



# S TUDENT H ANDBOOK



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

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## Commitment to Nondiscrimination and Affirmative Action

The University of Massachusetts Medical School (UMMS) is committed to providing a learning and working environment that is safe, civil, respectful, humane, and free of all forms of harassment and discrimination. Therefore, UMMS has policies and procedures that support the right of all individuals to be treated accordingly. All members of the UMMS community have responsibility for complying with these University policies and procedures relative to affirmative action, inclusion and equal opportunity. These policies and procedures comply with all federal and state guidelines.

UMMS has established standards for due process. The University has designated the Diversity and Equal Opportunity Office (DEOO) as having primary responsibility for assuring due process and receiving and investigating these complaints. These policies cover race, color, religion, gender (including pregnancy, childbirth, or related medical conditions) sexual orientation, gender identity and expression, genetic information, age, national origin, ancestry, disability, covered veterans status or any other characteristic protected by law in admission, treatment, employment or in its programs, services and activities.

If an individual believes that he/she has been treated outside the boundaries of appropriate professional behavior based on any of the areas protected by law, they should contact the DEOO at 508-856-2179. It is the goal of UMMS to resolve complaints of in the most informal manner possible. However, it is always an employee's or student's right to request a formal process. It is also the right of UMMS, through the DEOO, to determine that a matter requires a formal proceeding.

The DEOO is responsible for the oversight of the University's Affirmative Action and Diversity and Equal Opportunity policies, and for monitoring practices, procedures and programs designed to reach this goal. In addition, the DEOO works with all departments and services of the University to reasonably accommodate persons with disabilities.

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

at:

55 Lake Avenue North  
Worcester, MA. 01655  
Office Phone: 508 856-2179  
Fax: 508 856-1810  
Rev. June, 2011)

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

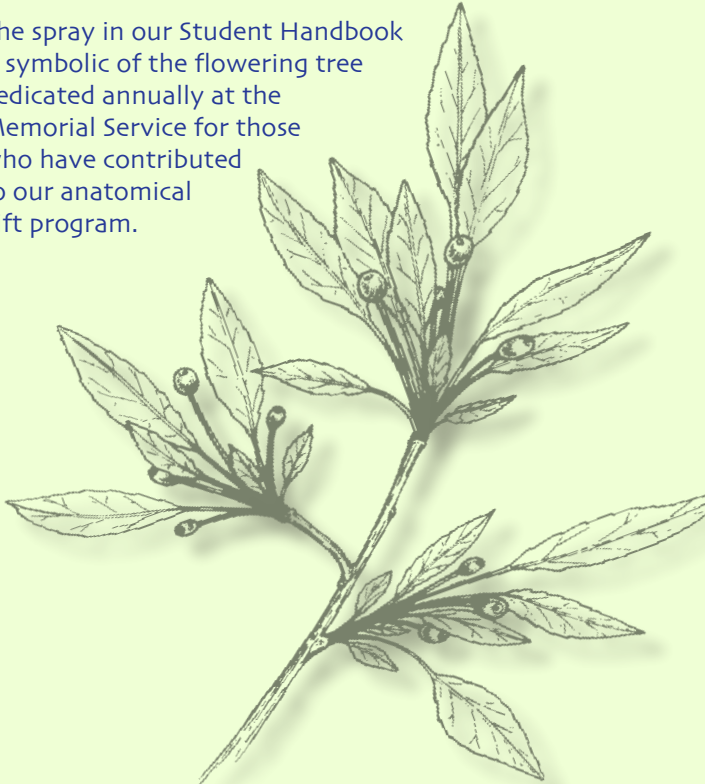
2011/12 UMass Medical School Student Handbook: First posted date: 08/15/11.

\* Revisions approved after this date will be noted in **RED**.

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This handbook can also be found on the Student Affairs website:  
<http://www.umassmed.edu/studentaffairs/index.aspx>

The spray in our Student Handbook is symbolic of the flowering tree dedicated annually at the Memorial Service for those who have contributed to our anatomical gift program.



## FAQ SHEET : WHO DO I CALL WHEN I.....

### HAVE A CONCERN ABOUT MY SAFETY?

- **Emergency: University Campus: 911 / Memorial Campus: 12345**
- Non-emergency: University: 508-856-3296 / Memorial: 508-334-8568
- Associate Dean for Student Affairs, Dr. Mai-Lan Rogoff at ext. 6-2285 or Mai-Lan.Rogoff@umassmed.edu or her Administrative Assistant, Katherine Alvarez at 6-2285 or Katherine.Alvarez@umassmed.edu.
- Associate Vice Chancellor for Diversity & Equal Opportunity, Deborah Plummer, PhD at 6-2179 or Deborah.Plummer@umassmed.edu.

### NEED TO CHANGE THE DATE OF A REQUIRED ACTIVITY OR EXAM (e.g. sick, family emergency)?

- The course or clerkship coordinators (see list in handbook).
- The Associate Dean for Student Affairs, Dr. Mai-Lan Rogoff ext. 6-2285 or her Administrative Assistant, Katherine Alvarez.

### HAVE A CONCERN ABOUT MY GRADES/ NEED ACADEMIC ASSISTANCE?

- The course leader / coordinator (see list in handbook).
- Assistant Dean for The Center for Academic Achievement, Dr. Mark Quirk at ext. 6-3013 or at Mark.Quirk@umassmed.edu or Dr. Lorrie Gehlbach, Director of Academic Enrichment at ext. 6-5492 or Lorrie.Gehlbach@umassmed.edu.
- Student Counseling Service at ext. 6-3220 or SCS@umassmed.edu.
- Your Faculty Mentor/Advisor or the Asst. Dean of Advising, Dr. Michael Ennis at Michael.Ennis@umassmemorial.org or his Administrative Assistant, Debra Leger at ext. 6-2304 or Debra.Leger@umassmed.edu.

### HAVE A CONCERN ABOUT MEDICAL INSURANCE OR A HEALTH QUESTION NOT ANSWERED BY MY PCP?

- Student Health Services at 6-8464 (Emergency 6-2818) or studenthealth@umassmemorial.org or the Director of Student Health, Dr. Phil Fournier at Philip.Fournier@umassmemorial.org or the Administrative Assistant, Lori Davis at Lori.Davis@umassmed.edu.

### HAVE A CONCERN ABOUT MYSELF OR A PEER WITH REGARD TO STRESS OR SUBSTANCE ABUSE?

- The Student Counseling Service.
- Your Faculty Mentor/Advisor or the Assistant Dean of Advising, Dr. Michael Ennis or his Administrative Assistant, Debra Leger.
- Chair of the AIMS committee (substance abuse issues), Dr. James Broadhurst at BroadhuJ@umhmc.org.

**HAVE A CONCERN ABOUT A PROFESSOR OR COURSE?**

- Anyone on the faculty.
- Course or clerkship coordinators (see list in the student handbook)
- Your class representatives to the curriculum committees.
- Chair of the First year (FOM1) Curriculum Committee, Dr. Susan Gagliardi at ext. 6-2454 or Susan.Gagliardi@umassmed.edu or Dr. Thomas Smith, Chair of the Second Year Curriculum Committee at ext. 6-2331 or Thomas.Smith@umassmemorial.org.
- Associate Dean for Student Affairs, Dr. Mai-Lan Rogoff or her Administrative Assistant, Katherine Alvarez.
- Senior Associate Dean for Educational Affairs, Dr. Michele Pugnaire at ext. 6-4250 or Michele.Pugnaire@umassmed.edu.
- Associate Dean for the Office of Undergraduate Medical Education, Melissa Fischer, MD at 6-4265 or her Administrative Assistant, Judith Olinder at Judith.Olinder@umassmed.edu.
- Associate Vice Chancellor for Diversity and Equal Opportunity, Deborah Plummer, PhD.
- Your Faculty Mentor/Advisor or Dr. Michael Ennis or his Administrative Assistant, Debra Leger.
- Your second-year student buddy.
- The Center for Academic Achievement: Drs. Mark Quirk or Lorrie Gehlbach.
- The Student Counseling Service.
- The School Ethicist, Dr. Marjorie Clay at 6-6397 or Marjorie.Clay@umassmed.edu or her Administrative Assistant, Anne Winslow at Anne.Winslow@umassmed.edu.

**HAVE A CONCERN ABOUT WHAT I SEE AS AN ETHICAL ISSUE?**

- The school Ethicist, Dr. Marjorie Clay or her Administrative Assistant, Anne Winslow.
- Associate Vice Chancellor for Diversity and Equal Opportunity, Deborah Plummer, PhD.

**HAVE A CONCERN BUT CAN'T QUITE PUT MY FINGER ON WHAT ITS ABOUT?**

- Your Faculty Mentor/Advisor or Dr. Michael Ennis or his Administrative Assistant, Debra Leger.
- Associate Dean for Student Affairs, Dr. Mai-Lan Rogoff at ext. 6-2285 or her Administrative Assistant, Katherine Alvarez.

**WHO DO I CALL: CONTACT INFORMATION**

rev. 11/28/11

NAME	Extension	E-mail address
<p><b>POLICE/PUBLIC SAFETY</b>  <b>EMERGENCY</b>                       Non -emergency</p>	<p><b>University: 911</b>  <b>Memorial 12345</b>                       University:                      508-856-3296                      Memorial:                      508-334-8568</p>	<p><a href="http://www.umassmed.edu/public-safety/index.aspx">http://www.umassmed.edu/public-safety/index.aspx</a></p>
Jay Broadhurst, MD		BroadhuJ@ummhc.org
Marjorie Clay, PhD, School Ethicist Anne Winslow, Administrative Asst.	6-6397	Marjorie.Clay@umassmed.edu Anne.Winslow.umassmed.edu
Michael Ennis, MD, Asst. Dean, Advising Debra Leger, Administrative Asst.	6-2304	Michael.Ennis@umassmemorial.org Debra.Leger@umassmed.edu
Lorrie Gehlbach, PhD, Director Center for Academic Achievement	6-5492	Lorrie.Gehlbach@umassmed.edu
Melissa Fischer, MD, Assoc. Dean for Undergraduate Medical Education Susan Collette, Administrative Assistant	6-4265	Melissa.Fischer@umassmed.edu Susan.Collette@umassmed.edu
Phil Fournier, MD, Director, Student Health Lori Davis, Administrative Assistant	508-334-8464	Phillip.Fournier@umassmemorial.org Lori.Davis@umassmemorial.org
Susan Gagliardi, PhD, Professor, Chair FOM1 Curriculum Committee	6-2454	Susan.Gagliardi@umassmed.edu
Deborah Plummer, PhD, Assoc.Vice Chan- cellor for Diversity & Equal Opportunity	6-2179	Deborah.Plummer@umassmed.edu
Michele Pugnaire, MD, Senior Assoc. Dean for Educational Affairs Judy Olinder, Executive Administrative Asst.	6-4250	Michele.Pugnaire@umassmed.edu Judith.Olinder@umassmed.edu
Mark Quirk, EdD, Assistant Dean for Academic Achievement	6-3013	Mark.Quirk@umassmed.edu
Mai-Lan Rogoff, MD, Associate Dean, Student Affairs Katherine Alvarez, Administrative Asst.	6-2285	Mai-Lan.Rogoff@umassmed.edu Katherine.Alvaraz@umassmed.edu
Thomas Smith, MD, Professor, Chair of the Year 2 Curriculum Committee	6-2331	Thomas.Smith@umassmemorial.org
Student Counseling Emergency/Off hours (page Dr. Rizzi at 4261)	6-3220 508-334-1000	SCS@umassmed.edu
Student Health Daytime (8:00 am-4:30 pm) <b>Emergency / After Hours</b>	6-8464 6-2818 911 Life Threatening emergency	studenthealth@umassmemorial.org

## TELEPHONE NUMBERS

Blood/Bodily Fluid Exposures *	Internal External	77- BUGS (2847) 508-334-1000 page BUGS (2847)
Bursar's Office		508-856-2248
Campus Store		508-856-3213
Center for Academic Achievement		508-856-5492
Ethics (Office of)		508-856-6397
Financial Aid Office		508-856-2265
Library (Lamar Soutter)		508-856-2511
Mail Room (Student Mail)		508-856-2361
Office of Education Affairs (OEA)		508-856-4250
Office of Undergraduate Medical Education (OUME)		508-856-4265
Paging (University & Memorial)	Internal External	77- (beeper#) 508-334-1000 or 508-856-0011
<b>Police, UMass - Emergency</b>	<b>University</b>	<b>911</b>
Police, UMass - <b>Non</b> -emergency (ie; Lockout/Escort Service)	<b>Memorial</b> University Memorial	<b>12345</b> 508-856-3296 508-334-8568
Registrar's Office		508-856-2267
School Cancellations / Weather Delays (recording)		508-856-1100
School Services (Office of)		508-856-2444
Student Affairs (Office of)		508-856-2285
Student Counseling		508-856-3220
Emergency/Off hours (ask them to page Dr. Rizzi @ 4261)		508-334-1000
Emergency Mental Health		508-334-3562
Student Health		508-856-8464 (8:00 - 4:30)
Emergency/After hours		508-856-2818
Life-threatening Emergency		911
UMass Memorial Switchboard /CLINICAL		508-334-1000
UMass Memorial Switchboard /SCHOOL		508-856-8989

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**Office of the Chancellor**

55 Lake Ave North, S1-340  
 Worcester, MA 01655-0002 USA  
 508.856.8100 (office) | 508.856.8181 (fax)  
 Michael.Collins@umassmed.edu

**Michael F. Collins, M.D., F.A.C.P.**

Senior Vice President for the Health Sciences  
 University of Massachusetts

Chancellor  
 Professor of Quantitative Health Sciences  
 and Medicine  
 University of Massachusetts Medical School

August 2011

Welcome to the University of Massachusetts Medical School. You are joining our outstanding academic community at a tremendous moment in our history. This is a critical juncture for reform of the American health care system, and, as the commonwealth's public medical school, we are playing a central role in strengthening Massachusetts' leadership position in health care service, delivery and innovation. Through these activities, and because of its core characteristics, the University of Massachusetts Medical School is well poised for the changes ahead. We will continue to grow and see our reputation and influence expand.

You have chosen a profession that will demand much of you – intellectually, physically and emotionally. The rewards are also great: The extraordinary opportunity to enter into a covenant with patients who seek your help, advance research that will change the science of medicine and commit to educating those who will follow you. Yours is a great calling.

You will enjoy the support of our outstanding faculty and staff who, through their superior teaching, Nobel Prize-winning research and generous service, make us proud and give our school its exceptional reputation. Our faculty is deeply committed to helping you achieve your goals and make the most of your University of Massachusetts Medical School experience.

We are privileged to welcome you to our medical school and wish you success as you embark on a fulfilling career of caring for others.

Sincerely,

*Michael F. Collins*

Michael F. Collins, MD  
 Chancellor



Office of the Dean  
**University of Massachusetts Medical School**  
55 Lake Avenue North, S1-340  
Worcester, MA 01655-0002 USA  
508.856.8000 (office) 508.856.8181 (fax)  
terry.flotte@umassmed.edu (email)

**Terence R. Flotte, MD**  
Dean, School of Medicine  
Provost and Executive Deputy Chancellor  
University of Massachusetts Medical School

August 2011

It is my great pleasure to offer you a warm welcome to the University of Massachusetts Medical School. Before you lies the great adventure of a career in medicine. The next four years are likely to be among the most challenging and yet the most rewarding of your lives.

I am particularly looking forward to getting to know you as you embark on this new adventure. I have been Dean of the School of Medicine, Provost and Executive Deputy Chancellor for four years. Engaging directly with students is consistently one of the most professionally rewarding elements of my position here.

This handbook has been assembled to provide you with easy access to critical information. I hope you find it useful in facing the challenges ahead.

Wishing you all the best,

A handwritten signature in black ink, appearing to read 'Terry R. Flotte'.

Terry Flotte, MD  
Celia and Isaac Haidak Professor of Medical Education  
Dean, Provost and Executive Deputy Chancellor  
University of Massachusetts



Office of Educational Affairs  
 University of Massachusetts Medical School  
 55 Lake Avenue North  
 Worcester, MA 01655-0002 USA  
 508.856.4250 (office) 508.856.3700 (fax)  
 michele.pugnaire@umassmed.edu

**Michele P. Pugnaire, MD**  
 Senior Associate Dean for Educational Affairs

August 2011

Welcome to the University of Massachusetts Medical School! We congratulate you on your choice of a career in medicine and your decision to attend our medical school. We welcome the responsibility of introducing you to your career path in medicine and providing you with knowledge, skills, attitudes, and values that comprise the foundational competencies required of all physicians. Our educational mission fosters those attributes fundamental to: the development of therapeutic doctor-patient relationships; the practice of high quality, evidence-based clinical care; the understanding of concepts and methods in clinical/translational research; the service role of physicians to our communities and populations most in need; life-long learning, and your personal growth and professional development.

The Office of Educational Affairs (OEA) provides critical support to accomplish our educational mission. The office supports a diverse number of areas relating to medical education including; institutional accreditation; educational resources such as our nationally recognized Standardized Patient Program, the UMMS Simulation Center, and the Division of Research, Evaluation and Assessment; the Center for Academic Achievement and educational innovation and development through the Office of Primary Care and a number of grants and research projects. Currently UMass is one of four medical schools nation-wide, to be awarded a Donald W. Reynolds Foundation grant for the development of geriatrics curricula across our educational program. In addition, the Office of Educational Affairs oversees the diverse educational offices of the School of Medicine comprising Admissions, Student Affairs, Graduate Medical Education, Continuing Education and the Office of Undergraduate Medical Education

Most importantly, this is your office. Please feel free to visit us at any time during the school day (we're here early and usually stay late). It is always a priority to meet with students, and I encourage you to make an appointment to meet with me to discuss your needs, concerns, and feedback regarding our educational programs.

I very much look forward to meeting and working with each of you.

Again, my heartfelt welcome.

Sincerely,

A handwritten signature in black ink that reads 'Michele P. Pugnaire'.

Michele P. Pugnaire, MD  
 Senior Associate Dean for Educational Affairs



Office of Educational Affairs  
University of Massachusetts Medical School  
55 Lake Avenue North  
Worcester, MA 01655-0002 USA  
508.856.4265 (office) 508.856.5536 (fax)  
Melissa.Fischer@umassmed.edu (email)

**Melissa A. Fischer, MD, MEd**  
Associate Dean for Undergraduate  
Medical Education

August 2011

I am delighted to welcome you to the University of Massachusetts Medical School!

You are joining a community that prides itself on collaboration, cooperation and excellence in learning and practice. As Associate Dean for Undergraduate Medical Education (OUME), I look forward to working with you as you engage with our curriculum and chart the course of your future as a physician.

Our office and staff are here to ensure that you have the best possible learning experience in the classroom, the lab, the clinic, the hospital and the community – in the Commonwealth of Massachusetts and overseas. Please don't hesitate to let us know how we can help you.

I look forward to meeting you and sharing that journey in the coming years,

A handwritten signature in black ink that reads 'Melissa Fischer'.

Melissa A. Fischer, MD MEd  
Associate Dean for Undergraduate Medical Education



Office of Student Affairs  
 University of Massachusetts Medical School  
 55 Lake Avenue North  
 Worcester, MA 01655  
 508.856.2285 (office) 508.856.5536(fax)  
 Mai-Lan.Rogoff@umassmed.edu (email)

**Mai-Lan Rogoff, MD**  
 Associate Dean for Student Affairs

August 2011

Welcome to the University of Massachusetts Medical School! I would like to add my congratulations to you on your decision to pursue the practice of medicine as a career and to come to our medical school. Medicine is one of the most interesting, responsible and complex professions to enter. The path before you is both highly challenging and highly rewarding. There is a lot of science to learn as well as a lot to learn about the social and personal contexts of medicine.

Medicine is a profession which requires of its members high standards of ethical conduct and honesty. Trust is an essential component of the practice of medicine - from the trust of patients in their physicians' ability and judgment to the trust of the health care and research team members in each others' contributions. While I know that there may be times when you feel that the goal of functioning as a physician seems distant, the time will pass more quickly than you imagine. We consider all students to be junior colleagues and we look for you to hold yourselves to the ethical standards of physicians from the time you enter the school.

The major role of the Office of Student Affairs is to provide help for you in the extracurricular and curricular aspects of learning both the science and the art of medicine. We hope that you will see the Office of Student Affairs as a supportive and responsive place in which you can find help for your efforts in coping with both the academic and personal demands of medical school. Helping medical students to develop into empathic, compassionate, knowledgeable physicians who are enthusiastic about their profession is one of the most exciting tasks I could conceive of undertaking. I look forward to working with each of you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mai-Lan Rogoff'.

Mai-Lan Rogoff, MD  
 Associate Dean for Student Affairs



## SECTION ONE

### ACADEMIC PROGRAMS

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#### I. MD Program

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

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

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

The entire Competencies for Medical Education document can be found in the Office of Student Affairs and/or the Office of Undergraduate Medical Education.

#### ROLES OF THE PHYSICIAN:

- PROFESSIONAL
- SCIENTIST
- COMMUNICATOR
- CLINICAL PROBLEM SOLVER
- PATIENT & COMMUNITY ADVOCATE
- PERSON

## Requirements for the MD Degree

1. Successful completion of required pre-clerkship courses.
2.
  - For graduating classes through 2013: Successful completion of required clerkships (internal medicine, surgery, family medicine, pediatrics, obstetrics and gynecology, psychiatry, neurology), and an approved subinternship.
  - For graduating classes of 2014 or later: Successful completion of Core Clinical Experiences.
3. Successful completion of all required interclerkships/interstitials.
4. In addition to the required Sub I and Neurology clerkship (as indicated above) students must complete 24 weeks of elective time as follows:

### **Required Electives by Type:**

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

### **Required Electives by Length.**

- A minimum of 16 weeks must be in blocks of at least 4 weeks long
- The remaining 8 weeks can be taken in blocks of two weeks or greater.

5.
  - For graduating classes through 2014, successful passage of Step 1 of the US Medical Licensing Examination. Recording of a score to the Medical School for Steps 2 Clinical Knowledge and Step 2 Clinical Skills of the US Medical Licensing Examination (USMLE).
  - For graduating classes of 2015 or later, successful passage of Steps 1 and 2 (Clinical Skills and Clinical Knowledge) of the US Medical Licensing Examinations.
6. All students must fulfill “competency” performance standards on a clinical skills assessment as a graduation requirement for UMMS (see Clinical Competency Requirement/EOTYA policy).

7. Demonstration of the ability to perform the skills in the Medical School's Technical Standards with or without reasonable accommodations consistent with the Americans with Disabilities Act. Failure to meet these minimum standards may be grounds for possible course/clerkship failure, dismissal from the medical school, or immediate corrective action up to and including removal from the clinical or education setting. Students are judged not only on their scholastic achievement and ability, but also on their intellectual, physical and emotional capacities to meet the full requirements for graduation.
8. Certification in Advanced Cardiac Life Support.
9. Completion of Certification for Graduation with the Office of the Registrar and any additional administrative requirements such as payment of all fines including library and parking, returning all books, returning beeper, payment of any outstanding bills, required exit interviews, institutional surveys, etc.
10. Successful completion of the Transition to Internship course.
11. Completion of program evaluations developed by UMMS, such as the summative End of Year 1, 2, 3 & 4 surveys. Other surveys developed by organizations outside UMMS may also be required, as determined by UMMS.
12. School policy requires a student take a minimum of eight (8) semesters of enrollment and allows for a maximum of twelve (12) semesters of enrollment for completion of the MD Degree. See: Number of Years to Complete the MD Degree Policy.

Students **MUST** be registered for a minimum of twelve (12) credit hours (12 weeks during clinical years) for that semester by two weeks before the start of the semester and must maintain a minimum enrollment of 12 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc.

## MD Program Curriculum

### A. Prerequisites for Access to Clinical Experiences

**I. Basic Life Support (BLS)** Current Level C (health care provider) certification.

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

The Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been in effect since April 2003 and the Security Regulations of the Act since April 2005. In general, clinical partners with the University of Massachusetts Medical School (UMMS) are covered by HIPAA and must comply with all aspects of this complex rule. All medical students are required to complete basic HIPAA privacy and security training presented on-line at the School. This training explains the provisions of the HIPAA Privacy and Security Regulations.

The School also requires that students complete Privacy and Information Security training provided by UMass Memorial Medical Center (UMMMC). This training program explains the requirements of the Privacy and Information Security Regulations and instructs students in the privacy and information security policies and practices of UMass Memorial and its affiliates. Other clinical sites may have similar mandatory privacy and information security training courses. Instruction in privacy and information security awareness is required by HIPAA and is designed to ensure the confidentiality, integrity and availability of patients' protected health information. All students are urged to view a 12 minute video called "Keep It To Yourself" hosted by the UMMC Privacy and Information Security office by clicking on: [http://ummcweb04.umassmemorial.org/todvd/vts\\_01\\_1.wmv](http://ummcweb04.umassmemorial.org/todvd/vts_01_1.wmv); this video is best viewed by using the Media Player application.

Both training requirements are mandatory for all students and must be completed prior to a student's first clinical experience. Students will also be required to read and sign the UMMC Confidentiality / User Access Agreement. Other clinical sites may have similar requirements.

#### III. Massachusetts' Identity Theft Law

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

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

1. social security number
2. driver's license number (or state issued ID card number)
3. financial account number
4. debit or credit card number

Students who know or suspect that this information has been compromised, or sub-

ject to possibly compromise due to a lost or stolen portable electronic device, must immediately call the UMMHC Privacy and Information Security Hotline at 508-334-5551 (for a breach concerning a UMMMC patient), or the UMMS Department of Public Safety at 508-856-3296. (for all other breaches).

#### **IV. Standard Precautions**

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

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

All medical students are required to obtain clearance by the Student Health Service (SHS) (e.g.; periodic physical exams, vaccinations, Tb testing etc.) See complete information in Section Nine: Health Related Concerns.

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

All entering 3rd year students are required to have been cleared by Student health Services (SHS) and Environmental Health and Safety (EHS) for either N-95 respirator mask fitting or PAPR mask fitting prior to entering 3rd year clinical rotations. See complete information in Section Nine: Health Related Concerns.

#### **VII. Orientation to Clinical Information Systems and Confidentiality Statement**

All Core Clinical medical students are required to complete and successfully pass an Orientation to Clinical Information Systems module. They will also be required to sign a Confidentiality/User Access Agreement to obtain a Meditech password.

#### **VIII. Red Flags Rule**

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

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

- Alerts, notices, or warnings from the credit reporting companies (Equifax, Experian, TransUnion).
- Suspicious documents - paperwork has telltale signs of identity theft. e.g. identification, SSN card, or driver’s license that looks fake or forged.
- Suspicious personal identifying information - personal information that doesn’t ring true (e.g. address, phone number or SSN that has been used by someone else.)
- Suspicious account activity. (e.g. Patient receives a bill or Explanation of Benefits for procedure patient didn’t have.)
- Notice from the patient, customer, law enforcement, or victim of identity theft.

- See FTC web site for complete list of Red Flags: New ‘Red Flag’ Requirements for Financial Institutions and Creditors Will Help Fight Identity Theft.

Students who spot a “Red Flag” at UMMMC clinical sites must immediately report this to the UMMMC Privacy and Information Security Department by either calling the Privacy and Information Security Hotline at (508-334-5551) or by email at: [privacyandsecurity@umassmemorial.org](mailto:privacyandsecurity@umassmemorial.org). Students need to be aware that they are obligated to report Red Flags when assigned to other healthcare provider sites and act accordingly.

For Red Flags suspected at UMMS, Students must report to the UMMS Department of Public Safety (508-856-3296).

## **IX. Criminal Background Checks (CBC)/ Criminal Offender Records**

### **Information Checks (CORI)**

National Criminal Background Checks (CBC) or Massachusetts Criminal Offender Records Information (CORI) checks are used as screening tools of all current or prospective staff persons, volunteers, or other applicants to ensure the welfare of patients and children. A Criminal Background Check contains information received from court proceedings, including arrest records as well as convictions and dismissals.

A CBC may be required for participation in certain activities, by one of our clinical affiliates, or by the School. If a CBC reveals some contact with the criminal justice system, the school will review that history and the student’s response. Students beginning classes in August 2010 and later have already been subject to a criminal background check (CBC) as applicants, however a repeat CBC may be required for participation in certain activities, by one of our clinical affiliates, or by the School. If a subsequent CBC reveals some contact with the criminal justice system since the time of the initial CBC, the school will review that history and the student’s response. The school has a process which governs these matters.

Please note: Some clinical site assignments require a Criminal background Check (CBC). If you are assigned to a site which requires a CBC you will be required to participate in any CBC process required by a clinical site to which you may be assigned.

The Schools Policy for Criminal Background checks can found in its entirety at: <http://www.umassmed.edu/cbc.aspx>.

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

Usually comprises the first two years of medical school and consists of education in the basic medical and social sciences of clinical medicine. Early clinical exposure is offered through clinical correlations and a two-year longitudinal preceptorship program. All students are required to be CPR



Level C (“health care provider”) certified. Certification/Recertification is made available to all students during their first year. Recertification is also done during Clerkship Orientation. Successful completion of all pre-clerkship courses is required prior to beginning the first clerkship.

**Student Laptop Requirement**

The School of Medicine has implemented a student laptop requirement. Students are expected to bring their laptops to classes. Please see Information Services for more details on the laptop program at <http://inside.umassmed.edu/is/index.aspx>.

<b>FOUNDATIONS OF MEDICINE Year 1 (FOM 1)</b>		
*This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.		
<b>COURSE/PROGRAM</b>	<b>Credit</b>	<b>CO LEADERS</b>
<b>Doctoring and Clinical Skills I (DCS 1)</b>	6/5=11	Michael Ennis, MD David Hatem, MD
<b>Building Working Cells and Tissues (BWCT)</b>	5	Mary O’Brien, MD William Royer, PhD
<b>Integrated Case Exercises (ICE)</b>	1	Michael Fahey, MD Christina Hernon, MD
<b>Principles of Human Genetics (PoHG)</b>	2	Beverly Hay, MD
<b>Development, Structure and Function (DSF)</b>	8/6=14	John Cooke, PhD Julie Jonassen, PhD Daniel Schwartz, MD
<b>Principles of Pharmacology (PoP)</b>	2	Mark Dershwitz, MD PhD Charles Sagerstrom, PhD
<b>Cancer Concepts (CaC)</b>	2	James Liebmann, MD Richard Pieters, MD
<b>Host Defense and Blood (HDB)</b>	4	Leslie Berg, PhD Robert Weinstein, MD
<b>Infections (Infx)</b>	4	Jennifer Daly, MD Anthony Poteete, PhD
<b>FOM2 Organ System Diseases (Cardiovascular)</b>	3	Sonia Chimienti, MD Vijay Vanguri, MD Mark Madison, MD Tom Smith, MD
<b>Nutrition Program</b>	included in above	Angela Beeler, MD
<b>Determinants of Health (DoH)</b>	see FOM 2	Jeroan Allison, MD Suzanne Cashman, ScD

FOUNDATIONS OF MEDICINE Year 2 (FOM 2)		
COURSE	CREDIT	CO LEADERS
<b>The Brain: Nervous System &amp; Behavior</b>	7/3=10	Susan Gagliardi, PhD Neeta Garg, MD Mai-Lan Rogoff, MD Thomas Smith, MD
<b>Determinants of Health (DoH)</b>	5	Jeroan Allison, MD Suzanne Cashman, ScD
<b>Organ System Diseases (OSD)</b>	8/5=13	Sonia Chimienti, MD Vijay Vanguri, MD Mark Madison, MD Tom Smith, MD
<b>Doctoring and Clinical Skills 2 (DCS 2)</b>	3/3 = 6	Michael Ennis, MD David Hatem, MD
<b>Integrated Case Exercises (ICE)</b>	1	Michael Fahey, MD Christina Hernon, MD
<b>Nutrition Program</b>	included in above	Angela Beeler, MD
<b>Patients</b>	3	Michelle Conroy, MD Howard Sachs, MD
<b>Clinical Experience/ Start of CCE</b>	6	See CCE information

### C. Clerkship Years/ Core Clinical Experiences

Usually comprises the third and fourth years and consists of rotations through required core clinical clerkships and electives. This phase involves a greater responsibility for the care of patients under faculty supervision at the UMass Memorial Health Care (UMMHC), Medical School, affiliated hospitals and in ambulatory or community-based settings. Students are expected to be able to transport themselves to and from clerkship and elective sites. Students in the clinical years must follow the holiday schedule at their clinical sites. Overnight call is expected of third-and-fourth year students. Students are expected to follow the call schedules assigned to them at their clinical site (see: Student Duty Hours Policy).



A mandatory clerkship orientation which includes BLS Level C Recertification is scheduled prior to the start of the first clerkship. Several mandatory topic-oriented Interclerkships are also scheduled for all third-year students. All students must fulfill “competency” performance standards on a clinical skills assessment as a graduation requirement for UMMS (EOTYA). All students are required to have and utilize a



Personal Digital Assistant (PDA). Hardware and software requirements can be found in the Lamar Soutter Library web site : <http://library.umassmed.edu/>. Year three students are also required to complete a web-based clinical log of patient encounters.

<b>CLERKSHIP/CORE CLINICAL EXPERIENCES</b>		
*This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.		
<b>Required core CLERKSHIPS taken in the third and fourth years:</b> (For students beginning clinical years prior to the 11/12 Academic Year.)		
<b>CLERKSHIP</b>	<b>CREDIT</b>	<b>DIRECTOR</b>
Family Medicine	5	Mary Lindholm, MD
Internal Medicine	10	Mary Hawthorne, MD
Obstetrics/Gynecology	5	Dawn Tasillo, MD
Pediatrics	5	Erin McMaster, MD
Psychiatry	5	Deborah Field, MD Yael Dvir, MD
Surgery	10	Mitchell Cahan, MD Syed Quadri, MD
Flexible Clinical Elective (FCE)	N/A class of 2013 4 - class of 2014	Samir Malkani, MD

<b>Interclerkships/Interstitial</b>	Program	Julie Jonassen, PhD
<b>EOTYA</b>	Program	Sarah McGee, MD

<b>CCE/THEMATIC SECTIONS:</b> (For students entering clinical experiences May 2012 or later)	
<b>CCE</b>	<b>LEADER/S</b>
<b>Care of Adults</b>	Sanjay Ram, MD, Medicine Mary Hawthorne, MD, Medicine Lan Qin, MD, Neurology
<b>Perioperative &amp; Maternal Care</b>	Julie Jonassen, MD, Microbiology & Physiological Systems Mitchell Cahan, MD, Surgery Dawn Tasillo, MD, OB/GYN
<b>Care of Families</b>	Carolina Ionete, MD, Neurology Deborah Field, MD, Psychiatry Mary Lindholm, MD, Family Med & Community Health Erin McMaster, MD, Pediatrics
<b>Interstitial Curriculum</b>	Julie Jonassen, PhD Susan Starr, MEd, Pediatrics

FOURTH YEAR REQUIRED		
	CREDIT	DIRECTOR
Approved Subinternship*	8	Majid Yazdani, MD, Director
Neurology	4	Jennifer Moodie, MD Lan Qin, MD, PhD
Transition to Internship	1	
Electives	24 or 32 **	
*Internal Medicine, Family, Pediatrics or other subinternship approved by the Educational Policy Committee (EPC) as the required subinternship		
** 32 = for students entering clinical years AY 2011/12 24 = for all other students.		

Senior Scholars Program	Judith Savageau, MPH
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**CREDIT HOURS** See: *Credit Hours Definition, Section Three*

**Hospitals for Required Clinical Rotations:**

Students are required to take their rotations at one of the hospitals indicated below. Exceptions can be made with the written permission of the department chair or course coordinator and Associate Dean for Student Affairs.

FAMILY MEDICINE- Daniel H. Lasser, MD, MPH, Professor and Chair	
UMMHC, University Campus	Mary Lindholm, MD
Hahnemann Health Center, Worcester	Hugh Silk, MD
Family Health Center, Worcester	Lisa Carter, MD
Regional Health Center, Barre Family	Stephen Earls, MD
Family Medicine Services, Benedict Bldg.	Michael Reyes, MD
Sites include multiple private practices throughout Massachusetts & Connecticut	

INTERNAL MEDICINE- Robert Finberg, MD, Professor and Chair Richard Glew, MD, Vice Chair for Undergraduate Medical Education & Faculty Affairs	
UMMHC, Memorial	Mary Hawthorne, MD, Director
St. Vincent Hospital at Worcester Med. Ctr.	Rebecca Spanagel, MD
Berkshire Medical Center	Sukhpal Mann, MD
Milford Regional Medical Center	Karen Peterson, MD
UMMHC, University Campus & Marlborough Hospital	Matthew Trainor, MD

<b>OBSTETRICS &amp; GYNECOLOGY-</b> Julia V. Johnson, Professor and Chair	
UMMHC, Memorial Campus	Dawn Tasillo, MD
Berkshire Medical Center	Andrew Beckwith, MD
Milford Regional Medical Center	Samuel Zylstra, MD
St. Vincent Hospital at Worcester Med. Ctr.	Aaron Mendel, MD
Saint Elizabeth's Hospital	Jean Wilner Noel, MD
Holyoke Medical Center	Gretchen Loebel, MD

<b>MATERNAL CHILD HEALTH-</b>	
UMMHC, University Campus	Scott Wellman, MD

<b>PEDIATRICS-</b> Marianne E. Felice, MD, Professor and Chair	
UMMHC, University Campus	Erin McMaster, MD
Tri-River Health Center, Uxbridge	Jeffrey Lukas, MD
South County Pediatric Center, Webster	Angela Beeler, MD
Milford Regional Medical Center	Peter Sell, DO
Baystate Medical Center	John O'Reilly, MD

<b>PSYCHIATRY-</b> Douglas Ziedonis, MD, MPH, Chair	
Co-Clerkship Directors	Deborah Field, MD/ Yael Dvir, MD
UMMHC, University Campus, C/L	Ralph Seymour, MD
UMMHC, University Campus, 8E	Paul Plasky, MD
UMMHC, Psychiatric Treatment Center	Ronald Greene, DO
UMass Adolescent Unit (at Worcester State Hospital)	John Iwuc, MD
Berkshire Medical Center	Liza Donlon, MD
Marlboro Hospital	Terry Smith, MD
Providence Hospital	Caroline Fisher, MD, PhD
Harrington Hospital	Tina Render, MD
Worcester State Hospital Adult Unit	David McGarry, MD
Wing Memorial Hospital	Maria Russo, MD

<b>SURGERY-</b> Demetrius Litwin, MD, Professor and Chair	
UMMHC, University Campus	Mitchell Cahan, MD
UMMHC, Memorial	Syed Quadri, MD
St. Vincent Hospital at Worcester Med. Ctr.	Elizabeth Mahanor, MD
Berkshire Medical Center	Michael DiSiena, DO

<b>SURGERY-</b> Demetrius Litwin, MD, Professor and Chair	
Saint Elizabeth’s Hospital	Heracles Geroyannis, MD

<b>NEUROLOGY-</b> Robert H. Brown, Jr., D. Phil, MD, Professor and Chair	
UMMHC, University Campus	Jennifer Moodie, MD Lan Qin, MD, PhD
UMMHC, Memorial Campus	Jordan Eisenstock, MD
St. Vincent Hospital at Worcester Med. Ctr.	Jayant Phadke, MD
Berkshire Medical Center	Laurence Ufford, MD
Lahey Clinic	Matthew Tilem, MD
Milford Regional Medical Ctr.	William Tosches, MD

<b>SUBINTERNSHIP IN MEDICINE</b>	
UMMHC, University Campus	Majid Yazdani, MD, Director
UMMHC, Memorial Campus	Christine MacGinnis, MD
St. Vincent Hospital at Worcester Med. Ctr.	Rebecca Spanagel, MD
Berkshire Medical Center	Sukhpal Mann, MD
Milford Regional Medical Center	Camy Huynh, MD
Marlborough Hospital	Shubhra Kumar-Bradley, MD

## Assignment to Required Core Clerkships and Advanced Studies Rotations

Initial assignments to required clinical rotations will be made by the Office of Student Affairs using a computer-based ‘lottery’ program that allows students to express preferences for site and time. While the computer tries to honor student’s preferences, no guarantee can be made that a student’s preferences will be reflected in actual rotation assignments. In addition, some core clerkships make more specific assignments following the lottery; students are responsible for monitoring and answering their e-mail promptly with regard to these assignments.

Once the lottery results are released, a short period of time will be allowed for students to make switches. For the core clinical lottery, only 1:1 switches can be made. All parties involved in the switch must e-mail Student Affairs authorizing the switch in order for the switch to be made. After this period, the lottery results will be considered final. For the advanced studies lottery see “Changing or withdrawing from Electives.”

### Changes in Core Clinical Clerkships

On rare occasion, a further change in clerkship assignment may be requested by a clerkship coordinator, the Clinical Science Academic Evaluation Board or by a student. Any changes to clerkship assignments made after the lottery results are final MUST be made through the Office of Student Affairs. The EXCEPTION to this is in instances where only a site change within the same clerkship is involved; in this case the change

should be made by the clerkship coordinator and affected student. The Office of Student Affairs must be informed in writing of any changes made by the student and the clerkship coordinator. See: Time Away Policy from Required Clinical Clerkships and Postponement of Core Clerkships Policies in Section Three: Academic Regulations.

### **Changes in fourth year/Advanced Studies Rotations**

Changes in fourth year required and elective rotations are made by the student and the department directly. Students should contact the coordinator of the subinternship or elective.

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

This course embodies the spirit of the new curriculum, by expanding the opportunity for individual exploration in a variety of clinical and translational science fields, early in the students' career. The program allows for self directed learning by allowing students to either choose from a diverse offering of pre-designed electives or to design their own clinical experience. The advantages of early exposure to a medical specialty include the opportunity to foster mentorships, to nurture and develop interest in the specialty and to provide intrinsic motivation to pursue further learning in the chosen field(s). These electives may also help to explore a career choice.

In this multidisciplinary learning program, following a broad set of guidelines, students will learn in a variety of methods depending on the elective experience they choose. Electives will emphasize one-on-one interaction between student and teacher. Criteria for granting credit are elective-specific minimum standards of performance as laid down by sponsoring departments.

## **E. Clinical Competency Requirement/End of Third Year Assessment (EOTYA)**

All students must fulfill competency performance standards on a clinical skills assessment as a graduation requirement for UMMS. All students are required to complete the EOTYA at the end of their third year or the year prior to anticipated graduation eligibility. Any student who does not fulfill competency performance standards on the EOTYA will be provided with a remediation process and second opportunity (EOTYA Retest) to meet competency performance standards before the National Residency Match. If a student does not demonstrate competency standards on the EOTYA, a performance on the clinical competency requirement of "not meeting competency" will be reported to the student and to the CSAEB. An EOTYA Performance Evaluation Group is a standing subcommittee of the CSAEB. The student may submit an appeal regarding the EOTYA and the EOTYA Retest grade to the EOTYA Performance Evaluation Group. All appeals will be managed by the EOTYA Performance Evaluation Group.

**Timeline:** Students will be notified of their EOTYA performance results by Mid-September of each year. The EOTYA Retest will be conducted no later than January of the year following the EOTYA. Students not able to meet competency performance standards on the EOTYA Retest will be reported to the CSAEB by the end of January of the year following the EOTYA. (Revision date: 5/13/10)

## F. Electives

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

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

### Required Electives by Type:

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

### Required Electives by Length:

- A minimum of 16 weeks must be in blocks of at least 4 weeks long.
- The remaining 8 weeks can be taken in blocks of two weeks or greater.

## Elective Types

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

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

- Block of continuous time of at least four weeks.
- Work-up approximately three new patients per week.
- Perform initial history and physical exams.
- Write orders (co-signed by house officer).
- Coordinate work-up and follow hospital course.
- Perform or observe all procedures on assigned patients.
- Be responsible for “scut” work on patients.
- Scrub for surgical procedures on assigned patients.
- Take night call according to intern’s schedule.
- Participate in AM work rounds and attending rounds.
- Present assigned patients to attending physician.
- Participate in teaching session regularly.

**Type B1:** Students must have direct contact with patients as a major feature of the elective. They are expected to obtain histories, perform physical examinations and offer diagnostic and therapeutic alternatives. Students need not have primary re-

sponsibility for patients. Such electives include the traditional consultative services in medical and surgical subspecialties as well as anesthesiology, preceptorships in primary care (medicine, pediatrics, family practice) certain experiences in community hospitals, etc.

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

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

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

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

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

**Type C:** This type of elective encompasses all those elective experiences in where there is limited contact with patients, as in diagnostic or therapeutic fields where major reliance is placed upon information gathering or therapy administered via sophisticated techniques such as radiology, nuclear medicine, radiation therapy, etc.

It can also include electives in the basic sciences. The only requirement is that there be some general relationship to the broad area of medicine and the medical sciences. In general, such electives will be in four-week blocks but programs can be modified to achieve the equivalent of a 4-week experience. Electives applied towards graduation credit are normally advanced fourth-year courses taken after required third-year clerkships are completed. Electives taken for credit at other times during the student's medical school career may be considered for graduation credit only with the approval of the Clinical Science Academic evaluation Board.

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

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

### **Internal Elective**

An elective course offered by the University of Massachusetts Medical School or its affiliated hospitals. UMass offers an array of electives that can be found on line at: <http://www.umassmed.edu/studentaffairs/electives/list.aspx>.

### **External Elective**

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

### **International Electives\***

UMMS offer many opportunities for UMass students to take International electives. These electives can range from language and/or cultural immersion to research and clinical rotations. Many of these electives are in third world countries, but are also available in all regions of the world. For more information on International Electives and possible funding sources, UMass Student should contact Mick Godkin, PhD by email [Michael.Godkin@umassmed.edu](mailto:Michael.Godkin@umassmed.edu) or via phone at 508-856-3917.

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

### **Elective Guidelines**

Electives applied toward graduation credit are normally advanced fourth-year courses taken after required third-year clerkships are completed, electives taken for credit at other times during the student's medical school career may be considered for graduation credit with the approval of the Clinical Science Academic evaluation Board (CSAEB). They



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

1. There are no rigid regulations regarding the proportion of time spent on internal versus external electives.
2. Students should consult with their advisor/mentor regarding choice of electives.
3. Usually at least one elective in the specialty to which the student is applying is necessary.
4. Students considering international electives must discuss their plans with Mick Godkin, PhD, Director for International Student Programs. Students whose academic performance has provided any cause for concern may be reviewed by the CSAEB before being permitted to take an international clinical elective. Because students are being prepared for US residencies, a maximum of 8 weeks of clinical elective credit towards graduation will be given for international electives.
5. Up to one TYPE C elective credit may be earned for language immersion programs approved by the Director of International Programs, Mick Godkin, PhD. The language chosen must be applicable to a significant minority population in the Commonwealth or elsewhere in the United States.
6. There are no limits on the maximum number of electives taken or to the amount of time spent on elective courses, other than the limitations imposed by the time available within the academic program and the requirements for graduation.
7. Sufficient time must be spent in elective courses for credit to fulfill the requirements for the Doctor of Medicine degree. Additional electives may be taken with or without credit provided that the status is indicated prior to the start of the elective.
8. In accordance with the guidelines of the Association of American Medical Colleges, academic credit shall not be given for courses which carry financial remuneration to the student above and beyond any cost reimbursement and/or provisions for room and board. Exceptions may be granted in the case of active duty in the Armed Services, provided that the experience is approved as a bonafide elective course.
9. UMass students shall have preference over students from other medical schools in scheduling UMass electives prior to May 1st of each year. After this date, electives for the coming academic year will be open to students from outside the University of Massachusetts Medical School, and elective enrollment will be on a first come, first served basis.
10. Students who desire to take an elective for credit will have preference over students desiring the elective for non-credit.
11. New elective programs which have been approved and submitted will be posted on the Student Affairs Web site: <http://www.umassmed.edu/studentaffairs/electives/list.aspx>.

**Please note:**

- It is the student's responsibility to arrange their fourth-year elective schedule, obtaining all necessary paperwork and approvals prior to the beginning of each elective. The Office of Student Affairs is available for assistance with any questions or concerns.
- Elective schedules are maintained on a daily basis by the Office of Student Affairs. It is the student's responsibility to check his/her online PSSA elective schedule to insure that an accurate elective program is on file.
- The Office of Student Affairs must have a copy of the 'approved' paperwork for all electives scheduled, with the exception of those received through the 4th year lottery. Please note that having the elective listed on the PEP form does not indicate that a student has been approved for the elective. If the approved paperwork is not received by the Office of Student Affairs the student will not receive appropriate credit for the elective.

**Elective Course for CREDIT/NO CREDIT**

- **Credit toward graduation requirements:** Credit toward graduation requirements: Grade and time credit toward the 24 weeks of required elective time.
- **Credit not towards graduation:** Electives taken in excess of 24 weeks can be taken for credit and will be noted on the transcript.

**NB:** A minimum of 12 weeks of electives must be approved and taken for credit in any semester for students to be considered an enrolled student, receive course credit, be covered by malpractice, retain student status, etc. See Matriculating Student Status requirements in the Student Handbook.

- **Non approved:** No credit will be given for electives which are not approved by the Medical School. This does not imply that the experience may not be worthwhile, only that it is not under the official auspices of the University of Massachusetts Medical School. See Matriculating Student Status requirements in the Student Handbook.

**Elective Application Procedure****I. REVIEW ELECTIVES**

Review the UMMS Elective list as found <http://www.umassmed.edu/studentaffairs/electives/list.aspx>. Each elective description will list details about that specific elective including the type, elective code, contact person and any prerequisites. These items will be necessary for completing the Proposed Education plan (Step II) and for completing the appropriate application (Step III).

**II. PROPOSED EDUCATIONAL PLAN (PEP)**

Prior to scheduling any elective, students should meet with their advisor/mentor to discuss their fourth year schedule. Students should bring their completed Proposed Educational Plan (PEP) to this meeting. The PEP is designed to assist with outlining the student's fourth year medical education goals and objectives. A student can revise the PEP at any time by mutual consent with the advisor/mentor. Once a signed PEP is on file in the Office of Student Affairs, the advisor's/mentor's signature will not be required to add or drop

any elective listed on the student's PEP. The PEP form is available on line on the Student Affairs website at: <http://www.umassmed.edu/studentaffairs.aspx> under the electives tab. Please follow the instructions on the PEP for proper completion.

### III. COMPLETE THE APPROPRIATE APPLICATION PROCESS

Once the student has a Proposed Education Plan (PEP) they must follow the appropriate Internal, External or International elective application process. Forms and directions can be found at: <http://www.umassmed.edu/studentaffairs/electiveprogram.aspx>

## Changes or Withdrawing from an Elective

It is recognized that occasionally during the Elective Program it may be necessary for a student to change his / her schedule. However, changes can only be made if requested at least two months in advance of the elective's start date, and for a valid reason. Withdrawal from an elective must be approved by the coordinator of the elective before the elective will be removed from the student's schedule. If the request to drop the elective is denied, the elective will remain on the student's schedule and the student will be required to complete the elective or receive a failing grade for that elective. Dropping an elective is by mutual consent only.

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

## Optional Enrichment Electives

Optional Enrichment Courses are elective courses offered in addition to the regular, required and elective/selective curriculum, which the student elects to take. Unlike regular electives, the student is not required to take any optional enrichment electives. These courses are offered jointly by the Office of Undergraduate Medical Education and the Office of Student Affairs.

- Scheduled during the independent study time in the schedule.
- Participation in these courses is mentioned in the Medical Student Performance Evaluation (MSPE) and appears on the transcript by course name, with two hash marks (##) in the "grades" column and a notation on the transcript as: "## Optional Enrichment Course. The student has elected this course in addition to the regular curriculum requirements."
- Requires approval by the EPC in order to be so designated and appear on the transcript.
- Failure to complete course requirements results simply in the course not being listed on the student's transcript. It is not possible to "fail" such a course.

A list of optional enrichment electives along with a brief description of each can be found at: <http://www.umassmed.edu/Content.aspx?id=104382>

### REQUIREMENTS FOR APPROVAL

The Course coordinator prepares a brief description (e.g., 2 pages) containing:

1. Course name.
2. Identified faculty coordinating course and the department sponsoring the course, or identified faculty advisor if student-coordinated. The sponsoring office, division, or department is responsible for supporting the elective.
3. Goals and objectives of the proposed course.
4. Learning methodology and opportunities, and a syllabus outline of the proposed course (including the proposed schedule and faculty presenters).
5. A brief description or outline of how the course builds upon what is currently being taught in the curriculum in the proposed topic area.
6. The maximum number of students the course will accept.
7. Proposed start and end dates of the course. Faculty are encouraged to offer their course in either the fall or the spring semester. As per UMMS protocol, for any courses spanning more than one academic semester the elective is treated as two distinct courses by the school catalogue, PeopleSoft and the Learning Management System.
8. The method of evaluation that will be used to certify that students have completed the course, warranting mention on the transcript and Medical Student Performance Evaluation (MSPE). For example, attendance could be the sole requirement, or student could be expected to write a paper or other exercise in order for participation in the course to be reported to the Registrar and to the Dean's Office. For example, students' comprehension and expression of American Sign Language is evaluated through tests and quizzes using both faculty and deaf community members. Medical Interviewing in Spanish is evaluated by observation of standardized patient interview(s) in Spanish by faculty.
9. Method of course evaluation if one is used in addition to the end of course evaluation form required by the Office of Educational Affairs, as noted below.

### **PRIOR TO THE START OF THE COURSE**

1. Each Optional Enrichment Elective (OEE) is required to complete the Optional Enrichment Elective Course information Form at <http://www.umassmed.edu/Content.aspx?id=104382> and submit as directed on the form. The form requests information such as, but not limited to, course overview, schedule, goals and objectives, start and end dates. A separate form should be submitted for each Optional Enrichment Elective for which you serve as Course Director. The Optional Enrichment Elective Course Information Form can alternatively be accessed via <http://www.umassmed.edu/UME/OEE.aspx>.

Each Optional Enrichment Elective is also required to submit the following to the Office of Student Affairs prior to the start of the course in order to be approved as an OEE offering:

- The UMMS student enrollment list for the course.
  - The course specific items for the OUME distributed course evaluation, in the format requested from the OUME following the official approval of your course.
2. OEE course sites will not be made "live" (i.e. available to students) in the learning management system until all of the course information noted above is on the course site.

- The current policy for enrolling UMMS students as defined by the Registrar should be referred to as needed. For information on accommodating students who are not UMMS students, please contact the Registrar.

### AT THE END OF THE COURSE

In order to be approved as an Optional Enrichment Elective offering, each course coordinator is required to:

1. Distribute an OUME end of course evaluation form to students in the course, and return them to the OUME Division of Research and Evaluations. That group will then generate a summary report for course faculty.
2. Submit a copy of the final “grade” sheet (i.e., a list of students who completed the course) to the Office of the Registrar with a copy to Maxine Schmeidler in the Office of Undergraduate Medical Education no later than May 31, stating: “The following students have satisfied the requirements for [name of optional enrichment course] and should receive a notation on their transcript of having taken this course.” [The dates the course was offered, the academic year, the course number, and the course coordinator’s signature.]

### PROCESS OF APPROVAL

1. The course coordinator presents a written course proposal to Mai-Lan Rogoff, MD, Associate Dean of Student Affairs, who will then meet with faculty/students proposing the course. She will then forward it to the EPC Executive Committee. The course faculty/coordinator is expected to be present at the EPC Executive Committee meeting during the discussion of the proposal.
2. She will then forward it to the EPC Executive Committee. The course faculty/coordinator is expected to be present at the EPC Executive Committee meeting during the discussion of the proposal.
3. If approved by the EPC Executive Committee, the proposed course is presented to the full EPC for discussion and approval.

## G. Interclerkships

Interclerkships are required third-year activities and as with all other required courses any changes in the schedule requires advance permission.

### Interstitials

Beginning in May 2012 the Interclerkship program will be replaced by an “interstitial” program.

### Postponement of a Required Interclerkship

See “Withdrawal, Rescheduling Required Activities: Postponement of a Required Interclerkship.”

## H. Transition to Internship

The Transition to Internship course covers topics such as code scenarios in the Sim Center and review of cardiac cases using Harvey® (the Cardio-Pulmonary patient simulator), “middle of the night/ urgent cases” scenarios, skills such as handoffs, prescription writing, pronouncing and working with families, review of EKG/CXR/ specialty skills, review of therapeutics, and time with current interns to talk about practical survival skills. This course is a requirement for graduation.

## II. MD/PhD PROGRAM at UMass Medical School

**Telephone:** 508-856-4135

**Personnel:** Gyongyi, Szabo, MD, PhD; Director  
William Schwartz, MD, Associate Director  
Silvia Corvera, MD, Associate Director  
Anne R. Michelson, Program Administrator  
(anne.michelson@umassmed.edu)

### Requirements for Graduation

All MD/PhD students must complete:

#### School of Medicine (SOM)

- All requirements as set forth by the SOM.

#### Graduate School – BBS Track

##### Core Curriculum

- If required by your thesis advisor, Blocks 1, II, and III of the GSBS Core.
- A minimum of two summers in laboratory rotations following MS1 and MS2; split rotations allowed after MS1 in the form of two, minimum four-week rotations. A laboratory rotation prior to the start of the program is optional and does not count toward the GSBS two required rotations.
- MDP740 during every SOM semester and the summer following first year.
- MDP741 during every Graduate School semester; fall, spring and summer.
- MDP742 MD/PhD HIPAA and OSHA Certification during each fall of full-time graduate studies.
- MDP765 MD/PhD Qualifying Exam; register spring semester of the first year of full-time graduate studies.
- MDP865 MD/PhD TRAC Meeting every fall and spring semester after passing the Qualifying Exam and forming the TRAC.
- MDP800 MD/PHD Seminar Series during each fall and spring of all years in the program.
- Responsible Conduct of Research.
- Scientific Writing
- Any advanced topic course required by your TRAC.

### Qualifying Examination

- Graduate School Year One: Presentation and defense of a research proposal within six months of starting full-time research (See Qualifying Exam Guidelines for specific MD/PhD instructions).
- Enrollment in Pre-Thesis Research until the Qualifying Exam is passed.

### Thesis Research/Graduate Research

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

### Teaching Requirement

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

### Graduate School – CPHR Track

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

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

<b>Graduation Requirements:</b>		
<b>Fall 1</b>	<b>Spring 1</b>	<b>Summer 1</b>
CTS 602A Epidemiology & Research Methods	CTS 602B Epidemiology & Research Methods	CTS 880 Pre-Thesis Research
CTS 603A Biostatistics	CTS 603A Biostatistics CTS 603B Biostatistics	
CTS 701 Scientific Writing	CTS 703 Proposal Development Seminar	
CTS 702 Research Ethics	CTS 601B Determinants of Population Health	
CTS 870 Preparation for Qualifying Paper	CTS 870 Preparation for Qualifying Paper	

<b>Graduation Requirements:</b>		
<b>Fall 2</b>	<b>Spring 2</b>	<b>Summer 2</b>
CTS 880 Pre-Thesis Research	CTS 900 Thesis Research	CTS 900 Thesis Research
CTS 865 TRAC Meeting	CTS 865 TRAC Meeting	
<b>Fall 3</b>	<b>Spring 3</b>	<b>Summer 3</b>
CTS 990 Graduate Research	CTS 990 Graduate Research	CTS 990 Graduate Research
CTS 865 TRAC Meeting	CTS 865 TRAC Meeting	
If necessary.....		
<b>Fall 4</b>	<b>Spring 4</b>	<b>Summer 4</b>
CTS 990 Graduate Research	CTS 990 Graduate Research	CTS 990 Graduate Research
CTS 865 TRAC Meeting	CTS 865 TRAC Meeting	
This curriculum can change; contact the CPHR Program for specifics on the current curriculum.		

MD/PhD students targeted for the CPHR Program should enroll in summer laboratory following SOM years one and two with the CPHR Program’s Associate Dean. The CPHR lab rotation course number should be used (CTS850) to designate the student’s program intention. The length of the laboratory rotation is defined by the CPHR Program. During the second year of SOM, students in this track will work with the Associate Dean to determine a thesis/project mentor so that work on a qualifying proposal can begin during the second summer lab rotation, prior to the core curriculum coursework.

Students complete the Qualifying Paper and Dissertation Proposal Defense prior to entering Graduate Research. All core and research courses registered for during the graduate school years will fall under the CPHR course numbers with the exception of any MD/PhD specific courses taken during the same time period. Please refer to the CPHR Handbook for the academic guidelines of this Program.

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

*\*This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.*

The CTRP/MSCI is an integrated program comprised of relevant required core curricula in Years 1 and 2 of Medical School; two required CTR Pathways Courses in Years 1 and 4; three research electives; and the Year 1 core curriculum of the MSCI program. The components of this 5-year Combined CTRP/MSCI Program are built upon already existing components of the medical school curriculum (both core and elective) and the MSCI program, and include additional required classes specific for the CTRP.



## The CTRP/MSCI curriculum components are as follows:

### YEAR 1 (Medical School Year 1)

- Introduction to Clinical/Translational Research: Protocols & Ethics- Required participating in this series of 5, 90-minute CTRP core curriculum sessions, featuring presentation by Office of Research staff, CTRP faculty, and Office of Ethics on how to write an IRB protocol, including ethical considerations; course to include required completion of web-based Course in Protection of Human Research Subjects.

### Year 2 (Medical School Year 2)

- Community Health Clerkship – Assignment to a research pathway small group; participant will be mentored in selection of a research topic of interest in a community-based setting, with potential of carrying this topic as a research focus throughout the 4 years.
- Summer Research Fellowship Program – Undertake 2-month summer research project under the guidance of a CTRP- affiliated faculty mentor. Stipend support provided for student enrolled in research pathway.
- Epidemiology and Biostatistics Course– Assignment to a research pathway small group basics in epidemiology, biomedical statistics, clinical trial design will be covered, utilizing existing small-group sessions in Epidemiology and Biostatistics course.

### Year 3 (MSCI ‘PULL-OUT’ Year)

- Summer Research Fellowship Program\*– Undertake 2-month summer research project under the guidance of a CTRP-affiliated faculty mentor.
- Year 1 core curriculum of the MSCI program\* –Pending-Stipend support provided for students for Year 3, including possible Summer Research stipend and small academic year stipend or fee waiver.

### Year 4 (Medical School Year 3)

- Journal Club Tutorial in Clinical /Translation Research–Required participation in 4 of 6 session in the Journal Club Tutorial CTRP Core Curriculum Series; a different CTRP faculty leader will facilitate each session.
- Choose a research project and mentor for the Senior Scholars Elective–During year 4 (Medical School year 3), research pathway students will be required to start to develop the experimental design on their Senior Scholars project, and initiate/obtain IRB approval as needed. Two individual meetings with the student’s faculty mentor are required.

### Year 5 (Medical School Year 4)

- Senior Scholars Elective/Master thesis\*–Requirements include: Complete clinical research project, analyze data, submit a summary to the program. Optional Present paper or poster at an academic or professional meeting.

\*Italics indicate the additional requirements over the standard CTRP pathway.

## SECTION TWO

# HONOR CODE, TECHNICAL STANDARDS AND PROFESSIONALISM

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### I. HONOR CODE

Students are embarking on a career in a profession which requires of its members high standards of ethical conduct and honesty. It is expected that each student will respect the academic environment of the University of Massachusetts Medical School, and make a personal commitment to abide by an honor code exemplifying a standard of behavior which will form a firm basis for future professional conduct. This commitment implies avoidance of any form of dishonesty or misrepresentation as well as the demonstration of respect for the rights and well-being of others including students, faculty, staff, patients as well as their families and friends, and members of the community. It also implies a responsibility to take positive action to insure that failure of others to comply with these standards is not permitted.

Positive action may include speaking directly with the student or other person suspected of not complying with these standards and/ or making an allegation of misconduct to the Associate Dean for Student Affairs or another faculty member who may assist in bringing the allegation forward. Such allegations must be made in person and may not be anonymous.

The Associate Dean for Student Affairs may discuss options and procedures for responding to allegations of misconduct with the reporting faculty person. All information concerning allegations of misconduct are privileged and confidential and will not be discussed outside of the appropriate process.

Allegations of misconduct will also be discussed in person with the accused student by the Associate Dean for Student Affairs. If the allegation originates with a faculty member, the faculty member is expected to have discussed the matter directly with the accused student before making a decision to bring it forward.

Behavior judged by the administration, students and/or faculty to be illegal, unethical, or so objectionable as to be inconsistent with suitability for the medical profession shall be grounds for the imposition of sanctions such as probationary status or dismissal. Examples of such behavior are lying, stealing, cheating, plagiarism, harassment, or breach of patient confidentiality.

The phrase “academic dishonesty” in the Medical School includes violations of professionalism when they relate to honesty in any setting. The technical standards (which include a standard on behavior) are required for admission, retention, promotion and graduation. Professionalism is also a graded component of required courses.

Honor Code violations are considered a violation of Technical Standard #5 (Behavioral and Social Attributes). The Associate Dean for Student Affairs may dismiss the allegation only if there is no question that the allegation is without merit. If there is

any question as to the merit of the allegation, the Associate Dean for Student Affairs will inform the accused student and then refer the matter to a Technical Standards Subcommittee of the Clinical or Basic Science Academic Evaluation Board depending on the student's year in school.

The Technical Standards Subcommittee shall consist of four standing members of the Medical School faculty plus one member of the faculty recommended by the student about whom the allegation has been made. The Technical Standards Subcommittee shall review all information available and may interview the student. After thorough review the Technical Standards Subcommittee will make a determination on the consequences and report to the appropriate Academic Evaluation Board. If the Technical Standards Subcommittee deems the allegation to be without merit, no report will be made to the Board and no record will be kept in the student's file.

Appeal of decisions of the Academic Evaluation Boards: Please see Medical Student Appeal Policy: Technical Standards Subcommittee ("Honor Board") Procedures.

An Honor Board hearing is intended to collect information and consider whether an incident of academic dishonesty has occurred. It is not a criminal or civil trial and is not modeled after these more formal and adversarial proceedings. It is a self-review by members of an academic institution and follows the expectations of a community of scholars: that parties will discuss honestly, fully and in good faith what they believe they have observed. If the accused student admits to the allegation, the Honor Board will be convened to recommend sanctions and may interview the student without holding a formal hearing.

Witnesses alleging academic dishonesty on the part of a student must appear in person before the Honor Board if requested to do so. Anonymous reports will not be acted upon. Signed written statements will be accepted in lieu of a personal appearance in extenuating circumstances. Witnesses may request that their identities not be revealed to the accused student; the Board will make a sincere effort to honor this request although this protection of identity cannot always be guaranteed. The accused student will be informed of any evidence or statements made in the hearing, individually or in summary form, and will have the opportunity to respond to any statements and evidence presented. Examples of evidence which will be considered by the Board include written evidence such as exams and papers, material previously reviewed by other groups or committees, and eyewitness reports; hearsay evidence will not be considered.

Decisions of the Board will be by majority vote; the standard used will be "preponderance of the evidence" rather than the criminal standard of "beyond a reasonable doubt."

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

In order to protect both the accused student and witnesses, Honor Board hearings are private and confidential; generally, the presence of observers or interested parties will not be permitted. Exceptions may be made in unusual circumstances at the discretion of the Board. Deliberations of the Board will be private and restricted to the five voting members of the Board (the four standing members and the member appointed at the student's request); these private deliberations may occur before, during and after portions of the hearing at which witnesses or the accused student are heard.

A student accused of dishonesty may either call witnesses or ask the Board to request the presence of a witness. However, the Board cannot compel any member of the campus community to testify against his/her will. Signed written statements will be accepted in lieu of a personal appearance in extenuating circumstances.

### **Consequences of Technical Standards Subcommittee (Honor Board) Decisions**

If the Honor Board dismisses the charge of academic dishonesty, no record will be kept of the charge or of the proceeding in the student's official file and no mention of the charge or of the proceedings will be made to any Academic Evaluation Board or other official committee of the school. The records of the proceeding, including the letter to the student informing him/her of the decision exonerating him/her, will be placed in a sealed file which will be maintained separately from the student's official file and kept for seven years following the student's graduation when it will be destroyed unless subpoenaed during that period.

If the Board upholds the charge of academic dishonesty, it may recommend sanctions up to and including suspension or dismissal. Possible Board recommendations could include required ethics review courses or papers, taking exams in separate rooms, special monitoring, and/or prohibitions against the student's participation in certain committees of the medical school. A record of the proceeding will be kept in the student's permanent record; the record will be made available to any future Honor Board convened to consider any other allegation of academic misconduct on the part of that student. Suspensions for any reason are noted on the student's transcript. The recommendation of the Honor Board is made to the appropriate Academic Evaluation Board. Generally, except in cases of dismissal, the student's name and details of the case are not revealed to members of the Academic Evaluation Board unless the student elects to appeal the decision; in this case the details must be made known so that the Academic Evaluation Board can consider the student's appeal.

If the Honor Board concludes that the evidence does not meet the standard of "preponderance of the evidence" but still feels there is too much uncertainty to entirely dismiss the case, it may send back a report of "no finding of academic dishonesty" and elect to recommend actions intended to decrease the possibility of academic dishonesty. Examples include making the proceedings of the Honor Board, including the finding of "no academic dishonesty," available to any future Honor Board convened to consider future accusations of academic dishonesty or requiring other special monitoring. In this case, the recommendation would not be considered a "sanction" and the reasons for the recommendation would neither be revealed to other members of the University community nor reported on the transcript or in the Medical Students Performance Evaluation (MSPE). If no further incidents occurred, all records will be

removed from the student's record on graduation, including the letter to the student informing him/her of the decision exonerating him/her. The records of the proceeding, including the letter to the student informing him/her of the decision exonerating him/her, will be placed in a sealed file which will be maintained separately from the student's official file and kept for seven years following the student's graduation when it will be destroyed unless subpoenaed during that period. In this case the student may not be prohibited from participating in any University function or committee.

### **Appeals**

Appeals of any recommendation of the Honor Board are made to the appropriate Academic Evaluation Board and then to the Dean of the Medical School, following procedures set out in the Student Handbook. Faculty members who participated as voting members of the Honor Board may not participate in appeal committees other than the academic evaluation board of which they are already a member. Please see "Medical Student Appeal Policy" in the Student Handbook.

## **II. TECHNICAL STANDARDS**

### **UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL TECHNICAL STANDARDS FOR MEDICAL SCHOOL ADMISSION, CONTINUATION AND GRADUATION**

#### **INTRODUCTION**

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

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

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

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

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

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

## **TECHNICAL STANDARDS**

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

## 1. OBSERVATION

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

## 2. COMMUNICATION

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

## 3. SENSORY AND MOTOR COORDINATION OR FUNCTION

Students must be able and willing to perform with acuity, accuracy, and facility, a complete physical examination on any patient of all genders, utilizing palpation, auscultation, percussion, and other diagnostic maneuvers. In general, this requires

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

#### **4. INTELLECTUAL-CONCEPTUAL, INTEGRATIVE AND QUANTITATIVE ABILITIES**

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

#### **5. BEHAVIORAL AND SOCIAL ATTRIBUTES**

Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all personal qualities that are necessary for any physician. Students must be able in all clinical and academic settings to fully utilize their intellectual abilities, to exercise good judgment, to promptly complete all responsibilities attendant to the diagnosis and care of patients. They must be able and willing to develop mature, sensitive, professional and effective relationships with patients of all genders, ages, races, life-styles, sexual orientations, and cultural background,



as well as with their families, with other health care providers, and with all members of the learning and working community. At times this requires the ability to be aware of and appropriately react to one's own immediate emotional responses: e.g., students must maintain a professional demeanor, and be able to function at a high level in the face of personal fatigue, dissatisfied patients and their families, and tired colleagues. Students must be able to develop professional relationships with patients and their families, providing comfort and reassurance when appropriate while protecting patient confidentiality. Students must be able to maintain professional conduct when interacting with patients and the families of patients suffering from catastrophic illness, trauma, and death. Students must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress. All students must be able and willing to work on any day of the week and on any day of the year when called upon to serve in scheduled clinical activities or learning opportunities. All students are at times required to work for extended periods, occasionally with rotating and overnight shifts. Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students are expected to accept appropriate suggestions and criticism and, when necessary, to respond by modifying their behavior.

Adopted by the University of Massachusetts Medical School Admissions Committee on Dec. 12, 1990  
 First revision September 15, 1993; Second revision July 30, 1999; Third revision April 5, 2001;  
 Fourth revision July 9, 2009

### III. PROFESSIONALISM

#### Guidelines for Professional Behavior

The Faculty and Student Body of the University of Massachusetts Medical School regard the following as guidelines for professional conduct. These areas are derived from the school's Technical Standards (see Student Handbook). We are proud that the vast majority of our students exemplify these behaviors naturally. All members of the UMass Medical School community are expected to act professionally in the school, hospital and in the community with or in front of patients, families, members of the health care team, and others in the professional environment (school, hospital, clinic, office) including members of the faculty and administration, other students, standardized patients, and staff.

##### Displaying honesty and integrity

- Consistently displays ethical behavior.
- Does not misrepresent or falsify information and/or actions e.g. does not cheat.
- Takes credit only for own work/contributions and impartially gives credit to others for their work.

##### Maintaining a professional demeanor

- Treats peers, faculty, staff, and patients with respect in individual settings; e.g. not arrogant or insolent.
- Treats peers, faculty, staff and patients with respect in lecture and conference settings; e.g. turning cell phone and pager to vibrate, refraining from disturbing others via text messaging, talking, activities not related to class, etc.

- Maintains professional demeanor even when stressed; e.g. not verbally hostile, abusive, dismissive or inappropriately angry with peers, faculty, staff or patients.
- Never expresses anger physically.
- Abides by professionally accepted boundaries for interpersonal relationships; e.g. never uses his or her position for personal gain or to engage in romantic or sexual relationships with patients or members of their families.
- Conforms to policies governing behavior; e.g. confidentiality, sexual harassment, consensual amorous relationships, hazing, use of alcohol, and any other existing policy of the medical school or clinical system.
- Appearance, dress, professional behavior follow generally accepted professional norms.

### **Showing respect for patient's dignity and rights**

- Makes appropriate attempts to establish rapport with patients or families.
- Shows sensitivity to the patients' or families' feelings, needs, wishes, and diversity.
- Demonstrates appropriate empathy.
- Shows respect for patient autonomy.
- Maintains confidentiality of patient information.

### **Accurate self-reflection**

- Correctly estimates own abilities or knowledge.
- Recognizes own limits; appropriately seeks help, e.g. from peers, faculty, tutoring services.

### **Responding to supervision**

- Accepts and incorporates reasonable feedback in a non-resistant and non-defensive manner.
- Accepts responsibility for own errors.

### **Demonstrating dependability and appropriate initiative**

- Completes tasks in a timely fashion without needing reminders; e.g. papers, reports, examinations, appointments, patient notes, patient care tasks.
- Assists and facilitates learning among peers.
- Appropriately available for professional responsibilities; e.g. attends required classes and activities, is available when on clinical service, responds to e-mail and pager.
- Takes on appropriate responsibilities willingly; e.g. not resistant or defensive.
- Takes on appropriate patient care activities; e.g. does not "turf" patients or responsibilities.

### **Interacting with other members of the team**

- Shows sensitivity to the needs, feelings, wishes of team members; e.g. lab, small groups, projects, other members of the health care team.
- Relates and cooperates well with members of the team.
- Communicates with other members of the team in a timely manner.

(REV 1/30/07 from policy approved by the Education Policy Committee 11/2001)

## Process for Use of Professionalism Incident Reports

Professional behavior is expected of both learners and teachers with or in front of patients, members of the health care team, and others in the professional environment (school, hospital, clinic, office) such as faculty members, standardized patients, staff, and administration members. Items on the “essentials of professional behavior” document state the areas felt by the faculty to be guidelines for professional behavior. These areas are derived from the Medical School’s Technical Standards and from our Clerkship Evaluation form. Professionalism incident reports may be filed to report praise for incidents of unusually meritorious behavior or to report concerns. The intent of the “concern” report is to give the student formative feedback of concerns about professional behavior before that behavior becomes part of a grade or a sanction by one of the Academic Evaluation Boards.

Either “praise” and “concern” reports may be filed only by the relevant course/ clerkship coordinator, Senior Associate Dean for Educational Affairs, Assistant or Associate Deans in the offices of Undergraduate Medical Education or Student Affairs, or Vice Provost in the Office of School Services.

### Praise report

- 1) The report will consist of a narrative statement describing the incident and the school’s “professionalism” document with the relevant areas checked off or otherwise indicated.
- 2) While it is often helpful to receive personal praise, a face-to-face meeting between the student and the person filing a praise report does not need to be held. The student will be sent a copy of all praise reports.
- 3) All praise reports WILL be placed in the student’s permanent file and may be mentioned in the Medical Student Performance Evaluation (MSPE).

### Concern report

- 1) Faculty or other concerned personnel are encouraged to discuss their concern directly with the involved student before going to one of the above individuals to report an episode. The decision of whether or not to file a concern report at that point will be at the discretion of the relevant course/ clerkship coordinator, Senior Associate Dean for Educational Affairs, Assistant or Associate Deans in the offices of Undergraduate Medical Education or Student Affairs, or Vice Provost in the Office of School Services.
- 2) It is normally expected that before filing a report, a face-to-face meeting between the student and the person filing the report will be held. In the sole discretion of the person filing the report, other involved persons may be asked to attend. If a face to face meeting is not feasible, an explanation of the reason/s and ways in which the student was contacted must be included. At times, this process of discussion and fact-finding may result in the decision not to file a report.
- 3) The report will consist of a narrative statement describing the incident and the school’s “professionalism” document with the relevant areas checked off or otherwise indicated.

Optionally, the student may also file a commentary which could include a different side of the story, report of extenuating circumstances and/ or discussion of remediation.

- 4) The report needs to be filed in a timely manner (usually within 3 months of any episode occurring).
- 5) Any initial filed report will be discussed by the person filing the report, the Associate Dean for Student Affairs and the Chair of the Basic or Clinical Science Academic Evaluation Board to determine whether:
  - a.) The report should be filed and student monitored with no action taken unless a second report is received.
  - b.) The initial report should be presented to the appropriate Academic Evaluation Board.
  - c.) A Technical Standards Committee (“Honor Board”) needs to be convened to hear and investigate the case (such as where the issue involves an allegation of misrepresenting or falsifying information).
  - d.) Some other course of action is appropriate. Any second or subsequent report will automatically be presented to the appropriate Academic Evaluation Board.
- 6) The Office of Student Affairs will be responsible for determining whether a previous report has been filed.
- 7) If a decision is made that an initial report should be filed with no formal action taken unless a second report is received, the report will NOT be placed in the student’s permanent file. It will be retained in a separate file until the student graduates. If no further reports are received, the report will be destroyed when the student graduates or leaves the school. No mention of a report in this category will be made in the Medical Student Performance Evaluation (MSPE) or on the transcript.
- 8) If a report is brought up for discussion at the appropriate Academic Evaluation Board, that Board will proceed as under current policy. If the behavior is part of a pattern, some remediation may be required. Under current policy, the Board has the ability to recommend a variety of actions including no action/ monitoring, remediation, and other sanction up to and including dismissal. Any recommendation which will delay the student’s progress must be approved by the Progress Board unless accepted by the student on a voluntary basis. The Academic Evaluation Board will also determine whether there will be any mention of the episode/s in the MSPE.
- 9) If a Technical Standards Committee (“Honor Board”) is convened, that Board will proceed under current policy.
- 10) Appeals will go through the current Appeals process for recommendations from the Academic Evaluation Board.

rev. 04/13/11

## SECTION THREE

### ACADEMIC POLICIES AND REGULATIONS

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#### **Attendance, Rescheduling, Withdrawals: Required Activities**

On rare occasion it may be necessary for a student to miss a required examination, due date for a paper, report or other course activity because of physician-certified illness, death in the immediate family, or other reason of comparable magnitude acceptable to the course/clerkship director. When possible, the student should talk with the course/clerkship director in advance of missing the required activity. The course/clerkship director shall determine whether an exception will be granted, as well as the timing and nature of any required make-up activities.

**Please Note:** Students who do not report for a required elective, clerkship rotation or who are absent from a clinical rotation or other required activity without appropriate notification to the course director, clerkship coordinator, and the Associate Dean for Student Affairs will receive the grade of No Credit for the required rotation. (See specific Attendance, Rescheduling, Withdrawal policies below.)

#### **General Attendance**

##### **Jury Duty**

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

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

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

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

Students who must miss class in order to fulfill their jury service requirement should

notify each of their instructors of the summons and make arrangements to complete any missed work.

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

## Religious/Ethical Matters

### **Requesting accommodation for religious holidays and activities**

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

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

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

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

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

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

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

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

A student may not refuse to participate in the care or treatment of a patient based solely on the patient's diagnosis (e.g. HIV/AIDS or other sexually transmitted diseases, tuberculosis or other contagious diseases) or behavior. Such a refusal may result in a disciplinary action up to and including termination. a) An exception will be made when a student has been directed in writing by a personal physician to avoid patients with certain diagnoses because of danger to an existing health condition of a student. b) The student will provide the written directive to his/her course/clerkship director and the Associate Dean for Student Affairs. c) The course/clerkship director will review the physician's directive and discuss any potential problems with the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will place the notice in the student's file where it will be maintained. d) A student will not be subject to any adverse action or evaluation for exercising his/her rights under this policy. However, the student's ongoing performance evaluation process may consider whether the request to participate can be appropriately justified based on ethical or religious beliefs.

In accordance with Massachusetts General Law 112 sec 12I, no student shall be required to participate in an elective abortion or sterilization procedure if their objection is on moral or religious grounds and they state this objection in writing to the Associate Dean for Student Affairs. This exclusion from participation does not excuse the student from responsibility for understanding basic science, methods, rationale or counseling related to these procedures.

When a student has exercised his/her right under this policy, the care or treatment of the patient shall not be compromised.

## **PRECLERKSHIP YEARS**

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

A student may audit a pre-clerkship course only by permission of the course instructor and with the approval of the Associate Dean for Student Affairs. The student must register for the course as an auditor with the Registrar's Office. When the student meets with the course coordinator, the course coordinator will

inform the student in which activities of the course the student may participate in (i.e. lectures, small groups, use of CAI equipment, labs). Usually, auditors will not be permitted to sit for examinations or be required to write papers. Exceptions may be made by the course coordinator. No grade will be recorded on the student's transcript for an audited course. A student registered for a course as an auditor may not change his/her status in that course to receive course credit.

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

In the case of a student who will ONLY be auditing one or more courses for the semester (not taking ANY course for credit.)

- The student must have an approved leave of absence or permission for an audit-only semester from the appropriate Academic Evaluation Board.
- The student must meet the requirements of our current policy for auditors (permission of the instructor and approval of the Associate Dean for Student Affairs).
- The student's status will be considered "active - audit only."
- The student will be enrolled as an auditor ONLY, with 0 hours of credit for the semester.
- The student WILL be given Web-CT access for the audited course/s.
- The student will NOT be responsible for tuition or fees for an audit-only semester; the student may elect to pay the health insurance fee and maintain health insurance at the group rate.
- The student will NOT be eligible for financial aid; students on leave for more than 4 months have a financial aid status of "withdrawn for the semester" and being an audit-only student will not change this financial aid status.

The audit-only semester will NOT count towards the total of 6 years of enrollment (12 semesters) to obtain the MD degree [the intent of the maximum enrollment policy was to describe semesters in which the student was taking one or more courses for credit.

## Exam Policy FOM 1 and FOM 2

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

(Approved by the First and Second Year Curriculum Committees 03/06)

## Withdrawal from a Required Pre-Clerkship Course

A student may withdraw from a pre-clerkship course without academic penalty up



to two weeks before the final examination or end of the course, whichever comes first. Permission to withdraw must be requested from the Basic Science Academic Evaluation Board. The student writes a letter outlining the reasons for requesting withdrawal from the course to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will then present the request to the Basic Science Academic Evaluation Board for approval. This action may only be taken once for any specific course. The Basic Science Academic Evaluation Board may require or permit course withdrawal at other times during the academic year. Course withdrawal will not be indicated on the transcript once the course is successfully completed.

## CLINICAL YEARS

### Time Away Policy from Required Core Clinical Experiences

\* This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.

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

#### Vital Needs/Unplanned Absence:

- The Vital Needs/Unplanned Absence Policy applies to all clinical rotations.
- Students will be excused for acute illness, medical needs, or personal emergency (e.g. to attend a funeral) by the Clerkship Director. To maintain student privacy, students may state they have an “illness”, “family emergency” (which includes serious illness or death of close family member), or a “medical appointment” and are not required to disclose details. Note that childcare arrangements must be made for routine illness of children, school closures, etc as these are not considered emergencies. Students are expected to report to work in inclement weather. Students must inform the clerkship director and their direct supervisors as soon as possible. For chronic illness issues, please refer to the ADA policy.
- Any required make-up will be at the discretion of the Clerkship Director.

#### Planned Absence from Required Core Clinical Experiences:

- With advance notice, students will also be excused from core required clerkships ( Family, Internal Medicine, Neurology, OB/Gyn, Pediatrics, Psychiatry, Surgery) for up to 2 planned days for significant personal, professional or academic events (conferences, interviews, weddings, family events, religious observance, remediation of another course, etc.).
- These personal/professional days must be approved by the Clerkship Director and reported to the Associate Dean for Student Affairs, who will track total number of days used. Time taken for religious observance will be considered a planned absence day. The Planned Absence request policy applies only to required core clinical experiences, whether they occur in the third or fourth year of training. It does not apply to the required Sub-Internships, the End of Third

Year Assessment Exams (EOTYA), or to Senior Electives. Neurology allows only one absence during the clerkship at the discretion of the directors; 30 days notice is required. Personal days are not permitted during sub-internships.

- Students are requested to plan absences to minimize disruption of their clerkship duties if possible. Medical appointments should be scheduled to minimize length of time away from clinical or classroom duties. A planned absence day should be used if routine medical appointment will cause student to miss the entire day. ADA policy may apply to students with frequent medical appointments due to chronic illness.
- Students must request approval for any excused absence by e-mail from the Clerkship Director as far in advance as possible (before course begins, ideally 30 days or more in advance). Approval for planned absences may not be granted if they are requested late, impact key clerkship components or if they create undue hardship for the clerkship. The clerkship Director will notify the student, clinical supervisors, and the Associate Dean for Student Affairs if the request is approved. The Associate Dean for Student Affairs will confirm that the student has not already utilized these days.
- The Clinical Science Academic Evaluation Board (CSAEB) will review student requests that exceed the 2 day limit. Consideration will be given to support students in achieving important educational, spiritual and professional goals. Students may contact the Associate Dean for Student Affairs to initiate an appeal to the CSAEB, which meets monthly.

Clerkship Directors will maintain records of all vital needs and planned absences. Absences exceeding two days per course will be reported by e-mail to the Associate Dean for Student Affairs in order to alert faculty to patterns suggesting student distress or professionalism issues.

Make up work may be required if student misses essential educational activities for any reason. Students who miss more than 2 required workdays for any reason (planned or unplanned) must arrange make up with the course director. Each clinical course has an internal policy for developing make up plans which may vary based on course length, activities missed, and availability of additional supervision. Students must inform course directors of all absences and the course director will assign all make up activities, which may include additional projects or scheduling of additional clinical work. Course and Site Directors are not obligated to offer equivalent experiences or make up days on weekends, holidays. Students who do not report for a rotation or who are absent without appropriate notification to course/clerkship director will receive a grade of "Fail" for the rotation. (See policy on withdrawal from a required clerkship.)

Final Policy for Excused Absences from CCE Approved 3/14/08 revised Jan. 2011 and Nov. 14, 2011 by CYC.

## **Postponement of a Required Core Clerkship**

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

**Procedure:****1: Submit Request in Writing**

Students must send the Associate Dean for Student Affairs a letter indicating the reasons for the request. The student's request will be presented to the Clinical Science Academic Evaluation Board (CSAEB) for consideration. The CSAEB meets monthly, so students requesting a postponement should allow adequate time for the request to be presented to the CSAEB. The Associate Dean will notify the student of the Board's decision shortly after a decision has been reached.

**2: Timing of Approval (A or B below)**

**A.** If the request to postpone the clerkship is approved before the core clinical clerkships lottery:

Contact the Clerkship Lottery Administrator

Prior to entering the core clinical clerkships lottery students should contact the clerkship lottery administrator in the Office of Student Affairs to be administratively blocked out of months where clerkships should not be assigned.

**B.** If the request to postpone a clerkship is approved after the core clinical clerkships lottery results:

Complete Clerkship Change Request Form (after being informed of approval)

- Students should complete section 1. In the 'Comments' area of Section 1 on the Clerkship Change Request form indicate that the CSAEB has approved the request.
- Forward the form to the appropriate Clerkship Coordinator. The Clerkship Coordinator will complete section 2 and will forward to the Office of Student Affairs for processing.
- Please note: Assigned clerkships will remain on a student's schedule until the approved Clerkship Change Request Form is received in the Office of Student Affairs. It is the student's responsibility to follow up and monitor the accuracy of their educational schedule via the Peoplesoft/Student Administration system.

**3: Rescheduling a Postponed Core Clerkship into Advanced Studies**

If a postponed core clerkship is being rescheduled into an Advanced Studies schedule then students will be participating in both lotteries for the following academic year.

- Prior to entering the Advanced Studies lottery, students must contact the lottery clerkship administrator in the Office of Student Affairs to make arrangements for rescheduling the postponed clerkship. Every attempt will be made to reschedule the postponed clerkship into block 1A or 1B based upon availability.
- If there is no availability in blocks 1A or B then the student will be scheduled for the soonest available open opportunity. Please be aware that the assignment may not be determined until late spring and could result in students having to withdraw from an early elective.
- All core clinical rotations must be completed by March of the year the student is expected to graduate. Core clinical clerkships are generally not offered to extended students during the summer months.

#### 4: Attend Transition to Clinical Years Program

ALL students are required to attend the Transitions to Clinical Years Program before any core clinical clerkships can be taken regardless of when they will be participating in their first rotation. The Transitions to Clinical Years Program is a required activity and is offered once each academic year.

Important:

- It is very important for students to provide adequate notice of their intent to postpone a clerkship because clerkship preceptor's schedules are finalized months prior to the start of any clerkship.
- Requests to change a clerkship are not official until the Office of Student Affairs has received the approved Clerkship Change Request Form.

#### Withdrawal from a Required Clerkship

**Policy:** Students may withdraw before the midpoint of a clerkship without penalty. This decision must be made in conjunction with the Associate Dean for Student Affairs, the student's advisor/mentor and with the agreement of the clerkship coordinator. Permission to withdraw must be requested from the Clinical Science Academic Evaluation Board (CSAEB). This action may only be taken once for any specific clerkship. Course withdrawal will not be indicated on the transcript once the course is successfully completed.

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

**Procedure:** Students should write a letter outlining the reasons for requesting a withdrawal from the clerkship to the Associate Dean for Student Affairs. The request will then be presented to the CSAEB for approval.

If approved the student will be required to complete a Core Clinical Experience schedule change form which will be sent to the student via e-mail shortly after the approval by the Clinical Science Academic Evaluation Board.

If the Clinical Science Academic Evaluation Board has determined that a student needs to withdraw/postpone a clerkship the student will be notified by the Student Affairs Office. The clerkship schedule change form will be handled by the Office of Student Affairs and the clerkship coordinator directly.

## Postponement of a Required Interclerkship

Interclerkships are required activities for all third year/ core clinical students. Interclerkship topics complement the required core clinical clerkships.

Interclerkships are graded on a CR/NCR basis and all UMass medical students are required to receive credit for eight Interclerkships prior to graduation. Grades for Interclerkships are treated as are grades for all required courses.

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

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

## Changing or Withdrawing from Electives

It is recognized that occasionally during the Elective Program it may be necessary for a student to change his/her schedule. However, changes can only be made if requested at least two months in advance of the elective’s start date, and for a valid reason. Withdrawal from an elective must be approved by the coordinator of the elective before the elective will be removed from the student’s schedule. If the request to drop the elective is denied, the elective will remain on the student’s schedule and the student will be required to complete the elective or receive a failing grade for that elective. Dropping an elective is by mutual consent only.

*Please note:* If you are dropping or adding an elective the paperwork must be completed and submitted to the Student Affairs office BEFORE the start date of the elective.

## EVALUATION OF COURSES

### Evaluations of Course and/or Clerkship - Completed By Student

Each student is REQUIRED to submit to the Office of Educational Affairs completed final evaluations for every course and/or clerkship. A student will not receive a final grade for the course and/or clerkship until he/she submits completed evaluations to the Office of Educational Affairs. To insure confidentiality, a student’s

NT login will be retained when an on-line evaluation form is submitted; however, student names will not be associated with specific responses-only summary tables will be provided.

### **Evaluations of Electives - Completed By Student**

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

## **EVALUATION OF STUDENTS**

### **Principles of Evaluation**

#### **I. Purpose of Evaluations**

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

#### **II. Principles Underlying Evaluations**

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

#### **III. Pre-Clerkship Evaluations**

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

#### **IV. Pre-Clerkship Performance Ratings**

It is the responsibility of each course coordinator to distribute to each student on or about its first day of classes a syllabus which contains a description of the evaluation

tools and procedures to be used. This is to include the relative weight of each examination and a statement defining the levels of proficiency required to attain each of the ratings. Ratings which are used by UMMS courses include:

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

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

## V. Clerkship Evaluations

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

1. Knowledge - This may be assessed through written examinations, through evaluation of clinical performance with regard to the ability to apply and integrate facts, and through evaluation of the ability to discuss and relate facts about particular cases in the setting of conferences and rounds.
2. Skills - This refers to the student’s capacity to function effectively in areas such as clinical decision-making, physician-patient relationship, the carrying out of

- procedures, and formulation of various diagnostic and therapeutic courses of action.
3. Attitudes - Students are also judged as to their overall maturity, their professionalism, their ability to relate to staff and patients, and their ability to adapt to the pressures and responsibilities of medical practice.

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

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

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

## **VI. Clerkship Performance Ratings**

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

- **Outstanding** - Indicative of exceptional and clearly outstanding performance;
- **Above Expected Performance** - Meets most, but not all, requirements for “Outstanding;”



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

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

## VII. Elective Evaluations

- For all electives on a student’s schedule within the UMass system: The Registrar’s Office will automatically send an evaluation form [electronically] to the Elective Coordinator for completion. The evaluation will be emailed midway through the elective.
- For all electives on a student’s schedule outside the UMass system (External Electives): The Registrar’s Office will email an evaluation form to the student. It is the student’s responsibility to give this Evaluation Form to the elective coordinator for completion.
- For all International electives, students should obtain an evaluation form from the Registrar’s Office before they leave for the elective. Students should have the Elective Coordinator complete the evaluation form and bring the completed form to Mick Godkin, PhD for UMass sign-off. Dr. Godkin will forward the Evaluation Form to the Registrar’s Office.

## Timing of Evaluations

Final evaluations for students in all pre-clerkship courses should be presented to the Registrar and the Associate Dean for Student Affairs in a timely fashion, usually no later than 15 working days following the final meeting or the final examination of a given course. Evaluations and narrative summaries for clerkship courses should be presented to the Registrar and the Associate Dean for Student Affairs in a timely fashion, usually no later than four weeks following the completion of the clerkship or elective.

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

## Conflict of Interest

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

Procedure: under the leadership of the Associate Dean for Student Affairs, oversight for this policy will rest with the Office of Student Affairs. The policy will be stated in the Handbook and disseminated to all affiliates.

(approved by EPC 02/06/12)

## Review of Evaluation Criteria

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

## Academic Evaluation Boards/Review of Academic Records

\*This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.

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

**ADVISORS/MENTORS:** A copy of the student's academic record and of any pertinent letters or emails are also sent to the student's advisor/mentor. Advisor/mentors do not take part in promotion decisions except at the student's request, as an advocate. Records are sent to advisor/mentors so that advisor/mentors may provide maximum help and consultation to their advisees.

### Adverse recommendation

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

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

### Progress Board

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

Requirements for membership on the Progress Board:

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

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

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

When an adverse recommendation is to be conveyed to the Progress Board by an Academic Evaluation Board, the Associate Dean for Student Affairs shall try to notify the student verbally within 24 hours, and shall send written notice within three working days of the time of the decision. The Associate Dean for Student Affairs will inform the membership of Progress Board of the need to meet and will assist in arranging meetings but will not participate in deliberations or voting.

The Progress Board will receive the minutes of the AEB meeting(s) and any other pertinent information and may call on the Chair or other members including ad hoc members (e.g. the Associate Dean for Student Affairs) for clarification of process and issues. A student must be invited but is not required to attend any Progress Board meeting at which an adverse recommendation is being considered. The student must be notified by the Associate Dean for Student Affairs in writing by hard copy or email that the Progress Board is meeting to consider a case in which the student is involved at least 10 days before the meeting. Furthermore, any student may request to meet with the Board. If the student wishes to meet with the Board, the student’s request must be given in writing to the Associate Dean for Student Affairs at least two working days prior to the Boards’ meeting. A student who elects to meet with the Progress Board may bring an advocate into the hearing room with him or her. In a case in which no criminal charges are pending, the advocate can be any member of the university community. However, no parties shall be represented by legal counsel (this restriction includes faculty members and students other than the accused student who also have formal legal training). The role of the advocate is to assist the student in presenting his/her side of the case as effectively as possible. If criminal charges are pending, the student may bring an attorney as an advocate and the University may also choose to be represented by legal counsel.

## Criteria for Academic Review and Advancement

### A. Overview

- Promotion from the FOM1 to the FOM2, and from FOM2 to the Core Clinical Experiences is determined by the Basic Science Academic Evaluation Board. Advancement within the third and fourth years, and recommendation for graduation are the province of the Clinical Science Academic Evaluation Board.
- The Basic Science Academic Evaluation Board meets approximately monthly during the academic year; the Clinical Science Academic Evaluation Board convenes every four to eight weeks. It is the responsibility of each Board to review a student's entire record, taking into consideration the overall pattern and quality of a student's academic performance. It should be emphasized that the recommendations of the Boards and actions of the Progress Board, ranging from unqualified promotion to dismissal, are based upon assessments of academic and technical competence and upon qualitative, ethical, and behavioral criteria.
- Any recommendation made by either Academic Evaluation Board that are considered an adverse recommendation; including requiring a student to (1) repeat a whole semester or an entire year; (2) enter a less than full-time or other program which will delay the student's time of graduation, (3) take a leave of absence at the initiative of the Board rather than of the student, or (4) be dismissed must be presented to the Progress Board.

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

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

Specific requirements for advancement are:

1. Promotion from FOM1 to FOM2: Completion of all required courses for FOM1, no unremediated ratings of NO CREDIT.
2. Promotion from FOM2 to Core Clinical Experiences (CCE): Completion of all required courses in FOM1 and FOM2, no unremediated ratings of NO CREDIT, no ratings of INCOMPLETE and not more than one unremediated rating of CREDIT/MARGINAL.

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

<ul style="list-style-type: none"> <li>• A student whose record shows an INCOMPLETE rating shall be reviewed for the purpose of ensuring completion of the INCOMPLETE rating.</li> </ul>
<ul style="list-style-type: none"> <li>• A student whose internal record shows one INTERNAL CREDIT/MARGINAL rating, shall be encouraged, but not required, to remediate that rating to CREDIT or better.</li> </ul>
<ul style="list-style-type: none"> <li>• A student whose record accrues two CREDIT/MARGINAL ratings shall be reviewed for the purpose of prescribing remediation of at least one of the CREDIT/MARGINAL ratings, or other appropriate action, including possible mandatory program extension.</li> </ul>
<ul style="list-style-type: none"> <li>• A student whose record accrues three CREDIT/MARGINAL ratings may be required to remediate all three of them, and may, in addition, be placed on a mandatory program extension.</li> </ul>
<ul style="list-style-type: none"> <li>• A student whose record shows one rating of NO CREDIT, either alone OR in combination with one CREDIT/MARGINAL rating shall be reviewed, required to remediate the NO CREDIT rating(s) and considered for possible mandatory program extension.</li> </ul>
<ul style="list-style-type: none"> <li>• A student whose record shows one rating of NO CREDIT and two ratings of CREDIT/MARGINAL shall be reviewed and considered for:             <ol style="list-style-type: none"> <li>a.) remediation of all NO CREDIT ratings and possible mandatory program extension.</li> <li>b.) repetition of the entire academic year.</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>• A student whose record accrues two or more NO CREDIT ratings -or- one NO CREDIT and three CREDIT/MARGINAL ratings -or- four CREDIT/MARGINAL ratings, shall be reviewed and considered for:             <ol style="list-style-type: none"> <li>a.) remediation of all CREDIT/MARGINAL or NO CREDIT ratings and possible mandatory program extension.</li> <li>b.) repetition of the entire academic year.</li> <li>c.) dismissal without an opportunity for further remediation.</li> </ol> </li> </ul>
<ul style="list-style-type: none"> <li>• Program extension (please see “Extended Program” Section of the Handbook). A medical student will be considered to be on “Extended Student” status (“ES”) when that student’s anticipated year of graduation is more than four academic years from the academic year of admission. There are a variety of reasons for which a student may be granted extended status, including the following:             <ol style="list-style-type: none"> <li>1. Students with conditions covered by the Americans with Disabilities Act as well as other physical or mental health issues (including maternity/paternity);</li> <li>2. Students engaged in research or other enrichment opportunities such as international medicine experiences;</li> <li>3. Students experiencing academic difficulties.</li> </ol> <p>The change in student status will be effective from the date at which the student begins the action which will extend the program (i.e. withdraws from a required course, begins a leave of absence to do research or other enrichment program, enrolls for fewer than the usual full load of courses). Program extension may include a period of Academic Leave, either to bring the student’s schedule back into synchrony with the curriculum or to require or allow specific support activities (e.g., counseling, tutoring, reading or other background courses, etc.).</p> </li> </ul>

### C. Academic Review and Advancement During the Clerkship Years

The third and fourth years are considered a continuum. Prior to the core clinical year, the student is assigned by computer match to clerkships in Medicine, Surgery, Pediatrics, Family and Community Medicine, Psychiatry, and Obstetrics and Gynecology. The student then progresses through the clerkships according to the assigned schedule. Similarly, an approved subinternship and a clerkship in Neurology are scheduled during the fourth year, in addition to electives chosen by the student.

<b>Required Clinical Rotations</b>
<ul style="list-style-type: none"> <li>• If a BELOW EXPECTED PERFORMANCE rating has been assigned in a required clerkship, the Clinical Science Academic Evaluation Board shall review the student’s progress and require remediation which may include repetition of a portion of the clerkship, repetition of the entire clerkship or the taking of an additional clerkship in the appropriate area.</li> </ul>
<ul style="list-style-type: none"> <li>• If a FAILING rating has been assigned in a required clerkship, the Clinical Science Academic Evaluation Board shall review the student’s progress and/or require remediation which will include repetition of the clerkship or the taking of an additional clerkship in the appropriate area.</li> </ul>
<ul style="list-style-type: none"> <li>• If a student is carrying two or more grades of INCOMPLETE, the student’s academic record will be reviewed by the Clinical Science Academic Evaluation Board which may recommend modifications in the student’s academic program.</li> </ul>
<ul style="list-style-type: none"> <li>• If more than one BELOW EXPECTED PERFORMANCE rating, or any combination of BELOW EXPECTED PERFORMANCE and FAILING ratings are assigned in required clerkships, the Board shall review the student’s progress and require repetition of the less than EXPECTED PERFORMANCE clerkships.</li> </ul>
<ul style="list-style-type: none"> <li>• If a student is carrying more than one grade of BELOW EXPECTED PERFORMANCE or FAIL, in a required clinical rotation the Clinical Science Academic Evaluation Board may recommend modifications in a student’s academic progress.</li> </ul>

<b>Clinical Competency Requirement/End of Third Year Assessment (EOTYA)</b>
<ul style="list-style-type: none"> <li>• Any student who does not fulfill “competency” performance standards on the EOTYA, will be provided with a second opportunity to meet “competency” performance standards.</li> </ul>
<ul style="list-style-type: none"> <li>• An EOTYA Performance Evaluation Group will be formed as a standing subcommittee of the CSAEB to determine and oversee the planning and assessment for any student who does not fulfill “competency” performance standards on the EOTYA.</li> </ul>
<ul style="list-style-type: none"> <li>• For each student not meeting “competency” standards on the EOTYA, the EOTYA Performance Evaluation Group will develop an individualized educational plan tailored to the student’s particular area(s) of weakness/need.</li> </ul>

<ul style="list-style-type: none"> <li>• After completion of the individualized educational plans, all students must complete an EOTYA Retest.</li> </ul>
<ul style="list-style-type: none"> <li>• The EOTYA Retest will be developed under the oversight of the Performance Evaluation Group and will be administered no later than January of the year following the EOTYA.</li> </ul>
<ul style="list-style-type: none"> <li>• Students’ performance outcomes from the EOTYA Retest will be reviewed and signed off by the EOTYA Performance Evaluation Group.</li> </ul>
<ul style="list-style-type: none"> <li>• For the student who does not demonstrate “competency” standards on the EOTYA Retest, performance of “not meeting competence” on the EOTYA will be reported to the student and the CSAEB.</li> </ul>
<ul style="list-style-type: none"> <li>• The student may submit an appeal regarding the EOTYA and the EOTYA Retest grade to the Performance Evaluation Group.</li> </ul>

<b>Electives</b>
<ul style="list-style-type: none"> <li>• If one BELOW EXPECTED PERFORMANCE rating is assigned in an elective, the Board shall recommend, but not require, remediation.</li> </ul>
<ul style="list-style-type: none"> <li>• If more than one BELOW EXPECTED PERFORMANCE rating or any FAILING rating is assigned in elective courses, the Board shall require repetition of the less than EXPECTED PERFORMANCE electives or substitution of other appropriate electives to meet the 24 week minimum.</li> </ul>
<ul style="list-style-type: none"> <li>• If a BELOW EXPECTED or FAILING rating is assigned in an elective and the 24 week minimum is fulfilled by substitution of another appropriate elective rather than by direct remediation of the original elective, the grade of BEP or F in that elective will remain on the student’s permanent transcript.</li> </ul>

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

## Remediation Policies

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

<b>For pre-clerkship courses:</b>
<p><b>i.)</b> The method of remediation will usually be repetition of a course or the taking of a comprehensive examination, although alternative mechanisms may be considered by the Board.</p>
<p><b>ii.)</b> The remediation of an Internal CREDIT/MARGINAL rating usually will be accomplished by a comprehensive examination. However, if a student has more than two Internal CREDIT/MARGINAL performance ratings, the Board may require an alternate method of remediation.</p>



- iii.) Only one chance to remediate a given course by examination is allowed. If a student fails to obtain a CREDIT or Internal CREDIT/MARGINAL rating by examination, the original rating will stand, and may only be improved if the Board allows repetition of the course.
- iv.) For NO CREDIT ratings, the remediation will be repetition of the course, unless the Board grants permission to remediate by examination.

<b>For clerkship &amp; elective courses:</b>
i.) In required clerkships, remediation of BELOW EXPECTED PERFORMANCE grades may include repetition of all or part of the clerkship or the taking of an additional clerkship in the appropriate area.
ii.) In required clerkships, remediation of FAILING grades will include repetition of the clerkship and/or the taking of an additional clerkship in the appropriate area.
iii.) For electives, remediation of BELOW EXPECTED PERFORMANCE ratings for which remediation is required and remediation of FAILING ratings or substitution of other appropriate electives to meet the 24-week minimum requirement as required by the Clinical Science Academic Evaluation Board.
iv.) If a BELOW EXPECTED PERFORMANCE rating is due entirely to performance on a written examination, but clinical performance has been EXPECTED PERFORMANCE, the rating may be remediated by re-examination at a later date.

<b>For End of Third Year Clinical Performance Assessment (EOTYA):</b>
i.) Any student who does not fulfill competency performance standard on the EOTYA, will be provided with a second opportunity to meet competency performance standards. (see Clinical Competency Requirement policy).

2. Only one chance to remediate a less-than-CREDIT/EXPECTED PERFORMANCE rating by repetition of the course is allowed. Students attempting a remediation by course repeat are not eligible to take the remediation exam following this course repeat. If a student fails to obtain a grade higher than the initial grade by repetition of the course, the original grade will stand. If the original grade was a NO CREDIT/FAILING or BELOW EXPECTED PERFORMANCE in a required clinical course, or if the grade results in another condition subject to dismissal the student will be subject to dismissal, as described in the Criteria for Academic Review and Advancement.

3. A course may not downgrade a post-remediation rating as a penalty for a previous performance.

4. The grade which shall be recorded on a student’s transcript following a successful attempt to remediate an Internal CREDIT/MARGINAL or BELOW EXPECTED PERFORMANCE rating by examination can only be CREDIT. If the CREDIT/MARGINAL/BELOW EXPECTED PERFORMANCE rating is successfully remediated by repetition of the course, the result which can be recorded may be the

appropriate course grade, including EXPECTED PERFORMANCE (EP), ABOVE EXPECTED PERFORMANCE (AEP), or OUTSTANDING (O).

5. The grade which shall be recorded on a student’s transcript following a successful attempt to remediate a NO CREDIT rating by examination can only be CREDIT (CR). If the NO CREDIT or FAILING rating is successfully remediated by repetition of the course, the result must be recorded as the appropriate preclinical or clinical course grade, such as CR, or AEP. Grades remediated from a NO CREDIT or FAILING rating will also be noted on the transcript.

## Dismissal

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

<ul style="list-style-type: none"> <li>• A student’s record which shows failure to remediate successfully to CREDIT/EXPECTED PERFORMANCE or better, any rating of less than CREDIT/EXPECTED PERFORMANCE for which remediation was required (e.g. all Below Expected Performance (BEP), No Credit (NC) and Failing (F) grades must be successfully remediated to Credit (CR) or Expected Performance (EP).</li> </ul>
<ul style="list-style-type: none"> <li>• A student’s record which simultaneously shows two or more NO CREDIT/FAILING ratings or one NO CREDIT/FAILING and three CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE ratings or four CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE ratings.</li> </ul>
<ul style="list-style-type: none"> <li>• A student’s record which shows in its entirety an accumulation of five or more ratings below CREDIT/EXPECTED PERFORMANCE, irrespective of any remediation (i.e., a history of five or more ratings of CREDIT-MARGINAL/BELOW EXPECTED PERFORMANCE or NO CREDIT/FAILING is sufficient grounds for dismissal even if the student has previously remediated some of the ratings to CREDIT/EXPECTED PERFORMANCE or better.</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstration by the student of qualities of character or personality which are incompatible with a career as a physician, including behavior judged to be illegal, unethical, or so objectionable as to be inconsistent with suitability for the medical profession (see Technical Standards for Medical School Admission, Continuation and Graduation).</li> </ul>
<ul style="list-style-type: none"> <li>• A student who does not fulfill requirements in the competency areas for Medical Education as defined by the faculty of the Medical School.</li> </ul>

## Appeal Policy (Medical Student)

### (1) Background

The Basic Science Academic Evaluation Board and the Clinical Science Academic Evaluation Board are charged with reviewing the progress of all medical students. From time to time, these Boards find it necessary to make recommendations to the Progress Board which may recommend to the Dean of the Medical School an

extended period of study or otherwise affect a student's progress. A student may, on occasion, feel such decisions are unfair in some way. This document outlines the procedures associated with filing an appeal.

## **(2) Definitions**

**2.1. Academic Evaluation Board.** The Academic Evaluation Boards are the bodies charged with evaluation of the progress of students and with making recommendations either for promotion, for some remedial program or for dismissal.

The Basic Science Academic Evaluation Board monitors progress in the first two (Pre-clerkship) years and the Clinical Science Academic Evaluation Board monitors the last two (Clerkship) years.

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

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

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

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

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

### **(3) Grounds for an Appeal**

Students are encouraged to try all other routes for resolving differences before resorting to the filing of an appeal to the Dean of the Medical School/ Academic Appeal Committee. Students should seek the counsel and help of the Office of Student Affairs and consider such an appeal only after all alternative routes have been explored.

The student must produce some evidence of error beyond the student's simple assertion that the Grade Granting Unit or Board was wrong. For example, if a student disagrees with the grade assigned by a Grade Granting Unit, the student shall be expected to have discussed the issue with the faculty coordinator of the relevant course, clerkship or elective and to present the appeal to the grading committee if that option is offered by the coordinator. In the event of unsatisfactory resolution of the issue, to have filed an appeal of the matter to the Chair of the relevant department (for departmental courses or clerkships), before filing an appeal to the Dean/Academic Appeal Committee.

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

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

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

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

### **(4) Procedure for Filing an Evaluation of an Appeal**

**4.1. General.** The particular procedure depends upon the nature of the appeal. The several alternatives are identified by number and are listed in the sections below. Throughout the process of evaluation of an appeal, the student will receive

information about the progress of the appeal from the office of the Associate Dean for Student Affairs and/or directly from the office or committee reviewing the appeal.

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

The Dean of the School of Medicine will refer it to the Standing Academic Appeal Committee for evaluation. This Committee shall evaluate the appeal and report its finding to the student, the relevant Academic Evaluation Board, and the Dean, within as expeditious a time frame as practical, consonant with a fair and reliable evaluation, usually within twenty working days. A majority vote of the Standing Academic Appeal Committee is required to recommend reversal or revision of a non-procedural decision of an Academic Evaluation Board. If the Committee vote results in a tie, the Academic Evaluation Board's decision shall be upheld. In the event that the Committee disagrees with the Progress Board, the Committee's report shall include a recommendation for correction. The Dean shall review this recommendation and forward it (with any appropriate modifications) within as expeditious a time frame as practical, consonant with a fair and reliable evaluation, usually within ten working days of receipt to the relevant Academic Evaluation Board which shall follow the Dean's directions to remedy the appeal.

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

The Dean of the School of Medical shall review this document and take one of the following three actions. (1) If the Dean deems the appeal to be without merit, the Dean shall reject the appeal. (2) If the Dean determines that the entire appeal deals with a procedural error, the Dean may accept the appeal and set in motion a mechanism for redress. (3) If any or all of the appeal deals with a non-procedural issue, the Dean shall constitute an Ad Hoc Academic Appeal Committee which shall review the written record, hear the student in person and, at the student's option, hear one advocate chosen by the student from among students, faculty,

or administration. In addition, the Ad Hoc Academic Appeal Committee shall make a reasonable effort to include participation of all persons it, the student, the Dean, or any member of the faculty shall deem appropriate and necessary for a full evaluation of the case.

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

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

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

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

**(5) Protection**

No student shall be penalized for having filed an appeal.

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

**Advanced Standing**

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

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

**Certification For Graduation**

The Registrar certifies that each candidate for graduation from the Medical School has completed all academic requirements and all administrative requirements of the Institution. No student may graduate who has outstanding fees or fines (i.e. tuition, loans, library books, parking fees or tickets). Final determination that the student has satisfied academic requirements rests with the appropriate faculty academic evaluation board.

**Certification Process:**

- Three months prior to commencement the Registrar conducts a degree audit of the academic records of all candidates for graduation.
- The week prior to commencement, students are required to come to the Registrar's Office for final certification.

**Early Certification For Graduation**

- Permission of the Associate Dean for Student Affairs is required for early certification for June graduation.
- The student is responsible for completing all certification requirements and obtaining all signatures.
- Students are still subject to university policies and procedures regarding graduation (e.g., diplomas may be held for non-payment of fines incurred after completing early certification).

**Deadlines:**

- For early certification dates prior to April 1st: Notification deadline is December 15th.
- For early certification dates after April 1st; Advance notice is not required but students should allow sufficient time to complete all required signatures for the certification process.

- The certification date will be recorded as the date of completion. Students are not eligible for financial aid after the completion date. Repayment or grace period for student loans begins at the date of completion.
- Students must complete an early Certification for Graduation form and will be required to obtain all necessary signatures from all departments before submitting this form to the Registrar's Office for approval.

## Credit Hour Definitions

*\*This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.*

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

“Except as provided in 34 CFR 668.8(k) and (1), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than –

(1) One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hours of credit, or the equivalent amount of work over a different amount of time; or

(2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.”

## Credit Hour Assignments

### Existing Curriculum:

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

- Year 1-2 foundational curricula: approximately 15 classroom hours and two out-of classroom hours per classroom hour/semester (minimum 45 hours) = one credit
- Years 2-4 core clinical and elective experiences: one week = one credit
- Year 3-4 required sub-internship: one week = two credits
- The Credit-Hours Work Group (CHWG) will present the slate of course credit hours annually to the relevant curriculum sub-committee of the Education Policy Committee (EPC) for review and endorsement, and to the full EPC at the request of the EPC curriculum sub-committee.

(Approved by EPC 12/08/11)



## Extended Program

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

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

A medical student will be considered to be on “Extended Student” status (“ES”) when that student’s anticipated year of graduation is more than four academic years from the academic year of admission. There are a variety of reasons for which a student may be granted extended status, including the following: (1) students with conditions covered by the Americans with Disabilities Act as well as other physical or mental health issues (including maternity/paternity); (2) students engaged in research or other enrichment opportunities such as international medicine experiences; (3) students experiencing academic difficulties. The change in student status will be effective from the date at which the student begins the action which will extend the program (i.e. withdraws from a required course, begins a leave of absence to do research or other enrichment program, enrolls for fewer than the usual full load of courses).

School policy requires a student to take a minimum of eight (8) semesters of enrollment and allows for a maximum of twelve semesters of enrollment in medical student courses to complete the MD degree. Students **MUST** be registered for a minimum of twelve (12) credit hours for that semester by two weeks before the start of the semester and must maintain a minimum enrollment of 12 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc. See; “Matriculating Student Status” and “Number of Years to Complete the MD Degree.”

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

Students should also be aware that in many states not more than seven (7) years may elapse between the initial passing of Step 1 of the USMLE and the taking of Step 3. Current information on this may be obtained at the Federation of State Medical Boards (FSMB) web site [http://www.fsmb.org/usmle\\_eliinitial.html](http://www.fsmb.org/usmle_eliinitial.html).

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

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

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

Students in ESPF status will not be assessed tuition and will be required to pay a program fee plus all applicable student fees. Students in ESPF status will be considered full time, active, matriculated medical students. A student may continue in ESPF status for a maximum of four semesters.

A semester for which only partial tuition was paid (i.e. a semester during which the student withdrew and received a pro-rated tuition rebate) will not be credited toward the four full semesters of assessed UMass Medical School tuition.

Students transferring from other medical schools will not be eligible for ESPF status until they have completed eight full semesters of assessed UMass Medical School tuition.

Please see “Criteria for Academic Review and Advancement and Office of the School Bursar” for more information.

## **Leave Of Absence**

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

### **I. STUDENT INITIATED**

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

#### **A. Administrative Leave of Absence**

A student in good academic standing may, at any time, request a leave of absence for a specified period of time not to exceed one year. The request must be made in writing (e-mail from the UMass email account is acceptable) to the Associate Dean for Student Affairs, who will bring the request to the appropriate Academic Evaluation Board for consideration. The appropriate Academic

Evaluation Board will determine whether or not such a leave of absence is to be granted, whether or not it can be renewed, and what, if any, conditions for readmission will be set.

### **B. Medical Leave of Absence**

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

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

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

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

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

## **II. SCHOOL INITIATED**

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

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

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

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

- The student is responsible for contacting the appropriate departments to make any necessary arrangements before returning to school. More specifically, the student must contact the Registrar Office thirty (30) days prior to the start of courses to make arrangements for the pre-registration of classes. In addition, for a student returning to his/her 3rd or 4th year, the office of Student Affairs must be notified no later than January 31st in order to participate in the appropriate core clinical or advanced studies lottery. Students will not be permitted to take required sub-internships until all core clinical clerkships have been successfully completed. Students participating in Financial Aid Programs must also contact the Office of Financial Aid for specific details.
- A student who fails to attend the Medical School regularly or fails to return from a leave of absence, in spite of notification by the Associate Dean for Student Affairs, will be considered to have withdrawn voluntarily from Medical School and cannot be reinstated without positive action of the Committee on Admissions.

## Matriculating Student Status

\* This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.

Students must be registered for a minimum of twelve (12) credit hours for that semester by two weeks before the start of the semester and must maintain a minimum enrollment of 12 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc).

## Number of Years to Complete the MD Degree

The majority of students will complete our curriculum in four years. School policy requires a student take a minimum of eight (8) semesters of enrollment and allows for a maximum of twelve (12) semesters of enrollment is permitted for completion of the MD degree. Program extension to more than the usual 4 years/ 8 semesters of enrollment may be requested by a student or required by an Academic Evaluation Board. Program extension for an additional year to a total of 5 years for enrichment purposes (e.g. research, international work, completion of a project through the Schweitzer Foundation or other program) is encouraged.

A student in good academic standing may apply to the appropriate Academic Evaluation Board for program extension or leave of absence after consultation with the Associate Dean for Student Affairs at any time during his/her medical school program until requirements for graduation have been completed. The request for an extension or leave of absence must be made in writing (email is acceptable only from UMass student email account) and must include a description of the student's proposed program. ( See: Extended Program)

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

**Conditions for a leave of absence are as follows:**

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

- Students in our combined MD/PhD are by definition on leave during their research time, but are not required to apply annually for extension of their leave and are not held to the 4 year maximum by the SOM. Any maximum on leave time devoted to dissertation research for MD/PhD students will be determined by the Graduate School of Biomedical Sciences.
- Students pursuing another degree (e.g. MPH, MBA, etc) or participating in a program at an external agency or institution must get approval from the appropriate Academic Evaluation Board and reapply for extension annually of their leave. The same appropriate Academic Evaluation Board reserves the right to reverse its permission to pursue another degree or participate in a program at an external agency or institution.
- The number of years of leaves of absence shall not exceed two academic years (4 semesters) unless the student is pursuing another degree either at UMass or through a previously approved program at an external agency or institution.

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

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

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

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

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

**Withdrawals****Voluntary Withdrawal**

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

## Administrative Withdrawal

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

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

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

## SECTION FOUR

### HONOR SOCIETY/RESIDENCY APPLICATIONS/ USMLE EXAMS

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#### **Alpha Omega Alpha**

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

Unlike other honors given out by the school at the time of graduation, election to AOA is accomplished *in time to receive mention in the Medial Student Performance Evaluation (MSPE)*. AOA is a service as well as an honorary organization. Chapters in some schools are quite active in organizing community outreach and service programs, similar to programs which at UMass tend to fall under various student organizations.

#### **Student Membership**

To be eligible for election to AOA, students must be in the academic top quartile of the class. From among these students, up to 1/6th of the graduating class may then be elected to membership. For example, in a graduating class of 100, up to 25 are considered for membership, of whom up to 16 or 17 are then elected to membership by a vote of the AOA members at UMass Medical School. Election is based not only on academic performance, but also on qualities of character, contributions to medicine and society, and the promise of future achievements in medicine. In addition, a limited number of faculty, alumni and house officers can also be elected yearly. While national criteria also allow election of a limited number of students during their core clerkship year, UMass currently only elects students during the summer of their graduating year.

The process of student election to AOA is as follows:

1. Names of students nominated are given to the AOA selection committee in alphabetical (not ranked) order and the ranking list is then disposed of and not used for any other purpose.
2. The AOA selection committee, which is made up of current members of AOA from the faculty and house staff at the Medical Center, is provided with information about each eligible student's background, academic performance, and participation in extracurricular activities such as research, community service and medical school student and faculty activities (such as Student Body Committee or Medical School committees).
3. Election of new members is accomplished by vote of the AOA selection committee, after careful review based on this information and personal knowledge.

### **Alumni, Faculty and House-Staff Membership**

Two Alumni members are chosen from a list of UMass graduates who have been out of school at least 10 years, and have made significant contributions to medicine, science and/or the community. Three House Staff and two Faculty members are also chosen by ballot.

### **Volunteer Faculty Award**

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

### **Student Fellowships and Awards**

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

- **The Student Research Fellowship**  
Provides \$5,000 for the support of a proposed research project, and \$1,000 to travel to a meeting to present the results. The Medical School may submit one nomination; in past years UMass students have successfully won these Fellowships. Applications must be submitted to the AOA Councillor by December, 2010, for consideration.
- **The Medical Student Service Project Award**  
Any student or group of students in the first 3 years may submit an application for a service project benefiting the medical school or the community. The medical school will submit one proposal per year; successful candidates receive \$2,000, and may renew for a second year for \$1,000, or a 3rd year for \$500. The applications must be submitted by January 30th, 2011, to be considered.
- **The Student Essay Award**  
This is an essay on any non-technical aspect of medicine, such as medical ethics, education, philosophy, culture, science, history, etc.
- **The Pharos Poetry Competition**  
Any student may submit a poem to AOA for publication in the Society's magazine, "The Pharos."
- **AOA Visiting Professorship**  
The UMass Alpha Omega Alpha chapter has the opportunity every year to invite a nationally distinguished physician to spend one day at the Medical Center, give a public talk and a scientific lecture, and visit with interested students and faculty. C. Everett Koop and Judah Folkman have been AOA Visiting Professors at UMass.

### **Electronic Residency Application Service (ERAS)**

ERAS is the electronic residency application service from the Association of American Medical Colleges. ERAS was introduced in 1995 in a pilot program for students applying to OB/GYN residency programs and has subsequently been expanded to other fields.



ERAS is made up of four components: the Web-based Applicant Web site (called MyERAS), the Dean's Workstation (DWS), the Program Director's Workstation (PDWS) and the ERAS Post Office (ERASPO). MyERAS will be available in early July and can be accessed through the AAMC Web site ([www.aamc.org](http://www.aamc.org)). A Token Number, coordinated by the Office of Student Affairs in early July, is needed in order to access My ERAS for the first time. Once received, students can log onto My-ERAS using any Web browser and begin working on the CAF (Common Application Form) and Personal Statement.

The Office of Student Affairs is responsible for attaching supporting documentation (Medical Student Performance Evaluation (MSPE), Letters of Recommendation, photo, UMMS transcript) to the ERAS application. Letters of Recommendation (LOR's) are sent directly to Judy Holewa in the Office of Student Affairs. Once received, the supporting documentation is scanned into the students' application and transmitted to the ERAS Post Office. Residency programs are able to download this information by connecting to the ERAS Post Office using their Program Directors Workstation. Program Directors can review, sort and print applications using criteria established by their program. Students are able to track the status of their application through the ADTS (Applicant Document Tracking System) in ERAS.

## **Medical Student Performance Evaluation (MSPE)**

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

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

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

which may be considered at all levels of endorsement include special interpersonal skills and characteristics considered necessary for effective functioning as a physician, outstanding research or social service participation, or unusual strengths in the student's chosen clinical field.

**Summaries of these criteria:**

**OUTSTANDING:** Reserved for those students who have earned ratings of "Outstanding Performance" in most or all of the required core clerkships and whose clinical performance has been consistently above the expected level. Most of these students have also earned "Honors" in a majority of preclinical courses.

**EXCELLENT AND POTENTIALLY OUTSTANDING:** Those students who have done quite well and earned grades of "Outstanding" and "Above Expected Performance" in the majority of required core clerkships and usually many "Honors" grades in preclinical courses. Often this student shows increasingly strong performance as core clerkships are completed and fourth year status is attained.

**EXCELLENT:** These students have done very well academically, receiving a number of "Outstanding" or "Above Expected Performance" grades in core clerkships and often many "Honors" grades in preclinical courses. This student is considered highly competent.

**VERY GOOD AND POTENTIALLY EXCELLENT:** The student has received one or two clinical grades of "Outstanding" or "Above Expected Performance" in core clerkships or electives and has successfully completed all preclinical coursework. This student has achieved a solid academic performance.

**VERY GOOD:** The student has successfully completed all coursework, generally at an "Expected" or "Credit" level. This student may have received ratings of "Outstanding" or "Above Expected Performance" in electives but generally has not received them in core clerkships.

**GOOD:** The student has met all requirements. Performance is considered acceptable at the current time.

**RECOMMENDED:** The student is considered competent to progress to postgraduate training but has needed significant additional support or has required a longer time to master both basic science and clinical skills.

(N.B.: Any grade of "No Credit" (preclinical) or "Fail" (clinical) must be remediated; a successful remediation from these grades will be noted on the transcript. In addition, any grade of "Below Expected Performance" in a clerkship must be remediated.

All clinical remediations from any previous grade are discussed in the body of the Medical Student Performance Evaluation).

The Medical School utilizes the AAMC guidelines for composition of the MSPE. In

addition, the following guidelines were approved by the Executive Council of the Faculty in April, 1987 and amended subsequently:

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

## **National Resident Matching Program (NRMP)**

**URL:** [www.nrmp.org](http://www.nrmp.org)

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

Registration for the Match as well as submission of each student's "Rank List" is done through the NRMP Web site: ([www.nrmp.org](http://www.nrmp.org)). Registration for the Main Match is a three-step on-line process including completing a registration form, agreeing to the Terms and Conditions of the Match and payment of a registration fee. An e-mail address will be necessary for the NRMP to communicate quickly and easily with you if necessary. Students can register with the NRMP in August. In mid February of the senior year, students will enter their rank list by computer through the NRMP. In March all seniors and residency programs receive the results of the computer matching process. A match generated through the NRMP is a BINDING agreement to attend that program. Please visit the NRMP's Web site ([www.nrmp.org](http://www.nrmp.org)) for more specific information pertaining to the NRMP matching process including important dates, deadlines and policies.

### **Please Note:**

Students must present a passing score on Step 1 in order to be certified for the Match. Any student who is registered for the Match and who does NOT have a passing Step 1 score by December 31 of that year will be withdrawn from the Match. If the student subsequently presents a passing Step 1 score by the time ranking lists must be submitted, the student will be reinstated.

## United States Medical Licensing Examinations

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

The University of Massachusetts Medical School requires:

- For graduating classes through 2014, successful passage of Step 1 of the US Medical Licensing Examination. Recording of a score to the Medical School for Steps 2 Clinical Knowledge and Step 2 Clinical Skills of the US Medical Licensing Examination (USMLE).
- For graduating classes of 2015 or later, successful passage of Steps 1 and 2 (Clinical Skills and Clinical Knowledge) of the US Medical Licensing Examinations.

Step I and II each consist of a one-day multiple-choice examination. They are taken at the student's discretion, subject to scheduling arrangements made directly with Sylvan Learning Systems, which administers the USMLE for the National Board of Medical Examiners. Customarily, the USMLE Step 1 Exam has been taken in June after the second year of medical school. It encompasses material from the following seven areas of the basic science curriculum: Anatomy, Biochemistry, Physiology, Pharmacology, Pathology, Microbiology, and Behavioral Sciences. Step II is similar in format to Step I, and is usually taken during the fourth year of medical school. The subjects which are tested are the clinical sciences of Medicine: Surgery, Psychiatry, Pediatrics, Obstetrics and Gynecology, Preventive Medicine and Public Health. The Clinical Skills evaluation is an eight (8) hour exam in which students encounter 11-12 standardized patients. Each student is evaluated based on their interaction with the standardized patients, differential diagnosis and note taking. It is recommended that students sign up for this exam early in your fourth year as times/locations fill up quickly. Step III is taken toward the end of the first year of residency training.

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

## SECTION FIVE

### UNIVERSITY POLICIES/STUDENT RIGHTS & RESPONSIBILITIES

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#### **Access, Solicitations, Demonstrations**

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

Demonstrators will be held accountable for any actions which violate University Policy and Regulations.

Guidelines include but are not limited to:

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

These guidelines are intended to support, not supplant, existing University policy. They apply to all members of the University community, including undergraduates, graduate students and employees, as well as guests and visitors. Please see Human Resource; General Administration Policy #06.05.00.

## Access to UMass Medical School Facilities

1. UMMS facilities may be utilized to provide care and treatment of patients, to conduct research for the advancement of health care and to teach and train health-care professionals. In support of these goals, the facilities may be used by the following:
  - a. Recognized internal organizations for purposes which promote the health-related, educational, research and service and development goals of the organization; and
  - b. Non-Profit outside organizations which are public service or health related sponsored by a recognized internal organization and approved by the Associate Vice Chancellor for University Relations. Such sponsorships of outside organizations shall not interfere with programs or activities conducted by UMMS.
2. A recognized organization must send a request, in writing, to the Office of Communications (formerly called Public Affairs & Publications) and Publications Office thirty days in advance of the event or program for permission to use the facilities if an outside organization is being sponsored and will participate in the event. The outside organization must be identified in the request and its proposed participation described.
3. Commercial use of UMMS facilities is prohibited.

Please note that the entire UMMS Policy on “ACCESS AND SOLICITATION,” Human Resource; General Administration Policy #06.05.00.

## AIMS Committee Policy on Impaired Medical Students

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

Medical students are held to the same ethical and behavioral standards as physicians during both the pre-clinical and clinical years of medical school. Untreated substance abuse or major psychiatric impairment is unacceptable to the school and is cause for administrative action up to and including dismissal. In order to provide better treatment and rehabilitation for these students and to minimize risk to the public, the Medical School and the AIMS committee instituted the following policy:

### AIMS Committee:

#### UMMS Aid for Impaired Medical Student Committee

##### A. Composition

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

## B. Function

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

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

For additional information or to contact Physicians Health Service, go to: [http://www.massmed.org/Content/NavigationMenu6/AboutPHS/Board\\_Staff\\_PHS.htm](http://www.massmed.org/Content/NavigationMenu6/AboutPHS/Board_Staff_PHS.htm)

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

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

### **1. Self referral**

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

Each student who is concerned about his/her substance abuse or behavior will be carefully evaluated to determine if a referral to Physicians Health Service (PHS) is indicated. The committee's involvement may be limited to discussion or, depending on the severity of the situation, the committee may refer to PHS for assessment, particularly in light of the evidence that some patterns of substance abuse will eventually lead to impaired performance. A multi-disciplinary treatment approach including monitoring for abstinence from alcohol or other drugs, is an essential part of the treatment.

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

### **2. Referral by third parties**

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

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

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

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

Successful participation in a treatment or monitoring program by a self-referred



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

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

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

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

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

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

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

### **Alcohol Policy**

All members of the University of Massachusetts community shall abide by the laws of the Federal Government, the Commonwealth of Massachusetts, the regulations of the Alcohol Beverages Control Commission and local ordinances and regulations relative to the possession, consumption, distribution, transportation, manufacture and sale of al-

coholic beverages or products, on land or premises owned or occupied by the UMMS. (Trustee Document T97-112) Students must also be in compliance with Alcoholic Beverages on Campus policy 1.2.01 from the Vice Chancellor of Operations (copy of this policy is available in the Office of Student Affairs).

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

**Any student-sponsored event that includes alcoholic beverages must be reviewed and approved through the Vice Chancellor of Operations.**

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

In summary:

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

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

## **Americans with Disabilities Act**

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

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

The Medical School, the Graduate School of Nursing, and the Graduate School of Biomedical Sciences consider all applicants who meet the admissions requirements, and will make every effort to provide reasonable accommodations. It is UMMS policy to comply with all the provisions of Chapter 15 1 C, Section 2B of the Massachusetts General Laws, as well as with all other applicable federal and state laws. Students who avail themselves of the provisions of this section will not be treated with prejudice or adversity. The School Services Office, working in collaboration with the Diversity and Equal Opportunity Office, shall coordinate all student disability issues for the schools.

Deborah Harmon Hines, PhD, serves as the ADA Student Coordinator. All inquiries should go directly to Dr. Hines (508-856-2444 or [deborah-harmon.hines@umassmed.edu](mailto:deborah-harmon.hines@umassmed.edu)). Once admitted, the student is responsible for notifying the Student ADA Coordinator of their disability, requesting academic accommodations in writing and providing appropriate documentation of the disability. A student may request accommodations at any time during matriculation. All requests for accommodations are reviewed and acted on by the Academic Accommodations Committee (see below). It is always the student's choice whether or not to accept any recommended accommodation. Confidentiality is a strict practice of the Academic Accommodations Committee. Accommodations are not granted retroactively.

### **Academic Accommodations Committee**

After receiving and reviewing all requests for accommodations, the Academic Accommodations Committee (AAC) designs, implements and monitors individual accommodation plans for students with disabilities in compliance with the Americans with Disabilities Act (ADA).

The Academic Accommodations Committee designs and monitors individual accommodation plans for all students with disabilities and makes accommodations in compliance with ADA.

The Academic Accommodations Committee is composed of the ADA Student Coordinator, a Liaison from the Office of Undergraduate Medical Education, an Educational Specialist and relevant experts in the field of diagnostic testing and representatives from the SOM, GSBS, GSN, GME. Dr. Hines chairs the committee.

Students may be referred to the AAC by Course Coordinators or Academic Evaluation Boards for analysis of the academic difficulty and its possible relationship to a disability. It is always the student's choice whether or not to accept the accommodation. Confidentiality is a strict practice of the AAC.

Examples of accommodations include, but are not limited to, extended time on examinations, examinations taken in separate rooms, magnified course and examination materials, readers, books on tape, special microscopes for the visually impaired, special chairs, modified stethoscopes for the hearing impaired, etc.

All students are expected to satisfy the Technical Standards of their respective schools. Accommodation under ADA will not be in conflict with the fundamental nature of the academic programs of each school. For School of Medicine Technical Standards visit: <http://www.umassmed.edu/Content.aspx?id=95768&linkidentifier=id&itemid=95768>.

For more information visit: <http://www.umassmed.edu/schoolservices/ada.aspx>

## **Appropriate Treatment of Students**

The University of Massachusetts Medical School (UMMS), in accordance with its mission statement and operating principles, and as required for accreditation by the Liaison Committee for Medical Education (LCME), developed an Appropriate Treatment of Students (ATS) policy in 2004. This procedure is specifically required for the accreditation of the School of Medicine, and has also been approved by the deans of the Graduate School of Biomedical Sciences, Graduate School of Nursing, and Graduate Medical Education.

As a student you should expect to be treated with respect, and to learn and work in a safe environment. All individuals who interact with students are expected to behave in accordance with the ATS policy, which applies to faculty, administrators, nurses, house staff, technicians, other learners, and other volunteer or paid staff.

Inappropriate treatment occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment or threat, sexual harassment, psychological cruelty, and discrimination based on race, color, national origin, religion, gender, gender identity and expression, genetic information, sexual orientation, age, disability or covered veteran status.

\*Please note that separate school-wide policies are in place covering sexual harassment, consensual amorous relationships, and discrimination based on protected-class status.

For more information, including definitions, policies and procedures for reporting suspected inappropriate treatment, students are encouraged to contact the Office of Educational Affairs or the Diversity and Equal Opportunity Office (DEOO) located

at H1-728, 508-856-2179 or <http://www.umassmed.edu/deoo/index.aspx>. The policy and procedure is also available in the Office of Student Affairs.

The DEOO is responsible for coordination and monitoring of all ATS complaints. DEOO also is responsible for training faculty members to serve as resource persons for students with ATS-related inquiries and concerns, and for ongoing oversight and periodic review of the training process.

(rev. 09/10)

## **Bereavement Policy**

The Medical School considers bereavement a valid reason to postpone required course-related activities. The Medical School does not have a standard amount of time permitted for immediate family-related bereavement and understands that each student's situation is unique. Students experiencing or anticipating bereavement should contact the Associate Dean for Student Affairs and their course coordinators, preferably in advance of missing any required course activity. See also the Academic Regulations section of the Handbook regarding the rescheduling of required activities.

## **Clery Act**

The Clery Act is a federal law originally known as the Campus Security Act that requires colleges and universities across the United States to disclose information about crime on and around their campuses. It is named in memory of 19-year-old Lehigh University freshman Jeanne Clery.

A requirement of this act is that all schools must disclose and report crime statistics on campus and in unobstructed public areas immediately adjacent to or running through the campus an annual basis. This information is then reported to the Department of Education and can be accessed via the Office of Postsecondary security statistical Web Site at [www.ope.ed.gov/security](http://www.ope.ed.gov/security). (The name of our school on that Web site is University of Massachusetts Medical Sch.)

Schools must also publish an annual security report that contains three years of campus crime statistics and certain security policy statements including sexual assault policies which assure basic victims' rights, the law enforcement authority of campus police and where students should go to report crimes. The University of Massachusetts Police Department prepares this report to comply with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. This report is prepared in cooperation with the local law enforcement agencies and UMMS Student Affairs.

Copies of the report may be obtained at the UMass Police Department or by calling the department at 508- 856-3977. You may also access this report on line at: <http://www.umassmed.edu/publicsafety/>

## Confidentiality of Patient Information - Related Materials Used in Teaching

**Policy Statement:** Faculty, students and staff are responsible for maintaining the confidentiality and security of information about, and materials related to, patients at UMass Memorial, its affiliates and other clinical sites, and must abide by the privacy and security policies and procedures of all clinical facilities visited during clerkship assignments. The UMass Memorial Notice of Privacy Practice information is available at: <http://www.umassmemorial.org/systemip.cfm?id=2782>. This Policy applies to the use of such information and material in educational activities outside of the clinical care setting, such as grand rounds, lectures, patient reports and clinical case correlations taking place within UMass Medical School, or outside UMass Memorial or other clinical sites.

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

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

What elements are considered Identifiers?

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

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

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

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

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

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

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

### **Breaches of Protected Patient Information:**

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

**Issues of Confidentiality:** All members of the academic community, including students and faculty, are encouraged to bring their concerns regarding confidentiality in the use of patient information and medical records in teaching to the attention of individual faculty members, the course directors, the Medical Ethicist, and/or the Vice Dean of Undergraduate Medical Education.

The Director of Patient Care Services, Susan Tarrant, will also be available as a contact for medical students who wish to report on issues of confidentiality in the use of patient records in teaching.

Other resources available to discuss confidentiality issues are the UMass Memorial Privacy Officer at 508-334-8096, the UMMMC Privacy and Information Security Hotline at 508-334-5551 and the UMass Memorial Health Care Privacy and Information Security e-mail account at [privacyandsecurity@ummhc.org](mailto:privacyandsecurity@ummhc.org).

## **Consensual Amorous Relationships (Guidelines For)**

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

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

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

The UMMS policy with regard to faculty and students is:

- A UMMS faculty member should not date, or have a romantic relationship with, a student over whom s/he has a direct or indirect teaching/advisory/mentoring/evaluative responsibility, or over whom there may be a perception of such responsibility.
- A faculty member with questions/concerns should consult promptly with his/her department chair, or may choose to consult with other individuals such as his/her dean, the Vice Provost for Faculty Administration, the Vice Provost for Research, or the Associate Vice Chancellor for Diversity and Equal Opportunity. A student with concerns should consult with his/her Dean, Advisor or the Diversity and Equal Opportunity Office (DEOO).



- The Dean (or designee) will recommend a resolution in consultation with DEOO.

Students and faculty are encouraged to contact the DEOO (HI-728 or call 508-856-2179) with any questions about these guidelines. (DEOO Policy # 02.01.03) (April 2006)

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

National Criminal Background Checks (CBC) or Massachusetts Criminal Offender Records Information (CORI) checks are used as screening tools of all current or prospective staff persons, volunteers, or other applicants to ensure the welfare of patients and children. A Criminal Background Check contains information received from court proceedings, including arrest records as well as convictions and dismissals.

A CBC may be required for participation in certain activities, by one of our clinical affiliates, or by the School. If a CBC reveals some contact with the criminal justice system, the school will review that history and the student's response. Students beginning classes in August 2010 and after have already been subject to a criminal background check (CBC) as applicants, however a repeat CBC may be required for participation in certain activities, by one of our clinical affiliates, or by the School. If a subsequent CBC reveals some contact with the criminal justice system since the time of the initial CBC, the school will review that history and the student's response. The school has a process which governs these matters.

Please note: Some clinical site assignments require a Criminal background Check (CBC). If you are assigned to a site which requires a CBC you will be required to participate in any CBC process required by a clinical site to which you may be assigned.

The Schools Policy for Criminal Background checks can found in its entirety at: <http://www.umassmed.edu/cbc.aspx>.

## **Dress Code**

Students are asked to remember that our campus shares space with a major medical center and that patients may see them at any time. Therefore students are asked to use judgment at all times in selecting clothing and to avoid clothing that is ripped, revealing, or which displays slogans or images that could be offensive to patients or colleagues. Examples include avoiding clothing with sexually or otherwise provocative sayings or which advertise alcoholic beverages, ripped jeans, excessively low cut or tight clothing. Specific dress has not been delineated in this code in order that students should have freedom of choice as long as professionalism is maintained, however students are required to abide by all policies of the hospital or clinical system in which they are rotating or in which they are doing research involving patient contact.

Students are expected to dress in a manner which is appropriate for their particular work environment. For example, jeans are acceptable in the laboratory or classroom

but are not acceptable when seeing patients. Shoes with open toes are acceptable in the classroom but not in the lab or in the clinical setting. As part of professional appearance, students are expected to be generally well groomed.

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

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

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

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

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

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

The use of drugs and alcohol can cause physical and psychological dependence.

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

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

### **Summary of Legal Sanctions (Alcohol and Drug Abuse)**

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

Local, state and federal laws make illegal use of drugs and alcohol serious crimes. Conviction can lead to imprisonment, fines and assigned community service. Courts do not modify life prison sentences in order for convicted persons to attend college or medical school or to continue their jobs. A felony conviction for such an offense can prevent you from entering many fields of employment or professions.

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

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

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

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

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

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

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

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

## **Electronic Mail, Internet Access Policy**

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

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

**E-mail is considered an official means of communication at UMass Medical School. Failure to comply with this policy may be viewed as a violation of the student professionalism policy.**

It is required that students review their e-mail accounts at least every 72 hours (excluding weekends and vacations) while enrolled in courses, clerkships or electives. All student users of electronic communication are expected to observe the following policy:

1. Individually addressed e-mails should be responded to within 72 hours (excluding weekends and holidays).
2. All users are expected to utilize the “out of office” response function during periods when they anticipate that they will not have access to their e-mail for prolonged periods of time (greater than 72 hours). It is understood that at the current time these messages sent from umassmed.edu addresses will not be directly visible by faculty with ummhc.org addresses.
3. Senders (i.e. faculty) are strongly encouraged to include a suggested response time for recipients.

Faculty are expected to check with the Registrar or Student Affairs Office as to whether a student not responding to e-mail was enrolled in a course, clerkship or

elective at the time of the lapse before filing any professionalism incident report.

In addition, the official IS Electronic E-mail policy applies to all users, including students. Therefore all students must follow all applicable IS e-mail policies, which are available via the UMass Medical School Intranet IS Web site (<http://inside.umassmed.edu/is/index.cfm>).

For example: Campus e-mail users must:

1. Use e-mail in a responsible manner consistent with other business communications (e.g., phone, correspondence);
2. Safeguard the integrity and confidentiality of University electronic mail;
3. Only use mail ID's assigned to them;
4. Remove mail from their mailbox consistent with Campus message retention procedures and these Guidelines.

Campus e-mail users may NOT:

1. Post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature;
2. Use their e-mail access to unlawfully solicit or exchange copies of copyrighted software.

## **ELECTRONIC MAIL USE GUIDELINES**

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

1. Individuals are prohibited from using an electronic mail account assigned to another individual to either send or receive messages. If it is necessary to read another individual's mail (e.g., while they are on vacation, on leave, etc.), delegates or message forwarding should be utilized.
2. Individuals with e-mail IDs on University computer systems are prohibited from sending messages that violate state or federal law, or University policy.
3. The use of e-mail for transmission of information disparaging to others based on race, national origin, gender, sexual orientation, age, disability or religion is prohibited.
4. The use of e-mail for the transmission of information that solicits or results in personal gains (as in the case of personal or fraudulent donations and "chain letters") is prohibited.
5. Authorized users will not "rebroadcast" information obtained from another individual that the individual reasonably expects to be confidential.

6. Bulletin Boards used for soliciting or exchanging copies of copyrighted software are not permitted on University electronic mail systems.
7. Authorized users are prohibited from sending, posting or, publicly displaying or printing unsolicited mail or materials that are of a fraudulent, defamatory, harassing, abusive, pornographic, obscene or threatening nature on any University system. The sending of such messages/materials will be handled according to University codes of conduct, policies and procedures.
8. Authorized users will NOT unnecessarily or inappropriately use limited computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.
9. Global e-mail shall be restricted to emergency events requiring timely notification to all members of the University of Massachusetts-Worcester community and must be approved by the Office of Public Affairs and Publications. The header ID must include a description of the topic/issue being addressed. Broadcast messages must address one issue at a time.

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

## **Alumni E-Mail**

Graduated students e-mail, in [umassmed.edu](http://umassmed.edu) accounts, will be maintained for up to 90 days after graduation or until a forwarding address is provided, whichever is sooner.

Alumni may designate a forwarding address for their e-mail and change it as necessary through the UMass Information Services Helpdesk. Any person who has your current UMASSMED Electronic Mail address will be able to reach you via e-mail. This is strictly a “bounce” account you will not have an actual mailbox. This minimizes the issues involved with maintaining multiple mailboxes. E-mail will be forwarded to the designated address from the student [umassmed.edu](http://umassmed.edu) e-mail address as long as a valid forwarding address is provided. A mechanism will be established for you to update your e-mail forwarding address via the Alumni Web site. Your current UMASSMED e-mail address will also serve as your user ID to gain access to “Alumni Only” sections of the Alumni Web Site. Please note that the contents of the mailbox at the time the forwarding address is provided will not be automatically forwarded and will be deleted. If the forwarding address is invalid for three days the forward will be removed. As long as a valid forwarding address is provided, the student e-mail address will remain in effect in perpetuity.

Any graduating student who will remain at UMMS as a student or staff member must notify the Information Services Help Desk that their UMASSMED Electronic Mail box should remain active.

## Fire Safety Procedures

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

- All corridors must be clear. Portable equipment and carts must be in use (30 minutes or less) with crash carts an exception. Alcoves and dead end corridors can be used for temporary storage and charging. Fire devices, pull stations, fire extinguishers and heat and smoke detectors must be clear and accessible at all times. Eighteen inches of clearance must be provided under all sprinkler heads. Keep all cross-corridor doors clear of equipment so that they may close properly in the event of a fire emergency.
- Report all fires and suspected fires immediately. Never assume that any fire is too small to initiate the fire procedure, even if a fire appears to be insignificant or controllable by hospital personnel.
- To report a fire at the Memorial or Hahnemann campuses, pull the nearest pull station and call the telephone operator at the emergency number, extension 12345. State which campus you are calling from and confirm the fire location. The telephone operator transfers the call to the Security Command Center dispatcher who announces “Code Red” and the fire location over the public address system at the appropriate campus.
- To report a fire at the University campus, pull the nearest pull station and call UMass Police at the emergency number, 911. A “Code Red” will be announced. Refer to posted evacuation maps for Fire Alarm Zone locations.
- When responding to a fire scene located on a different floor level, always use the stairs. Do not use the elevators.
- The campus emergency team will respond to the fire scene. Where appropriate, administration will be notified. All other employees should remain where they are when the alarm occurs, unless circumstances require special assistance at the fire scene as announced over the public address system or other media.
- When the fire alarm sounds, patients and visitors in hallways should return to their rooms or other safety areas kept calm and ask to remain there until the “All Clear” announcement is made. Assure that all doors and windows are closed.
- Retrieve patient medical information, if possible.
- To report a fire at the ambulatory building or the community centers, activate the pull station or call 911 as appropriate. Immediately evacuate the building to a safe area. When the pull stations are activated, the alarm sounds throughout those locations and the alarm is transmitted directly to the fire department.
- Cooking – microwave/toasters etc must be supervised at all times.
- Candles and Halogen lights are prohibited.
- Space heaters are prohibited in all patient care areas.

## If You Discover a Fire

If you discover a fire you must make sure that several things are done quickly. Think of the word “**RACE**” to help you remember what to do.

- R RESCUE** Remove anyone in immediate danger, if possible.
- A ALARM** Pull the nearest fire pull station and call extension 12345 at the Memorial and Hahnemann campuses and 911 (UMASS Police) at the University Campus and 911 at the ambulatory and community centers to report fire location.
- C CONTAIN** Contain or confine fire by closing all windows.
- E EXTINGUISH** If trained, put out the fire with the correct extinguisher, if safe to do so, or EVACUATE as necessary or appropriate.

## Hazing

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

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

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

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

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



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

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

## Identification of Students

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

PLEASE NOTE: The section of Standards Pertaining to the Practice of Medicine by Medical Students, in the Regulations of the Massachusetts Board of Registration in Medicine, states that: *“medical students are to be identified to a patient visibly as a medical student. Each patient is to be informed that the patient has a right to refuse examination or treatment by the medical student.”* Students should cooperate in insuring that they are clearly identified as medical students in all interactions with patients in the clinical program.

## Logos, Usage of UMass Medical School Logos

Use of the school logo or name on t-shirts, totes, baseball caps etc is generally “not allowed” as it is protected by copyright and trademark rules which can be found at <http://www.umassmed.edu/pap/logos.aspx?linkidentifier=id&itemid=9242>

## Malpractice Liability Insurance

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

## Patient Rights Under HIPAA

In addition to information concerning the HIPAA Privacy, Confidentiality of Patient-Related Information and Security Regulations found in this Handbook, students must read and be familiar with the “UMass Memorial Health Care / UMass Memorial Medical Center Joint Notice of Information Practices” brochure distributed to all patients at the time of their first clinical visit, students must also read and be familiar with the privacy notices of all other clinical sites visited for clinical experience.

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

Patient rights afforded by HIPAA include:

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

## Sexual Harassment (Policy and Procedures)

The University of Massachusetts Medical School (UMMS) is firmly committed to working to ensure that all employees, students and individuals who are authorized to conduct business with and/or perform other services on behalf of UMMS are not subject to sexual harassment. To that end, it is the policy of UMMS to comply with all federal and state laws and regulations: Title VII of the Civil Rights Act of 1964, Chapter 151B, and M.G.L. 151B Sec. 3A.

Sexual Harassment is defined as:

Any unwanted and/or unwelcome sexual advances, requests for sexual favors and other verbal, written or physical conduct of a sexual nature.

It constitutes sexual harassment when:

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s continued employment or assessment of academic work;

Submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual;

Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or in creating an intimidating, hostile, humiliating, uncomfortable or offensive work or academic environment.

Simply stated, sexual harassment, as well as other forms of harassment, have no place in the workplace or classroom.

It is also our policy to protect the rights of all persons by providing fair and impartial investigations of all allegations of harassment. Any member of the University community found to have violated the harassment policy will be subject to disciplinary action up to and including possible termination/dismissal.

Complaints will be investigated with every effort made to respect the privacy of those involved, and ensuring that there will be no retaliation. Retaliation against an individual for filing a complaint of sexual harassment or against any individual for cooperating in an investigation of a complaint is against UMMS policy and it is against the law. If retaliation is found to have occurred, appropriate action(s) will be taken.

A copy of UMMS's sexual harassment complaint policy and procedure for resolution may be obtained from the Diversity and Equal Opportunity Office, 508-856-2179, the website, <http://umassmed.edu/deoo/index.aspx>.

## **Smoke Free and Tobacco Policy** 05/27/08

**Policy Statement:** UMass Medical School (UMMS) promotes a smoke and tobacco free environment across our campuses in order to model and encourage healthy behaviors which are consistent with the UMMS mission and purpose; an institution dedicated to the education and training of health care professionals.

Accordingly, everyone is prohibited from smoking or using tobacco products in any UMMS vehicle, building, facility, site, garage, grounds, or adjacent grounds that are owned, leased, controlled or operated by UMMS.

**Scope:** The use, dispensing or sale of any tobacco product is prohibited within any vehicle, building, facility, site, grounds, and garage owned, leased or controlled by UMMS.

**Responsibilities:** Student shall comply with this policy and report any violations of this policy to the Associate Dean for Student Affairs.

Students desiring to stop smoking shall be responsible for reviewing tobacco cessation benefits available through their health insurance provider.

The complete policy HR General Administrative Policy #6.05.18 can be found the Human Resources web site at: [http://inside.umassmed.edu/hr/policy/hr\\_policies.aspx](http://inside.umassmed.edu/hr/policy/hr_policies.aspx)

## **Snow and Other Weather Emergencies**

### **Notification:**

For up-to-date information about snow cancellations, the following telephone number can be called for a voice mail message: 508-856-1100. Decisions regarding school closures or delays for non-clinical students will be made no later than 6 a.m. of the morning in question.

Security 508-856-3311 will also be notified about current school delays or closures.

Media sources are:

WSRS/WTAG Radio

NEWS 7 and WRKO AM/680 “Storm Force”

WCVB-TV Boston/Channel 5 News Center 5

If classes are canceled during the day, announcements will be made over the public address system or by email by the respective deans or course coordinators.

### **1. Non-clinical settings:**

In the event of delayed school opening, the schedule for the day will be posted and/or announced at the beginning of first class. In the event of a full-day closure, course coordinators will agree on adjustments for such an exigency with alternate schedules.

Medical students should be aware that makeup classes may be scheduled during Independent study afternoons.

### **2. Clinical settings:**

Students in all Clinical rotations (UMass Memorial Medical Center (UMMMC) or any of its affiliated sites and teaching hospitals, or at non-UMMMC) **MUST FOLLOW THE WEATHER POLICIES OF THEIR CLINICAL SITES.**

If the outpatient or inpatient service is open, students are expected to report in. The sole exception is that if the whole school is closed because the Governor has declared a state of emergency and has asked all nonessential personnel to stay off the roads. In this case, third year/core clerkship students doing clerkships and fourth year/advanced studies students on Type B and C electives are excused.

Students on Type A electives and Sub-interns are expected to do what residents do. Please let your resident know if this happens and make every effort to rejoin your team as soon as possible.

## **Student Clinical Education Hours policy**

As working significant numbers of hours continuously has been shown to contribute to reduction in performance and increased incidence of significant errors in work, the clinical faculty of the University of Massachusetts Medical School require the following:

In order to allow medical students to perform maximally—to effectively assist in the clinical care of patients and to learn from their patients, clinical medical students will be expected to follow ACGME intern clinical work hour restrictions.

Approved by CDC October 2010, implementation July 1, 2011

## SECTION SIX

## ACADEMIC STUDENT RESOURCES

**Office of Educational Affairs (OEA)**

**Location:** Student Wing  
**Telephone:** 508-856-4250  
**FAX:** 508-856-3700  
**URL:** <http://www.umassmed.edu/oea>  
**Personnel:**

Michele P. Pugnaire, MD, Senior Associate Dean for Educational Affairs  
 Susan Barrett, MS, MEd, Institutional Research Analyst, Research, Evaluation & Assessment  
 Colleen Burnham, MBA, Educational Specialist, OEA  
 Michele Carlin, Institutional Research Analyst, Research, Evaluation & Assessment  
 An Dinh, Institutional Research Analyst, Research, Evaluation & Assessment  
 Wendy Gammon, MA, MEd, Director, Standardized Patient Program  
 Lorrie Gehlbach, PhD, Director, Academic Enrichment  
 Gina Gentile, MA, Institutional Research Analyst, Research, Evaluation & Assessment  
 Ashton Gunn, MEd, Project Manager, OEA  
 Sherly Jean-Bart, Administrative Assistant, Grants & Academic Initiatives  
 Michael Kneeland, MD, Associate Dean for Allied Health & Inter-Professional Education  
 Caitlin Krouse, Administrative Assistant, Standardized Patients Program  
 Sarah McGee, MD, Associate Director of Operations and Educational Program-  
 ming, UMMS Simulation Center  
 Darleen Morin, Project Assistant, Standardized Patient Program  
 Judith Olinder, Executive Administrative Assistant, OEA  
 Melissa Puliafico, MBA, Director of Educational Affairs  
 Mark Quirk, EdD, Assistant Dean Academic Programs, Center for Academic Achievement  
 Brianna Robuccio, Institutional Research Analyst, Research, Evaluation & Assessment  
 Melinda Taylor, Sr. Engineer, UMMS Simulation Center  
 John Trobaugh, MFA, Intercampus Liaison for Educational Initiatives, OEA  
 Pam Watson, Project Coordinator, Standardized Patient Program  
 Jessica Wolanski, Project Coordinator, OEA  
 Mary Zanetti, EdD, Senior Director, Research, Evaluation & Assessment

Under the oversight of the Senior Associate Dean, the Office of Educational Affairs (OEA) seeks to advance the educational mission of the School of Medicine, by providing the following services and resources:

- Provide leadership and oversight for institutional accreditation processes (NEASC and LCME).
- Assessment and research in medical education and institutional reporting and quality tracking for educational programs through the Division of Research, Evaluation & Assessment.

- Enhanced teaching, learning and assessment opportunities in medical education provided by the nationally recognized Standardized Patient Program.
- Simulation-based programs including task trainers, cardio-pulmonary simulation, full body mannequins, neonatal simulation and many additional resources available for use by trained faculty to provide educational opportunities to small groups offered by the UMMS Simulation Center.

Special educational opportunities provided by ongoing grants and funding opportunities.

The OEA administers several national educational grants awarded to the Medical School to promote curriculum innovation and enhancement in the teaching of a variety of subjects. UMMS is currently implementing a four-year initiative to integrate geriatric education throughout the curriculum, supported by a grant from the Donald W. Reynolds Foundation and is a designated Center of Excellence of the National Institute for Drug Abuse (NIDA), with a focus on prescription drug abuse education in medicine. Additional topics enhanced through external grant-funded initiatives over the past decade have included: health communication, professionalism, complementary and alternative medicine, sexuality and sexual health, managed care, community outreach to underserved populations' and medical education research. The OEA also administers an internal grant program, Innovations in Medical Education Grants (IMEG), which provides limited funding to faculty, residents and students to support educational innovation.

The Senior Associate Dean for Educational Affairs also oversees the diverse offices of the School of Medicine comprising Admissions, Student Affairs, Undergraduate Medical Education, Graduate Medical Education and Continuing Education.

## Center for Academic Achievement

**Telephone:** 508-856-5492

**Personnel:** Mark Quirk, EdD, Assistant Dean for Academic Achievement  
Lorrie Gehlbach, PhD, Director of Academic Enrichment

The Assistant Dean for Academic Achievement directs this program, which is open to all students at UMMS. Services include academic counseling, tutoring and a series of learning seminars. The Assistant Dean and staff of the Center for Academic Achievement work with individual students to identify learning needs which can be met through tutorials designed with learning specialists, educational psychologists and graduate students. The academic achievement program at UMMS is oriented toward prevention of academic problems through systematic needs assessment, mobilization of resources and continuity of the support experience.

## Office of Undergraduate Medical Education (OUME)

**Location:** S1-151, First Floor, Student Wing

**Telephone:** 508-856-4265

**FAX:** 508-856-5536

**URL:** <http://www.umassmed.edu/oume>

### Personnel:

Melissa Fischer, MD, MEd, Associate Dean for Undergraduate Medical Education

Robert Baldor, MD, Director, Community-Based Education

Cassie Caez, Administrative Assistant, Clinical Years Curriculum

Tricia Droney, MPH, LInC Project Manager, Clinical and Translational Research  
Program Administrator

Mike Ennis, MD, Co-Director, DCS Course

Mick Godkin, PhD, Director, International Medical Education Program,  
Co-Director, Med. Student Summer Research Fellowship Program

David Hatem, MD, Co-Director, DCS Course

Julie Jonassen, PhD, Program Director, Interclerkship Program

Chris Locke, Administrative Assistant, Basic Science Years Curriculum

Kathy Moylan, Academic Business Coordinator

Madeline Nunez, Technology Project Coordinator

Susan Collette, Administrative Assistant to the Associate Dean for OUME,  
Community Based Education

Ann Perla, Administrative Manager, DCS Course

Anthony Poteete, PhD, Co-Director, Med. Student Summer Research Fellowship Program

Judith Savageau, MPH, Director, Senior Scholars Program

Maxine Schmeidler, Administrative Assistant, LInC, Curriculum & Faculty Development

Maureen Titus, Administrative Assistant, DCS Course

The Office of Undergraduate Medical Education (OUME) is the center for academic life at the School of Medicine, where students meet with faculty and peers, plan activities, develop ideas for curricular enhancement and innovation, and learn about the latest advances in medical education. In essence, the OUME serves as the hub for the numerous spokes that represent UMMS undergraduate medical education, providing comprehensive resources and support to students and faculty for all facets of the educational program, including curriculum development, faculty development, academic computing, and community based education.

The school's four-year curriculum emphasizes interdisciplinary coordination, early clinical exposure, broadened participation of generalist physician faculty, and the use of new learning modalities, including web-based, computer-aided instruction, and medical simulation. The curriculum includes the Doctoring and Clinical Skills Course (DCS) in Foundations of Medicine Years 1 and 2, which provides small group, case-based teaching with emphasis on learning the medical interview, preventive medicine, epidemiology, and medical ethics. This course is closely linked with the concurrent basic science curriculum, and the Longitudinal Preceptor Program (LPP) based in community physicians' offices. The OUME provides administrative support for the DCS, LPP and Physical Diagnosis courses as well as a number of other educational programs including the 3rd year Interclerkships, International Medical Education Program,

Senior Scholars Program, Summer Research Fellowships, and Optional Enrichment Electives in a wide range of topics including: Adoption and Foster Care; American Sign Language; Basic Skills for Working With Smokers, Care of the Seriously Ill; Clinical/Translational Research Pathway (Years 1-4); Complementary and Alternative Medicine; Creative Writing in Medical School, Exercise Medicine; Global Health Topics in Action; History of Medicine; Maternal Child Health; Medical Interviewing in Spanish; Navigator Program in Geriatrics; Pathway Program Serving Multicultural and Underserved Populations; Roads to Recovery: Substance Abuse from a Patient's Perspective; Rural Health Scholars Program; Teen Pregnancy: Medical and Psychosocial Perspectives; The Bigger Picture: Health Issues Affecting the Community of Worcester; Understanding and Improving Our Health Care System; and Wilderness Medicine and Recreational Emergencies. The OUME will jointly administer the new SOM Learning Communities initiative with the Office of Student Affairs. This innovative program provides a home for the DCS course, matches faculty mentors to students for longitudinal advising throughout their career at the SOM, promotes peer interactions and supports our transitional curricula.

The OUME is conveniently located in the student wing and shares a suite of offices with Student Affairs. Students are encouraged to interact with the OUME staff and to participate in the continuous improvement of the Medical School's educational programs.

## Learning Communities Program

### Personnel:

Michael Ennis, MD, Co-Director, Learning Communities

David Hatem, MD, Co-Director, Learning Communities

LInC enhances our current system through development of Learning Communities. Learning Communities fall under the auspices of the Office of Undergraduate Medical Education and the Office of Student Affairs. Learning Communities are made up of 5 "Houses." Upon entry to medical school, students will be randomly assigned to one of these "Houses" which will facilitate their interactions with House Mentors and faculty. Interactions will support them academically through curriculum offerings focused on clinical skills, and professionally through the establishment of a robust, four year mentoring program. This mentoring program includes a faculty Learning Community mentor chiefly, but also through interactions with other faculty and students from all class years and departments.

Learning Communities are designed to enhance the quality of student-teacher and student-student relationships by developing these longitudinal interactions between students and faculty within and between classes throughout the four-year educational program. This model improves continuity of teaching doctoring and clinical skills, supports interactive and small group teaching, fosters students' self-directed learning, and develops students' skills in formal and informal peer teaching and mentoring.



## Learning Communities:

House	Mentor
<b>Blackstone House</b>	Michael Ennis, MD, Head of House Jerry Durbin, MD Joyce Rosenfeld, MD, FACEP Rebecca Spanagel, MD
<b>Burncoat House</b>	David Hatem, MD, Head of House Jennifer Bram, MD Lisa Gussak, MD Paul Plasky, MD, PhD
<b>Kelley House</b>	Phil Fournier, MD, Head of House Angela Beeler, MD Sarah McGee, MD, MPH Richard Pieters, MD, FACR
<b>Quinsigamond House</b>	Diane Blake, MD, Head of House Lori DiLorenzo, MD Glenn Kershaw, MD Peter Metz, MD
<b>Tatnuck House</b>	Timothy Gibson, MD, Head of House Nancy Bennet, MD Pang-Yen Fan, MD Thomas Halpin, MD

## Pathway on Clinical and Translational Research

### Personnel:

Gyongyi Szabo, MD, PhD, Professor and Assoc. Dean, Clinical & Translational Research; Director, MD/PhD Program

Patricia Franklin, MD, MPH, MBA, Professor and Pathway Director

Carole Upshur, EdD, Professor and Assoc. Dean, Clinical & Population Health Research

Tricia Droney, MPH, Pathway Administrator, Office of Undergraduate Medical Education

Sherly Jean-Bart, Administrative Assistant, Office of Educational Affairs

In 2007 the University of Massachusetts Medical School launched a new pathway to introduce methods and concepts in clinical/translational research, and provide a training platform in the basics of clinical/translational research through a longitudinal, structured program throughout the four years of the medical school curriculum. Enrollment in this pathway is limited to 10-12 medical students in each entering class. Deadline for application submission is July 1st.

Clinical/translational research is designed to speed the discoveries of basic science to patient care and involves both traditional researchers as well as practicing clinicians. The key differentiation between basic biomedical science and clinical/translational research is that the latter must involve human subjects or physiological by-products (cells, blood, tumors etc.) from known patients.

Typical studies in clinical/translational research are:

- Conducting human trials of new drugs and devices.
- Examining the translation of experimental cures or diagnostic measures into routine patient care.
- Examining patterns or correlates of disease (e.g. epidemiology).
- Examining the quality of health care, health care outcomes, and other health services research questions (e.g. disparities in care, cost-effectiveness of care, etc.)

Increasingly practicing physicians are being called upon to recruit their patients from both hospital and community practices to participate in clinical/translational research studies and contribute to learning how to better care for patients. This new pathway will assist its graduates to:

- Become leaders in combining a clinical and research career.
- Learn skills needed to keep their practice base up-to-date with new evidence-based medicine.
- Gain research experience often needed for competitive residency placement.

Successful participation in the 4-year Clinical/Translational Research Pathway (CTRP) will culminate in receipt of a “Certificate of Training in Clinical/Translational Research,” and notation of completion of this elective pathway on your official transcript. In addition, the Pathway Director will acknowledge student participation by sending a formal letter to the Dean about the student’s participation.

**OVERVIEW: CURRICULUM COMPONENTS** – The Clinical/Translational Research Pathway Program is comprised of two required CTRP Courses in Years 1 and 3; relevant required core curricula in the Determinants of Health Course in Year 2; and two research electives (in Years 2 and 4). The CTRP components are outlined briefly below:

**The curriculum components are as follows:**

### **FOUNDATIONS OF MEDICINE - YEAR 1**

- **Introduction to Clinical/Translational Research I & II: Protocols & Ethics**  
This required series of 8 90-minute CTRP core curriculum sessions spanning the fall and spring semesters is designed to provide foundational knowledge on the approach to clinical trials and types of clinical research involving patients and other human subjects. The course explores ethical considerations in patient-oriented research, and includes required observation of one IRB Committee Meeting, preparing an IRB application, and completion of a web-based Course in Protection of Human Research Subjects. The core curriculum provides the foundation for students’ participation in their 8-week placement in the Summer Research Fellowship Program.

## FOUNDATIONS OF MEDICINE - YEAR 2

- **Summer Research Fellowship Program Elective** – Undertake 2-month summer project in clinical/ translational research under the guidance of a CTRP-affiliated faculty mentor. Stipend support provided for students enrolled in the research pathway.
- **Determinants of Health Course**  
Epidemiology and Biostatistics – The basics in epidemiology, biomedical statistics, and clinical trial design will be covered, utilizing existing small-group sessions in the Epidemiology and Biostatistics component of this course.

Population Health Clerkship – This two week offsite experience follows the epidemiology/biostatistics component of this course. The CTRP students work together on a hands-on clerkship to collect and analyze data in service to a local public health need.

## CORE CLINICAL EXPERIENCES - YEAR 3

- **Journal Club Tutorial in Clinical/Translational Research**– Required participation in 4 of 6 sessions in the Journal Club Tutorial CTRP Core Curriculum Series; each CTRP student is required to lead one Journal Club session to discuss a paper of his or her choice.
- **Plan a research project and mentor for the Senior Scholars Elective** – During Year 3, research pathway students develop the experimental design for their Senior Scholars project, and initiate/obtain IRB approval as needed. Regular meetings with the student’s faculty mentor support the process.

## SENIOR STUDIES - YEAR 4

- **Senior Scholars Elective** – Requirements include: Two to three month elective to complete clinical/translational research project, analyze data, submit project summary, present at UMMS poster session. Optional: Present paper or poster at an academic professional meeting.

### **Master of Science in Clinical Investigation - 5 Year Program Option:**

All students who are accepted and enroll in the CTR Pathway will have the additional opportunity to apply for the 5-year Program Option, which builds on the pathway core requirements, and includes an additional “pull-out” year to enroll in the Master’s Degree in Clinical Investigation program in the Graduate School of Biomedical Sciences. This opportunity is available only to enrolled CTR Pathway students. Candidates for this option must be UMass Medical students officially enrolled in the CTR Pathway program, who are either in their 2nd or 3rd year of medical school.

For more information about the CTR Pathway Program, contact Tricia Droney, Pathway Administrator, in the Office of Undergraduate Medical Education at 508-856-4267.

## Senior Scholars Program

### Personnel:

Judith Savageau, MPH, Director, Senior Scholars Program

Cassie Caez, Administrative Assistant

The goals of the Senior Scholars Program are: 1) to provide an opportunity for fourth year medical students to have a structured research experience; 2) to develop hypothesis-generating skills; 3) to provide an opportunity for students considering academic careers; and 4) to foster student-mentor relationships. The program affords students with an introduction to the philosophy of research that is based on answering questions through hypothesis generation, information gathering, experimentation and critical interpretation. The research project is a tool for growth in an evidence-based health care environment.

The University of Massachusetts Medical School Senior scholars have completed projects in all major fields of basic science, clinical medicine, quality improvement, epidemiology and public health. Many have presented their findings at local, regional or national meetings, serving as a platform for subsequent academic endeavors.

Senior Scholars are required to devote 2 or more months to either a basic science, clinical, QI or epidemiology-based research project under the guidance of a faculty member. The months do not have to be contiguous and projects may even be done at a site outside of UMass.

Senior Scholars are asked to meet with their mentor at least weekly and convene as a group at one of the Senior Scholars Committee quarterly meetings to discuss the progress of their work.

Each student participates in “Senior Scholars Presentation Day” preparing a poster and sharing ideas with medical school peers and faculty members. The presentation of all Senior Scholars posters is usually held in late Spring.

If you have any questions, please feel free to contact Cassie Caez 508-856-5694; S1-160 in the Office of Undergraduate Medical Education.

## Summer Research Fellowship Program (Medical Students)

### Personnel:

Mick Godkin, PhD, Co-Director

Anthony Poteete, PhD Co-Director

Christine Locke, Program Coordinator

The goals of this program are to develop medical students’ skills in research, and to cultivate students’ interest in the inclusion of research in their careers as physicians. Faculty mentors provide projects on which students work for pay during an eight-week period in the summer before or after their first year.

Additional information can be found at <http://www.umassmed.edu/oume/rso/srf.aspx> or by contacting Christine Locke 508- 856-5641 for additional information.

## The Office of Student Affairs (OSA)

**Location:** Student Wing, Room S1-131

**Telephone:** 508-856-2285 - Student Affairs

508-334-8851 - Student Advising

508-856-8019 - Diversity Support Resident Recruitment

**FAX:** 508-856-5536

**URL:** <http://www.umassmed.edu/studentaffairs>

**Personnel:**

Mai-Lan Rogoff, MD, Associate Dean for Student Affairs

Michael Ennis, MD, Assistant Dean for Student Affairs/Advising

Katherine Alvarez, Administrative Assistant

Lynn Desforges, Editor/Coordinator

Judy Holewa, Administrator, Student Affairs

Debra Leger, Administrative Assistant

Janice Robert, Administrative Assistant

The major goal of the Office of Student Affairs (OSA) is to provide advocacy for and support to medical students in pursuing their major role, which is to learn both the science and the art of medicine. Medicine is one of the most interesting, frustrating, responsible, and complex professions to enter. Our goal is to help medical students to develop into empathic, compassionate, knowledgeable physicians who have a life-long enthusiasm for their profession and who reflect the goals and ideals set forth in the Mission Statement for the school.

The Office of Student Affairs strives to be a supportive and responsive place where students can find help in coping with the academic and personal demands of medical school. The Associate Dean for Student Affairs shares these roles with the Assistant Deans for Advising, responsive faculty members and the Learning Communities. The office also works closely with the Diversity and Equal Opportunity Office and the Student Counseling Service. The Office of Student Affairs (OSA) strives to promote a supportive and responsive environment where students find help coping with the academic, personal and social demands of graduate education. OSA nurtures a diverse culture inclusive to the sensitive needs of our students, staff, faculty and visitors. Student Affairs encourages personal growth and success by embracing a holistic definition of diversity and meeting individual needs of our constituents as their challenges are discovered.

The Office of Student Affairs also provides support for a variety of student activities, such as assignment of core clinical activities and advanced studies, administration of the NRMP (National Residency Matching Program), Electronic Residency Application Service (ERAS), VSAS (Visiting Student Application Service), Medical Student Performance Evaluations (MSPE), orientations to inform and prepare you for all four years of medical education, commencement, and graduation activities. Student Affairs also coordinates the Basic Science and Clinical Science Academic Evaluation Boards, administrative support for all student-run group and organizations as well as the Student Body Committee (student governance group). In these roles, the Office acts as an advisor both to students and faculty to help facilitate and carry out timely and informed decisions.

Under the leadership of the Office of Education Affairs (OEA), the Office jointly sponsors the Learning Communities program as well as various other programs. This association with the larger educational effort of the School encourages the interdigitation of support, curriculum, and educational issues in medical student education. One goal of the Office is to decrease any sense of impersonal learning and isolation, particularly in the pre-clerkship years, and to provide a positive learning environment throughout individual, programmatic, and curricular levels in all years. The goals and objectives of medical education for the school include attributes of knowledge, problem-solving, attitudes, interpersonal skills and self-reflection which the Office of Student Affairs endorses and hopes to foster.

## **Mentoring/Advising**

**Telephone:** 508-334-8851

**URL:** <http://www.umassmed.edu/studentaffairs/mentoring.aspx>

**Personnel:** Michael Ennis, MD, Assistant Dean of Advising  
Debra Leger, Administrative Assistant

Beginning in academic year 2010/11, all entering students are assigned to a “Learning Community.” The school will have five “Houses,” each with regionally significant name. Each House includes approximately 100 students, four 25-student cohorts from all four class years.

Each of these houses will have multiple mentors assigned to it. These mentors/ advisor will provide mentorship on many issues ranging from academic achievement, career guidance, professionalism, lifestyle, personal issues, etc. See: Learning Communities for a listing of houses and mentors.

Copies of student’s evaluations, grade reports, and administrative letters are sent to the student’s mentor/ advisor. The responsibility of the mentor/ advisor includes general support, periodic review of the student’s academic performance, assistance/ advice in scheduling the clerkship blocks and selecting electives. Guidance is offered in career choice and residency selection, including the provision of letters of recommendation.

## **Careers in Medicine**

The Medical School participates in the AAMC Careers in Medicine Program. Careers in Medicine, formerly known as MEDcareers is a career planning program designed to help you choose a medical specialty and select and apply to a residency program. To access the web site go to [www.aamc.org/careersinmedicine](http://www.aamc.org/careersinmedicine). Students who have never registered with CiM will be required to obtain a new access code. Students needing an access code should contact Debra Leger, in the Office of Student Affairs.

## School Services (Office of)

- Location:** S3-104, Third Floor across from Amphitheater I
- Telephone:** 508-856-2444
- Fax:** 508-856-4888
- URL:** <http://www.umassmed.edu/SchoolServices/index.aspx>
- Personnel:** Deborah Harmon Hines, PhD, Vice Provost for School Services  
(deborah-harmon.hines@umassmed.edu)  
Karen Zirpola, Administrator/Office Manager  
Linhelle Charles, Administrative Assistant  
Betsy Groves, Director of Financial Aid  
Michael Baker, MA, Registrar  
Heidi Beberman, Room Reservations Scheduling Coordinator  
Robert Layne, MEd, Director of Outreach Programs/  
Coordinator, Worcester Pipeline Collaborative  
Sandra Mayrand, MBA, Director, Regional Science Resource Center

Serving students in the three schools of the Worcester campus, major areas of responsibility of School Services are Matriculation Services and Pre-Matriculation Programs. Matriculation Services include: Financial Aid, Registrar/Student Record, Student ADA Support and Weather Watch. Pre-Matriculation Programs include: Outreach Programs for Minority and Disadvantaged Students (High School Health Careers Program and the Summer Enrichment Program), the Worcester Pipeline Collaborative, the Regional Science Resource Center and the Undergraduate Summer Research Fellowship Program.

### Registrar and Financial Aid

(S1-844, First Floor on the corridor with the GSN, GSBS and Office of Research)  
The Registrar's Office and Financial Aid Office provide services to over 800 matriculating students and the graduates of the three schools (School of Medicine, Graduate School of Biomedical Sciences and Graduate School of Nursing) at the University of Massachusetts Medical School. These offices are located in S1-844.

Business hours Monday - Friday are 8:00 am - 5:00 pm. Extended hours are held on the first Wednesday of each month, September - June, 8:00 am - 8:00 pm.

The toll free number for both offices is 877-210-2238. Additional contact information:

- Registrar: 508-856-2267; <http://www.umassmed.edu/registrar/index.aspx>; and [registrar@umassmed.edu](mailto:registrar@umassmed.edu)
- Financial Aid: 508-856-2265; <http://www.umassmed.edu/financialaid/index.aspx>; and [financialaid@umassmed.edu](mailto:financialaid@umassmed.edu)

### Americans with Disabilities Act

In compliance with the American's with Disabilities Act (ADA), Deborah Harmon Hines, PhD, serves as the ADA Student Coordinator. All inquires should go directly to Dr. Hines 508-856-2444. Once admitted, the student is responsible for notifying the Student ADA Coordinator of their disability, requesting academic accommodations and providing appropriate documentation of the disability. Student may request accommodations at any time during matriculations.

All requests for accommodations are reviewed and acted on by the Academic Accommodations Committee (see Academic Accommodations Committee). <http://www.umassmed.edu/schoolservices/ada.aspx>

### **Room Reservations**

All function rooms (class rooms, meeting rooms, etc.) for UMMS and UMass Memorial are scheduled through the Room Reservations service. Information on scheduling function rooms may be obtained by e-mail ([roomreservations@umassmed.edu](mailto:roomreservations@umassmed.edu)) or by calling extension 508-856-2264. Additional contact information: <http://www.umassmed.edu/roomreservations/index.aspx>.

### **Outreach Programs at UMMS**

Under the charge to the University to “serve the people of the Commonwealth,” UMass has a commitment to reaching out to the community. Considerable institutional resources have been allocated to support the following programs: the Worcester Pipeline Collaborative (K-12) and Laboratory, Mentoring Program for Worcester K-16 students, Summer Science Camp for middle school students, Summer Enrichment Program for disadvantaged undergraduates, NIH Summer Research Fellowship Program for minority undergraduates, High School Health Careers Program, Massachusetts School-to-Work Initiative, Regional Science Resource Laboratory, etc. Student volunteers are welcome! For more information contact Robert Layne at 508-856-2707.

### **Pertinent Web sites:**

High School Health Careers: <http://www.umassmed.edu/outreach/hshcp.aspx?linkidentifier=id&itemid=46184>

Summer Enrichment: <http://www.umassmed.edu/outreach/sepaspx?linkidentifier=id&itemid=9228>.

Undergraduate Summer Research <http://www.umassmed.edu/summer/index.aspx>

Worcester Pipeline Collaborative <http://umassmed.edu/wpc/index.aspx>

Regional Science Resource Center <http://umassmed.edu/rsrc>

The Resource Center helps teachers to implement more inquiry-based, student-centered science in all classrooms by providing ongoing technical support, access to materials and equipment, space for scientific investigations, and professional development opportunities. All of our initiatives focus on supporting the implementation of the Massachusetts Curriculum Frameworks in Science and Technology/Engineering and making inquiry-based science education a reality in classrooms. More recently, we have expanded our efforts to also include support for K-12 standards-based mathematics and technology education.

The Regional Science Resource Center (RSRC) currently serves over 133 districts across the Commonwealth. While 38% of the districts served are in Central Massachusetts, another 34% of districts served are within the 495 Beltway. The remaining 28% of districts are scattered North, South and West of that geographic area.



Of the five categories of services: Professional Networks (AP Biology, AP Chemistry, AP Calculus, Curriculum Coordinators, and STEM Pipeline), Professional Development, Math and Science Curriculum Library, Student Laboratory and Science To Go, 35% of the districts make use of at least three of the five services. Only 21% of the districts make use of only one service and those districts are the furthest distance from the Center.

The most popular offering at the RSRC, Professional Networks, includes 68% of the districts involved with the Center's work. Professional Development opportunities include 54% of the participating districts. Library use includes 51% of the districts while Science To Go reaches 17% and the use of the Laboratory includes 13% of the districts.

Regional Science Resource Center

Web site: [www.umassmed.edu/rsrc](http://www.umassmed.edu/rsrc)

## Registrars Office

**Location:** Room S1-844

**Telephone:** 508-856-2267

**FAX:** 508-856-1899

**URL:** <http://www.umassmed.edu/Registrar>

**Personnel:** Michael F. Baker, MA, Registrar  
Irene Chevalier, Administrative Assistant  
Mary Norfleet, Administrative Assistant  
Rasheda Romeo, Administrative Assistant

All educational records at the University of Massachusetts Medical School concerning enrolled students and graduates are maintained by the Office of the Registrar. The Registrar maintains an academic file on each student which contains a copy of each evaluation received, official transcript release forms filed by the student, copies of letters written as official recommendations from the school and disclosure of released information concerning the student. Letters received in support of extracurricular or other activities may also be included in this file.

The Office also maintains student biographic and demographic information. Permanent address and name changes must be processed through the Registrar's office. All other addresses and student information can be entered online by the student.

### Medical School Registration

Students are admitted through the Medical School's Office of Admissions and registered for courses by the Registrar's Office.

- Walk-in Registration is conducted the month of July for the incoming medical school class.
- Health Clearance by the Student Health Office is a requirement of registration.
- All items on the registration check off list are completed.
- Picture ID's, and e-mail accounts are issued.
- Students are enrolled in all first-year courses.

### Medical School Pre-registration

- Enrolled students are required to pre-register for the upcoming Academic Year.
- Pre-registration is conducted annually for each academic year.
- Health Clearance by the Student Health Service is a requirement for pre-registration.

### Matriculating Student Status

\* This section of the 11/12 Medical School Student Handbook includes revisions approved after the first posting date of 08/15/11.

Students must be registered for a minimum of twelve (12) credit hours for that semester by two weeks before the start of the semester and must maintain a minimum enrollment of 12 credit hours during the semester in order to maintain active student status (eligibility for course credit, malpractice insurance, financial aid, etc).

### Transcripts/Grades

- The name of each course is listed on the transcript, followed by one of the following performance ratings: Basic Science Grades - H (Honors), CR (Credit), NC (No Credit), I (Incomplete); Clinical Science Grades - O (Outstanding) AEP (Above Expected Performance) EP (Expected Performance), BEP (Below Expected Performance), F (Failing), I (Incomplete).
- An asterisk (\*) accompanying any grade indicates that this rating has resulted from a single attempt to remediate an initial course rating of NC (No Credit) or F Failing.
- In an instance where a student has not completed the requirements of a course, a temporary designation of "I" (Incomplete) will appear on the transcript, indicating that a final rating is not yet available, although the course has ended. A temporary designation indicating that a final rating is not yet available although the course has ended. This rating is used at the discretion of the course director with the approval of the appropriate Academic Evaluation Board, such as in cases where the course work is incomplete due to physician-certified illness, death in the immediate family, or a reason of comparable magnitude. Requests for a temporary grade of incomplete must be made to the course coordinator prior to the end date of the course. If an Incomplete grade is granted, the incomplete work must be made up in the time frame specified by the course coordinator. If no time frame is specified, the work must be made up in a prompt and orderly fashion within one year. Extensions to this one year limit may be granted by the course coordinator with the approval of the appropriate Academic Evaluation Board. If a student is carrying two or more grades of Incomplete, the student's academic record will be reviewed by the appropriate Academic Evaluation Board. The student must work directly with the course coordinator to address an Incomplete grade. At the end of that period, if a grade is not submitted a grade of NC (No Credit) or F (Failing) will be recorded. It is the responsibility of the student to arrange the removal of an "I" (Incomplete).
- Scores from Step 1 and Step 2 of the USMLE (United States Medical Licensing Examination), written narrative comments from evaluations and election to the medical honor society Alpha Omega Alpha (AOA) are considered part of the student's official record, however, these are not included on the transcript.
- At the conclusion of a course, clerkship or elective Final Grades are submitted

to the Registrar; entered in the student database with a paper copy placed in the student's academic record file. Copies of evaluations containing narrative comments are forwarded to the student, Associate Dean for Student Affairs and the student's advisor.

- At the end of each semester students receive a copy of their transcript reflecting final grades to date.
- Successful completion of Optional Enrichment Courses is indicated by a notation of ##.

### **Guidelines for Student Records**

All educational records at the University of Massachusetts Medical School concerning students enrolled and former students are maintained by the Office of the Registrar. If possible, students will have immediate access to their record. In no case will students have to wait more than 45 days. If students are required to wait, the office will tell them when their record will be available. Students will have to identify themselves with a picture ID to see their record.

Access to student records is limited to: (a) The Dean of the Medical School, Vice Provost for School Services, Senior Associate Dean for Educational Affairs, Associate Dean for Student Affairs, Chairs of the Academic Evaluation Boards, and the student's advisor; (b) Other faculty members may have access to the record file for the writing of letters of recommendation or other legitimate purposes upon written release by the student and approval by the Registrar. An information disclosure form will be kept in each academic file to record the date of review identifying the person reviewing the folder, and the reason for the review.

## **Disclosure/ Federal Family Educational Rights & Privacy Act (FERPA)**

All educational records at the University of Massachusetts Medical School concerning students enrolled and former students are maintained by the Office of the Registrar. If possible, individuals will have immediate access to their record. In no case will they have to wait more than 45 days. If a wait is required, the office will tell the individual when the record will be available. Individuals will have to identify themselves with a picture ID to access their record.

The Family Educational Rights and Privacy Act (Part 99 of Title 34 of the Code of Federal Regulations) allows present or former students at educational institutions access to educational records kept on them, as well as basic protections of privacy of their records. The law does not apply to applicants seeking admission to the University. The law applies to educational records, which are defined as those records that are directly related to a student and maintained by an educational agency or institution.

The law exempts from the definition of "education records," generally, records of instructional, supervisory, and administrative personnel which are kept in the sole possession of the person who made the record and are not accessible or revealed to any other person except a substitute for the maker of the record; records of a law enforcement unit of the University which are maintained solely for law enforcement

purposes; records of employees of the University; records which are created or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in a paraprofessional capacity which are made, maintained or used only in connection with treatment of the student; and records that only contain information about an individual after that individual is no longer a student at the University.

The University will provide the student with a copy of his/her transcript upon written request. The Family Educational Rights and Privacy Act does not give you the right to a copy of your records unless failure to receive a copy would make it impossible for you to exercise your right to inspect and review your records. You can also receive a copy, upon written request, of information from your record which you have instructed the University to disclose to another party. If the University transfers records which apply to you to another educational institution, you can receive a copy of those records if you request it in writing.

If confidential letters and confidential statements of recommendation were placed in your record before January 1, 1975, they will be removed before you have access to the record provided the letters or statements are used only for the purpose for which they were intended. If you have waived your right to see confidential letters or statements concerning admission to the University, these letters or statements will also be removed before you see your record. If you believe your record contains information which is inaccurate, misleading, or otherwise in violation of your privacy rights, you have the right to challenge the content of the record. While you cannot challenge the correctness of a grade, you may challenge the accuracy with which the grade was recorded.

The University can release directory information without the consent of the student. The University defines directory information as a student's name, major, acknowledgment of a student's participation in officially recognized activities and sports, weight and height of members of athletic teams, date(s) of attendance; degrees, certificates, awards received; the most recent previous educational agency or institution attended by the student and appointment as a Resident Assistant or Community Development Assistant. For graduate students who are teaching credit courses, work department, office address, and employment category are also defined as directory information.

The University will not permit access to or release of a student's educational records, or personally identifiable information contained therein (other than directory), to third parties, without the student's written consent, except to the following:

A. Other University officials who have a legitimate educational interest in a student's record. The University defines "University officials" as any professional employee who is head of an office, department, school, college, division, or their specified designee. "Legitimate educational interests" is defined as academic status check or evaluations, research, curriculum evaluation or development, institutional/statistical evaluation and analysis, student placement, public safety, and admission evaluation. The University may disclose, to teachers and school officials in other schools who have legitimate educational interests in your behavior, disciplinary action taken against you for certain kinds of conduct.

**B.** Authorized representatives of the Comptroller General of the United States, the Secretary of the U.S. Department of Education, authorized representatives of the Attorney General of the United States for law enforcement purposes, and state and local educational authorities.

**C.** In connection with a student's application for, or receipt of, financial aid, provided that personally identifiable information from the education records of the student may be disclosed only as may be necessary for such purposes as:

- to determine the eligibility of the student for financial aid;
- to determine the amount of financial aid;
- to determine the conditions which will be imposed regarding the financial aid;
- to enforce the terms or conditions of the financial aid.

**D.** State and local officials or authorities to whom such information is specifically allowed to be reported or disclosed under state statutes adopted before November 19, 1974 if the allowed reporting or disclosure concerns the juvenile justice system and the system's ability to effectively serve the student whose records are released. Such information may be reported or disclosed under state statutes adopted after November 19, 1974 on the same basis as prior to that date if the report or disclosure will assist the juvenile justice system to serve the student prior to any adjudication.

**E.** Organizations conducting studies for, or on behalf of, educational institutions for the purposes of developing, validating, or administering predictive tests, student aid programs, and improving instruction, provided that the identity of students is not revealed to other than representatives of such organizations.

**F.** Recognized accrediting organizations carrying out their accrediting functions.

**G.** In compliance with a judicial order, or pursuant to any lawfully issued subpoena, provided that the University makes a reasonable effort to notify the student of the order or subpoena in advance of compliance therewith. A court or other agency which issues a subpoena for law enforcement purposes may order the University and its officials not to disclose the existence or contents of the subpoena to any person.

**H.** In connection with an emergency situation, if the knowledge of such information is necessary to protect the health or safety of a student or other persons.

**I.** Where the disclosure is to parents of a dependent student, as defined in section 152 of the Internal Revenue Code of 1954.

Additional FERPA information can be found by searching the Department of Education's online library (see links below).

US Department of Education:

- Family Educational Rights and Privacy Act (FERPA) home page
- FERPA General Guidance for Students
- Family Educational Rights and Privacy Act (FERPA) full text - US National Archives and Records Administration: Title 34, Part 99: Family Educational Rights and Privacy.

### **Certification for Graduation**

The Registrar certifies that each candidate for graduation from the Medical School has completed all academic requirements and all administrative requirements of the Institution. No student may graduate who has outstanding fees or fines (i.e. tuition, loans, library books, parking fees or tickets). Final determination that the student has satisfied academic requirements rests with the appropriate faculty academic evaluation board.

### **Certification Process:**

- Three months prior to commencement the Registrar conducts a degree audit of the academic records of all candidates for graduation.
- The week prior to commencement, students are required to come to the Registrar's Office for final certification.

### **Early Certification For Graduation**

- Permission of the Associate Dean for Student Affairs is required for early certification for June graduation.
- The student is responsible for completing all certification requirements and obtaining all signatures.
- Students are still subject to university policies and procedures regarding graduation (e.g., diplomas may be held for non-payment of fines incurred after completing early certification).

### **Deadlines:**

- For early certification dates prior to April 1st: Notification deadline is December 15th.
- For early certification dates after April 1st; Advance notice is not required but students should allow sufficient time to complete all required signatures for the certification process.
- The certification date will be recorded as the date of completion. Students are not eligible for financial aid after the completion date. Repayment or grace period for student loans begins at the date of completion.
- Students must complete an early Certification for Graduation form and will be required to obtain all necessary signatures from all departments before submitting this form to the Registrar's Office for approval.

**Voter Registration Forms:** The Higher Education Amendment of 1998 requires us to provide students with the opportunity to register to vote. Forms can be accessed at the following site: [www.state.ma.us/sec/ele/elestu/stuidx.htm](http://www.state.ma.us/sec/ele/elestu/stuidx.htm)

**Office Hours:** General office hours are 8 a.m. - 5 p.m. The Registrar's Office is open until 8 p.m. on the first Wednesday of the month (Sept.-Jun).

**Miscellaneous:** Students should use our Web site to view academic calendars, complete change of address forms and request transcripts: <http://www.umassmed.edu/Registrar>.

## Financial Aid Office

- Location:** Room S1-855, First Floor  
**Telephone:** 508-856-2265  
 877-210-2238 (toll free number)  
**FAX:** 508-856-1899  
**Personnel:** Betsy A. Groves, Director of Financial Aid  
 Tina M. Sasseville, Assistant Director  
 Lindsay B. Louis, Student Loan Manager  
 Luanne J. Morgado, Administrative Assistant  
**URL:** <http://umassmed.edu/financialaid/index.aspx>

The Financial Aid Office administers federal and institutional student loans and gift aid. To be eligible for financial assistance, students must be accepted for admission, enrolled in good standing or making satisfactory academic progress and be enrolled in at least 12 credit hours each fall and spring (see Registrar: matriculated student status). To be eligible for financial assistance, students must be accepted for admission or enrolled in good standing making satisfactory academic progress, and be enrolled in at least (2) two courses each fall and spring (matriculated student status). In addition, they must neither owe a repayment on a Federal Pell Grant, a Federal Supplemental Educational Opportunity Grant, or State Incentive Grant, nor be in default on a Federal Perkins Loan or Federal Family Education Loan received for study at any post-secondary institution. Furthermore, students must demonstrate either federal eligibility or financial need to be eligible for most financial aid programs. Because financial aid is awarded annually, all financial aid recipients need to reapply each year. The maximum amount of aid a student may receive in a given year may not exceed the cost of attendance as defined by the US Department of Education. This includes any external scholarships, grants or loans. More detailed information is available in the catalog and the financial aid application packet.

## Satisfactory Academic Progress

Financial aid is available to medical students who matriculate at the University of Massachusetts Medical School and maintain satisfactory academic progress in the four-year medical school curriculum. It is expected that most students will complete graduation requirements in four years. For either academic or personal reasons, a student may require more than four years to complete the curriculum and will qualify for financial aid only if he/she advances through specified percentages of the Medical School curriculum as follows:

<b>Year at Medical School</b>	<b>% of Medical School Curriculum Completed</b>
First year of enrollment	10%
Second year of enrollment	20%
Third year of enrollment	30%
Fourth year of enrollment	50%
Fifth year of enrollment	75%
Sixth year of enrollment	100%

Satisfactory Academic Progress toward the MD degree, along this time scale, will be monitored by the Office of Medical Education through its Basic Science Academic Evaluation Board (for pre-clinical courses) and clinical Science Academic Evaluation Board (for clinical clerkships and electives), according to their guidelines (see Criteria for Academic Review and Advancement). The evaluation boards review at least at the conclusion of each academic year the qualitative progress of each student in course completion. A student who does not satisfactorily complete all course requirements may be permitted to remediate (see also Remediation Policies). The timetable may also be extended and still be deemed as satisfactory academic progress by the evaluation boards for other extenuating circumstances. These might include a death in the family, prolonged illness or extended programs based on physical or mental disability. In such cases, financial aid may be made available to the student after the student files an appeal for additional resources with the Financial Aid Subcommittee of the Student Affairs Committee. It will be the responsibility of the student to provide this subcommittee with documentation detailing the nature of the extenuating circumstances and a specific plan for completing the medical curriculum. Appeals are heard and approved on a payment period basis. Once approved, a student is considered on financial aid probation for one payment period, and is able to appeal for one additional payment period before re-establishing satisfactory academic progress.

## Financial Aid Appeals

Anyone seeking adjustments to aid packages, need analysis, or cost of attendance should first seek clarification or submit a written request to the Financial Aid Office. Anyone dissatisfied with the Financial Aid Office's response should write Deborah Harmon Hines, PhD, Vice Provost for School Services. Anyone dissatisfied when the Vice Provost concurs with the Financial Aid Office may write an appeal to the Financial Aid Subcommittee of the Student Affairs Committee. Anyone still dissatisfied with the decision of the subcommittee may write to the Student Affairs Committee and may present the case in person.

## Emergency Loan Policy

**I. Eligibility:** Interest-free emergency loans are available on a short-term basis to enrolled students with true emergencies (but not poor budgeting) who meet the following criteria:

- A. Student does not owe past due tuition, fees, or other charges to the Medical school;
- B. Student has never been past due on a previous emergency loan; and
- C. Application for emergency loan and supporting documentation (i.e. completed financial aid application) is approved by the Director or Assistant Director of Financial Aid.

**II. Repayment:** Emergency loans must be repaid at the earliest date of when any one of the following occurs:



- A. Receipt of financial aid funds;
- B. Withdrawal or graduation from the Medical School; or
- C. Arrival of established due date.

The due date is based on the amount borrowed:

Amount	Due Date
\$0 - 100	30 days
\$101 - 300	60 days
\$301 - 1000	90 days

**III. Default:** Students who do not repay emergency loans in full as specified in Section II are in default and subject to the following penalties:

- A. The student will be administratively withdrawn from the Medical School until the loan is paid in full;
- B. If re-admitted, the student will be ineligible to receive additional emergency loan funds during remaining years of attendance at the Medical School.

**Note:** Federal programs are subject to legislative and regulatory change at any time without prior notice.

The Financial Aid Office has evening hours until 8 p.m. the first Wed. of every month.

### Bursar (Office of)

**Location:** Room S1-802, First Floor, Student Wing

**Telephone:** 508-856-2248

**Personnel:** Jo Ann Brinker, Bursar  
Yi Chen, Assistant Bursar

#### The School Bursar:

- Processes all tuition and fee billings and payments.
- Disburses emergency loan checks and financial aid checks, upon presentation of UMass Student ID.
- Provides endorsements for jointly payable checks to the student and the University of Massachusetts, Worcester.

The Bursar’s Office provides a check cashing service for enrolled students.

The student check cashing procedure is:

1. Present a UMass student ID.
2. Checks must be drawn on a Massachusetts bank.
3. Students may cash one check per day for a maximum amount of \$25.00.
4. No more than two checks may be cashed per student each week.
5. Checks must be made payable to “Cash.”
6. The student’s endorsement on the back of the check is required.
7. Student ID#, phone number, student mailbox number and address must be listed on the front of each check.

## 2011 - 2012 Tuition and Fees

Tuition and fees may be changed at any time without prior notice.

Application fee	\$100
Acceptance deposit (non-refundable after May 15)	\$100
Late registration fee	\$50
Late payment fee	\$50
Equipment maintenance fee	\$325
Student activity fee	\$45
Student health counseling services fee	\$549
++Student health insurance fee (annual)	
1st year students	\$4571
2nd-4th year students	\$4220
++Student disability insurance fee (annual)	\$69
Curriculum fee	\$8565
Assessment Fee	\$600
Simulation Fee	\$175
Commencement fee (Fourth year students only)	\$200

++ Refunds are determined by the insurance carriers. Health and disability insurance premiums may be waived if student has comparable alternative coverage. Students who register late and/or who are delinquent in the valid payment of bills will be assessed a late fee.

### Learning Contract

The University of Massachusetts offers medical students the opportunity to enter into a Learning Contract which gives students the option of (1) paying 100% of tuition at the time of enrollment or (2) deferring payment of two-thirds of tuition until either the completion of advanced training or withdrawal from medical school. Students who defer payment may provide payment with dollars (plus 8% interest if they signed the learning contract after 1990) or by providing certain specified service within the Commonwealth. Different versions of the Learning Contract apply to students who matriculated in different years. Students should refer to the copies of the Learning Contract and the Annual Statements of Learning Contract Obligation they signed for detailed information about the repayment obligations to which they agreed. The Financial Aid Office is happy to answer questions students may have about the Learning Contract. Full tuition for the 2011-2012 academic year is \$8,352. The two-thirds tuition which may be deferred by the Learning Contract is \$5,568.

### Extended Students: Tuition & Fees

Students enrolled for Medical School courses for credit are assessed the full Medical School tuition for each semester of enrollment. The first semester after a student has completed eight full semesters of Medical School tuition payments, excluding prior semesters

of Post Sophomore Fellowship tuition waiver received, the student's status will change to extended student program fee status. The student is not assessed tuition, but is assessed the extended student program fee of \$400.00 per semester plus all other student fees.

## Refund Policy

Refunds are calculated when students do not register for the academic term for which they are charged, take an approved leave of absence or otherwise fail to complete the program on or after the first day of class of the period of enrollment for which charges are assessed.

Students who cease enrollment after 60 percent of the term has elapsed receive no refund and are not required to refund any federal aid received for the term. Students who cease enrollment before 60 percent of the term has elapsed receive a refund for the percentage of the term remaining after the last date of attendance. The percentage is calculated by dividing the number of calendar days elapsed between the beginning of the term and the date the individual ceases enrollment by the number of calendar days in the term. For example, a student who withdraws 57 percent of the way through the term of enrollment receives a refund of 43 percent of tuition and fees (100 percent minus 57 percent).

If a student received Title IV funds, this refund must be returned to the Title IV program. Additionally, according to federal rules, the student is also required to refund 43 percent of aid received as cash or from a credit balance. Failure to return unearned Title IV aid may result in ineligibility for future federal aid.

## Allocation of Refunds

A share of the refund will be returned to the financial aid programs that funded students. Refunds and recovered overpayments are allocated to the programs from which an individual received aid in the following order:

- Federal Unsubsidized Stafford Loan
- Federal Stafford Loan
- Federal Perkins Loan
- Other Federal Student Aid Programs
- Institutional Student Aid Programs
- State Student Aid Programs
- Private Student Aid Programs
- Student

Students must notify the Dean of the respective graduate school and the Registrar in writing of their intent to withdraw. Students who withdraw without notifying the Dean and Registrar of their status will be considered withdrawn as of the last recorded date of class attendance as documented by the University.

Upon request, the School Bursar will provide examples of the application of the refund policy. Any withdrawn student who believes that individual circumstances warrant exceptions from published policy may make a written appeal to:

Nancy E. Vasil, Associate Vice Chancellor, Administration and Finance, University of Massachusetts Medical School, 333 South Street, Shrewsbury, MA 01545

Note: This policy is subject to change at any time without prior notice if necessary to comply with Federal law.

## Ethics (Office of)

**Location:** S3-205 (Amphitheater side of elevators)

**Telephone:** 508-856-6397, 508-856-5089

**Personnel:** Marjorie Clay, PhD, Medical Center Ethicist;/Professor of Ethics in Medicine  
Nicholas Smyrniotis, Chair, Ethics & Treatment Issues Committee  
Anne Winslow, Program Coordinator

Under the Direction of the Medical Center Ethicist, the Office of Ethics offers an environment in which students are encouraged to consider the ethical issues implicit in caring for patients. The Office is committed to providing high quality ethical consultation for students, patients and medical staff, as well as clinically relevant educational programming for both the Clinical System and the Medical School. The Office also maintains an extensive library of journals, articles and videos with an emphasis on ethical decision-making.

## SECTION SEVEN

### GOVERNANCE

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### Governance of the School of Medicine

The primary governing bodies of the School of Medicine are the Executive Council and the Faculty Council. Student representation is provided by the President and Vice President of the Student Body Committee (SBC) serving as the student representatives to the Executive Council and the Faculty Council, respectively.

All committees, except the Educational Policy Committee, report directly or through appropriate channels to the Faculty Council and then to the Executive Council, which makes final recommendations to the Dean of the Medical School.

The Educational Policy Committee (EPC) has the responsibility for planning, implementing, supervising, evaluating, and continuously revising the program of general medical education for the training of physicians. The EPC will consult with the Faculty Council, the Executive Council, and, when appropriate, the faculty at large when new policies are proposed. Recommendations of the EPC will become policy unless disapproved by the Chancellor/Dean.

### Committees

There are a number of committees at the Medical School and UMass Memorial Health Care that recommend policies, programs, etc., within their charge. Most of these committees have student representatives who are chosen through the Appointments Subcommittee of the Student Body Committee. The SBC Bulletin Board will have sign-up lists for students interested in serving on these.

Students sit on these committees as full voting members, with rights and

responsibilities equal to those of the faculty members. As the list below indicates, student representation exists on essentially all committees whose business pertains in any way to student interests. In addition, ad hoc committees convened by the administration generally include one or more student members. Also, a student from this campus is elected annually by the students to serve on the University of Massachusetts Board of Trustees. Only two student representatives from among the five University of Massachusetts campuses have voting rights in any given year.

The following is a list of the standing committees at UMMS along with the number of student representatives to be appointed and the Faculty Chair for each. Faculty Chairs are listed at the time of the printing of this handbook and are subject to change according to their respective appointment schedule.

Committee	# of Representatives	Faculty Chair	Appt.
Admissions	Two - 2nd yr. students	Dr. John Paraskos	Spring
Biomedical Computing	One medical student	Dr. Lawrence Lifshitz	mid- Sept.
Clinical Years	Three - 4th yr. medical students	Dr. Deborah Field	mid-Sept.
Committee on Committees	Two medical students	Dr. Luanne Thorndyke	mid-Sept.
Council on Equal Opportunity & Diversity(CEOD)	Two medical students	Dr. Philip Dilorio Valerie Wedge, LICSW	mid-Sept.
Educational Policy Committee (EPC)	Two medical students from 2 different classes	Dr. Robert Baldor	mid-Sept.
Executive Council	One student (SBC Chair)	Dr. Stephen Heard	late spring
Faculty Council	One student (SBC Chair)	Dr. Robert Weinstein	mid-Sept.
First Year Curriculum	Two- 1st yr. students One- 2nd yr. student	Dr. Susan Gagliardi	mid-Sept.
Library & Learning Resources	Two medical students	Dr. John Cooke	mid-Sept.
Second Year Curriculum	Two- 1st yr. students One 3rd yr. student	Dr. Thomas Smith	mid-Sept.
Student Affairs	Four medical students	Dr. Timothy Gibson	mid-Sept.
Student Health Advisory	Two medical students	Dr. Philip Fournier	mid-Sept.
Women’s Faculty	Two medical students	Elaine Martin, DA Dr. Mai-Lan Rogoff	mid-Sept.
Worcester District Medical Society	Two medical students	TBA	mid-Sept.

## Student Body Committee

The Student Body Committee (SBC) is the official student representative body of the University of Massachusetts Medical School. Its purpose is to represent the student body to the University of Massachusetts Medical School faculty and administration and to the community. Another function of the SBC is the disbursement of student funds for student activities. Types of activities that have been funded in the past include a student newsletter, a student literary magazine, speaker fees for general lectures, and student welcoming and graduation barbecues.

Any student requesting SBC funds must provide the SBC with a written proposal which should include an itemized budget, a demonstration of attempts to obtain funding from alternative sources, a description of the potential benefits to a majority of the student body and an estimation of interest in the activity from the student body.

Elections to the SBC are held once a year by each class. Membership is limited to one student per 20 students in each class, so there are generally five representatives per medical student class, four or five representatives from the Graduate School of Biomedical Sciences, and one or two from the Graduate School of Nursing.

Representatives also serve on one of several institutional committees as part of their SBC responsibilities. SBC meetings are held monthly. The meeting dates and agendas are posted and meetings are open to the public. Students are encouraged to attend to present ideas, viewpoints and/or grievances.

It is our hope that student input on the above mentioned committees will serve the dual function of expressing the opinions of the student body, as well as providing a method of communication with the administration and the faculty. Committee members have certain responsibilities - voting privileges, expression of student viewpoints and opinions and communication of issues to the student body. Committee members will fill out a brief summary of any important issues that were discussed or voted upon and turn this into the SBC. This information will be compiled and posted on the SBC bulletin board. It is hoped that with more representation, students will at the very least be aware of the issues throughout UMMS and UMass Memorial and possibly influential in determining outcomes. On an individual basis, committee members will have the opportunity to closely interact with faculty members and physicians from throughout the Medical Center.

There are also various subcommittees within the above listed, for example Curriculum Subcommittees for FOM 1, FOM 2 and Clinical Years. The role of student participation on these committees is especially important.

A complete listing of all student groups can be found at the Student Affairs website at <http://www.umassmed.edu/studentaffairs/studentlife/studentorgs.aspx>.

## Student Trustee

Every year, the student body at UMass has the opportunity to elect a Student Trustee from UMass/Worcester to the University of Massachusetts Board of Trustees. This

student is the sole student representative from UMass/Worcester and holds a very important position. Of the five University of Massachusetts student trustees, three are voting members at any one time, on a rotating basis.

The only distinction between the voting Student Trustee and other Board members is the abbreviated term in office of the student. The Student Trustee's term of office runs from July 1 to June 30. Elections for the Student Trustee are held in April. All students are eligible to be on the ballot.

The Student Trustee is expected to (1) keep the students and the SBC informed of discussions and the decisions made by the Board of Trustees; (2) provide a UMass/ Worcester student's perspective to the Board; (3) review tenure and faculty advancement within the University system; (4) review the allocation of funds throughout the University system; (5) assist in the selection of honorary degrees; (6) review the Hospital Management Board meetings; and (7) work with the Chancellor on selected projects.

The position offers a student the opportunity to contribute to the decision-making process that affects students on the Amherst, Boston, Dartmouth and Lowell campuses as well as students here in Worcester.

## SECTION EIGHT

### EVERYDAY LIVING

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#### Bulletin Boards

Official bulletin boards are located on the First Floor of the Student Wing opposite the Student Lounge as well as near the Office of Student Affairs. A number of bulletin boards are designated to specific Student Organizations/Groups to display information and announcements pertaining to their specific group/organization.

#### Campus Store

**Location:** First Floor, in the Medical School Lobby

**Telephone:** 508-856-3213

**Personnel:** Diane Silun, Manager

**Hours:** Monday - Friday 8:30 a.m. - 5 p.m.

**URL:** [www.umassmed.edu/bookstore](http://www.umassmed.edu/bookstore)

The UMMS Campus Store is a full-service bookstore serving the Medical School community as well as health professionals in Worcester County. The Campus Store supplies textbooks recommended for courses at the School of Medicine, Graduate School of Biomedical Science, Graduate School of Nursing and the Master of Science in Nursing Program.

The campus store features a large selection of medical reference books as well as an assortment of popular fiction and nonfiction books, medical instruments, school supplies, UMMS insignia clothing and merchandise, candy and other munchies, newspa-

pers, greeting cards, jewelry, reading glasses and gifts. Software is available to order on our website and student and staff discounts apply for qualified customers.

The campus store offers a 5% discount on most medical books to students of UMass medical schools and those in residency programs at UMass Memorial showing a valid ID when purchasing with cash or check. Students do not pay state sales tax on textbook purchases. Special orders of books not in stock are welcomed.

The campus store accepts cash, personal checks and Mastercard, Visa and Discover. Departments may also charge merchandise with approved account numbers.

## Child Care/Daycare

**Telephone:** 774-455-KIDS

**URL:** <http://centers.brighthorizons.com/umassmemorial>

**Email:** [umass/lincoln@brighthorizons.com](mailto:umass/lincoln@brighthorizons.com)

**Personnel:** Allison Smith, Business Manager

**Locations:** **Memorial Child Care Center**

38 Oak Avenue  
Worcester, MA 01605

**Lincoln Child Care Center**

116 Country Club Boulevard  
Worcester, MA 01605

**University Campus Child Care Center**

Shaw Building  
419 Belmont Street  
Worcester, MA 01655

UMass Child Care provides care for infants, toddlers and preschool children in a safe, nurturing environment that promotes physical, social, emotional and cognitive development. There are three centers operated by Bright Horizons Family Solutions.

## Clickers

The TurningPoint Audience Response System has been adopted as the school's standard polling system. This system is used for interactive lectures where students can participate in polling questions. Polling can be conducted as part of a PowerPoint presentation or by simply using TurningPoint AnyWhere 2.0 software installed.

The School will be lending each student a clicker to be used throughout their time here at UMass Medical School. Please note that in the event that a clicker is lost or stolen you will be responsible for its replacement at a discounted rate of \$30.00.

Please be sure to read additional information at:<http://inside.umassmed.edu/is/acs/turningpoint.aspx>.

Clickers must be returned to the Office of Student Affairs as part of the certification for graduation process.



## Dining, on Campus

### Cafeteria

<b>Department:</b>	Nutrition & Food Service	
<b>Manager:</b>	David Lindstrom	
<b>Location:</b>	First Floor, Hospital	
<b>Telephone:</b>	774-442-3842	
<b>“MENU”:</b>	From inside call Ext. 2-6368 / Outside call: 774-442-6368. You will get a voice recording of the menu of the day.	
<b>Catering:</b>	774-442-9377	
<b>Hours:</b>		
Mon-Fri	Breakfast	6:30 a.m. - 11:00 a.m.
	Lunch	11:15 a.m. - 1:45 p.m.
	Grill/Deli/Coffee	11:15 a.m. - 6:00 p.m.
	Dinner	4:00 p.m. - 6:00 p.m.
	Late Night Dining	6:00 p.m. - 10:00 p.m.
Wknds & Holidays:	Breakfast	7:15 a.m. - 10:30 a.m.
	Lunch	11:15 a.m. - 1:45 p.m.
	Snack Bar	1:45 p.m. - 7:00 p.m.
	Dinner	4:30 p.m. - 6:00 p.m.

Completely disposable serviceware is utilized in the cafeteria and everyone is encouraged to recycle!

During off hours, students are also invited to utilize the 24-hour vending services located on Level 1 of the Hospital near the Cafeteria with seating in the cafeteria and in the Student Lounge.

### Lazare Research Building Cafe

<b>Department:</b>	School Dining Services
<b>Manager:</b>	Lori Johnson
<b>Telephone:</b>	508-856-2217
<b>Hours:</b>	Monday- Friday 7 a.m. to 2 p.m.
<b>Menus:</b>	Posted daily at <a href="http://inside.umassmed.edu/cafeteria/Research">http://inside.umassmed.edu/cafeteria/Research</a>

The LRB Café is conveniently located on the 1st floor of the Aaron Lazare Research Building. If you are looking to relax, unwind and enjoy a great meal or refreshing beverage, come join us Monday through Friday for breakfast and lunch. Whether it's an omelet made to order, grilled chicken or freshly prepared deli sandwich, vegetarian entrée or a specialty salad, we have the variety of food for you.

UMass Med School students receive a 5% tax exemption on their meals.

### Lazare Research Building Catering

<b>Department:</b>	School Dining Services
<b>Telephone:</b>	508-856-2910
<b>Personnel:</b>	Lori Johnson, Manager Carolyn Wilson, Administrative Assistant

For that important meeting or gala dinner, our professional team can assist you in planning an event that is customized to your budget and occasion. We cater to all business needs from breakfasts, luncheons, ice cream socials and formal sit down meal service. The LRB Catering Department offers a wide variety of choices and delivers to all buildings on the UMass Medical School Campus.

### **Outtakes Cafe**

**Location:** Ambulatory Care Center (ACC) lobby  
**Hours:** 7:30 a.m. - 2:00 p.m.  
**Menu:** Serving coffee, pastry, up scale sandwiches, pizza and soup.

### **Pavilion Cafe**

**Location:** Hospital, Main Lobby  
**Hours:** Monday - Friday 6:30 a.m. - 8:30 p.m.  
**Menu:** Serving specialty coffees, soups, sandwiches and pastries.

### **Diversity and Equal Opportunity Office (DEOO)**

**Location:** H1-728 - First Floor, next to the Cafeteria  
**Telephone:** 508-856-2179  
**FAX:** 508-856-1810  
**URL:** <http://www.umassmed.edu/deoo/index.aspx>  
**Personnel:** Deborah L. Plummer, PhD, Associate Vice Chancellor  
 Marlene Tucker, Director  
 Jeffery Matthews, Diversity Consultant  
 Fernanda Pires Gama, Project Coordinator  
 Nellie P. Toney, Program Coordinator  
 Bonnie Bray, Data Support Specialist

The Diversity and Equal Opportunity Office (DEOO) is responsible for the oversight of the University's affirmative action and equal opportunity policies, and for monitoring practices, procedures and programs designed to reach this goal. The DEOO works with all departments and services of the University to reasonably accommodate persons with disabilities or specific religious convictions, if such accommodations do not present an unreasonable burden for either the institution or the program of study.

Chapter 151C, Section 2B of the Massachusetts General Laws state that any student in an educational or vocational training institution, other than a religious or denominational educational or vocational training institution, who is unable, because of his/her religious beliefs, to attend classes, to participate in any examination, study or work requirement on a particular day shall be excused and shall be provided with an opportunity to make up such examination, study or work requirement which he/she may have missed because of such absence. However, this accommodation shall not create an unreasonable burden upon the said department or school. No fees of any kind shall be charged by the institution for making available to the said student such opportunity. No adverse, prejudicial or retaliatory effects shall result to any

student or employee because of his/her availing the provisions of this section.

Disabled or impaired persons who need assistance to access this information should contact the DEOO at 508-856-2179; TDD: 508-856-6395.

## **Exercise Facilities, Student Student Health Club**

The Student Health Club (SHC) is located on the First Floor of the Student Wing. All matriculated students are automatically enrolled in the SHC. Employees/non-matriculated students can join the SHC for an annual fee. The SHC consists of two rooms. One room is equipped with cardiovascular equipment (stair master, treadmill, elliptical machine, stationary bikes, etc.).

The other room contains a wide variety of free weights and assorted high quality machines.

### **The Center for Health and Fitness**

**Hours:** Mon - Fri: 6 am to 9:30 am & 3 pm to 11 pm.  
Weekends and holidays: 6 am to 11 pm.  
(This area is reserved for patient use from 9:30 am -3:00 pm Mon. - Fri.)

**Contact:** Judy Holewa, Student Affairs, Office, S1-131  
judy.holewa@umassmed.edu

UMass Medical Students also have the opportunity to purchase a student membership to the Center for Health and Fitness on A-Level at a discounted rate. However, there are a limited number of student memberships available and they are sold on a first come first served basis.

The Center for Health and Fitness has a myriad of equipment including: CYBEX modular weight training equipment, treadmills, elliptical cross-trainers, stationary bicycles (upright and recumbent), rowing machines, stair steppers, upper body ergometer, air-Dyne bicycles.

To Apply for Membership:

1. Complete the Rules for Unsupervised Use & the Informed Consent forms found on the student affairs website at <http://www.umassmed.edu/studentaffairs/studentlife/exercise.aspx>
2. Return forms with payment to Judy Holewa, Office of Student Affairs, S1-131.

Access to the Center will be through the UMMS Student ID Badge. Please allow up to two business days for processing and badge activation.

Please note: Students should be sure to keep valuables stored safely; UMass or the Center for Health & Fitness is not responsible for lost or stolen items.

## Library, The Lamar Soutter Library

- Location:** First Floor of the Medical School
- Telephone:** Library Service Point (LSP) 508-856-6099  
 Inter Library Borrowing 508-856-2080  
 Administration 508-856-2205
- Personnel:** Elaine Martin, DA, Library Director  
 Jan Sohigian, Administrative Assistant
- URL:** <http://library.umassmed.edu>
- Hours:** Sunday 10 a.m. - 11 p.m.  
 Mon - Thur 7:30 a.m. - 11 p.m.  
 Friday 7:30 a.m. - 9 p.m.  
 Saturday 10 a.m. - 9 p.m.  
 Extended hours (closing at 12 midnight) are arranged prior to major exams.

The Library is closed New Year's Day, July 4th, Thanksgiving Day and the day after Thanksgiving, the day before Christmas and Christmas Day.

**MISSION:** Our mission is to provide you with the information resources you need during your medical school career, to provide information for researchers and clinicians, and to serve the health information needs of the general population in Massachusetts. We will assist you in locating information within the Library and through other available resources, including other libraries, electronically, and over the Internet. We also offer hands-on training sessions to facilitate your skills in searching library databases.

You will often be aware of tours, training sessions, and orientations going on around you as you are working on your own research and studies. The Library at the Medical School is the largest health information resource in Central and Western Massachusetts, and is the only public academic health sciences library in the state. It is the Regional Medical Library for New England. For these reasons it is used by health care professionals, researchers, other students and health care consumers in increasing numbers.

Still, in the midst of the hustle and bustle, you will find that the Library is a good place to study and to discuss your classes and your patients; there are quiet areas and tables available for study groups; and there are computers for word processing, literature searching, computer-assisted instruction, e-mail and Internet access. In addition, the library has nine group study rooms equipped with white boards to facilitate group work; ; five of the rooms also have large screen monitors for group viewing.

**Library Card:** A Library card entitles you to full borrowing privileges. Applications for cards are available at the Library Service Point.

### Access to the Lamar Soutter Library Collection When Off Site:

Access to electronic resources is available off campus via a proxy service. This may be accessed by logging on with your name and borrower's card barcode.

The Lamar Soutter Library has a Pull & Copy Service which is free of charge for medical students assigned for training and/or study at remote sites. All requests must be sent electronically via the “Interlibrary Loan/Pull and Copy Request Form” on the Library’s Web site. The Pull & Copy Service will fill only requests referencing a verifiable UMass Medical School student name. Requests will be filled through the Pull & Copy Service only for materials owned by the Lamar Soutter Library. No charges will be submitted to the medical student for this service. The Pull & Copy service is available to students on the main campus for a fee of \$11.00 per article.

**Reserve Collection:** Reserve materials are located at the Library Service Point. This is not a browseable area. Consult the on-line catalog for the call number or shelving information for each item you need. The staff will retrieve the materials for you. You are limited to three Reserve items at a time. Reserve items may be checked out for two hours, and can be renewed for an additional two hours if there is no waiting list. Materials may be checked out overnight 30 minutes before closing, and must be returned within one hour of the Library opening the next morning (including weekends).

**Reference Collection:** The Collection contains directories, statistical sources, dictionaries, and handbooks in the health sciences. It is located on the First Floor. These books, while generally non-circulating, may be checked out for two hours when permission is granted by a reference librarian or an LSP staff member. Reference librarians are available to assist you Monday through Friday.

**Web Resources:** The Library’s Web site hosts about 400 searchable databases, as well as over 5500-6000 electronic text books and journals.

**Internet Access:** The Library’s computers connect you to the Internet. The Lamar Soutter Library Web site: ([library.umassmed.edu](http://library.umassmed.edu)) gets you started.

**E-Mail:** You will receive an NT/e-mail account as you enter as a first-year student. The accounts are issued by the Information Services Division. Students may access their e-mail from the Library.

**Library Computing Area:** The Library supports and administers the only public student computing area on campus. Word processing, spreadsheets and computer-assisted instruction are available on the library computers. The computers are used on a first come, first served basis. There are many times during the year when every seat in this area is taken. Be considerate of your peers: when not working at the computer, log out and let the next person log on. Laptop computers are available at the LSP for use within the library one day loan or for use outside of the library (one week loan.)

**Training /Education Sessions:** Classes on Endnote, RefWorks, PowerPoint, Excel, Web of Science, Ovid, PubMed/MyNCBI and Google are scheduled monthly. Classes on Evidence Based Medicine, CINAHL, and Micromedex are scheduled by appointment. Schedule and self sign-up are available online via the Library’s website.

**Journals:** The Library subscribes to more than 5200 electronic journals and maintains an active core print collection of 250 titles. Unbound, current core journals are located on the first floor of the Library. Bound journals are located on the second and third floors. The journals are arranged alphabetically by title. They do not circulate outside the Library. Journals older than 1978 are in storage and are retrieved once a day, Monday - Friday; request forms are available at the LSP.

**Books and Audio-Visuals:** Books and audio-visuals may be checked out or used in the Library. See the information sheets at the LSP for specific policies and procedures. Books are located on the First Floor, along the long-windowed wall, and are shelved according to the National Library of Medicine classification. Audio-visuals are located on the first floor. Viewing equipment is available for in-library use.

**Fines, Overdue or Lost Materials:** Currently, overdue fines are not charged for books. Lost items are billed at the replacement cost, plus a processing fee of \$50.00. Notices are sent out for overdue materials. Overdue items cannot be renewed. Overdue or lost items will result in interruption and potential loss of ALL borrowing privileges.

**Photocopiers:** There are two photocopiers on the first floor of the library. A debit card system is used with the copiers. The cost is .20/page with a card and .25/page with coin.

**Printing:** Two networked printers are located on the first floor. A debit card system is used. The cost is .20/page.

**Phones:** Paging phones are located on the first floor and second floor.

**Study Carrels:** Study carrels are available on a lottery basis at the beginning of each semester. They may be “checked out” for one semester. For additional information regarding use of carrels, contact the LSP staff.

**Security System:** An electronic security system is installed near the LSP exit and the rear fire exits to help prevent theft of Library materials. The gate at the LSP beeps if the system is activated.

**Food & Beverages:** Food and beverages are allowed in all areas of the library except the computer lab on the first floor, providing you dispose of all trash and containers and work surfaces are kept clean. Please be sure your drinks have a cover when working at a computer.

**Closing:** The Library staff flashes the lights on all three floors fifteen minutes prior to closing, and again five minutes before closing. No entrance is allowed after the second flashing of lights.

**Use of Other Libraries:** The Lamar Soutter Library is a member of the Boston Library Consortium. Through our membership, you may make use of the other member libraries. The Boston Library Consortium includes: MIT, Wellesley College, Northeastern University, Boston College, Boston University, Tufts University,

Williams College, Brandeis, Amherst College, Woods Hole Oceanographic Institute, University of Connecticut, University of New Hampshire, the Massachusetts State Library and all campuses of the University of Massachusetts and the Boston Public Library. To apply for card privileges, ask for more information at the LSP. The Countway Library, Harvard’s Medical School library, also makes its resources available to you. As a medical student, your name appears on a listing at the main entrance of the Library. Upon showing identification, you may enter the Countway Library with no fee.

**InterLibrary Borrowing:** You may request that the InterLibrary Borrowing staff request materials (books, copies of book chapters and/or journal articles) from other libraries. All requests must be sent electronically via the “Interlibrary Loan/Pull and Copy Request Form” on the Library’s Web site. Generally articles are received within two days and books within one to two weeks, depending on availability. This is a fee-based service: \$12 per request with an \$11 surcharge for rush requests.

## Lockers

Locker assignments are made at the start of the first year by the Office of Student Affairs. Since the school cannot accept responsibility for the safety of their contents, it is advised that lockers be kept locked at all times. Students should contact the Office of Student Affairs if they misplace or lose their assigned locker combination.

## Mail - Postal Services

<b>Location of Student Mailboxes:</b>	1st Floor Medical School Lobby, Behind Elevators
<b>Main Office for Postal Services:</b>	B Level, Hospital
<b>Telephone (Main Office):</b>	508-856-2361
<b>Personnel:</b>	Patty Murphy, Supervisor Susan Maurice, Mail Clerk/Student Mail

All students registered at UMMS are issued a student mailbox with a combination lock. The Registrars Office maintains a list of mailbox numbers and combinations. Delivery is made each day to the student mailboxes between 7 and 8 a.m. These boxes should be kept locked. The Postal Services Department is not responsible for lost mail when a mailbox is left open.

All incoming mail must be properly identified with the following information: University of Massachusetts Medical School, Student Name, Box Number, 55 Lake Avenue North, Worcester, Massachusetts 01655-0002.

When leaving mail for classmates, the student’s name and student mailbox number should be clearly visible on the mail. The student can tape this mail to the students mailbox that the mail is intended for. Please note that UMMS is not responsible for postage for student’s mail. There is a mailbox outside of the entrance near the Office of Student Affairs for all outgoing mail. Students should leave a forwarding address with the Postal Services Department if they expect to be away from the Medical School for any extended period of time (six weeks or longer) but not longer than 12 months.

“JUNK MAIL”: One of the perils (or advantages) of being a medical student is the large amount of unsolicited, “free” mail that students receive in their mailboxes. Most often these companies have obtained students’ names from mailing lists purchased from the American Medical Association (AMA, 535 N. Dearborn Street, Chicago, Illinois 60610). One way to decrease the volume of this mail is for students to write to the AMA asking to have their names put on the “non promotional mailing list”. In addition, students can write individual companies asking for the same treatment.

## Mothers Rooms/Breastfeeding/Nursing Rooms

The Medical School has eight Mothers’ Rooms where breastfeeding mothers can go to feed their babies or pump breast milk. The rooms are located in the following places:

- University Campus: S6-100B and S4-207 - both locations are equipped with a hospital grade Medela pump; mothers must bring their own accessories. For access please call Karin Fitch at 508-856-3920 to arrange pass-card access. There will be sign up sheets in the room.
- South Street Campus: Two private spaces located on the second floor of building 1-SHR 1-2, both spaces are equipped with a hospital grade Medela pump; mothers must bring their own accessories. Access granted via Outlook South Street Mother’s Room calendar.
- Worcester State Hospital: BB2-204, Contact Work-Life@umassmed.edu.
- Biotech IV: B4-314C, Contact Denise Maclachlan, x68773 to schedule a time. This location is equipped with a hospital grade Medela pump; mothers must bring their own accessories.
- Schrafft Building, Boston: Office 3.635- To Schedule a time, call x56200 or 617-886-8200
- MBL, Mattapan II Building: Room 2034

For more information about the Mothers’ Rooms, please contact Karin Fitch at 508-856-3920 or Karin.Fitch@umassmed.edu.

## On Call Center (OCC)

The OCC is a ‘hoteling’ space for medical students and residents when scheduled for overnight call.

**Location:** A Level of the Hospital.

Walking from the Medical School towards the Hospital, take a Right into the first hallway on A Level. You will pass the Parking Office, and the Neurology Clinic and the OCC will appear on the right immediately after Interpreter Services [located between the yellow and orange elevators].

The OCC area is equipped with a kitchenette, complete with refrigerator, toaster, microwave and eating area as well as a lounge room with comfortable furniture and television for use while on call. The OCC has wi-fi and cell phone reception, which has been tested for the major carriers. A clinical computer will be available soon.



**Sleeping Rooms:**

- 4 multi bed rooms that can accommodate 4-8 students each
- 1 private room for students with special considerations
- 3 additional private rooms are designated for Resident use only in the OCC.

**Bathrooms:** There are private male / female bathrooms within the OCC.

**Showers:** Showers are available in the hallway by the A Level Fitness Center.

**Access:**

- Access to the OCC is through a students UMMS Student ID Badge.
- For additional security, each bed room door is ‘locked’ with a Code key. All students were informed of this code via email. If you’ve misplaced the code, please contact the Office of Student Affairs via email at student.affairs@umassmed.edu and the code will be sent to you or stop by the office of Student Affairs S1-131.

**Reserving a room:**

- Rooms area available on a first come first served basis.
- A sign in sheet is located on the front of each bed room.
- If a bed is available, sign in.
- Please be sure to change the sign on the door to reflect “Male or Female” occupants in the room for that evening.

**Contacts:**

- For Housekeeping issues please contact the number located inside of each room.
- For administrative/logistical questions please contact Judy Holewa at 508-856-1829 or judy.holewa@umassmed.edu or the office of Student Affairs 508-856-2285.

**Pagers/Beepers**

Pagers are available to all medical students and are required for students in their clinical years. A monthly fee (paid in July for the upcoming academic year) is assessed. If a pager is lost or stolen, a \$100 replacement fee is assessed. Student Pagers are coordinated through the Office of Student Affairs. Students are responsible for all monthly pager fees until the pager is returned to the Office of Student Affairs or the replacement fee is paid in full. Pagers must be returned to the Office of Student Affairs and paid in full as part of the Certification for Graduation requirement.

**Parking and Access Control**

- Location:** HA-531 - A Level of the Hospital
- Telephone:** 505-856-3630 or 508-856-5934
- URL:** www.umassmed.edu/parking
- Personnel:** Bill Tsaknopoulos, Director Auxiliary Services  
Shirley A. Gould, Parking , Manager Parking Services  
Melissa Courtois, Access Control Specialist  
Christine Rothenburg, Access Control Specialist

The Parking and Access Control Department is responsible for all card access on Medical School properties.

Access coded Identification Badges (ID's) are prepared in the office, HA-531, and coded to allow entrance to both parking areas and doors, including student areas. These picture ID Badges must be displayed while on the campus.

Parking for students is \$80/academic year. The fee is \$40.00 for after 5:00 p.m. only excluding garage reserved Level 1 and Clinical lot. Students may park in any unre-served parking lot. In the evenings, parking is available in reserved lots (excluding Level 1, 1st Rd Garage and Clinical lot). A map of the parking lots is available when you register for parking or can also be found on our intranet web site.

**Please note:** First year students are not allowed to park on campus during the day and are encouraged to use the free shuttle service. First year student are however allowed to park on campus after 5:00 p.m. weekdays and 24 hrs. Sat, Sun, & Holidays.

Parking tickets are issued for violations and will result in further fines if not paid as required. Non-payment may also result in failure to renew your license or register your vehicle through the Registry of Motor Vehicles and/or affect your school registration/graduation. Appeals are made through the Parking Clerk. Forms are available at the Parking Office, the Police Station and on the UMass Intranet Parking/Access control web site (<http://www.umassmed.edu/parking>).

## Photocopying

Photocopy machines are located in the copy room of the Library for individual usage. The Copico debit card system is used at .10/page.

## Police/Department of Public Safety

**Location:** UMass Memorial Medical Center - University Campus  
Visitor/Patient Parking Garage

**Telephone:** **EMERGENCY (Police and Fire): 911**  
(This will ring directly to the UMass Police Dept. from all school and hospital phones).

**NON Emergency:** 508-856-3296

**URL:** <http://www.umassmed.edu/publicsafety/index.aspx>

**Personnel:** John Luippold, Chief of Police

The University of Massachusetts Police Department is responsible for all routine and emergency police and security matters at University of Massachusetts Memorial Medical Center, University Campus.

Police personnel are available 24 hours a day, 7 days a week. Services provided by the department include all aspects of law enforcement and security matters.

University of Massachusetts Police Officers patrol both inside and outside the Medical School and the Hospital and are trained to respond to a variety of situations. All police officers have completed police training at a municipal police academy approved by the Commonwealth and have the same police powers as a city or town

police officer. Should emergency police or fire assistance be needed, students should call 911 (This will ring directly to the University of Massachusetts Police Department from all school and hospital phones). For business or non emergency situations, students should call 508-856-3296.

Calling 911 from a cell phone in Massachusetts will connect the caller to the regional emergency dispatch center. The call will be re-routed to the appropriate police agency at that time.

Upon request, University of Massachusetts police officers will provide escorts to employees and students to their vehicles after dark. This is a service that is encouraged to be used by our medical students.

The University of Massachusetts Police Department sponsors “R.A.D” an internationally taught self-defense training class specifically designed for women. The police officers who teach this class are certified instructors. To be notified of upcoming classes, send an email to: [PoliceDepartment@umassmed.edu](mailto:PoliceDepartment@umassmed.edu)

**Hospital Codes:** The hospital utilizes the PA system for specific incidents that occur within the hospital building. A CODE PINK is the emergency alert and response signal at the hospital for the potential or actual abduction of an infant or child, (patient or visitor). During a Code Pink, it is important that all staff and students assist with the monitoring of hospital/school locations and report any suspicious activity to University Police.

For additional codes and information on response to emergencies that may affect you, please refer to the Medical School Emergency Management Web Site at: <http://inside.umassmed.edu/ehs/index.aspx>. This site also includes information on how you will be notified of an emergency and how you can update your contact information.

Students will be issued an identification card for access to areas within the school and hospital and should have it visible at all times. It is important to report a lost or stolen card to the Police as well as the Card Access Office at 508-856-5934.

Parking enforcement is carried out by the Parking and Access Control Department. Those who wish to appeal parking tickets can do so through the Office of the Parking Clerk at 508-856-2720. Chapter 20A-1/2 of the Massachusetts General Laws provides fines for the destruction of parking tickets. In addition, failure to pay parking fines may result in Registry of Motor Vehicle actions which could affect drivers’ licenses and registration renewal.

**Motor Vehicle registration/inspection/licenses:** For information on owning, registering and operating motor vehicles in the Commonwealth refer to: Massachusetts Registry of Motor Vehicles at <http://www.mass.gov/rmv/>.

**Jeanne Clery Campus Safety Act-** The University of Massachusetts Police Department prepares this report to comply with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. This report is prepared in cooperation

with the local law enforcement agencies and UMMS Student Affairs. Copies of the report may be obtained at the UMass Police Department or by calling the department at 508-856-3977. You may access this report on line at: <http://www.umassmed.edu/publicsafety/index.aspx>.

### Student “Gifts”/Conflict of Interest

There are often questions on the part of some students about the “freebies” that are sometimes made available to students from various companies. In 2007 UMass Medical Center adopted strict conflict of interest rules that prohibit doctors and other clinical staff from eating meals paid for by companies; bans all gifts; stops drug companies from giving money directly to individual physicians and departments for education programs; and places a complete ban on doctors joining companies to give talks about products. For additional information please refer to the Conflict of Interest Policy; Human Resources; General Administration Policy #06.05.02.

### Student Groups/Organizations

There are a number of student activities and student organizations at UMMS. Some of our student groups include:

Access to Essential Medicine Group	Marrow for Tomorrow
Adolescent Medicine Interest Group	Massachusetts Medical Society
American Medical Student Association	Medical Mission to the Dominican Republic
American Medical Women’s Assoc.	Medical Students for Choice
American Sign Language Group	OB/GYN Interest Group
Asian Community Outreach	Ophthalmology Interest Group
Big Brothers / Big Sisters	Patches of Love
Center for health Kids	Pediatric Book Buddies
Christian Medical & Dental Assoc.	Pediatric Interest Group
Complementary & Alternative Medicine	Physicians for Human Rights
Dermatology Interest Group	Psychiatry Interest Group
Emergency Medicine Interest Group	QMass
Family Medicine Interest Group	Radiology Interest Group
Generalist Physician Program	Serving the Underserved
Geriatrics Interest Group	Seven Hills Symphony
Health Professionals for Human Rights	Student Body Committee
Internal Medicine Interest Group	Student National Medical Assoc.
Jewish Medical Student Association	Surgery Interest Group
Know Your Status-Worcester	UMass Outdoor Experience
Malaika Project	Well Being Newspaper

A complete listing of all UMMS student groups/ organizations along with the SBC

funding policy and forms can be found on the Student Affairs web site at <http://www.umassmed.edu/studentaffairs/organizations/studentorgs.aspx>

The Student Body Committee (SBC) is the administrative arm of the student government and oversees all student groups and organizations. See information on the SBC in the Governance section of this handbook.

### **Process for becoming a recognized student group:**

The process for becoming a recognized student group is handled through the Office of Student Affairs and the Student Body Committee.

1. Obtain a faculty sponsor.
2. Prepare a brief statement including the following information:
  - The goals and objectives of the proposed group.
  - The proposed groups expected target audience.
  - The approximate number of students in the proposed group.
  - The name of the faculty sponsor.
  - Indicate type of funding. (i.e.: outside funding vs. requesting funding through the SBC for groups activities).
3. Forward this statement to the SBC co-presidents and the Office of Student Affairs (Judy Holewa and Lynn Desforges).
4. The SBC co-presidents will review each request and respond accordingly.

### **Student Body Committee Funding Policy**

In order to facilitate student activities and events, the Student Body Committee (SBC) shall appropriate its budget according to the following policies:

1. Only groups officially recognized by the SBC will be eligible to receive funds.
2. Funding will be approved by the SBC President(s) and reported to the SBC Treasurer for record-keeping purposes.
3. Funds will be appropriated according to the expected or actual number of students attending the event as indicated on the SBC Funds Request Form (see Item 2 below).
4. Funding for a single event does not typically exceed \$200, although the final amount will be determined on a case-by-case basis as described in Item 3 above.
5. The SBC typically funds one event for a group per semester although exceptions can be discussed with the SBC President(s).
6. The SBC strongly encourages groups to approach the appropriate departments for assistance in funding events prior to making requests to the SBC.
7. SBC funds cannot be used for purchasing alcohol.

When requesting funds, the following procedure is to be followed:

1. Apply for group recognition from the SBC by emailing a mission statement and the names of the group leaders and faculty advisor to the SBC President(s), Judy Holewa, and Lynn Desforges.

2. No later than one week prior to your event, fill out the SBC Funds Request Form and return it in person or to the mailboxes of the SBC President(s) who will grant funds according to the policy above and sign it.
3. At least three days before your event, return the signed SBC Funds Request Form to Judy Holewa along with the SBC Credit Card Request Form signed by you.
4. After making your purchases, promptly return the SBC credit card along with an itemized receipt of your purchases to Judy Holewa.
5. Purchases made with the SBC credit card should not be charged Massachusetts state sales tax. In addition, while reimbursement is possible, use of the SBC credit card is preferred.

REV: 3/2010

## Student Housing

There is no on-campus housing. A bulletin board is located across from the Student Lounge with postings of roommates wanted and rental property listing for the area.

### ROOMMATES

In an attempt to facilitate our medical students search for roommates, the Office of Student Affairs has set up an editable Google.doc. There is absolutely no obligation to participate. The link to this document will only be shared with accepted and current UMMS students looking for roommates.

For access to this link contact: (student.affairs@umassmed.edu or Judy.Holewa@umassmed.edu) or by calling 508-856-2285 or 508-856-1829.

## Student Lounge

The Student Lounge is located on the First Floor of the Medical School's Student Wing. The Lounge is a large area designated as a home base for UMass students and residents. It is equipped with comfortable furniture, wide screen TV, DVD player, stereo, ping pong tables, pool table, air hockey table and foosball table. There are vending machines, refrigerators, microwaves and toasters available for student use 24/7.

## Telephone Messages

The University of Massachusetts Medical School is not responsible for telephone messages for students. Calls received for students are referred to the Office of Student Affairs, but only if the call is of an emergency nature will the Office of Student Affairs attempt to contact the student.

No student's home phone number or address will be released through any department to anyone except in case of emergency, and only then at the discretion of the Associate Dean of Student Affairs or the Registrar.

Internal and Paging Response phones are located in Halls/Lobbies/Cafeteria. Pay phones are located on the first floor of the Medical School (near the elevators) for outside calls.

## SECTION NINE

### HEALTH-RELATED CONCERNS

#### **Blood-Borne Pathogen Exposures (HIV/Hepatitis B/C & “Needlestick”)**

##### **Procedure following Blood/Body Fluid Exposure:**

Students who experience a critical exposure such as blood, visibly bloody fluids, or other body fluids e.g. cerebrospinal, synovial, peritoneal, pleural, amniotic, semen, vaginal secretions from a needlestick/ cut or splash to eyes, mouth, nose, or open cut:

1. Gently bleed, wash, flush affected area with soap and water.
2. Page the BUGS beeper:  
Internal: 77-BUGS (2847)  
External: 508-334-1000 request the operator page BUGS (2847)
3. Notify your supervisor/supervising resident (if there is one) and Clerkship director.
4. Obtain initial evaluation. -DON'T DELAY - It is important to be evaluated within 2 hours of exposure. You may need immediate treatment.

GO to the appropriate place for evaluation and treatment:

- Employee Health University Campus 774-441-6263 (M - F 7:00am - 4:00pm)
  - Employee Health Memorial Campus 508-334-6238 (M - F 8:00am – 4:00pm)
  - Employee Health 210 Lincoln Street 508-793-6400 (M - F 8:00am - 4:00pm)
  - If after hours, go to the Emergency Department.
  - DO NOT go to Student Health for any immediate attention for a needlestick/body fluid exposure.
  - At all other sites (rotation/clinical), students should follow the protocol at that site for initial treatment and follow-up will be provided through Student Health.
5. Fill out incident report (available in each department) and bring to Student Health.
  6. All students with exposures will go to Student Health for Follow-up after initial visit in the ER or with Employee Health.

Employee Health Services will work and advise Student Health Services regarding any necessary follow-up treatment and counseling. Blood-borne pathogen exposure definitions, procedure, immediate and follow-up treatment, is described in UMass Memorial Medical Center’s policy # 5026 “Employee Health Services Blood-Borne Pathogen Exposure of Health Care Workers (HCW) Policy and Procedure,” located in the UMass Memorial Centerwide Policy/Procedure and Guidelines Manual.

## Students Infected with a Blood Borne Pathogen

The University of Massachusetts is committed to a policy of non-discrimination and protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public. A student who is infected may attend the University of Massachusetts School of Medicine; however, certain restrictions may be imposed on the scope of the infected student's training. Actual recommendations and advice to the student will depend on current findings and standards of practice.

All matriculated UMMS students will have their Hepatitis B immunity status confirmed as part of the School's immunization policy. Although testing for hepatitis C and human immunodeficiency virus is not required for attendance at UMMS, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

Students who are aware that they are infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], if not currently under the care of a personal physician, are strongly urged to contact the Student Health Service so that appropriate medical treatment may be instituted or continued.

Students infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. They are required, therefore, to disclose their infection status to the Assistant Dean for Student Advising in order to arrange any necessary adjustments to practice. Such notification is considered a professional responsibility of the student, and failure to disclose blood-borne pathogen infection status will be grounds for disciplinary action, up to and including dismissal from the medical school.

The University of Massachusetts School of Medicine reserves the right to restrict students who may transmit blood-borne pathogens from situations that place others at risk. Reasonable adjustments will be made for any student who has tested positive for a blood-borne pathogen to be able to continue medical education. Restrictions and adjustments will be determined on a case by case basis by the UMMS Blood-Borne Pathogen Review Panel. In addition, the Assistant Dean for Student Advising will provide career guidance and elective rotation oversight to all students who have a blood-borne pathogen infection. Every reasonable effort shall be made to maintain confidentiality regarding the blood-borne pathogen status of students. Nevertheless, before an infected student begins a clerkship; directors and supervisors of that clerkship may be informed on a need-to-know-basis of limitations imposed on the student's activities. In the event that an urgent determination is required, the Assistant Dean for Student Advising will issue temporary restrictions.

The complete UMMS Policy Regarding Students Infected with a Blood Borne Pathogen (<http://inside.umassmed.edu/content.aspx?id=23518>) contains a list of some of the procedures which infected students may not be allowed to undertake or participate in. Students infected with blood-borne pathogens should be aware that, based on



current medical knowledge and practice, they may be restricted from future residency training and specialty practices which require the performance risk-prone procedures.

A student infected with HBV, HCV, or HIV may continue in the MD program as long as he or she is able to carry out the physical and intellectual activities of all students as outlined in the UMMS Technical Standards.

Demonstrated competence on Standard Precautions is required of students in clinical programs of the University of Massachusetts School of Medicine. In addition to the UMMS Policy, students on clinical rotations are also subject to the blood-borne pathogen disease policies for health care workers at those individual host sites.

The complete UMMS Policy Regarding Students Infected with a Blood Borne Pathogen can be found at: <http://inside.umassmed.edu/content.aspx?id=23518>

## **Disability Insurance**

The Medical School ensures that medical students are covered by disability insurance. This insurance is required and is paid for by student fees. Benefits begin after 90 consecutive days of disability and include coverage for blood-borne pathogens.

Upon completion of medical school the coverage is portable to a residency and then to medical practice at the option of the graduate. Details of the policy are available in the Office of Student Affairs or online at [www.medplusadvantage.com](http://www.medplusadvantage.com).

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

The clinical system is REQUIRING that all students follow recent CDC infection control recommendations that healthcare workers protect themselves from diseases potentially spread through the air (such as H1N1 or tuberculosis) by wearing a fit tested respirator such as a NIOSH-approved N95 respirator.

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

This process will take place beginning in the 1st year of medical school. You will be emailed a medical clearance form to be completed and sent back to SHS. Once cleared, you will be instructed to call Environmental Health and Safety (EHS) to arrange for a mask fitting.

Students not medically cleared to be fitted for the N-95 mask will need to be trained for the PAPR which would be arranged through EHS. Conditions would include certain medical conditions such as poorly controlled asthma or extensive facial hair.

Any students not cleared by SHS and EHS for either N95 or PAPR mask fitting might not be allowed to participate in clinical rotations. (rev. 06/25/10)

## Student Counseling Service

**Location:** S1-620 (behind the Medical School Library) Enter the library, proceed through the brown steel door next to the computer training classroom.

**Telephone:** 508-856-3220

**Fax:** 508-856-3036

**URL:** <http://www.umassmed.edu/psychiatry/studentcounseling.aspx>

**Hours:** Office Hours for Administrative Assistant  
Monday - Friday 8:00 am - 4:00 pm

**Personnel:** Ruthann Rizzi, MD, Director  
Alan Brown, MD, Vice Chair for Adult Psychiatry  
Phoebe Moore, PhD  
Paula-Ann Pricken, PhD  
Marianne Smith, MD  
Karen Wentworth, PsyD  
Lewis Wurgaft, PhD  
Charlene Paradise, Administrative Assistant

**Scheduling:** To schedule an appointment with a clinician on the Student Counseling Service, please call: 508-856-3220 or -  
E-mail: [charlene.paradise@umassmed.edu](mailto:charlene.paradise@umassmed.edu) or [SCS@umassmed.edu](mailto:SCS@umassmed.edu).

### Services eligible to all:

- Medical Students
- GSBS Students
- GSN Students

### Services provided:

- Consultation and Evaluation
- Psychotherapy
- Medication management
- Assistance with stress management

### Drop-In Clinic:

Established patients will be seen by Dr. Rizzi for uncomplicated medication refills or other quick needs.

No appointment is necessary, but early arrival is recommended as students will be seen on a first come first served basis. Drop-In Clinic is not meant to replace psychotherapy visits, nor should it supplant medication appointments when deeper discussions are needed.

We will post any Drop-In Clinic changes to our website; please check the website if you wish to be apprised of such.

### Mental Health EMERGENCY:

If a mental health emergency arises:

- Please try to call our office first at 508-856-3220
- Outside Business hours please call the Page Operator at: 508.334.7243. Request Ruthann Rizzi, MD, Director, SCS, be paged at: 4261.
- If Dr. Rizzi cannot be reached, the operator will transfer your call directly to **Emergency Mental Health (508-856-3562).**

### Short Term/Long Term Use

Many students using the service want to learn how to cope more effectively with difficult or stressful academic situations, while others seek counseling to deal with broader life issues. Some students come because of more serious, troublesome, and or chronic difficulties in their lives.

While short-term counseling is most common, it is possible, when time permits, for students to be seen for an extended period. Medication is prescribed when needed.

### Privacy and Confidentiality

Student Counseling Service (SCS) maintains strict standards of privacy and confidentiality. Records are kept separately from students' general medical records.

No information about a student's contact with the service or information obtained in counseling is released to anyone outside the counseling service staff, including school or hospital administration, faculty, family, or other students, without the knowledge and written consent of the student, unless required by law or in the rare instance of an emergency situation involving someone's safety.

### Fees/Insurance

The costs of these services are covered by the prepaid Student Health Plan fee; there is no insurance billing and no additional charge to students for using SCS.

## Student Health Service

**Location:** 1st floor of the Benedict Building - University Campus -  
Family Medicine Dept.

**Telephone:** 508-334-8464  
Family Medicine Clinic (appointment line/triage): 508-334-2818

**Emergency:** 911

**After hours:** 508-334-2818 for the doctor on call.

**/weekends**

**Fax:** 774-443-2350

**Prescription** 508-334-2818

**Refills:** (Please have your refill information with you when calling)

**Email:** studenthealth@umassmemorial.org

**Hours:** Student Health Services: Monday - Friday 8:00am - 4:30pm  
(Closed for lunch from 12:30pm to 1:30pm)  
Family Medicine Clinic: Monday - Friday 8:00am - 4:30pm  
Lab: Monday - Friday 7:00am - 6:00pm

**URL:** <http://www.umassmed.edu/studenthealth/index.aspx>

**Personnel:** Phillip Fournier MD, Director of Student Health Services  
Amy Mahoney ANP, BC, Student Health Nurse Coordinator  
Lori Davis, Student Health Secretary

For administrative questions call 508-334-8464 or e-mail Lori Davis at [Lori.davis@umassmemorial.org](mailto:Lori.davis@umassmemorial.org), or you can use our general e-mail [studenthealth@umassmemorial.org](mailto:studenthealth@umassmemorial.org). If you have a billing concern, please e-mail Nancy Whalen at [nancy.whalen@umassmemorial.org](mailto:nancy.whalen@umassmemorial.org).

**Process to Make an Appointment:**

- If you have a health concern/illness/injury and would like to be seen, please call the Family Medicine Office at 508-334-2818.
- If you have a health emergency, please call 911.
- Family Medicine is not a walk in clinic.
- Check-in for appointments at the Family Medicine windows.
- Always identify yourself as a UMASS student.
- Describe your illness/injury to the triage nurse.

E-mail is the preferred method of communication.

Practicing physicians in the FHS/SHS:	
	Phil Fournier, MD (Director, SHS) Robert Baldor, MD Joe DiFranza, MD Anna Doubeni, MD Chyke Doubeni, MD Mary Lindholm, MD Lynn O’Neal, NP Michael Reyes, MD Ed Zaccaria, MD

If you are enrolled in the BC/BS student health insurance plan, the Student Health Service is automatically recognized as the required source of referral. If you are insured through a different plan, you can still use the SHS, as long as your insurance is accepted by UMass Memorial, which accepts most plans.

If you already have an established PCP who is in the BC/BS network, or would like to select a different UMass Memorial physician as your PCP, either on the University campus or in the community at a non-teaching site, we can arrange for you to do so and have this physician be recognized by BC/BS as your PCP for referral purposes. However, to do so you MUST contact SHS to complete the PCP enrollment process.

**Student Health Clearance**

The Health Clearance Procedure was developed to decrease risk of transmission of potential infectious diseases to students and their patients and is required all incoming Medical, GSN and GSBS students. It is part of each new student’s professional responsibility to submit the required information in a timely fashion, in addition to maintaining clearance throughout his/her education at UMASS. Below is an excerpt from the procedure. The full Incoming Student Health Clearance Procedure can be found on the Student Health Website [www.umassmed.edu/studenthealth](http://www.umassmed.edu/studenthealth) Policies and Procedures section.

**Student Health Clearance:**

The University of Massachusetts Medical School (UMMS) requires all students admitted to the School of Medicine, Graduate School of Nursing, or Graduate School

of Biomedical Sciences; complete the Student Health Clearance form prior to matriculation. It is imperative that the form be finalized prior to the start of school since clinical and/or laboratory work begins early in your first year. Without completion of the forms documenting immunity to contagious diseases, students who are required to take undertake clinical work could be restricted from clinical experiences and students who undertake research with human or animal subjects could be barred from such research experiences. Please start working on the form as soon as possible.

Forms can be downloaded from the student health website at <http://umassmed.edu/studenthealth/forms.aspx>. Please submit a.s.a.p, directly to UMASS Student Health Services 1st Floor Benedict Building 55 Lake Ave. North, Worcester, MA 01655.

## Student Health Insurance

- MA law requires all students to carry health insurance.
- The University offers one health insurance Plan with BC/BS.
- You have the option to enroll in a plan through UMASS or purchase Insurance with a company of your choice.
- Students may also purchase dependent coverage (spouse, children) for an additional cost after the completion of their enrollment in the Student BC/BC health insurance plan.
- Students may also enroll in an optional dental insurance plan with Delta Dental for an additional cost.

The Bursar's Office is responsible for assisting students with health/dental insurance enrollment. Please contact the Bursar Office at 508-856-6612 with any questions related to enrollment in the BC/BS plan offered.

Please click on the link below for an overview of the UMASS Worcester student health plan offered by BC/BS and a summary of benefits: [www.universityhealth-plans.com](http://www.universityhealth-plans.com).

You may also call them toll free at 1-800-437-6448.  
rev. 05/24/11 LDSHS

## Student Health Fee

The Student Health fee is different from the student health insurance plan.

- This fee is MANDATORY for all students whether or not they have the health insurance plan or their own insurance.
- Half of the fee goes to student counseling service and the other half goes to SHS. The SHS half pays for physician and nurse services in the SHS, waiver of co-pay in the SHS, administrative support, and immunizations and infectious disease titers when needed.
- The other half of the fee covers Student Counseling Services. This portion of the fee allows these visits to be covered at no cost to the student. Please refer to the Student Counseling link for details. <http://www.umassmed.edu/psychiatry/studentcounseling.aspx>.

rev. 02/08/11 LDSHS

## Tuberculin Skin Testing Policy

All students are required to have a yearly tuberculin skin test (TST) previously called a PPD test. A 2-Step screening is required for all new students entering the medical school, graduate school of nursing, or GSBS. A 2-Step TST is done to reduce the likelihood that a “boosted effect” will be misinterpreted as a recent infection or new conversion. The “booster effect” is a delayed-type of hypersensitivity reaction. A positive reaction to the second test probably is a boosted reaction (indicating past infection with tuberculosis - or very rarely an infection with another related bacteria or a reaction to BCG vaccination). The 2-step policy is designed to reduce the potential of overestimation of new infections. Therefore 2-Step testing is used for initial skin testing of adults who will be periodically retested, such as health care workers. A 2-Step test is defined as 2 TST’s done within 3 months of each other. Ideally the optimal time for new students would be within 1-4 weeks of each other.

If you have had a 2-Step test in the past, then all you will need is yearly TST. If you have had a test greater than 12 months, even if that was negative, than a 2-Step is required. If you have had a positive TST in the past than no TST is required (contact SHS for details).

For all students who have had a clinical rotation in a healthcare setting in a high endemic area for tuberculosis (contact SHS for a list of these countries) a TST between 8 and 12 weeks after return to the US is required.

All students who have had a known exposure to an individual with active tuberculosis within the preceding 6 months would require a TST performed between 8 and 10 weeks after the exposure.

Note that the BCG vaccination given to individuals in countries with a high endemic rate of tuberculosis boosts the immunity of children to tuberculosis, but does not prevent infection with the organism. In countries where tuberculosis is rare, individuals who receive a BCG vaccination usually stop having a positive TST reaction after 5-10 years (even when tested with a 2-step TST). Consequently, an individual who received BCG in childhood who has a positive TST as an adult very likely has latent tuberculosis infection, and should consider receiving preventive therapy for this condition. (SHS 12/06)

## SECTION TEN

### ADDITIONAL SERVICES

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#### **Admissions (Office of)**

**Location:** S1-112, First Floor, Student Wing

**Telephone:** 508-856-2323

**Personnel:** John Paraskos, MD, Associate Dean for Admissions  
Karen Lawton, MBA, Director of Admissions  
Anne Butkiewicz, Administrative Assistant  
Brenda Fusaro, Administrative Assistant

**URL:** <http://www.umassmed.edu/som/admissions/index.aspx>

The University of Massachusetts Medical School accepts applications from residents of the Commonwealth of Massachusetts for the first year and advanced standing regular M.D. program positions. Application to the MD/PhD program is not restricted to residents of Massachusetts. All applications are reviewed by the Admissions Committee, which is composed of 22 faculty and two student members.

Applicants who are invited for an interview are given a tour of the Medical School by students. Students who are interested in giving tours or serving on the admissions committee may contact their student representatives or Karen Lawton, Admissions Office.

#### **Alumni and Parents Relations (Office of)**

**Telephone:** 508-856-5520/508-856-8300

**Personnel:** Diana Tsotsis, Director of Alumni and Parent Relations  
Meghan Miller, Administrative Assistant

The Office of Alumni and Parent Relations works to strengthen lifelong relationships between alumni and their alma mater and cultivate more meaningful personal and financial commitments to UMass Medical School. The office creates, promotes, and encourages opportunities for School of Medicine alumni to connect with each other and UMass Medical School. The office also fosters an engaged exchange of information and sentiment between alumni and the medical school, and enhances alumni collaboration and involvement that furthers the mission of UMass Medical School.

The Office of Alumni and Parent Relations maintains a database on alumni of the School of Medicine, Graduate School of Nursing, Graduate School of Biomedical Sciences and Graduate Medical Education. Students wishing to contact alumni for assistance in identifying housing during internships, interviews and clerkships, or to make inquiries about residency programs should contact the Alumni Office. The office also sponsors various programs and events for alumni and student throughout the year. Class representatives from each of the graduated classes are selected to serve as liaisons for reunions and alumni class events.

### Parents' Association

The Office of Alumni and Parent Relations also coordinates the activities of the UMMS Parents Association, established to support medical school students, educate parents and nurture the relationship between parents and the school. The Association is a vital link between parents and the Medical School. It enables parents to both actively participate in the life of their son/daughter and interact with and lend support to other parents. The office organizes and participates in activities such as the First-Year Parents Orientation, Second-Year Class Oath Ceremony, Mom and Pop Med School Lecture Series and the Annual Parents Dinner. All parents are invited to become involved with the Association.

### Colleges of Worcester Consortium

UMass Worcester is a member of the Colleges of Worcester Consortium, which consists of 13 public and private colleges and universities in the greater Worcester area. Cross-registration privileges are not extended to evening students, summer students, continuing education students, or part-time students. Exceptions to these guidelines may be made from time-to-time by the academic deans at the home and host institutions. Arrangements for graduate students are made by mutual agreement of the institutions involved.

#### How to cross-register:

- Review Consortium Catalogue on-line: [www.cowc.org/](http://www.cowc.org/)
- Cross-registration forms are in the Registrar Office.
- The student completes the cross-registration form and obtains signatures of the appropriate officials in their graduate school, and a final signature by the Registrar, verifying enrollment.
- The student brings the completed cross-registration form, with signatures, to the Registrar Office of the host college in the Consortium where the course is being offered.
- The host school Registrar signs off and mails the cross-registration form back to the UMass Registrar.
- The student is enrolled in the selected course.
- The course and final grade will appear on the student's transcript.

### Communications (Office of)

**Location:** S3-416, Third Floor

**Telephone:** 508-856-2000

**Personnel:** Edward Keohane, Vice Chancellor, Communications  
 Mark Shelton, MFA, Associate Vice Chancellor, Communications  
 Kristen O'Reilly, Managing Editor  
 Brian Alves, Senior Web Editor  
 Malorye Branca, Senior Writer  
 Ellie Castano, Content Producer  
 James Fessenden, News Media Producer  
 Bryan Goodchild, Videographer/Editor  
 Sandra Gray, Content Producer  
 Lisa Barry, Administrative Coordinator  
 Paula MacDonald, Executive Assistant



The Office of Communications is the official source of news and information at the University of Massachusetts Medical School.

The OC is committed to keeping our colleagues, students, alumni and donors connected to the institution. We embrace a newsroom philosophy and develop original written, video and other multimedia story content that showcases the breadth and depth of UMMS. OC staffers identify and produce compelling stories relating to our world-class academic, research, clinical and community work. Those stories are told online daily @ *UMassMedNow* and in the magazine *UMass Med*.

Our expert media relations team works closely with journalists and bloggers to bring UMMS' impressive people, stories and discoveries to audiences down the street, across the country and around the world. The OC media team strives to place faculty experts and UMMS news in top print, broadcast and online media markets. Our team members are former print and broadcast journalists skilled at making the pitch and interview process easy on faculty and reporters alike. The OC media team manages the communication process during campus emergencies. We are the main distribution channel for leadership and institutional messages.

The OC manages the official identity of UMass Medical School. We offer links to official logos and language about UMMS plus our PowerPoint template. In our Help Library you can find an overview PowerPoint presentation on UMMS plus stock photography to complement your own projects and presentations. If you require assistance with printing, writing or website creation we are happy to connect you with reliable vendors.

The office reports to Edward Keohane, Vice Chancellor for Communications.

## Community Programs (Office of)

**Location:** 333 South St.  
Shrewsbury, MA 01545

**Telephone:** 508-856-3255

**Personnel:** Michael Tutty, MHA, MS Director of Community Programs

The Office of Community Programs (OCP) based within Commonwealth Medicine at UMMS works in partnership with faculty and students to provide a number of opportunities where academic coursework is directly linked with meeting the health care needs of Massachusetts residents who are under insured, uninsured, underserved and/or poor. Creating solutions to health care challenges is at the heart of OCP's work. Through a commitment to overcoming barriers to health access, OCP's innovative programs and services share the same goal - to improve access to health care for Massachusetts' residents.

One example OCP project, under the direction of Jay Himmelstein, MD, MPH, is the New England States Collaborative Insurance Exchange Systems (NESCIES) project to create Health Insurance Exchange (HIX) Information Technology components in Massachusetts that can be leveraged by New England and other states. The CMS

Center for Consumer Information and Insurance Oversight (CCIIO) funded project, \$35.5 million over 2 years, will be used to develop technology solutions that are component-based, adaptable, and based on national standards so that Massachusetts and other states can gain efficiencies in advance of 2014 health reforms and accelerate HIX operations for state based exchanges.

OCP works with state and community partners to achieve one of the key missions of the Medical School: collaborating with state agencies and community partners to meet the health care needs of all Massachusetts residents.

Opportunities for student learning are available. In addition, OCP supports a number of educational opportunities, including Community Medicine Clerkships and optional enrichment electives. For more information about OCP, please contact Michael Tutty (michael.tutty@umassmed.edu or 508-856-3255).

## Continuing Medical Education

**Location:** Worcester Foundation Campus  
222 Maple Avenue  
Shrewsbury, MA 01545

**Telephone:** 508-856-3041

**Fax:** 508-856-6838

**URL:** [www.umassmed.edu/cme](http://www.umassmed.edu/cme)

**Personnel:** Michael D. Kneeland, MD, Interim Associate Dean  
Denise Leary, Manager, Business Operations

The primary objective of this department is the provision of quality educational opportunities to medical school faculty, students, and graduates as well as physicians and other health care professionals. This office, in conjunction with UMMS faculty, develops professional meetings, conferences and symposia for local, regional and national audiences. As part of their required curriculum, students are provided with certificate level emergency courses (e.g.: BLS, ACLS, ATLS) through this department. Students may also audit any other programs offered by Continuing Education throughout the year.

## Massachusetts Area Health Education Center Network (MassAHEC)

**Location:** 333 South St.  
Shrewsbury, MA 01545

**URL:** [www.umassmed.edu/ahec](http://www.umassmed.edu/ahec)

**Telephone:** 508-856-4305

**Personnel:** Linda Cragin, MS, Director  
Shelly Yarnie, MPH, Associate Director  
Mary Philbin, MEd, Director, Education and Training  
Joanne Dombrowski, Project Coordinator

Among the many programs and people that will contribute to your education over the next 4 years, is the MassAHEC Network. The MassAHEC Network includes six community based agencies located in medically underserved communities

across the state. These centers are active partners in the Population Health Clerkship, where you will learn about the needs of the vulnerable populations you will serve. MassAHEC also contributes to several Inter-Clerkships, as well as the Rural Health Scholars and Pathways programs, and supports community based clinical rotations.

Rotations and learning experiences in other states are made possible through partnerships with other AHEC centers across the country and the federally funded SEARCH program (Students/Residents Experiences and Rotations in Community Health). Students have gone to AHEC centers outside of Massachusetts, including Montana, Vermont, Indiana, Maryland and Colorado.

MassAHEC will also contribute to your experiences in less visible ways. As a physician, you will have primary responsibility for your patients, but you will be supported by other members of the health care team. MassAHEC has a long standing commitment to support the effectiveness of the health care team, particularly by improving access to health care for culturally/linguistically diverse populations. When you work with a medical interpreter or a community health worker, they were probably trained by MassAHEC. If you need help drafting patient education materials or a flyer for community work, MassAHEC can help with ensuring that those materials will be understood by the people working with, written in clear language and translated as needed into the language or languages spoken in the community.

## **The New England AIDS Education and Training Center(NEAETC)**

**Location:** Central Office: 23 Miner Street Boston, MA 02215

**URL:** <http://www.neaetc.org>

**Telephone:** 617-262-5657

**Fax:** 617-262-5667

**Personnel:** Donna Gallagher, RNCS, MS, ANP, FAAN, MA  
PI/Director NEAETC a program of Commonwealth Medicine

The New England AIDS Education and Training Center (NEAETC), a federally funded program, offers HIV/AIDS education for healthcare providers, residents, and students throughout the six New England States. The goal of NEAETC programs is to educate and train healthcare providers to be more effective as they counsel, diagnose, treat and manage individuals living with HIV/AIDS, as well as assist in prevention efforts. The NEAETC maintains an active Web site as well as a library of curricula, resource materials and CD's/DVD's on HIV. These are all available for student use. This website also provides links to the nationwide network of AIDS Education and Training Centers (AETC's).

NEAETC is the only major health professions education program that educates the six New England states' workforce about the most up to date approaches to caring for HIV and AIDS patients. In 2007, this program served over 10,000 caregivers; it remains one of the 11 such centers nationally that has been supported by the federal government (Health Resources Services Administration) for over to 20 years.

In addition, NEAETC supports The New England HIV Education Consortium (NEHEC), a HRSA, Minority AIDS Initiative (MIA) program, is a training and education program serving all six states in the New England region. The principal goal of NEHEC is to address the HIV-related training, educational, and support needs of the full, spectrum of providers as they provide state-of-the-art, quality and compassionate care to individuals living with HIV/AIDS. Innovative training formats emphasize the needs of minority providers, providers serving racial/ethnic/linguistic minorities and communities of color, and those working in settings funded by the Ryan White CARE Act. NEHEC is a collaborative project, featuring a consortium of community-based AIDS-service organizations, multicultural training agencies, community health centers, and peer-led agencies. NEHEC activities include several levels of training opportunities, information dissemination, and support, in a variety of formats, targeting health care workers with different levels of experience and expertise, in different geographic and workplace settings, and with varying access to HIV-related training opportunities.

## The Summer Service-Learning Assistantship Program

**Location:** Department of Family Medicine and Community Health  
3rd Floor, Benedict Building

**Personnel:** Suzanne Cashman ScD

**Telephone:** 774-442-2930

**Background:** The Summer Service-Learning Assistantship Program offers rising second-year medical students the opportunity to work in a variety of community-based health, education and human service organizations for up to six weeks during the summer months after the first year of medical school.

The main goals of the program are to:

- Provide unique service-learning experiences for future physicians.
- Help students understand the connection between an individual's health and a community's health.
- Enhance students' understanding of community healthcare problems and needs of underserved populations.
- Offer employment opportunities for medical students.
- Provide community based organizations with needed staffing and services.

Through this program, the University of Massachusetts Medical School, establishes and/or strengthens relationships with community-based health, education and human service organizations that work with underserved populations across the state. Financial support is provided by the Office of Undergraduate Medical Education, the Department of Family Medicine and Community Health, Massachusetts Area Health Education Network, and the Center for the Advancement of Primary Care.

The Summer 2010 Service-Learning Assistantship Program proved to be highly suc-

cessful both in terms of community agencies expressing interest in participating as host community sites, as well as first year medical students applying to the program. Students were placed in agencies that were located in Worcester, Boston and Cape Cod. Their experiences ranged from working as a Medical Assistant in a community health center to functioning as a medical advisor for an environmental camp to working with the local health department. Three times during the course of the six-week experience, students met with the UMMS faculty coordinators to discuss and reflect upon their experiences using a semi-structured discussion format. As a means of enhancing the learning experience, students kept journals and presented posters at the conclusion of the summer.

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## Directions to the University Campus of UMass Worcester

### By Automobile

From the Mass Pike:

Eastbound: At exit 10, take I-290 east to exit 21, turn right at end of ramp and follow Plantation Street south.

Westbound: At exit 11, turn left onto Route 122 north for one mile, turn right at third light onto Sunderland road, left at first light onto Lake Avenue for 2.5 miles and cross Route 9. Make U-turn at second break in divider, then turn right into campus.

From I-495:

Northbound: At exit 23, take Route 9 west. Follow Route 9 west for approximately 11 miles. After crossing the Lake Quinsigamond bridge, take first right onto Lake Avenue.

Southbound: At exit 25, take I-290 west to exit 22, turn right at end of ramp, at second traffic light turn left at onto Plantation Street and proceed south.

From I-190:

At the merge with I-290 Shrewsbury exit (watch for exit ramp on left), take I-290 east to exit 21, turn right at end of ramp and follow Plantation Street south.

From I-290:

Eastbound: At exit 21, turn right at end of ramp and follow Plantation Street south.

Westbound: At exit 22, turn right at end of ramp, at second traffic light turn left onto Plantation Street and proceed south.

### By other transportation

Worcester is served by rail, through the Massachusetts Bay Transportation Authority (MBTA); by the Greyhound and Peter Pan bus companies; and from Boston's Logan Airport and Providence's T.F. Green Airport.

Locally, the Worcester Regional Transit Authority's #24 bus (Belmont Street/Lake Avenue) provides service to the UMass Worcester Campus. Please call the WRTA at 508- 791-9782 for the route and schedule.

- Logan International Airport (Boston) 800- 235-6426
- (MASSPORT) 617- 561-1800
- Worcester Airport Limousine 800- 660-0992/508- 756-4834
- T.F. Green Airport (Providence, RI) 401- 737-4000
- Bradley International (Hartford, CT) 860- 292-2000
- Amtrak 800-872-7245