, if proven, would justify expulsion. The notice shall also specify the time and place of the hearing, a list of the Ad Hoc Hearing Committee members, a list of witnesses, and copies of any documentary or other evidence that will be presented at the hearing. The notice may be amended at any time prior to the hearing, but if the amendment is prejudicial to the student's case, the hearing shall be rescheduled to a later date.
2. The hearings shall be scheduled no earlier than ten business days after notice is delivered to the student. Every attempt should be made to begin the hearing within 15 business days after notice is delivered.
3. No Ad Hoc Hearing Committee member shall participate in any case in which that member is a complainant or witness, in which the member has a direct or personal interest, or in which the member has acted previously in an advisory capacity to the student. A Committee member's eligibility to participate in cases may be challenged by the Associate Dean of Students, School of Medicine, the student, or other Committee members. All challenges must be exercised at least five business days before the hearing and will be ruled upon by the Chair. Replacement Committee members will be named from the remaining panel members in the manner described in Section 3 above.
4. Five members are necessary to conduct a hearing or take a vote. The Chair shall preside over the hearing, decide any evidentiary and procedural questions that arise, and inform the student in writing of the action taken by the Ad Hoc Hearing Committee. The Medical College's Office of the General Counsel shall advise the Chair of the Committee on any evidentiary or procedural questions that may arise.
5. The Associate Dean of Students, School of Medicine, their designee will be responsible for presenting the charges and the evidence to the Ad Hoc Hearing Committee. The individual who thus presents the case may question witnesses on both sides, will pursue other data or evidence requested by the Committee, and may make summary statements to the committee. This

individual will be present throughout the hearing but will not be present once the Committee begins its closed deliberations.

6. The student may present evidence and witnesses, question any of the witnesses and make statements to the Ad Hoc Hearing Committee. The student shall provide the Chair of the Committee with a list of witnesses who will appear at the hearing on behalf of the student, counsel and/or advisors who will be present and copies of any documentary or other evidence that will be presented, at least two days prior to the hearing.
7. The Ad Hoc Hearing Committee may question the witnesses and make whatever other inquiries it deems appropriate. The hearing need not be conducted according to the rules of law or evidence, and the Committee may admit any evidence that is of probative value in determining the issues.
8. No one will be required to give self-incriminating evidence.
9. The student may be represented by legal counsel and/or accompanied by a faculty advisor of the student's choice, and the Associate Dean and the Ad Hoc Hearing Committee may be represented by legal counsel. Legal counsel and the advisor, however, may not question witnesses and may not make statements to the Committee.
10. The hearing shall be closed except for members of the Ad Hoc Hearing Committee, the student being reviewed, the Associate Dean or designee and their staff, appropriate advisors for each of them, the person designated to record the hearing, and witnesses while they are testifying.
11. The Associate Dean or their designee shall have the burden to prove, by a preponderance of the evidence, that the student violated the rules of professional conduct. Only those matters presented at the hearing will be considered in determining whether the student violated the rules of professional conduct, but the student's past record or conduct may be considered in determining disciplinary action.
12. If the student does not appear (personally or through counsel) without any satisfactory explanation for the absence having been made, or leaves the hearing before its conclusion, the hearing shall proceed, and a decision should be rendered based on the available evidence just as though the student had been present throughout the hearing.
13. The Ad Hoc Hearing Committee will make a record of the hearing, which may be a tape recording. The Committee shall have sole discretion to determine the medium for recording the hearing. A copy of the recording will be provided to the student at the student's request and expense.
14. Following the presentation of evidence, all other participants except the Ad Hoc Hearing Committee and its legal counsel will withdraw and the Committee will privately consider the evidence and reach a decision. A majority vote of the Committee members present shall be required for a binding decision. The Committee shall determine the appropriate sanction, which

may range from reprimand to dismissal, as defined in Section 2 above.

15. The student shall be notified of the Ad Hoc Hearing Committee's decision in writing by the Committee Chair, including a description of any sanction imposed, if applicable. If the student is sanctioned, a copy of the Chair's letter shall be placed in the student's academic file. If no sanctions are imposed, no record will be placed in the permanent academic file.
16. Should the Ad Hoc Hearing Committee find that dismissal from the Medical College is warranted, the Committee will promptly prepare a written report that shall contain:
  - a. A summary of the facts found.
  - b. A finding that the facts found demonstrated that the student failed to meet the professional conduct standards of the College.
  - c. A statement of the action that the Committee has decided to take and the effective date of the action.
17. A copy of this report will be delivered promptly to the student, personally or by certified mail, return receipt requested.
18. The decision of the Ad Hoc Hearing Committee will be treated as conclusive and binding, without right of appeal, unless the Committee decides that dismissal from the Medical College of Wisconsin is warranted. In that instance, the student may appeal the dismissal to the Dean of the Medical College of Wisconsin, in accordance with the standard appeals mechanism.

## Process to Appeal Non-Academic Suspension

1. A student may appeal a decision of the Academic Standing and Professionalism Committee to suspend them from Medical College of Wisconsin by giving notice, in writing, of their intention to do so, to the Senior Associate Dean for Education within three (3 business days) of the date on which the decision was mailed or delivered to the student. A student who does not give such notice within three (3) business days shall be deemed to have waived their right to appeal.
2. The Senior Associate Dean for Education shall appoint three senior faculty members to consider the appeal and shall appoint the Appeals Committee Chair.
3. The Appeals Committee shall set a date for hearing the appeal which shall not be more than thirty (30) days after its creation, and shall give written notice of the date, time, and place of the hearing to the student by personal delivery or by certified or registered mail.
4. At least three days prior to the appeal hearing, a written report stating the decision of the Academic Standing and Professionalism Committee and the summary of the hearing conducted by that Committee shall be delivered to the Appeals Committee Chair.
5. At least three days prior to the appeal hearing, the student, their representative, shall submit to the chair of the Appeals Committee a written statement detailing the grounds on which the appeal is based.

6. The Chair of the Appeals Committee shall distribute a copy of both these documents to members of the Appeals Committee at least two days prior to the appeal hearing.
7. The Appeals Committee shall conduct its review in the following manner: The Appeals Committee will confine its consideration to the written report submitted by the Academic Standing and Professionalism Committee and the written statement submitted by the student. No new information and no new witnesses or advocates will be considered. The student, their faculty advisor and/or legal counsel may appear and present a statement. A representative of the Academic Standing and Professionalism Committee may appear and explain the context of the committee's decision, make statements, ask questions, and interact with all persons present at the hearing. Members of the Appeals Committee may question those present on pertinent matters, but these matters must relate to the grounds for the appeal or the basis for the committee's findings. The Appeals Committee must determine whether the substantial rights of the student have been violated by virtue of the fact:
  - a. The decision of the Academic Standing and Professionalism Committee is arbitrary and capricious.
  - b. The decision reflects an unfair or incorrect application of college policies.

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

The decision of the Appeals Committee is final.

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

## PROFESSIONAL BEHAVIOR POLICY

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

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

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

## CONFLICT OF INTEREST POLICY

All students of the Medical College of Wisconsin are expected to abide by the institution's Code of Conduct at all times: <https://infoscope.mcw.edu/Corporate-Policies/Code-of-Conduct.htm> This includes a responsibility for all members of MCW to conduct themselves in an ethical manner and demonstrate transparency and integrity in all dealings.

Avoidance of conflict of interest or the appearance of conflict of interest is central to maintaining our integrity as individuals and as a community of health education learners and professionals. It is expected that the primary commitment of time and intellectual energy of students enrolled full-time at MCW shall be to the pursuit of their health science education.

Students must avoid involvement in any outside activities where self-interest or opportunity for personal financial or economic gain may directly influence (or appear to influence) their performance or any decision by MCW officials with whom students may interact as part of their education at MCW. Students may not use the institution's name, logo, or their enrollment status with MCW to advertise for or promote any outside activity, employment, or venture of any kind. This includes business ventures of the student or those of their immediate family. MCW does not automatically endorse or approve outside activities. Students engaged in outside employment or other business activities are responsible to ensure that their activities do not interfere with their education, and to clearly communicate to any parties involved in outside activities that relate to MCW's missions of patient care, research, or education, that such activities have no connection or nexus to MCW.

Collaborations with industry have resulted in expansion of resources and opportunities for research and development advancing health science knowledge and education. However, maintaining integrity of academic medicine and health sciences and legitimacy of our institution requires vigilant attention to

situations that may create perceptions of conflict of interest, or otherwise have the potential to diminish public trust in MCW. Therefore, students must disclose in writing to the Associate Dean of Student Affairs for their School any financial interest that they may have in pharmaceutical, biotechnology, medical instrument/device company, or other business which owns or has a contractual relationship to any subject matter being reported on or discussed in the educational setting, including any research projects, paper, or other assignment. MCW will use such information when planning research projects and assignments to ensure that they are in compliance with the MCW Code of Conduct. This includes, but is not limited to, any employment by any student with organizations or entities involved in the health science industries.<sup>1</sup>

MCW students may not accept any gifts from pharmaceutical, medical device or medical supply companies, and these companies may not provide meals or refreshments for any MCW approved student function on campus.

## POLICY FOR IMPAIRED MEDICAL STUDENTS

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

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

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

### Routine Alcohol and Drug Testing at Clinical affiliates

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

Students who test positive on a routine drug test will be referred to the Associate Dean, Student Affairs

(ADSA). If a student refuses evaluation or consent to share the results of this evaluation, he/she may be subject to disciplinary procedures including eligibility of recommendation for dismissal.

### For Cause Drug Testing

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

1. Direct observation of drugs or alcohol use or possession.
2. Possession of drug paraphernalia.
3. Demonstration of physical symptoms of alcohol/drug intoxication or withdrawal.
4. A pattern of abnormal or erratic behavior, consistent with alcohol or drug abuse.
5. Arrest or conviction for a drug or alcohol related offense.
6. Identification as the focus of a criminal investigation into illicit drug use, possession, or trafficking
7. Evidence that a student has tampered with a previous drug or alcohol test

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

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

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

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

Students with a positive drug test result will be subject to disciplinary sanctions. These sanctions could

result in dismissal. An individual's participation in, and successful completion of, an approved drug or alcohol counseling program coupled with their consent to random testing may be considered in the disciplinary process but does not ensure that dismissal will not occur.

Any student who is given the option to participate in a rehabilitation program<sup>4</sup> will comply with the treatment and rehab requirements set forth below:

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

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

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

### Substance Abuse Self-Identification

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

1. A student who voluntarily self-identifies as an abuser may be permitted to continue his/her current course of study without suspension, provided:
  - a. This self-identification occurs PRIOR to any incident that is grounds for suspension or dismissal under institutional policy.
  - b. The student immediately enters an approved treatment program\*for drug or alcohol abuse.
  - c. The student's conduct and academic performance remain consistent with the demands of the curriculum and profession.
2. A student who voluntarily self-identifies as an abuser and who, by their own admission, by the testimony of approved abuse counselors, or by the determination of institutional authority is no longer capable of acceptable academic and professional conduct will be required to take a medical leave of

absence from the Medical School. Nothing in this paragraph will preclude the Medical School from suspending, dismissing, or taking other appropriate action against the student for unacceptable academic performance or lack of professional conduct.

## NOTIFICATION OF ARRESTS/CONVICTIONS

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

## REFERENCES AND RELATED POLICIES

\*NOTE: This policy was adapted from the medical school substance abuse policies of Texas A&M, UC Davis & UC San Diego. Approved June 17, 2017

## TEMPORARY WITHDRAWAL/LEAVE OF ABSENCE

Students may request a temporary withdrawal for several reasons. All requests for leaves of absence must be approved by the Associate Dean of Students, School of Medicine, or their designee (see Temporary withdrawal policy). Students may take a temporary withdrawal to pursue additional work (such as research or work toward an advanced degree) if they are in good academic standing. Such leaves of absence do not count against the time for degree completion, except for students in M.D./Ph.D. programs. Students may take a personal temporary withdrawal in accordance with the Temporary Withdrawal policy. Students will be granted no more than twenty-four months of leave (including leaves mandated by the Academic Standing and Professionalism Committee or school policy because of academic difficulty) from scheduled academic time during the entire duration of their enrollment at the Medical College of Wisconsin. Importantly, financial aid will be affected by temporary withdrawals or leaves of absence. Students considering taking leave should check with Financial Aid regarding their specific situation. Students who take more than twelve months of leave will no longer be considered to be making satisfactory academic progress. See [REQUEST FOR TEMPORARY OR PERMANENT WITHDRAWAL](#)

## FAMILY LEAVE POLICY

The Medical College of Wisconsin recognizes the need for students to assume family duties, which sometimes requires time away from the curriculum. In the interest of providing both a solid medical education and time for family responsibilities to students, the Medical College administrators will utilize all possible curriculum flexibility when family needs arise. Students who need family leave must plan their schedules individually and as far in advance as possible with the Associate Dean for Student Affairs, School of Medicine. Requests for alternatives other than those allowed by the usual curriculum flexibility will be brought to the Academic Standing and Professionalism Committee. Students who require a leave-of-absence for several months should be aware that their graduation date may be delayed as a result. Each case will be considered on an individual basis.

## ABSENCE REQUESTS

### Student Time off for Accessing Health Services

Category: Education (ED) Policy #: ED.MS.060 Applies to: MCW School of Medicine students

**Purpose:**

Students, like any other members of society, should have access to the health services they need. This policy is to ensure that students have timely access to needed health services and while also being able to complete their academic obligations.

**Definitions:**

Health services include preventive, diagnostic and therapeutic measures in relation to physical and mental health. Timely includes within reasonable time frame based on availability and proximity of health services.

**Policy:**

Medical students shall be approved for time off from any course or clerkship to access health services in timely manner.

**Procedure:**

1. Medical students should submit absence requests for any health services that will interfere with any course or clerkship sessions, as soon as the conflict is identified.
2. Students should discuss the absence details with their course coordinator and/or director as soon as the conflict is identified.
3. Students shall not be asked to provide any specifics regarding the scheduled health services, nor is any written note required from the health service providers.
4. If required, students must complete alternative or make-up work for the missed session(s). Students should work with course coordinator and/or director to coordinate such assignment(s) and timeline.

5. If students have health services needs that lead to prolonged absences from the course or clerkship, students should initiate a discussion with the Associate Dean of Student Affairs regarding a potential Leave of Absence.
6. For emergency health services, students are expected to first attend to their health and inform respective course clerkship director/coordinator as soon as possible.

**References:**

LCME Element 12.4 Student Access to Health Care Services

**Attachments:**

NA

Effective Date: 01/08/2026

Revision History: N/A

Supersedes Policy: N/A

Review Date: N/A

Approved By: José Franco, MD

Senior Associate Dean for Education

Medical College of Wisconsin

## Phase 1 Absence Requests

The knowledge and experience acquired during required classroom sessions or while in the clinical setting cannot easily be replicated by independent study alone. There are, however, occasions when time away may be necessary. For short-term absences, please review the policy below. In cases requiring substantial time away from the school, the student must contact the Associate Dean of Student Affairs, School of Medicine, to arrange for a formal Leave of Absence (LOA).

There are two types of absences:

**Unplanned Absence:** This is an absence outside a student's control.

**Planned Absence:** This is an absence for a future event that will overlap with required course content. Except in rare instances, students will **not** be excused from required course content/events. A student is expected to be present for all scheduled days of course work, exams, class meetings, clinical duties, and mandatory meetings.

See below for allowable planned absences for each type of course event.

Students should refer to posted course syllabi and schedules to confirm dates and times of exams, quizzes, mandatory sessions, etc. prior to making plans that occur during the academic year. E-mail course coordinators and directors with questions.

Each class will be expected to follow the academic calendar identifying observed holidays. Every

reasonable effort is made to avoid scheduled conflicts with religious holidays; however, not all requests for excused absences can be accommodated. These will be evaluated on a case-by-case basis by the Associate Dean of Student Affairs, School of Medicine.

## MCW-Milwaukee, Central Wisconsin (CW), and Green Bay (GB) Excused Absence Guidelines for Integrated Science, Early Clinical Courses, and Scholarly Concentrations

1. Examinations (Course Exams, Course Quizzes, OSCEs, CCSE and CBSE)
  - a. Allowed absences\*
    - i. Unplanned
      1. Acute Student illness or emergency
        - a. Physical and mental healthcare appointments for acute issues
      2. Family illness or emergency
      3. Birth of a child
    - ii. Planned
      1. Religious observation
      2. Required Military Duty
      3. Court hearing/jury duty (if cannot delay)
      4. Immigration hearing/Citizenship interview for self only
      5. Wedding of student or immediate family member
        - a. Immediate family member = sibling, parent...
        - b. Up to 2 days of travel and day of wedding only
  - b. Not allowed
    - i. Routine doctor and dentist appointments
    - ii. Conferences
      1. Students are allowed to take exams remotely but must take exam on scheduled date and at scheduled MKE time
    - iii. Travel/Vacations
      1. Students are allowed to take exams remotely but must take exam on scheduled date and at scheduled MKE time
      2. Travel arrangements should not be made that conflict with the scheduled exam calendar.
    - iv. Family events other than I.a.ii
2. Mandatory Sessions
  - a. Allowed absences

- i. All unplanned and planned absences allowed for examinations plus:
    - 1. Conferences
      - a. Student is presenting their work
      - b. Student is an MCW delegate
      - c. Students can be granted an excused absence from mandatory sessions for only one conference per year \*\*
      - d. A student may be restricted from attending a conference if not in good academic standing by the Office of Student Affairs.
    - 2. Weddings
      - a. Family – including extended family members
      - b. Friend – if member of wedding party
      - c. Up to 2 days of travel and day of wedding only
    - 3. Graduation of significant other, immediate family member
      - a. Up to 2 days of travel and day of graduation only
    - 4. Residency Interviews
    - 5. Other family events – major anniversaries, major birthdays, family reunions, etc. – are considered on case-by-case basis.
  - b. Not allowed – Absences will be considered unexcused; each course will dictate how the unexcused absence will factor into successful completion of the course
    - i. Presentation/MCW delegate at more than one conferences/year
    - ii. Routine doctor and dentist appointments (diagnostic, preventive and therapeutic services should be scheduled during independent study time where possible.)
    - iii. Travel/Vacations
    - iv. Weddings except for as stated in II.a.i.2 above
3. Non-Mandatory Sessions
- a. Graded Session – Not Mandatory
    - i. All unplanned and planned absences allowed for examinations and mandatory sessions apply

\* Make-up exams for excused absences should be re-scheduled for after the scheduled exam date. Early exams are not allowed except under extraordinary circumstances due to concerns about exam integrity.

\*\*Students can be granted an excused absence from mandatory sessions for one conference per year at which they are presenting their work and one conference per year at which they are an MCW delegate. Per Dr. Franco, requests for an excused absence to attend a 2<sup>nd</sup> conference as a presenter or

delegate must be approved by the Senior Associate Dean for Education or the Associate Dean for Student Affairs.

## MCW-Milwaukee Phase 2 Excused Absence Guidelines

### Scholarly Concentration Core Sessions

All core sessions are mandatory.

### Clerkship Days off Requests

Students will have an average of at least one day off per week during their clerkship rotations.

A student who wishes to request a particular day or days off from the allowed one day off per week must complete the Absence Request Form at least 60 days before the first day of the discipline specific clerkship. Clerkships will make every reasonable attempt to schedule the student to meet the request but are under no obligations to accept a student's request. The clerkship is not required to alter an already created schedule to accommodate the student.

Students requesting more than the allotted average of one day off per week must provide rationale to the clerkship director, and it is up to the clerkship director's discretion to grant any such request.

Students' days off during a clerkship may be different for different clerkships

### Spiral Weekdays off:

Spiral weeks have built-in two weekend days off. So, students are excused only for unplanned emergencies during weekdays. Planned absence requests are not allowed unless in extreme circumstances, which will be decided on a case-by-case basis.

## MCW-Central Wisconsin Clinical Rotation Attendance and Time Away Policies

MCW-CW students are required to adhere to the applicable MCW attendance policies.

MCW observes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday following Thanksgiving Day, Christmas Eve Day, and Christmas Day. Holidays that occur on a Saturday will be recognized the Friday before, and holidays that occur on Sunday will be

recognized the Monday after.

## Longitudinal Integrated Clerkship (LIC)

For planned absences, please follow the processes outlined below:

1. Submit the Absence Request [form](#) as soon as you are aware of the need for time away.
2. Requests for non-emergent absences should be made no later than 45 days prior to the potential absence.
3. Absences submitted less than 45 days in advance will be considered on a case-by-case basis and can be denied.
4. Requests are not finalized until officially approved. Purchasing nonrefundable tickets prior to receiving official approval is at the student's own risk.
5. Once requests are approved, students are responsible for notifying their clinical preceptors and site contacts of their upcoming absence.
6. Students will have a bank of 5 days of time away during the Phase 2, Longitudinal Integrated Clerkship (LIC) which may be used for professional development time, personal days, or vacation.
  - a. The bank of 5 days includes both excused and unexpected absences.
7. Time away will not be approved during "Blackout Dates" which include:
  - a. All Spiral weeks
  - b. Milwaukee Children's Hospital (CHW) weeks
  - c. Hospitalist Rotations at Marshfield Medical Center
  - d. Hospitalist Rotations at the Iron Mountain VA
  - e. OSCE and Exam dates

For unplanned, emergent, or other unexpected absences; please call/text/email the course coordinator, your preceptor, and the site contact as soon as possible.

All absences from the student's assigned schedule MUST be reported to the coordinator for tracking purposes.

## CW Medicine Acting Internship

- You will have at least four (4) days off during the month (weekend days included).
- Students should typically expect to work for 5 continuous days and then get 2 days off.
- Generally, days off will not be allowed if they interfere with your required, scheduled shifts.

- Scheduling is complex; patient care responsibilities of the medical team must take precedence over requests for time off.

For **planned absences**, please follow the processes outlined below:

1. Submit the Absence Request [form](#) as soon as you are aware of the need for time away.
2. Requests for non-emergent absences should be made no later than 45 days prior to the potential absence.
3. Absences submitted less than 45 days in advance will be considered on a case-by-case basis and can be denied.
4. Requests are not finalized until officially approved. Purchasing nonrefundable tickets prior to receiving official approval is at the student's own risk.
5. Once requests are approved, students are responsible for notifying their clinical preceptors and site contacts of their upcoming absence.
6. In general, students should not request consecutive days off.

For **unplanned, emergent, or other unexpected absences**; please call/text/email the course coordinator, your preceptor, and the site contact as soon as possible.

All absences from the student's assigned schedule **MUST** be reported to the coordinator for tracking purposes.

## CW Emergency Medicine Acting Internship

- Due to the nature of EM work and schedules, acting interns will have more than four (4) days off during the month.
- You will work the equivalent of 15 twelve-hour shifts during the month, so you will have days when you are not scheduled to work.
- Generally, days off will not be allowed if they interfere with your required, scheduled shifts.
- Scheduling is complex; patient care responsibilities of the medical team must take precedence over requests for time off.

For **planned absences**, please follow the processes outlined below:

1. Submit the [Absence Request form](#) as soon as you are aware of the need for time away.
2. Requests for non-emergent absences should be made no later than 45 days prior to the potential absence.
3. Absences submitted less than 45 days in advance will be considered on a case-by-case basis

and can be denied.

4. Requests are not finalized until officially approved. Purchasing nonrefundable tickets prior to receiving official approval is at the student's own risk.
5. Once requests are approved, students are responsible for notifying their clinical preceptors and site contacts of their upcoming absence.
6. In general, students should not request consecutive days off.

For unplanned, emergent, or other unexpected absences; please call/text/email the course coordinator, your preceptor, and the site contact as soon as possible.

All absences from the student's assigned schedule MUST be reported to the coordinator for tracking purposes.

## CW Electives

- You will have at least four (4) days off during the month (weekend days included).
- Students should typically expect to work for 5 continuous days and then get 2 days off.
- Generally, days off will not be allowed if they interfere with your required, scheduled shifts.
- Scheduling is complex; patient care responsibilities of the medical team must take precedence over requests for time off.

For planned absences, please follow the processes outlined below:

1. Submit the Absence Request [form](#) as soon as you are aware of the need for time away. as soon as you are aware of the need for time away.
2. Requests for non-emergent absences should be made no later than 45 days prior to the potential absence.
3. Absences submitted less than 45 days in advance will be considered on a case-by-case basis and can be denied.
4. Requests are not finalized until officially approved. Purchasing nonrefundable tickets prior to receiving official approval is at the student's own risk.
5. Once requests are approved, students are responsible for notifying their clinical preceptors and site contacts of their upcoming absence.
6. In general, students should not request consecutive days off.

For unplanned, emergent, or other unexpected absences; please call/text/email the course coordinator,

your preceptor, and the site contact as soon as possible.

All absences from the student's assigned schedule MUST be reported to the coordinator for tracking purposes.

## MCW-Green Bay Clerkship Excused Absence Guidelines

MCW-GB students are required to adhere to the applicable MCW attendance guidelines as outlined in the student handbook. For all absences, including unplanned, emergent, or other unexpected absences, students must notify the appropriate clerkship coordinator and their preceptor(s), as soon as feasible.

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

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

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

## MCW-Milwaukee Phase 3 Excused Absence Guidelines

### Required Rotations

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

approval.

## Elective Rotations

- Time away requests should be discussed directly with Phase 3 course directors and/or coordinators.

## Exams

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

## Process for Requesting Absences

A student must submit a request via the [Absence Request Form](#). The request should be submitted within 2 weeks\* of the course schedule being posted for a Course and Pathway. Clerkship students should monitor and follow deadlines for submissions laid out during each rotation. Exceptions to this time requirement can be made for unplanned absences, as outlined below, where the student should notify the Course, Pathway or Clerkship coordinator or Director before the session is missed, unless there are extenuating circumstances.

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

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

## MCW DUTY HOURS POLICY

Approved by MCW's Curriculum & Evaluation Committee

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

*Approved April 18, 2005*

- Clarifications – per Curriculum and Evaluation Committee provided by M3 Clerkship Directors (from OASIS Duty Hour Evaluation)
  - 30 hours = work more than 30 hours consecutively in clinical or educational activities
  - 80 hours per week (averaged over a four-week period) during a clerkship in clinical or educational activities
  - Hours refers to time spent in hospitals, clinics or attending required didactic sessions. It does NOT refer to time spent studying or working on other clerkship/self-study projects.
  - Students on any MCW rotation must not be placed on call the last night of the rotation.

*Approved May 19, 2008*

## RULES FOR ADMINISTRATION OF MEDICAL SCHOOL EXAMINATIONS AT MCW

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

Students are responsible for learning the mechanics of examination navigation and submission and for following the rules for administration of examinations. Failure to follow the Rules for Administration of Medical School Examinations may result in notification on multisource feedback to relevant faculty, is notifiable to the Associate Dean for Students Affairs, and in some cases, loss of exam credit as described below.

### In-Person Exams

1. Students will receive exam instructions (e.g., exam room assigned, and exam start time) from the appropriate Course/Clerkship Director/ or coordinator via a D2L Brightspace Announcement.
2. Students cannot carry unauthorized items and/or mobile devices into the testing room. These items include but are not limited to the following:
  - a. ALL mobile devices (phones, pagers, smart watches, fitness or activity trackers, recording/filming/transcription devices) except one personal computer with the exam

downloaded.

- b. Ear buds/headphones unless specified by the appropriate Course Director for a video (Ear plugs are allowed.)
  - c. All watches
  - d. All writing devices including pens and pencils other than a personal computer
  - e. Reference materials (books, notes, papers)
  - f. Backpacks, briefcases, or luggage
  - g. Beverages or food of any type (except those required for personal medical reasons. See below.)
  - h. Coats, outer jackets, hooded clothing that can be converted to headwear or ones with a built-in head cover or scarves. If the student gets too warm, the student must leave the item with one of the proctors. Clothing is not allowed on the back of the chair, tied around waist/shoulder, or carried in.
  - i. Students will not be permitted to wear headwear during the examination (unless for religious or medical purposes). Hair ties or bands of ¼ inch or less are acceptable.
  - j. Electronic devices (including but not limited to iPads, computers) are restricted to those required to take examination in the exam software.
  - k. Any other item or material that raises reasonable suspicion or may reasonably be construed to enable academic dishonesty.
3. Any student with any of the above banned items after the beginning of the exam will be required to give the item(s) to a proctor.
    - a. Notification may be sent to the Associate Dean for Student Affairs, School of Medicine, in a timely manner. The appropriate Course Director(s) will be promptly notified.
    - b. Additional disciplinary action may be warranted and administered, at MCW's sole discretion.
  4. Students who take electronic course/clerkship exams are required to:
    - a. Download the exam file for each exam in advance of the exam start time.
    - b. Bring a fully charged and working laptop, compatible with the exam software platform.
    - c. Bring a charging cable, privacy filter, exam software credentials, their MCW ID badge, and ear buds/headphones when required to the exam session.
    - d. Stow all personal items, other than those previously identified in this section, in student lockers for Phase I students and in the cubbies in the exam room for Phase 2 and Phase 3 students. (Phase I students are encouraged to store their privacy screen in their student locker when it is not in use.)
    - e. Report to their assigned testing room before the exam start time.
  5. Technology support resources are provided adjacent to the examination room before, during and after the exam. If technical assistance is needed for student-owned laptops as part of an exam

session, an MCW ID badge must be provided at the time of assistance. For an emergency situation, loaner laptops, privacy screens and technology assistance can be obtained from the Exam Team at the entrance to the exam room. Written acknowledgement of assistance from the Exam Team will be sent for all students needing assistance to the student, Course Director(s) and the Associate Dean of Students.

- a. Repeated request - A second request for a loaner laptop or privacy screen or failure to download exams before arriving to the exam session or to resolve computer compatibility or functional issues will result in the loss of 5% of the final grade of the exam. A third incidence will result in the loss of 10% of the final grade of the exam and notification and meeting with the Associate Dean for Student Affairs, School of Medicine. Repeat requests need not be for the same incident (i.e., a loaner laptop) in order for the consequences stated herein to apply.
6. Exam software records date and time stamp records of all student activity within the exam software including, but not limited to, start time, answers selected, questions skipped and exam submission. These log files may be used to address student questions, verify exam taker behavior, or for other purposes in MCW's sole discretion.
7. The exam proctor is the official timekeeper. Exam software displays the amount of time remaining for examination which may be inaccurate for late arriving students. At the end of the examination allotted time, regardless of late arrival, students must immediately submit their answers.
  - a. Premature closure of the examination window will not merit additional examination time, except at the discretion of the proctor.
8. An electronic mechanism is used to determine students who are in the exam room and the time students arrive in their **assigned** room for the exam.
  - a. At the Regional Campuses, students use Top Hat to record their attendance prior to the start of the exam.
9. Students will be provided with writing materials for use during the exam. These materials include but are not limited to any of the following:
  - a. A marker, eraser, and whiteboard or official NBME green board. Students must erase and hand in their marker/eraser/whiteboard or green board as they exit the classroom.
  - b. Pencil and paper: These may be given to the students when entering the room or placed on the tables prior to the students' arrival.
  - c. Students are given detailed instructions at each of the tables that they cannot take/use these exam materials until they have entered the exam code and received access to the exam. Notes or calculations may be written on both sides of the paper/NBME green board during the examination. The paper/NBME green board will be collected at the end of examination session by proctors. Students are not permitted to take the paper/NBME green board with

them after the exam.

- d. Notes written or recorded in any way prior to initiating the start of the exam/entering exam password are not permitted. If discovered, notes will be confiscated and an orange card may be issued in a timely manner and sent promptly to the Associate Dean of Students, School of Medicine. The appropriate Course Director(s) will be promptly notified. Additional disciplinary action may be warranted and administered, at MCW's sole discretion.
  - e. Calculators will be provided as part of the examination software for electronic exams or as physical devices for paper-based exams. In addition to the on-screen calculator, a highlight function, a cross-out function and a list of normal lab values will be provided for electronic exams. Students are not permitted to bring their own calculators or lab values to the exam, unless expressly instructed to do so by Course Director(s).
10. Students are required to use their privacy screens throughout the entire exam.
    - a. If a privacy screen is removed, notification will be sent promptly to the Associate Dean for Student Affairs, School of Medicine. The appropriate Course Directors will be promptly notified. Additional disciplinary action may be warranted and administered on a case-by-case basis pursuant to applicable policies.
  11. Immediately prior to all exams, an abbreviated list of these Exam Rules will be presented via a video recording or in person by the appropriate Course Directors or other designated faculty members. An abbreviated form of these rules will be projected during the exams.
  12. Students will be permitted to leave the examination to use the restroom one-at-a-time for exams in the Learning & Skills Rooms and one per designated restroom near the test site in Kerrigan, Alumni Center, and the Discovery Classrooms in Milwaukee and at the regional campuses. A Milwaukee student requiring a restroom break must scan their MCW ID when they leave and upon their return. Any notes taken on paper during the exam as well as paper examinations must also be left with the proctor during their absence. These items may be collected from the proctor when the student returns to the room. The timer for the exam will continue during restroom breaks. In other words, students taking a break will not be allotted additional time to complete their exams. Proctors will determine whether the time that the student is absent from the room during examinations is reasonable. The proctor may keep a sign-in/sign-out sheet to track the duration of student absences. These breaks are solely for the purpose of using the restroom, thus students should not visit other areas and should not communicate with others while on break.
  13. Students are monitored by proctors throughout the examination, so that students are not consulting sources, exchanging information, or engaging in any other behavior that might reasonably be construed as or enabling impermissible academic conduct. Any student exhibiting cheating, suspicious or unusual behaviors during exams will be promptly reported to the appropriate Course/Clerkship Directors and the Associate Dean for Student Affairs, School of

Medicine. The student will be required to meet with the appropriate Course Director(s).

14. Proctors are not allowed to answer questions that pertain to exam questions or content during the exam.
15. Special accommodation may be granted for medical conditions in advance by the Associate Dean for Student Affairs, School of Medicine. Examples include but are not limited to access to food, beverage, or medical testing supplies during an examination period due to medical necessity. These items should be left with the proctor at the beginning of the examination session. A student may be asked to leave the room to consume food or beverage if required as such activity may be disruptive to other students. The exam time allotted will not be extended in these cases, unless extra time has been pre-approved by the Associate Dean for Student Affairs, School of Medicine as part of an accommodation. The Associate Dean for Student Affairs, School of Medicine should be notified by students of this requirement in writing at the beginning of the year for known medical issues. If this is a new medical condition, the Associate Dean for Student Affairs, School of Medicine should be notified before starting a new course or at least one week prior to examinations, or as soon as reasonably possible following diagnosis. A letter from a licensed medical provider is usually required to support this exception to standard examination rules. In the case of a recurring need for food/beverage available due to medical necessity, the request will only need to be made once sometime before the first examination and approval will carry over to subsequent examinations during the academic year. Subsequent requests will need to be made at the beginning of a new academic year.
16. All students, by taking the examination, acknowledge and consent to the following, which may appear on the computer screen at the beginning of each examination administration: *All the test questions used are owned by the Medical College of Wisconsin. Any dissemination, disclosure or reproduction of the materials or any part of them through means including, but not limited to, photocopy, dictation, photography or reconstruction through memorization and/or dissemination (oral or written) in any form to any individual, platform, and/or party, or for the purpose of disseminating the information now or in the future, is prohibited and constitutes a violation of the MCW Student Professional Misconduct Policy. Resulting disciplinary action of an appropriate nature will be administered at MCW's sole discretion.*
17. At the discretion of the proctor, the format of the examination (computer v. non-computer) may be changed, or the examination may be rescheduled even when an examination is in progress.

## **Phase I Remote Examinations**

*For purposes of these instructions, START TIME is defined as "Time at which students have entered*

*the exam password into Exemplify.”*

1. Computerized Phase I exams are given remotely using ExamSoft/Exemplify with two add-ons, Exam ID, and Exam Monitor. Exam ID ensures the student is the person taking the exam. Exam Monitor utilizes the student’s laptop webcam and microphone to monitor them during the exam. Exam Monitor will create a video record that “flags” speech and movement away from the laptop monitor. “Flags” are reviewed after the exam to determine if inappropriate activity has taken place. Before the exam begins, a consent form will appear asking students to agree to be ID’d and monitored during the exam. Exam ID and Exam Monitor will ensure the exam is fair for all students by guaranteeing the integrity of the exam process. Additionally, exam software records date and time stamp records of all student activity withing the exam software including, but not limited to, start time, answers selected, questions skipped, and exam submission. These log files may be used to address student questions, verify exam taker behavior, or for other purposes in MCW’s sole discretion.
2. Students must take their exam using their MCW provided enterprise class Windows Laptop computer (applies only to MCWfusion Phase I students starting in AY2024-25 and beyond).
3. Students will receive an announcement via D2L Brightspace before each exam confirming the exam date, start time, and time allotted for the exam. This announcement will also include the date the exam will be available for download from ExamSoft, as well as additional course-specific information.
4. Students will receive an email from the MCW Exam Team when their exam is ready to be downloaded from ExamSoft. Once a student receives this email, they should download their exam from ExamSoft. Students should not wait until the day of the exam to download their exam. Students will need internet access to download and upload the exam. Internet access will be disabled by Exemplify while the student is taking their exam.
5. Students should choose a quiet place indoors to take their exam (avoid ambient noise ... traffic, lawnmowers, barking dogs, etc.). A noisy environment will flag the Exam Monitor. If possible, students should take their exam in a room where they can close the door and block out all distractions. If there is no suitable place available at the student’s residence, they should contact the Office of Student Affairs [studentaffairssom@mcw.edu](mailto:studentaffairssom@mcw.edu).

6. Twenty minutes before the start time of the exam, the MCW Exam Team will release the exam password via a D2L Brightspace announcement (i.e.: 7:40AM for an exam with a start time of 8:00AM). Students may start the exam once the password is announced on D2L Brightspace. The exam time listed is the latest a student may enter the exam password in Examplify.
7. If a student has not started the exam and the exam password has been removed from D2L Brightspace, the student must contact the Exam Team at [exams@mcw.edu](mailto:exams@mcw.edu). Students who do not start their exam within 1 minute of the start time of the exam (i.e.: 8:01 AM for an 8:00 AM start time) will be considered late and subject to the penalties described under the late exam arrival rules in the Medical Student handbook unless the late start is due to technical issues.
8. When logging into the exam students will see a thumbnail view of their face at the bottom of their computer screen. If they do not see this thumbnail view, they should adjust their webcam until they can see their face.
  - i) Students must use their laptop webcam to slowly complete a 360° view of their room and workspace/desk where they are taking the exam. An instructional video is attached to question 1 to show how to perform this task.
  - ii) Students must hold a handheld mirror in front of their laptop monitor and then use the mirror to scan to the left and right of their laptop to show that they do not have prohibited items in their workspace. When using the mirror to show their laptop, students should slowly scan so the exam team may see the keyboard and monitor.
9. While taking the exam, you will be expected to adhere to NBME-style rules, plus some additional restrictions due to Exam Monitor. These are:
  - a. No talking. This includes reading the exam questions aloud to yourself. TALKING will flag the Exam Monitor.
  - b. Avoid turning away from the monitor
  - c. No headphones or ear buds (foam ear plugs are allowed)
  - d. No headwear (except for religious purposes). This includes headbands.
  - e. If a student is wearing a hooded sweatshirt, the hood cannot be worn over their head
  - f. Student should erase all whiteboards present in the room in which they are taking their exam
  - g. No textbooks, notes, paper, writing tools
  - h. No electronics (other than the laptop, power cord, mouse). Calculators will be provided as part of the examination software.

- i. No food and drink (unless medically necessary). If a student requires food, drink, or medications during an exam, they should request exam accommodation from the Associate Dean for Student Affairs.
  - j. Students must turn off their cellphone and remove it from the exam space. Students should not be able to see or use their cellphone from where they are sitting to take the exam.
10. Students observed with the prohibited items listed above while taking the exam or during the virtual post-exam review (see Medical School Exam Review and Appeal Procedure for remote Phase I Exams below) will be issued an MSF and be asked to meet with the Associate Dean of Students, School of Medicine. Additional disciplinary action may be warranted and administered, at MCW's sole discretion.
11. Students who experience computer problems during the exam should email the Exam Team at [exams@mcw.edu](mailto:exams@mcw.edu). Students must announce "computer problem" before getting up to use their cellphone to email the Exam Team. The email should include a phone number at which the student can be reached.
12. Students should use the bathroom before taking the exam. Students are allowed one bathroom break of no longer than 5 minutes per hour. To use the bathroom during the exam, students must announce "Going to the Bathroom" before getting up and leaving the room. If a student requires additional bathroom breaks during exams for medical reasons, they should request exam accommodation from the Associate Dean of Student Affairs.
13. In place of scratch paper and pencil, students have two ways to take notes: 1) Use the "notes" feature in Exemplify and 2) Use the space in the essay question (question #2 in the exam). This second option allows students to keep all their notes in one place and refer to them as needed. The essay format allows students to have unlimited characters. This question will be worth zero points and will not affect the exam grade.

14. After a student has submitted their exam, the exam file and video monitoring file will be uploaded. The upload process could take up to 30 minutes or longer depending on the student's internet connection and speed. Students will be able to use their laptop during this upload period.
15. Students are monitored by ExamMonitor throughout the examination to ensure that students are not consulting sources, exchanging information, or engaging in any other behavior that might reasonably be construed as or enabling impermissible academic conduct. The video created by ExamMonitor is reviewed by the Exam Team. Any student exhibiting cheating, suspicious or unusual behaviors during exams will be promptly reported to the appropriate Course/Clerkship Directors and the Associate Dean for Student Affairs, School of Medicine. The student will be required to meet with the appropriate Course Director(s).
16. Special accommodation may be granted for medical conditions in advance by the Associate Dean for Student Affairs, School of Medicine. Examples include but are not limited to access to food, beverage, or medical testing supplies during an examination period due to medical necessity. These items should be left with the proctor at the beginning of the examination session. A student may be asked to leave the room to consume food or beverage if required as such activity may be disruptive to other students. The exam time allotted will not be extended in these cases, unless extra time has been pre-approved by the Associate Dean for Student Affairs, as part of the accommodation. The Associate Dean of Students, School of Medicine should be notified by students of this requirement in writing at the beginning of the year for known medical issues. If this is a new medical condition, the Associate Dean for Student Affairs, School of Medicine should be notified before starting a new course or at least one week prior to examinations, or as soon as reasonably possible following diagnosis. A letter from a licensed medical provider is usually required to support this exception to standard examination rules. In the case of a recurring need for food/beverage available due to medical necessity, the request will only need to be made once sometime before the first examination and approval will carry over to subsequent examinations during the academic year. Subsequent requests will need to be made at the beginning of a new academic year.
17. All students, by taking the examination, acknowledge and consent to the following, which may appear on the computer screen at the beginning of each examination administration: *All the test questions used are owned by the Medical College of Wisconsin. Any dissemination, disclosure or reproduction of the materials or any part of them through means including, but not limited to,*

*photocopy, dictation, photography or reconstruction through memorization and/or dissemination (oral or written) in any form to any individual, platform, and/or party, or for the purpose of disseminating the information now or in the future, is prohibited and constitutes a violation of the MCW Student Professional Misconduct Policy. Resulting disciplinary action of an appropriate nature will be administered at MCW's sole discretion.*

18. At the discretion of the Course Director(s)/Coordinator, in consultation with the Exam Team, the examination may be rescheduled even when an examination is in progress.

## Policy for Students Arriving Late to Take an Examination

1. The appropriate Course/Clerkship Director or their representative(s)/coordinator will clearly communicate the expected exam start time for students. For in-person exams, students should be in the exam area prior to the expected exam start time to assure “on-time” arrival on examination days. For remote exams, students should be prepared to log into their exam prior to the start time as noted above under the policy for remote exams.
2. Students arriving late to take an in-person examination must “badge in” and quietly inform the appropriate Course Director or chief proctor of their arrival. The start time for students who log in late for a remote exam will be noted by the MCW Exam Team. Names of students arriving late for an exam will be forwarded to the Assistant Dean for the Basic Science Curriculum after the exam.
3. The appropriate Course/Clerkship Director or the chief proctor has authority to decide how to manage a student arriving late for an in-person exam. In accommodating the late student, every effort will be made to minimize the disruption to other students taking the exam.
4. The student will be expected to complete the exam in the time remaining for the original testing session.
5. Arriving late for exams (after the expected start time (1:01)) is an issue of professionalism. After the exam, students arriving late will receive an email noting their exam start time, their violation of the on-time exam arrival policy, and their number of prior violations of this policy if any. Students who choose to contest the violation will be asked to submit a Qualtrics form within three business days providing their reason for being late. This justification will be reviewed by the Assistant Dean for the Basic Science Curriculum. Unless there is a justifiable reason for a late arrival (i.e.: technical problems), the following policy goes into effect:
  - a. First offense: notification of late exam arrival violation
  - b. Second offense: 5% taken off the exam
  - c. Third offense: 10% taken off exam
  - d. Fourth offense: additional 10% taken off and students will meet with the Associate Dean for Student Affairs, School of Medicine with possible disciplinary action.

- e. After one year, each student lateness occurrences shall be reset to zero

## Medical School Exam Review and Appeal Procedure for remote Phase I Exams

1. Course Directors or their representatives will clearly communicate exam review procedures to students by way of a D2L Brightspace Announcement and the course syllabus in the event one exists. Course examination items, including completed and returned exams, are confidential documents not to be released, reproduced, disseminated, or shared in any forum outside of the testing/review setting.
2. A 15-minute secure post-exam review is provided after a student has exited their exam in Exemplify (or when their exam times out).
  - a. To enter the secure exam review, students should select the “Continue to Review” box. If the “Continue to Upload” box is selected, the exam and exam video will be uploaded to ExamSoft. The student will not be able to go back and access the secure exam review.
  - b. All rules for remote exams apply to the virtual post-exam review. Students are not allowed to write down any notes and study materials are not permitted. Students may not use their phone during the post-exam review.
3. Students can use the notes feature in Exemplify to challenge ambiguous questions. When challenging a question, students should check the “feedback button” in the notes feature to let the course director know they have challenged that question. The word “CHALLENGE:” must precede the specific challenge submitted. Students are allowed to challenge up to three questions per exam.
  - a. For Phase I Courses
    - i. Questions must be marked in ExamSoft for review during the exam.
    - ii. No challenges will be accepted after the exam is submitted.
4. Decisions about challenging questions.
  - a. The appropriate Course Directors will review both the reported questions for accuracy and the question statistics for all questions.
  - b. Statistical analysis of student performance will determine the validity of all exam questions. The Difficulty Index, Answer Frequency, Discrimination Index and Point Biserial are provided to the Course Directors.
  - c. Questions that do not meet statistical standards for validity, or receive large numbers of consistent student comments are marked for follow-up
  - d. This follow up question review is performed immediately after the exam by the Course Directors in discussion with the faculty teaching the content area.
  - e. The decision to drop a question or accept two answers as correct on an exam rest with the appropriate Course Director. This decision may be based on consultation with faculty

and/or psychometric data for the overall exam and individual questions. The Course Directors will consult the MCW Assessment Team.

- f. Changes such as acceptance of more than one answer or dropping a question will be communicated through D2L Brightspace Announcements
- g. Credit will not be given to all students for a specific flawed question. Flawed questions will be removed from the scoring of the exam.
- h. Responses to individual comments/challenges are at the discretion of the course directors.

## Medical School Lab Practical Examinations

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

Disclaimer: Nothing in this policy is intended, nor shall it be construed, to conflict with policies set forth in the All-Student Bulletin, or to limit the rights students have by law including but not limited to those pertaining to ADA accommodations. Questions regarding ADA accommodations or interpretation or application of this policy should be directed to the Associate Dean for Student Affairs, School of Medicine.

## Medical School Weather Policy for Exam Administration

1. The status of Milwaukee, Central Wisconsin and/or Green Bay campuses as to whether they are opened or closed due to severe weather or extreme emergencies is determined by the President, Provost/Executive Vice President/Dean of the Medical School, and Executive Vice President/Chief Operating Officer for Finance and Administration.
2. In the event of closing one or more campuses, the Office of Communications will coordinate the announcement of a closure through the news media.
3. If an examination is scheduled when one or more campuses are closed, the open campuses will

administer the exam as scheduled.

4. The examination at the closed campus(es) will be administered as soon as possible following reopening. Students will be notified of the rescheduled date and time by an Announcement on the D2L Brightspace site for the affected course.

## Procedures for Evacuation during ExamSoft and NBME Assessments

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

- when they powered down their machines. No time is lost if the student powered down correctly.
8. Once students have resumed testing, the faculty proctors will consult with exam support staff regarding any additional actions that may need to be taken, including adjustment to the academic schedule for the remainder of the day, if warranted.

## Procedure for Loss of Power or Wi-Fi Connection during Examinations

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

Disclaimer: Nothing in this policy is intended, nor shall it be construed, to conflict with policies set forth in the Medical Student Handbook, or to limit the rights students have by law including but not limited to those pertaining to ADA accommodations. Questions regarding ADA accommodations or interpretation or application of this policy should be directed to the Associate Dean for Student Affairs, School of Medicine.

# STUDENT COURSE EVALUATIONS

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

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

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

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

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

education and this is your legacy to those who follow in your footsteps.

Professionalism, as one of MCW's Global Competencies, is expected of all medical students. The Medical College is committed to providing you with outstanding educational experiences to support your preparation for the M.D. degree.

In order to continuously improve our educational programs, we regularly seek student perceptions regarding their educational experiences. In accordance with our professionalism competency, the Curriculum & Evaluation Committee expects that all students complete all course evaluations within the established times, usually 14 days after the end of the class, providing honest and constructive feedback as appropriate. Consistent with this expectation, the period in which you complete your evaluations is recorded. Failure to complete your evaluations by the stated evaluation period will result in a grade of "IE" for Incomplete, pending completion of course evaluation for a course graded Pass/Fail course or using the 4-point grading system or "IV" for Incomplete, pending completion of course evaluation for a course graded Satisfactory/Unsatisfactory. This will be addressed consistent with the established policies and procedures associated with academic progress.

- Phase I course evaluations for courses ending in December of the fall semester are open for 11 days. The evaluation is opened 4 days prior to the end of the class and is closed 8 days after the end of the course
- Phase I course evaluations for all fall semester courses ending before December and all spring semester courses are open for 19 days. The evaluation is opened 4 days prior to the end of the class and is closed 15 days after the end of the class. Scholarly Concentrations course evaluations are open for 35 days; the evaluation is opened 2 days prior to the end of the class.
- Phase 2 and 3 clerkship/class evaluations are open for 18 days. The evaluation is opened 3 days prior to the end of the clerkship/class and is closed 15 days after the end of the clerkship/class.

# REGISTRATION

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

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

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

## Add/Drop Courses

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

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

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

Add/Drop Dates for Medical Students	For Rotations That Begin In the Month of
September 15	November
October 15	December
November 15	January
December 15	February
January 15	March
February 15	April
March 15	May

### Exceptions to Add/Drop Policy

Away Electives: a student who, in the final year of study, pursues an away elective and does not receive acceptance to the away elective until after the MCW add/drop deadline may, once in the final year of study, add an away elective and drop an MCW elective (not a required course such as an Acting Internship or Ambulatory Rotation) after the MCW deadline provided the student submits the dated acceptance letter to the Office of the Registrar at least 15 days (about 2 weeks) prior to the start of the MCW elective.

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

Students who seek an exception to the add/drop deadline for reasons other than Away Electives or Scholarly Concentrations must complete the Add/Drop Exception Form and consult the Associate Dean for Student Affairs, School of Medicine for permission.

## Permanent and Temporary Withdrawals

### Permanent Withdrawal

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

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

### Temporary Withdrawal (Leave of Absence)

#### MCW-Milwaukee

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

#### MCW-Green Bay and MCW-Central Wisconsin

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

#### All Campuses

The request may be granted or denied at the discretion of the Associate Dean. If the request is approved, the student will receive written approval from the Associate Dean for Student Affairs, School of Medicine. This approval will summarize any conditions pertinent to the individual student's leave and will set a date by which the student must notify the Registrar of their intent to return as scheduled. Failure to provide the required notice of intent to return and/or failure to return as scheduled will be deemed to constitute a decision to withdraw from MCW. The temporary withdrawal status will become official when the completed temporary withdrawal form for the student has been returned to the Office of the Registrar. A student may

not complete any clinicals, coursework, or projects, that directly lead to an MD degree while on leave. Furthermore, a student who temporarily withdraws from MCW will be withdrawn from current courses and dropped from future courses for which they are registered. There is no guarantee the exact same courses will be available upon the student's return.

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

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

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

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

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

*Approved by Academic Council May 1987, Updated July 2019*

## Section IV. NON-ACADEMIC REGULATIONS

### MEDICAL STUDENT IMMUNIZATION REQUIREMENTS

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

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

- A. Hepatitis B: Completion of primary Hepatitis B series of immunizations and serologic testing of immunity to Hepatitis B (titer). If Hepatitis B Titer is negative, repeat booster and re-do titer in 4 weeks. If no response to Booster Dose, completion of second Hepatitis B series and re-do titer in 4 weeks.
- B. Influenza: Annual influenza vaccination.
- C. Mumps: Either a positive mumps antibody titer or two documented MMR vaccinations.
- D. PPD (Mantoux or QuantiFERON-TB): TB test done within one year and 90 days (about 3 months) OR IGRA within 90 days (about 3 months) of start date. If PPD is positive, chest x-ray is completed within six months of starting school and Symptom Survey.
- E. Polio: Completed the three-dose series of Sabin-type Trivalent Oral Polio Vaccine (TOPV) or four doses of Salk-type Inactivated Polio Vaccine (IPV).
- F. Tetanus/Diphtheria: Initial series of three TD immunizations, plus a TD booster within the past 10 years. Tdap, one adult dose, if given more than 10 years ago, Td within the last 10 years is also required.
- G. Rubella: Positive rubella antibody titer or a documented MMR vaccination.
- H. Rubeola (common measles): Positive measles antibody titer or two documented MMR vaccinations.
- I. Varicella: Positive varicella antibody titer or two documented varicella vaccinations.

### MEDICAL STUDENT EXPOSURE POLICY

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

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

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

#### Hand washing (or using an antiseptic hand rub)

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

#### Gloves

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

#### Masks, goggles, face masks

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

#### Gowns

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

#### Linen

- Handle soiled linen such that it prevents touching skin or mucous membranes

- Do not pre-rinse soiled linens in patient care areas

#### Patient care Equipment

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

#### Environmental cleaning

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

#### Sharps

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

#### Patient resuscitation

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

#### Patient placement

- Place patients who contaminate the environment or cannot maintain

#### Training

- Medical students shall have appropriate didactic and practical training in universal precautions in preparation for their clinical rotations. Each program shall determine the training necessary for students within that discipline.
- Training will meet the requirements of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) and will include, but not be limited to:

## Management of Hepatitis A

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

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

### Needle Stick

- Remove gloves immediately
- Wash the area with soap and water
- Avoid squeezing or expressing the wound
- Avoid caustic agents such as bleach

### Blood Splash to Skin

- Wash the area with soap and water

### Blood/Body Fluid Splash to Mucous Membranes

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

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

## Management of Exposure to Aerosol Transmissible Pathogens

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

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

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

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

## Information on specific pathogens

### Management of Tuberculosis Exposure

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

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

### Management of Meningococcal Exposure

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

### Management of COVID-19

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

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

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

## Incident Reporting

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

1. The date and time of exposure
2. Clinical Site, location, and unit information
3. Details of how the exposure occurred
4. Details of the type and severity of the exposure
5. Details about the source patient (i.e., post-exposure management, previous vaccinations, current HIV, HBV, HCV status)

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

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

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

**Students should receive post-exposure prophylaxis within hours of the exposure per CDC recommendations, if the status of the source patient is deemed high risk or if there is uncertainty of the source patient's status. If the patient is deemed high risk, the student is to seek medical attention at the nearest available facility that can provide such care and inform the Course Director/Coordinator, the Associate Dean for Student Affairs, and the Student Health Center of this risk.**

Some clinical sites will provide post-exposure care to students at no charge. However, some clinical sites may not cover post-exposure care or only a portion of the required care. If care is not covered by the site, a student may elect to use their personal health insurance to cover the cost of post-exposure care. Students

must check with their insurance carrier to see if exposure to blood or bodily fluids is covered under their specific plan. For additional guidance: The National Clinician's Post Exposure Prophylaxis Hotline (888) 448-4911 is available 24 hours per day, 7 days per week.

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

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

## ENVIRONMENTAL EXPOSURE POLICY

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

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

## MEDICAL STUDENT POLICY ON MANAGEMENT OF ALLERGIES

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

### Food Allergies

- MCW students are not required to subscribe to a meal plan.
- Aladdin Corporation posts a listing of the day's meal offerings [online](#) and outside the main entrance of the MCW Cafeteria. Managers are also available to answer questions about ingredients.
- Eddie Martini's Enterprises posts daily meal offerings [online](#) and on the Hub Central

menu board.

- Students assume the risk when they consume food provided by or brought into MCW

#### Inhalant Allergies

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

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

## MEDICAL STUDENT DUAL ROLE POLICY

### Conflict of Interest- Physician/Patient “Dual Relationship” Between MCW Faculty and Students

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

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

### Assignment of Students: Academic Role

## Phase 1

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

## Phase 1 Small-Group Instruction

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

## Phase 2 and Phase 3

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

## OTHER

- A faculty member serving on the Academic Standing and Professionalism Committee (ASPC) will recuse themselves when academic decision-making is required on a student with whom they have a dual relationship.
- A faculty member serving on an awards Committee will recuse themselves when a student, with whom they have a dual relationship, is being evaluated for an academic award.

## Assignment of Students: Patient Role

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

the student's care as soon as it is practicable.

## Signing Off on Evaluations

Prior to signing off on an academic evaluation, faculty make an attestation that they do not have a conflict of interest.

## Retaliation Prohibited:

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

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

## GUIDELINES FOR MEDICAL STUDENT DRESS

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

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

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

## PAGERS

Starting July 1<sup>st</sup>, 2024, it will be up to each rotation how they communicate with students. Most either email or text. Some use 3rd party apps, like What's App, some use Epic Chat. There are a few courses that will be using regular pagers. These courses have pagers for student use and will be issuing the pagers to the students at the start of the rotation and the students need to return them when the rotation is over.

Students should always have their cellphones on them during business hours as that is how most rotations will be contacting them.

# STUDENT SERVICES CONTACT INFORMATION

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	<b>Patricia Confer</b> <b>Application Systems Supervisor</b>	<b>955-8206</b>
	<b>Jeff Drees</b>	<b>955-8146</b>

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	<b>Tao Vang</b> <b>Student Information Systems Analyst</b>	<b>955-8409</b>
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Grades, Match, Registration, Student Records, Transcripts,  USMLE	Registrar, Medical School	
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