Medical Student Rights and Responsibilities Handbook
2013 – 2014

UNIVERSITY OF MIAMI
LEONARD M. MILLER SCHOOL OF MEDICINE
TABLE OF CONTENTS

Foreword

Medical Education Administration

Medical Student Rights and Responsibilities

Section I: Medical Student Conduct
Physicianship and Professionalism Advocacy Program
The Code for Honorable and Professional Conduct
The Learning Environment
Attendance
Examinations
Observation of Religious Holidays
Planned Absences
Unplanned Absences / Emergencies
Documentation of Absences
Dress Code
School Communication
Social Networking Sites
    Interactions with Industry
Program Evaluation

Section II: Technical Standards
Observation
Communication
Motor
Conceptual-Integrative
Behavioral-Social

Section III: Grading and Evaluation
Grading System
Remediation of Failing or Incomplete Grades
Student Evaluation
Competency-Based Learning
Grievance Process
Reporting of Grades
Licensing Examinations
Course Exemption Policy

Section IV: Promotions and Discipline
Promotions and Graduation
Disciplinary Policies
Investigations
Notification of Review and Potential Recommendations
Adverse Administrative Actions
Appeals Process

Section V: Other Policies
Extended Enrollment / Leaves of Absence
Third and Fourth Year Scheduling Policies
International Study
Visiting Medical Student Policy
Medical Student Organization Policy
Outside Speaker Policy and Registration Requirements
The Health Insurance Portability and Accountability Act (HIPAA)
Family Educational Rights and Privacy Act (FERPA)

Section VI: Student Support Services
Student Health and Wellness
Student Health Services: Miami Medical campus
Student Health Services: Regional Medical Campus
Wellness
Special Accommodations – American with Disabilities Act (ADA)
Financial Planning and Assistance
Scholarship Renewal Policy
Security
Student Mistreatment
UM Response to the Drug-Free Schools And Communities Act of 1989
UMMSM Substance Abuse Policy
University Ombudsperson

Appendix I: Physicianship and Professionalism Advocacy Program

Appendix II: Code of Honorable and Professional Conduct
FOREWORD

For the purpose of promoting its educational mission, the University of Miami and the University of Miami Miller School of Medicine (UMMSM) has the inherent right to preserve order and maintain stability through the setting of standards of conduct and the prescribing of procedures for the enforcement of such standards. In addition to maintaining order and stability, the University aims to utilize its disciplinary procedure as a developmental process whenever possible. In accordance with this philosophy, educational assignments may be added to any disciplinary penalties. The foundation underlying such student standards relies on the tenet that the exercise of individual rights must be accompanied by an equal amount of responsibility. This assures that the same rights are not denied to others. By becoming a member of the University community, a student acquires rights in, as well as responsibilities to, the whole University community. These rights and responsibilities are defined within this handbook.

Students are required to comply with all University regulations as well as all local, city, county, state, and federal laws. All students are subject to the policies and procedures as contained herein. Also, students who are not undergraduate students and who are not regularly enrolled in a graduate or professional program may be subject to the policies and procedures as contained herein. In addition, any student residing in University residence facilities is subject to these policies and procedures for violations occurring within those facilities. Any act that constitutes a violation or an attempt to violate any of the policies or procedures contained herein may establish cause for disciplinary and/or legal action by the University. In circumstances where this handbook defines a violation more stringently or differently than Florida law, the handbook’s definition shall supersede. The University is not limited to or bound by the definitions contained in the Florida statutes or case law.

Students are also subject to rules and regulations that apply to academic programs of the various academic schools and colleges, including but not limited to, the Undergraduate and Graduate Honor Codes.

In lieu of, or in addition to, disciplinary action, the University also reserves the right to impose fines, take legal action, deny or terminate financial aid and housing privileges, revoke study abroad privileges, revoke other privileges and impose other penalties as may be deemed appropriate. Furthermore, admission of a student to the University of Miami for any semester does not imply or guarantee that such student will be re-enrolled in any succeeding academic semester. Students may also be subject to disciplinary proceedings for acts committed before their admission and/or enrollment at the University of Miami.

Students who engage in conduct that endangers their personal health or safety or the personal health or safety of others, may be required to participate and make satisfactory progress in a program of medical evaluation and/or treatment if they are to remain at the University. The determination as to the student's participation and progress is to be made by the Senior Associate Dean for Undergraduate Medical Education in consultation with the Associate/Assistant Deans for Student Affairs, the Associate/Assistant Deans for Student Services, the Medical Student Behavioral Health Service, and others as deemed appropriate. The University reserves the right to require the withdrawal of a student from either enrollment and/or University housing, whose
continuation in school, in the University's judgment, is detrimental to the health or safety of the student or others. Students who withdraw for reasons of health or safety must contact the UMMSM Office Student Affairs before seeking readmission to the University. Decisions made under this policy are final.

From time to time it may be advisable for the University to alter or amend its procedures or policies. Reasonable notice may be furnished to the University community of any substantive changes, but is not required. Whenever specific titles are used in these procedures, they shall include the appropriate designee of the person bearing these titles. Whenever references to the singular appear in this handbook, the plural is also intended; whenever the plural is used, the singular is also intended. Wherever a reference is made to the masculine gender, the feminine gender is included.

These policies apply to both graduate and undergraduate students. However, other University rules and regulations may apply. The rights and responsibilities that follow take effect immediately upon publication of this document.

This document, *The University of Miami Miller School of Medicine Student Rights and Responsibilities*, outlines the policies regulating academic life for all UMMSM medical students. However, we are a part of the larger University of Miami community. The complementary document, the *University of Miami Student Rights and Responsibilities Handbook*, published by the University at large, pertains to UMMSM medical students whenever applicable policies are not found in this document. A copy of the *University of Miami Student Rights and Responsibilities Handbook* is available on the University of Miami website at [http://www6.miami.edu/dean-students/srr.pdf](http://www6.miami.edu/dean-students/srr.pdf). The document is well indexed for ease of use. In the event that conflicts occur between documents, the UMMSM manual supersedes all others.
MEDICAL EDUCATION ADMINISTRATION

The educational mission of the University of Miami Miller School of Medicine is to graduate physicians with the ability and desire to improve the health of all populations by alleviating suffering and eliminating healthcare disparities through their leadership in patient care, research, education, health care administration and the community. The medical education administration is structured to serve this mission.

Medical students will most frequently interact with the teaching faculty and the medical education administration. The structure of the medical education administration on the main campus and the regional campus is shown below. A brief description of each administrator’s responsibilities is given to direct students to the appropriate resource for assistance.

*Pascal J. Goldschmidt, M.D., Senior Vice President for Medical Affairs and Dean*

is responsible for all missions of the medical school.

*Laurence B. Gardner, M.D., Executive Dean for Education and Policy*

assists the Dean in all aspects of the medical school's undergraduate, graduate, and continuing medical education programs.

MEDICAL EDUCATION ADMINISTRATION, MIAMI MEDICAL CAMPUS

*Alex J. Mechaber, M.D., Senior Associate Dean for Undergraduate Medical Education*

is responsible for all aspects of the undergraduate medical education program leading to the medical degree. In addition to the curriculum, doctoring programs, competency assessment, program evaluation, and generalist education programs, he oversees admissions, student affairs, student services, financial assistance and student activities.

*Richard Weisman, Pharm.D., Associate Dean for Admissions*

oversees the admissions process and is responsible for all matters related to student application and acceptance to the medical school.

*Ana E. Campo, M.D., Associate Dean for Student Affairs*

oversees many of the administrative operations of the medical education programs including enrollment, grades and records, promotions, discipline, and institutional compliance.

*Hilit F. Mechaber, M.D., Associate Dean for Student Services*

oversees student support services, including academic and personal counseling, career guidance, and student health services.

*Richard L. Riley, Ph.D., Associate Dean for Preclinical Curriculum*

oversees the first and second year basic science curriculum and its evaluation.

*Paul E. Mendez, M.D., Assistant Dean for Clinical Curriculum*

oversees the clinical curriculum throughout all four years.
Robert Irwin, M.D., Assistant Dean for Student Affairs
assists the associate dean for student affairs in overseeing grades and records, promotions, discipline, and institutional compliance.

Julie Kornfeld, Ph.D., Assistant Dean for Public Health
oversees public health curriculum in both the MD/MPH and MD tracks and global health education opportunities for all students.

Laura Kasperski, Assistant Dean for Financial Assistance
oversees scholarship and student loan programs, and financial counseling and guidance to medical students.

MEDICAL EDUCATION ADMINISTRATION, REGIONAL MEDICAL CAMPUS

Daniel M. Lichtstein, M.D. Regional Dean for Medical Education
is responsible for all missions of the UMMSM regional medical campus, including education, research, and clinical services.

Julie Belkowitz, M.D., Assistant Regional Dean for Student Affairs
oversees many of the administrative operations of the medical education programs at the regional medical campus including grades and records, promotions, discipline, and institutional compliance.

Amy Zito, M.D., Assistant Regional Dean for Student Services
oversees most student support services on the regional medical campus, including academic and personal counseling, career guidance, and student health services.

Gauri Agarwal, M.D., Assistant Regional Dean for Medical Curriculum
oversees the curriculum at the regional medical campus.

Joan St. Onge, M.D., Assistant Regional Dean for Clinical Curriculum
oversees the clinical curriculum at the regional medical campus.
Figure 1. Medical Education Administration, Main Medical Campus

Pascal J. Goldschmidt, M.D.
Senior Vice President for Medical Affairs and Dean

Laurence Gardner, M.D.
Executive Dean for Education and Policy

Alex J. Mechaber, M.D.
Senior Associate Dean for Undergraduate Medical Education

Ana E. Campo, M.D.
Associate Dean for Student Affairs

Hilit F. Mechaber, M.D.
Assistant Dean for Student Services

Richard L. Riley, Ph.D.
Associate Dean for Pre-Clinical Curriculum

Paul E. Mendez, M.D.
Assistant Dean for Clinical Curriculum

Richard Weisman, Pharm.D.
Associate Dean for Admissions

Laura Kasperski
Assistant Dean for Financial Assistance

Julie Kornfeld, Ph.D.
Assistant Dean for Public Health

Robert Irwin, M.D.
Assistant Dean for Student Affairs

Figure 2. Medical Education Administration, Regional Medical Campus

Pascal J. Goldschmidt, M.D.
Senior Vice President for Medical Affairs and Dean

Laurence Gardner, M.D.
Executive Dean for Education and Policy

Daniel M. Lichtstein, M.D.
Regional Dean for Medical Education

Gauri Agarwal, M.D.
Assistant Regional Dean for Medical Curriculum

Joan E. St. Onge, M.D.
Assistant Regional Dean for Clinical Curriculum

Julie Belkowitz, M.D.
Assistant Regional Dean for Student Affairs

Amy Zito, M.D.
Assistant Regional Dean for Student Services
MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES

This UMMSM Medical Student Rights and Responsibilities Handbook outlines policies and procedures regulating academic life for students enrolled in medical degree programs at the University of Miami Miller School of Medicine. The handbook is organized into the following sections:
Section I: Medical Student Conduct
Section II: Technical Standards
Section III: Grading and Evaluation
Section IV: Disciplinary Policies
Section V: Other Policies
Section VI: Student Support Services

The rights and responsibilities contained in this handbook pertain to all medical students, regardless of program or campus affiliation. At times this handbook will refer to policies, procedures, or services that apply to students enrolled in a specific program or taking coursework away from the main medical campus. Such references are clearly noted.

UMMSM medical students must be familiar with and follow the policies and procedures that govern the institutions where they train, including the University of Miami Hospital, the Jackson Health System, the Veterans Affairs Medical Center, and other clinical partners. Such policies and procedures are made available on the medical education website under the heading “Important Administrative Documents for Students.” The web address is: http://www.mededu.miami.edu/MedEd/link_pages/importantStudentDocs/.
SECTION I: MEDICAL STUDENT CONDUCT

Medical students must conduct themselves at all times in a professional, ethical and lawful manner. Through their actions, they are expected to uphold the academic integrity of the institution and the standards of conduct expected of all medical professionals. They are to respect the rights and property of all persons with whom they interact, both inside and outside the university community. They are to abide by local, state and federal laws.

The medical profession has a strong tradition of peer review and self-discipline. There are two programs that provide guidance and advocacy to students regarding appropriate professional conduct and behavior: the Physicianship and Professionalism Advocacy Program and the Code of Honorable and Professional Conduct.

PHYSICIANSHIP AND PROFESSIONALISM ADVOCACY PROGRAM

The Physicianship and Professionalism Advocacy Program (PPAP) provides one of several formal mechanisms to monitor, evaluate and improve the professional conduct and behavior of medical students. This program allows students, faculty and administration to promote the highest levels of professional conduct in medical students and to express concerns when the standards of conduct are not upheld. A complete description of the PPAP is included in Appendix I of this handbook.

The professional attributes by which students are evaluated include, but are not limited to, the following:

- Honesty and Integrity
- Responsibility, Reliability, and Dependability
- Respect for Colleagues, Faculty, and Staff
- Altruism
- Empathy
- Commitment to Competence and Excellence
- Self-Assessment and Self-Improvement
- Respect for Patients

THE CODE FOR HONORABLE AND PROFESSIONAL CONDUCT

The Code of Honorable and Professional Conduct (Honor Code) described in Appendix II of this handbook should serve as a guide to medical students in matters related to academic integrity and professional conduct. The Honor Code provides mechanisms for peer evaluation and support, which the faculty and administration believe is an essential component of medical education and the development of medical students.

The Council for Honorable and Professional Conduct (CHPC) promotes awareness of the Honor Code and the principles it embodies. The Council has no executive authority, but serves in an advisory role to students, the faculty and the administration.

The faculty and administration of the UMMSM endorses the Honor Code. However, the process of peer review and support does not negate or diminish the right and obligation of the faculty and administration of the UMMSM to maintain the academic integrity of the
institution, to enforce the policies of the university, and to ensure that students act in accordance with the ethical and professional standards of the medical profession.

**THE LEARNING ENVIRONMENT**

The teachers and learners of medicine share a responsibility to foster a learning environment that upholds the highest moral and ethical values of the medical profession. The faculty and administration of the University of Miami Miller School of Medicine support the following compact between teachers and learners of medicine. By accepting a position at the UMMSM, students pledge to uphold this compact.

**COMPACT BETWEEN TEACHERS AND LEARNERS OF MEDICINE**

**Association of American Medical Colleges**

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

**GUIDING PRINCIPLES**

**DUTY**

Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession’s social contract across generations.

**INTEGRITY**

The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**RESPECT**

Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

**COMMITMENTS OF THE FACULTY**

We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.

As mentors for our student and resident colleagues, we maintain high professional
standards in all of our interactions with patients, colleagues, and staff.

We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.

We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for “call” on clinical rotations, to ensure students’ and residents’ well-being.

In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.

We do not tolerate any abuse or exploitation of students or residents.

We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

**COMMITMENTS OF STUDENTS AND RESIDENTS**

We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.

We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.

We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.

As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.

In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.

**COMMITMENTS OF UMMSM STUDENTS**

In accepting a position in the UMMSM, students become accountable to the University, to the Profession of Medicine, and to the patients they serve. Student responsibilities include:

- Commit themselves to the conscientious, respectful, non-discriminatory and thoughtful service of their patients
- Pursue excellence vigorously and independently in their lifelong education
- Educate their patients and colleagues
• Conduct themselves lawfully, and in a professional and ethical manner
• Notify the appropriate body in a timely manner of any problems that adversely affect their training, and to participate in the process of program improvement and development
• Pursue mental and physical support for any conditions that might compromise their educational goals or patient care
• Comply with the honor code established by the student body of the UMMSM
• Be familiar with and adhere to the rules and responsibilities outlined in this document.

ATTENDANCE

The faculty and administration agree that student attendance and participation in all scheduled learning sessions are important to students’ academic and professional progress, and ultimate success in medical school. However, it is ultimately the responsibility of each course coordinator to establish and clearly communicate the attendance policy for their course. It is the student's responsibility to adhere to each course's attendance policy. For required activities, students are expected to report on time and be prepared to start the activity as scheduled. Repeated tardiness or absenteeism may result in disciplinary action, up to and including dismissal from the medical degree program.

EXAMINATIONS

It is the responsibility of the faculty, administration and student body to uphold the academic integrity of the institution. The following policies have been implemented to maintain academic integrity and avoid giving an unfair advantage to any student.

All students are expected to sit for examinations at the scheduled start times.

Students are expected to be in their seats, with personal items stored, at least 10 minutes prior to the start of an exam.

Students must follow instructions given to them by exam proctors. Failure to follow instructions may result in a grade of zero (0) for the exam.

Students who are more than 10 minutes late to an exam will be issued a Professionalism Incident Report. There will be no exceptions, even with a valid excuse. If there is no valid excuse for being late, the student may receive a Professionalism Evaluation Form for their personal file and/or may not be allowed to sit for the exam.

Unexcused absences will result in a grade of zero (0) for the missed exam.

An excused absence from an examination will be rescheduled at the discretion of the course coordinator in consultation with the medical education administration. A rescheduled exam must not interfere with other course work and occurs within five (5) working days from the originally scheduled date in the pre-clinical years. The rescheduling of National Board of Medical Examiners subject (“shelf”) exams during the clerkship years occur during mid year or end of year break times or during elective time.
Observation of Religious Holidays

The UMMSM recognizes the importance of religious holidays, follows the University’s policies regarding observance of religious holy days and attempts to avoid scheduling exams or other graded activities on those special days. In the event that a mandatory educational session, graded exercise or exam is inadvertently scheduled on a religious holiday, the administration will allow the student to complete the required activity at another time.

It is the responsibility of the student to notify instructors, coordinators and the administration well in advance of a major religious holiday, and to make arrangements to complete required work. Such arrangements should be made prior to the start of a course.

Students on clinical rotations should understand that becoming a physician includes learning to accept responsibility for one’s patients 24 hours per day, 365 days per year, except when alternatives for coverage have been obtained. Medical students on clinical rotations are required to participate in patient care activities on weekends as part of the medical team. Students who wish to modify their schedule for any reason, including observation of religious holidays, are obligated to seek an excused absence from the course coordinator and arrange appropriate coverage. The student has the responsibility to notify the clerkship director within the first three days of the rotation of the religious holidays they will be participating in for the rotation. Ideally, notice would be given well in advance to better coordinate the clerkship schedule. Faculty members may not disadvantage students from participating in their said holidays. Clerkship faculty may enforce that a certain minimum number of days need to be met in order for the student to partake in the holiday.

Planned Absences

There may be times when students wish to request an excused absence from required activities or examinations. Students should understand that they are entering a profession that will place significant demands on their time and attention. Further, certain mandatory educational and clinical experiences cannot be made up or repeated. Not infrequently, students will be confronted with competing educational and personal interests that will require for them to prioritize and make tough decisions. Students should carefully weigh such decisions before requesting an excused absence. In most cases, excused absences will only be granted if the student has a significant unavoidable conflict and the missed activity can be made up.

Planned Absence from Required Educational Activities / Examinations

Students must request excused absences from required curricular activities and examinations from the Office of Student Affairs and course coordinators.

Such requests must be submitted by official e-mail to both the Associate/Assistant Dean for Student Affairs (Miami) or the Assistant Regional Dean for Student Affairs (RMC) and the appropriate course coordinator. Requests should be made well in advance of the scheduled activity (preferably before the start of the course). Final approval will be conveyed to the student via e-mail by the Office of Student Affairs.
During the pre-clerkship years, an excused absence may not extend beyond five (5) consecutive class days. During the clerkship years, an excused absence may not extend beyond six (6) consecutive days. If a student requests additional time, they must follow the extended enrollment / leave of absence policy outlined below.

**Planned Absence from Mandatory Non-curricular Activities**

Students must request excused absences from mandatory non-curricular activities (i.e. orientations, special school events) from the Senior Associate Dean for Undergraduate Medical Education well in advance of the scheduled activity (at least one month).

Requests must be submitted by official e-mail. Approval or denial of the request will be conveyed to the student by e-mail.

**UNPLANNED ABSENCES / EMERGENCIES**

In the case of absence due to a personal emergency, students are expected to notify both the medical education administration and the course coordinator(s) as soon as possible by e-mail or telephone.

The decision to excuse an absence for a personal emergency will be made by the course coordinator, in consultation with the medical education administration, on a case-by-case basis. Depending on the length of absence, remediation may be required as determined by the course coordinator in consultation with the medical education administration and class promotions committee.

During the clerkship years, the following policies apply:

- Students absent 1-2 days must discuss potential remediation with the clerkship director.
- Students absent 3-5 days must present documentation from a medical professional (if absent for medical illness) and discuss remediation with the clerkship director. The clerkship director will determine the remediation plan in consultation with the medical education administration and class promotions committee.
- Students absent 6 or more consecutive days will be considered for a potential leave of absence in discussion with the Associate/Assistant Dean for Student Affairs. Leave of absence policies are discussed elsewhere in the handbook.

**DOCUMENTATION OF ABSENCES**

All absences from examinations and mandatory activities should be reported using the online Attendance Reporting System. The Office of Student Affairs at each campus will maintain a record of all excused and unexcused absences for students at their respective campuses.

A pattern of recurrent absences, whether excused or unexcused, will be reviewed by the class promotions committees and may result in disciplinary recommendations, up to and including dismissal.
DRESS CODE

As representatives of the medical profession, medical students are expected to convey a professional demeanor not only in their behavior but also in their dress and appearance. A professional image increases credibility, trust, respect, and confidence. Appropriate dress is also essential to maintain patient safety in the clinical setting. The following policy outlines appropriate dress for all UMMSM students.

GENERAL STANDARDS

The following standards are expected to be followed at all times regardless of setting:

- I.D. badges are to be worn at all times. This is necessary to ensure security and safety throughout the medical campus.
- Good personal hygiene is to be maintained at all times. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene.
- Excessive use of perfumes or colognes should be avoided.
- Hair should be neat, clean, and of a natural human color.
- Clothing should be clean, professionally styled and in good repair.

CLINICAL SETTING

The following standards must be maintained in the clinical environment. Students who report to clinical activities who fail to meet these standards will be sent home and a PIR will be submitted.

- Women: skirts or dresses of medium length or tailored slacks.
- Men: tailored slacks and dress shirt with collar. Tie is optional.
- Shoes must be comfortable, clean and in good repair. No athletic shoes or sneakers.
- All students should wear a clean, white lab coat over their clothing.
- Hair: shoulder length hair must be secured to avoid interference with patients and work.
- Fingernails should be clean and of short to medium length.
- Jewelry: keep jewelry at a minimum (represents potential for infection and loose jewelry can be grabbed.)

SCRUBS

Scrubs must be worn in clinical settings that require them. They may be worn in other patient care areas if permitted by the policies of the clinical service, but should be covered by a clean, white lab coat. Scrubs that are the property of the hospital are not to be defaced, altered or removed from the hospital. Shoe covers, masks, and hair covers must be removed before leaving the clinical area. Stained or soiled scrubs must be changed as soon as possible.
**PROHIBITED ITEMS**

The following items are specifically prohibited for all UMMSM students on the medical campus:

- No shorts, unless they are of a modest length and fitting and have pockets
- No flip-flops or thongs
- No midriff tops, halters, translucent or transparent tops, shirts or tops with plunging necklines, tank tops
- No clothing with profanity or lewd language

**UNPROFESSIONAL DRESS**

Failure to comply with the dress code is inappropriate for a UMMSM medical student and will result in counseling and possible disciplinary action, including but not limited to those outlined in the section on evaluation and promotion.

Violations of the dress code should be brought to the attention of the student by the immediate supervisor or through the PPAP process.

Repeated or flagrant violations should be brought to the attention of the Associate/Assistant Deans for Student Affairs or the Assistant Regional Dean for Student Affairs who shall discuss the infraction with the student involved and make recommendations when deemed appropriate.

**SCHOOL COMMUNICATION**

It is vitally important for students to make themselves available for contact and timely response to official school communications through various means, including their official school e-mail address and/or cell phone, home phone number and home mailing address.

Students are required to maintain current contact information in CaneLink.

Students should check their e-mail on a regular basis and must respond to official e-mail communications within 72 hours.

**SOCIAL NETWORKING SITES**

Social networking sites such as Facebook, My Space, Twitter and others present unique challenges to medical professionals, including medical students. None of these sites are truly private, and once out on the Internet, information and images cannot be recalled or controlled.

Confidentiality forms the core of the doctor-patient relationship. Without confidentiality, patients will hesitate to confide in their physicians, and physicians will not be able to make well-informed decisions. Further, reported breaches in confidentiality erode the public’s trust in medical professionals.

Sharing patient care experiences between medical professionals can be important for
learning and personal growth. However such communications must be done in the proper setting and in accordance with federal privacy laws (HIPAA). The UMMSM Code for Honorable and Professional Conduct states, “The confidentiality of patient information must be maintained at all times. Medical and personal information about the patient should be shared only with health professionals directly involved in patient care. Students shall not disclose information to any individual without explicit consent, nor should they discuss patient care in public areas.”

In keeping with the Honor Code, medical students are expressly forbidden from sharing patient information or images on any social networking site. Failure to comply with this policy is grounds for dismissal from the Miller School of Medicine.

For their own protection, students are encouraged to take significant care when posting personal information and pictures on social networking sites that may depict them in ways that are deemed unprofessional or inappropriate for medical professionals. Such information or images can have a negative impact on the community’s perception of medical professionals in general, and on UMMSM medical students in particular. It can also have a detrimental impact on the student’s educational or professional career. Information or images posted on social networking sites that show a student violating the law or acting in a way that is not consistent with the standards of the medical profession may be taken into consideration by the medical education administration, class promotions committees and/or Council for Honorable and Professional Conduct when determining the student’s suitability for promotion, graduation and awarding of the medical degree.

Students must abide by all federal copyright laws.

Students may not post online or distribute outside the Miller School of Medicine any curricular material (lecture slides, handouts, notes, photographs, syllabi, exams, etc.) without the written permission of the Senior Associate Dean for Undergraduate Medical Education and the intellectual property owner of such material.

The Miller School of Medicine’s policy on social networking can be found at: http://med.miami.edu/hipaa/public/documents/social_networking_policy.pdf

**INTERACTIONS WITH INDUSTRY**

The UMMSM continues to maintain the highest grade from the American Medical Student Association for its conflict of interest policies governing interactions between students or faculty and health industry entities. All outside activities by faculty are disclosed on a publicly accessible website, pharmaceutical samples are prohibited, industry representatives may only meet with faculty by appointment, and compliance and appropriate course of action for violation of policies have been clearly outlined.

Under the provisions of the Miller School policy, faculty members may not participate in industry-sponsored promotional events, presentations or lectures, and may consult if the activity is not promotional in nature or otherwise excluded by University of Miami Medical Group or University policy.
Students are to adhere to the same polices. Furthermore, financial assistance for scholarships or other educational funds to permit medical students, residents, fellows, and other healthcare professionals in training to attend carefully selected educational conferences or to sponsor any part of their training may be offered, so long as the selection of individuals who will receive the funds is made by the academic or training institution and the funding is provided to the department or division, with no direct support to the trainee(s). "Carefully selected educational conferences" are generally defined as the major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations.

**PROGRAM EVALUATION**

The UMMSM highly values the process of formal program evaluation and feedback.

UMMSM students are required to complete all course evaluations and program evaluation surveys distributed by the medical education administration. Grades and transcripts may be held for failure to submit required surveys. There are two important surveys distributed by the Association of American Medical Colleges (AAMC), the Matriculating Student Questionnaire (MSQ) and the Graduation Questionnaire (GQ). Although personally identifiable information is made available to the AAMC, such information is NOT made available to the Miller School of Medicine. Rather, the school only receives aggregate data. These surveys are optional; however we encourage students to complete the AAMC MSQ at matriculation and the AAMC GQ at graduation. These surveys are used to evaluate and improve the educational program that leads to the medical degree as well as all student support services. More information about these surveys can be found online at the following links:

AAMC GQ: [http://www.aamc.org/data/gq/start.htm](http://www.aamc.org/data/gq/start.htm)
SECTION II: TECHNICAL STANDARDS

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. The medical degree awarded by the University of Miami Miller School of Medicine at the completion of the undergraduate medical education process certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine. To this end, all courses in the curriculum must be completed successfully. In order to acquire the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for the MD degree must have abilities and skills in five areas:

- Observation
- Communication
- Motor
- Conceptual-Integrative
- Behavioral-Social

Technological compensation can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary means that a candidate’s judgment must be mediated by someone else’s power of selection and observation, and as such is unacceptable. Students who believe they may qualify for assistance under the Americans with Disabilities Act should refer to that section for more information.

**Observation**

The candidate must be able to observe demonstrations and experiments in the basic sciences including, but not limited to, physiological and pharmacological demonstrations in animals, microbiologic cultures, and microscope studies of micro-organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the functional uses of the senses of vision and other sensory modalities.

**Communication**

A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently with all members of the health care team in both immediate and recorded modes.

**Motor**

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. A candidate should be able to do basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.), and evaluate EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide
general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

**CONCEPTUAL-INTegrATIVE**

These abilities include measurement, calculation, reasoning, analysis, synthesis, and retention of complex information. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

**BEHAVIORAL-SOCIAL**

Candidates must possess the emotional health required for the full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and education process.
SECTION III: GRADING AND EVALUATION

Medical schools are obligated to graduate physicians with the knowledge, technical skills and professional behaviors necessary to practice medicine and improve the nation’s health. In keeping with that contract, medical students in the Miller School of Medicine are evaluated in three areas: academic performance, professional and ethical behavior, and technical standards. Passing grades alone does not guarantee promotion or graduation.

GRADING SYSTEM

The UMMSM uses a Pass/Fail grading system. In many courses, a numeric score accompanies each grade. Most fourth year courses are graded Pass/Fail, without numeric scores. Course coordinators will determine the minimum passing score in their courses. The grade of “F” (failing) will be assigned to students who have completed all required coursework and failed to achieve the minimum passing score. The grade of “I” (incomplete) will be assigned to students who have not completed all required coursework. A grade of "I" will not to be used to identify students with poor academic performance. Students who withdraw from a course will be given either a “W-P” (withdraw-passing) or “W-F” (withdraw-failing) depending on their course average at the time of the withdrawal. A marginal grade of D can be given by the course coordinators to designate a passing but unsatisfactory performance.

Marginal “D” Grades

Course coordinators can designate a student's performance for the grade report as a marginal passing grade of “D”. While not failing, a grade of D identifies an unsatisfactory performance for graduate level training, and could result in a recommendation by the course coordinator for the student to perform remedial work. Class promotions committees will review the academic progress of students who earn a D grade. Earning one or more marginal D grades could signify that the student is not making adequate academic progress, and may result in a recommendation by a promotions committee for the student to repeat a course or courses, repeat an academic year, or be dismissed from the school of medicine.

Marginal D grades are used for internal purposes only, and appear only the grade report. Marginal D grades are recorded as a passing grade (P) on the official medical school transcript.

REMEDICATION OF FAILING OR INCOMPLETE GRADES

All students who receive a failing or incomplete grade will be so notified by the course coordinator, who must also notify the Associate/Assistant Deans for Student Affairs. Coordinators on the regional medical campus must notify the Assistant Regional Dean for Student Affairs. All grades of “F” and “I” must be resolved to a passing grade before a student may progress to the next academic year. A failing grade must be improved to a passing grade by: a) completing remedial work at the discretion of the class promotions committee in consultation with the course coordinator, or b) repeating the course. All incomplete grades (“I”) must be resolved by completing required course work.
Make-up work will be scheduled during the academic year at the discretion of the class promotions committees and the course coordinators. Remediation and make-up examinations cannot interfere with scheduled courses. A final two-week remediation period will be scheduled at the end of each academic year during the pre-clinical years. The re-scheduling of National Board of Medical Examiners subject (“shelf”) exams during the clinical years occur during mid year or end of year break times or during elective time.

**STUDENT EVALUATION**

In addition to numerical and letter grades, students will receive an evaluation of their performance at the completion of all core and most required clinical rotations. Performance evaluations are maintained in the Office of Student Affairs. Students are encouraged to review their evaluations on a routine basis. At the Regional Medical Campus, clinical performance evaluations are stored at the clinical sites. Evaluations are summative in nature and are used in the Medical Student Performance Evaluation (MSPE, also known as the “Dean’s Letter”). Therefore, students are encouraged to review their evaluations on a routine basis. Students who disagree with the content of an evaluation should follow the grievance process outlined below.

**COMPETENCY-BASED LEARNING**

Some components of the medical curriculum use a competency-based approach to learning and evaluation. Student progress is measured by completion of a series of assigned tasks related to the competencies and outcomes required of our graduates. Competency-based activities are graded Pass (P) or Fail (F). Students will receive a passing grade once they have demonstrated mastery of the required competency. Students who fail to demonstrate competency in a given activity, within an assigned time frame, will receive a grade of Incomplete (I) until competency has been achieved. Failure to demonstrate competency in a specific activity after repeated attempts at remediation may result in a failing grade. There are occasions when students must demonstrate satisfactory mastery of defined competencies in order to be promoted to the next year of study.

**GRIEVANCE PROCESS**

Course coordinators have the right to determine the process for determining grades and evaluations in their respective courses. Students who disagree with an assigned grade or evaluation may, within one year of receiving the grade or evaluation, request a change in accordance with the following process:

Requests for a change of grade / evaluation must first be directed to the course coordinator.

The request must be submitted by official e-mail.

The reason(s) for the request should be clearly stated.

In addition to a written request, the student should meet in person with the course coordinator to discuss the request.
The course coordinators should respond to the student, by e-mail, within 30 days.

If the coordinator agrees with the change in grade or evaluation, he/she must submit the appropriate change of grade form to the Office of Student Affairs.

If the student disagrees with the decision of the course coordinator, he/she may request for the Associate/Assistant Deans for Student Affairs (ADSA) or the Assistant Regional Dean for Student Affairs to review the matter.

The request must be submitted by official e-mail.

The request should include all relevant information, including the written response of the course coordinator.

The ADSA will review the request and confer with the student and with the course coordinator.

The ADSA will respond to the student, by official e-mail, within 30 days.

Students may seek advice from the UMMSM ombudsman at any time during this process.

If a student does not agree with the ADSA’s response, he/she may submit a written rebuttal for inclusion in their education record as allowed by FERPA guidelines.

**REPORTING OF GRADES**

There are two forms by which grades can be reported, one for internal use and one for external use. Students can access and download their grade reports using CaneLink. They can also request a copy of their grade report from the Office of Grades and Records. The grade report is only used internally and is separate and distinct from the official university transcript.

**Grade Reports**

Grade Reports are internal documents made available to the student and the promotions committees to evaluate the student’s academic progress. Grade reports include the following: student’s module and section grades, including any marginal passing (D) grades; credits taken and earned; and course data (median, high and low scores). Grade reports are for internal use only and are not shared with external agencies.

**Transcripts**

Transcripts are official university documents that report grades and calendar dates for all courses taken during medical school. Transcripts include course names, course numbers, credit hours taken, credit hours earned, the numeric percentage score (as appropriate), and the letter grade. Marginal grades of D are reported as passing (P) on the school transcript. Failing grades that have been successfully remediated are reported as F/P and, if applicable, with the original numeric score. Students who are required to repeat a course will have that fact and both grades reported on the transcript.
Transcripts report the student’s weighted grade point average for each semester and academic year. Transcripts also report any leaves of absence that cause a delay in graduation. The back of each transcript describes the medical school’s grading system in detail. Official transcripts can be obtained through the Office of Grades and Records and can be ordered online through CaneLink.

**Class Rankings**

The Office of Grades and Records calculates each student’s class quartile ranking at the end of each academic year. A separate quartile ranking is done for each campus. Quartile rankings are reviewed by the promotions committees and may be used to determine the student’s eligibility for certain honors and awards. The student’s quartile rankings are not reported on the official school transcript. The student’s class rankings may be reported in the Medical Student Performance Evaluation.

**LICENSING EXAMINATIONS**

In order to be licensed to practice medicine in the United States, all physicians must pass the United States Medical Licensing Exam (USMLE), Step 1, Step 2 Clinical Knowledge (CK), Step 2 Clinical Skills (CS) and Step 3. A student must be certified as enrolled in order to sit for the USMLE Steps 1, 2 CK and 2 CS. All UMMSM students must sit for the USMLE Step I exam before beginning any third year clerkships. Students are responsible for scheduling licensing examinations at the appropriate time. Failure to take the USMLE Step I exam at the appropriate time may delay the student’s entrance into the third year and possibly delay graduation.

Students who fail the USMLE Step 1 exam will be allowed to complete any course in progress at the time of learning of the exam failure. However, a student will not be allowed to begin any additional courses until they have retaken the Step 1 examination. The Associate/Assistant Dean for Student Affairs or the Assistant Regional Dean for Student Affairs will coordinate necessary scheduling changes to allow students time to prepare for retaking the exam. Any student who fails the USMLE Step 1 examination twice will not be allowed to begin any additional courses without expressed written permission from the Senior Associate Dean for Undergraduate Medical Education, or until successfully passing the Step 1 examination. A student who does not successfully pass the examination within one year of notification by the NBME of the first failure will be dismissed from the UMMSM.

Students must pass Step 1 of the USMLE in order to graduate from UMMSM. Students must take the USMLE Step 2 CS and 2 CK examinations prior to graduation. Students must provide documentation to the Office of Student Affairs of the scheduled date for the USMLE Step 2 CS and Step 2 CK by January 15 of the year of graduation and are required to sit for both Step 2 CS and CK by February 15 of the senior year. Students are not required to pass the Step 2 exams in order to graduate.

Information about the USMLE can be found at websites operated by the National Board of Medical Examiners (NBME): [www.nbme.org](http://www.nbme.org), and the USMLE: [www.usmle.org](http://www.usmle.org).
 COURSE EXEMPTION POLICY

Prior to matriculating in the UMMSM, some students may have successfully completed courses in the biomedical sciences that are equivalent to basic science courses offered during the first year of the medical curriculum. The faculty and administration of the medical school recognize that these students may not need to retake those courses. Students may therefore request a course exemption. In most cases, a student who has been exempted from a course will be asked to serve as a teaching assistant or lab instructor for that course. Students will not be granted more than two (2) course exemptions during their enrollment in the UMMSM.

All course exemptions must be authorized by the Senior Associate Dean for Undergraduate Medical Education. To qualify for a course exemption, the student must provide the following documents to the Office of Student Affairs:

A letter that includes a formal request for the course exemption, as well as the reasons why such an exemption should be granted.

An official transcript listing the equivalent course previously taken and the grade received.

A letter submitted by the course coordinator approving the course exemption. The letter should detail all conditions the student is required to fill in lieu of taking the course (i.e. to serve as a teaching assistant). When such requirements are mandated, the course coordinator must submit to the Office of Student Affairs an end of course evaluation stating that the student has successfully met his/her obligations to the course.

Once a final satisfactory end of course evaluation is received, the Associate/Assistant Dean for Student Affairs will grant the student the requested course exemption. The student and course coordinator will be notified in writing when credit for the course has been given.

The following rules govern course exemptions:

The student’s transcript will list the grade “P” (Pass) at the conclusion of the course, assuming all requirements are met.

In those instances in which a student does not satisfactorily meet all requirements delineated by the course coordinator, a grade of “I” (Incomplete) or “F” (Fail) will be given for the course.

Grades from exempted courses will not be included in the student’s overall GPA calculation.

Grades from exempted sections of a course will not be included in the calculation of the final course grade.
SECTION IV: PROMOTIONS AND DISCIPLINE

PROMOTIONS AND GRADUATION

It is a fundamental responsibility of the faculty and administration of the UMMSM to determine whether students are making adequate progress toward the medical degree. The decision to promote and graduate a student is based on a combination of factors, including academic performance and professional behavior. **Passing grades alone do not guarantee promotion or graduation.**

There are two arms in the promotions and disciplinary process: a faculty arm, represented by the class promotions committees; and an administrative arm, represented by the medical education administration. Both arms serve in an advisory role to each other. Recommendations made by these bodies can be accepted or appealed to the Executive Promotions Committee.

PROMOTIONS COMMITTEES

Students are monitored, promoted and graduated by the faculty of the School of Medicine, as represented by the following committees:

Class Promotions Committees – MD Program

- Freshman Promotions Committee (FPC)
- Sophomore Promotions Committee (SPC)
- Junior-Senior Promotions Committee (J-SPC)

Class Promotions Committees – MD/MPH Program

- Basic Science Promotions Committee (BSPC)
- Clinical Promotions Committee (CPC)

Executive Promotions Committee (EPC) – All Programs

Members of the medical education administration sit as ex officio, non-voting members on all of these committees. The Executive Promotions Committee serves as an appellate body in all matters regarding promotions. The Dean of the medical school upon the recommendation of the Faculty Council of the UMMSM appoints members of the EPC.

A course coordinator, a faculty member, or the medical education administration may bring forward to a promotions committee for review and discussion any student who may not be making adequate progress toward the medical degree due to academic, personal or professional concerns.
Upon review of a student’s academic progress and professional behavior, a promotions committee may make any number of recommendations, including but not limited to the following:

- Obtaining academic and/or personal counseling
- Performing remedial work
- Repeating a course or courses
- Repeating an entire academic year
- Generation of a Physicianship Incident Report (PIR)
- Generation of a Physicianship Evaluation Form (PEF)
- Being placed on probation
- Being placed on a mandatory leave of absence
- Dismissal or expulsion from the UMMSM
- Referral to the ethics or professional counseling
- Referral for other supportive services

The following table serves as a guideline by which the class promotions committees may make recommendations for students who have had academic difficulties. These guidelines apply to an individual academic year except for years 3 and 4, which are considered part of a contiguous curriculum.

<table>
<thead>
<tr>
<th>Student Performance</th>
<th>Committee Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9 D and/or F credits</td>
<td>The committee may vote on a recommendation for a student to repeat part or all of an academic year.</td>
</tr>
<tr>
<td>( \geq 10 ) weeks of F credits or ( \geq 13 ) weeks of D and/or F credits</td>
<td>The committee must vote on a recommendation for the student to repeat the year or be dismissed.</td>
</tr>
<tr>
<td>( \geq 20 ) weeks of D and/or F credits</td>
<td>The committee must vote on a recommendation for the student to be dismissed.</td>
</tr>
</tbody>
</table>

Students can appeal recommendations made by a class promotions committee following the appeals guidelines described below.

**GUIDELINES FOR PROMOTION**

Students are promoted by the class promotions committees once they have met all of the requirements for promotion.

Students must pass all sections, courses, and longitudinal themes in order to be promoted to the next curricular year. No student may be promoted to the next curricular year with any unresolved grades of F, I, W-P or W-F.

Students must sit for the USMLE Step 1 prior to starting the third curricular year. Students are not officially promoted to the third curricular year until they pass the USMLE Step 1.
GUIDELINES FOR GRADUATION

Graduation requirements include satisfactory completion of the four-year medical curriculum, payment of all outstanding balances, a passing score on the USMLE Step 1, and proof of having taken USMLE Step 2 CS and CK.

DISCIPLINARY POLICIES

The faculty or medical education administration may recommend adverse administrative actions in response to poor academic performance, inappropriate behavior, violations of the policies set forth in this handbook, or inability to meet the school's technical standards. The processes set forth in the grievance procedure involving medical students will be followed. See Figure 1 on the subsequent page for the grievance procedure. The standard of proof for cases processed pursuant to this procedure is the preponderance of evidence standard. The processes set forth on the grievance procedure may be waived if the faculty or administration believes that the student may be a risk to self or others.

INVESTIGATIONS

As part of the grievance procedure involving medical students, the faculty and administration reserve the right to investigate complaints of unprofessional, unethical and/or illegal conduct. Witnesses may be interviewed as deemed appropriate. Any evidence gathered during the investigative process will be presented to the student of concern for review. Records of the investigative process will be maintained in the Office of Student Affairs and may become part of the student’s permanent education record. In most cases the student of concern will be provided an opportunity to respond before the faculty or administration recommend any adverse administrative actions. An exception to this policy is the recommendation for suspension if the faculty or administration believes that the student may be a risk to self or others.

NOTIFICATION OF REVIEW AND POTENTIAL RECOMMENDATIONS

The class promotions committees review the progress of all medical students. Students who have earned grades of D, F, I, W-P or W-F are discussed, and recommendations may be made when deemed appropriate. In addition, members of the faculty or administration may bring forward to the committee for review and discussion any student who may not be making satisfactory progress due to academic, personal or professional concerns.

The Associate/Assistant Deans for Student Affairs or the Assistant Regional Dean for Student Affairs will notify students by official e-mail when their progress is to be discussed by a class promotions committee. When notified of a pending review and/or possible recommendations, students may submit to the class promotions committee a letter of explanation or other written documentation that they feel would help the committee make an informed decision.

Following promotions committee meetings, the Associate/Assistant Deans for Student Affairs, the Assistant Regional Dean for Student Affairs, or the Chair of the Promotions Committee will notify a student by official e-mail of any recommendations made by the committee. At that time, the student is to be informed as to her/his right of appeal and
the procedures related to that process. The Associate/Assistant Dean for Student Affairs and the Assistant Regional Dean for Student Affairs will provide progress reports to each promotions committee involved with the student’s case.

![Figure 1: Grievance Procedure Involving Medical Students]

- **Reported Incident**
- **Investigation Meeting/s**
  - **No Charges**
    - When it is determined that no policies have been violated, the student is not charged and the case is closed.
  - **Preliminary Hearing**
    - When an assistant dean for student affairs believes a student’s actions violated one or more policies and may warrant suspension, dismissal, expulsion, or the loss of financial aid, the student is notified that the major disciplinary process will commence. All charges are clearly outlined and delivered in writing.
- **Student’s Response (Within 5 class days)**
  - **Request to Dismiss**
    - Case referred to Class Promotions Committee and associate dean for student affairs to determine whether or not the case should proceed.
    - **Upheld**
      - Case is Dismissed.
    - **Denied**
      - New response due from student within 5 class days.
  - **No Contest**
    - Student chooses to move the process on to the mitigation hearing without sharing any mitigating information (only for cases also involving criminal charges).
  - **Not Responsible**
  - **Responsible**
    - **Major Disciplinary Hearing**
      - Student chooses either an objective individual student affairs dean or senior associate dean for UME or regional dean for education to complete the case.
      - **Responsible Finding**
        - When it is determined that no policies have been violated, the case is closed.
      - **Not Responsible Finding**
        - When it is determined that no policies have been violated, the case is closed.
- **Mitigation Hearing with Executive Promotions Committee (Sanctioning)**
  - Student given opportunity to share information s/he feels would be helpful in making a sanctioning decision.
  - **Appeal to Dean of Miller School or his/her designee**
    - Executive Dean for Education and Policy
    - Student may appeal based on either the severity of sanction or if s/he believes a procedural error may have changed the outcome. The Appeal decision is final.
    - **Upheld**
    - **Denied**
**ADVERSE ADMINISTRATIVE ACTIONS**

The following list describes adverse administrative recommendations that can be made by the promotions committees or the medical education administration. Students can accept or appeal recommendations to the Executive Promotions Committee, and ultimately the Dean of the School of Medicine. In certain circumstances, adverse administrative actions may be documented on the official transcript and reported in the Medical Student Performance Evaluation.

**PROBATION**

The class promotions committees or the medical education administration may recommend for a student to be placed on academic and/or professionalism probation. The terms of the probation will be defined at its outset, including the length of the probationary period, sanctions to be imposed (if any) during the probationary period, and criteria to be removed from probation. Students can appeal a recommendation for probation to the Executive Promotions Committee. Failure to meet the terms of one’s probation may result in a recommendation for dismissal.

Students who are repeating part or all of an academic year are automatically placed on academic probation. Unless otherwise defined, a student repeating part or all of an academic year may not earn any failing (F) or marginal (D) grades in any exam, section or course. Failure to meet the terms of one’s academic probation may result in a recommendation for dismissal. The probationary period ends with successful promotion to the next curricular year, unless otherwise defined.

Students on professionalism probation may not hold office in student government nor may they serve on the Council for Honorable and Professional Conduct. Students on academic or professionalism probation are not eligible to receive UMMSM scholarships. Students may petition for institutional scholarships to be reinstated when they come off probation. Furthermore, professionalism probation will be documented on official school records such as the medical student performance evaluation or licensure documents.

**SUSPENSION**

The medical education administration may place a student on suspension when deemed necessary. Suspension is a mandatory separation from the UMMSM. The terms of the suspension will be defined at its outset, including the length of the separation period, sanctions to be imposed (if any), and criteria to petition for reinstatement. All suspensions will be reported to the Dean of the School of Medicine for evaluation and further action if warranted. Suspensions can only be appealed to the Dean of the School of Medicine. Students who fail to comply with all requirements established at the time of their suspension may be dismissed or expelled from the School of Medicine.

Readmission is subject to the approval of the Senior Associate Dean for Undergraduate Medical Education in consultation with other members of the medical education administration and the Dean. During the period of suspension and during any appeal of a suspension, the student is barred from campus visiting privileges unless the Senior Associate Dean for Undergraduate Medical Education, the Associate/Assistant Dean for Student Affairs, or the Assistant Regional Dean for Student Affairs grants specific permission.
MANDATORY LEAVE OF ABSENCE

A mandatory leave of absence for disciplinary reasons can be recommended by a promotions committee or the medical education administration for academic, professional, and or personal reasons. In all instances, decisions regarding leave and the conditions under which a student may petition for return to the University of Miami Miller School of Medicine will be provided in writing by the administration. The student has the right to appeal a recommendation for a mandatory leave of absence to the Executive Promotions Committee.

A leave of absence for academic remediation or disciplinary reasons cannot exceed two years. Students do not pay tuition or fees while on mandatory leave. Students on mandatory leave for academic or professional reasons are not eligible for financial assistance from the UMMSM. Students who fail to comply with all requirements established at the time of their mandatory leave of absence may be dismissed or expelled from the School of Medicine.

DISMISSAL

The class promotions committee or the medical education administration may recommend a student for dismissal from the UMMSM for academic and/or professional reasons, or if it is determined that a student is not making adequate progress toward graduation and the medical degree. As previously stated, passing grades alone do not guarantee promotion or graduation.

Examples of lack of adequate progress toward the medical degree include, but are not limited to:

- Earning multiple marginal grades that, while passing, are consistently near the bottom of the class and suggest that the student’s overall performance is inadequate
- Having to repeat or remediate multiple courses
- Needing to repeat one or more academic years
- Failing to pass licensing exams after multiple attempts
- Failing to comply with academic or administrative policies and procedures
- Violating the professional or ethical standards of the UMMSM
- Demonstrating behavior that indicates the student does not possess the professional qualities or personal attributes necessary for retention as a member of the student body of the UMMSM
- Demonstrating an inability to meet the technical standards of the medical degree program

A student who has been dismissed is eligible to apply for readmission to the UMMSM, or for admission to any school or college of the University of Miami.

EXPULSION

The class promotions committees or the medical education administration may recommend a student for expulsion for violations of the policies or procedures contained in this handbook. Expulsion results in permanent dismissal from the University with no
right for future readmission into any school or college within the University of Miami under any circumstance. A student who has been expelled shall be barred from campus visiting privileges.

APPEALS PROCESS

Students have the right to accept or appeal recommendations or sanctions made by a promotions committee and/or the medical education administration. The appeals process is the same for all medical students enrolled at the main or regional campuses:

The student must submit a “Response to Recommendations” form to the Associate/Assistant Dean for Student Affairs or the Assistant Regional Dean for Student Affairs within five (5) working days of being notified of the recommendations or sanctions.

If an appeal is requested, the Associate/Assistant Dean will so notify the Chair of the Executive Promotions Committee (EPC).

The Chair will set a date for the appeal to be heard by the EPC, and will notify the student of the date by official e-mail.

Prior to the EPC hearing, the Chair will meet with the student to review the appeals process and to hear the reasons for the student’s appeal.

The Chair or the Chair’s designee will collect information pertinent to the student’s appeal from sources, including but not limited to, the student, the student’s file, the course coordinators, the class promotions committees, the faculty, the administration and/or the Council for Honorable and Professional Conduct.

Prior to the EPC meeting, the student must submit to the Chair a letter of appeal that clearly and concisely states the reasons for the appeal. The student may also submit other supportive documentation.

The Associate/Assistant Dean for Student Affairs or the Assistant Regional Dean for Student Affairs may also submit to the EPC a report that summarizes the student’s overall academic progress and professional behavior while enrolled at the UMMSM.

At the EPC meeting, the Chair or the Chair’s designee will present a summary of the student’s academic history and other pertinent matters. The student will then appear before the committee to state the reasons for the appeal and to answer questions. The student will be excused from the meeting, and the committee will discuss the case prior to voting on a formal recommendation.

The EPC can choose to uphold a recommendation, modify a recommendation, or make completely new recommendations. Recommendations can include, but are not limited to, counseling, performing remedial work, repeating a course or courses, repeating an entire academic year, being placed on probation, being placed on a mandatory leave of absence, or being dismissed or expelled from the UMMSM. The committee may also generate a Physicianship Evaluation Form (PEF).
Immediately following the meeting, the student will be notified by the Chair and the Associate/Assistant Dean for Student Affairs and/or Assistant Regional Dean for Student Affairs of the committee’s recommendation(s).

The student may accept EPC recommendations, or can elect to request an appeal of the recommendations to the Dean of the School of Medicine. The student must submit a “Response to EPC Recommendations” form to the Associate/Assistant Dean for Student Affairs or the Assistant Regional Dean for Student Affairs within five (5) working days of being notified of the recommendations or sanctions.

Students who seek an appeal to the Dean must submit an appeal in writing to the Associate/Assistant Dean for Student Affairs or the Assistant Regional Dean for Student Affairs within five (5) working days of notification of the EPC’s recommendations. Reasons for the appeal must be clearly and concisely stated.

When a student appeals to the Dean, the Chair of the EPC will provide to the Dean a summary of the student’s case and any relevant records. The Associate/Assistant Dean for Student Affairs, the Assistant Regional Dean for Student Affairs or the Senior Associate Dean for Undergraduate Medical Education may also submit to the Dean a report of progress that summarizes the student’s overall academic progress and professional behavior while enrolled at the UMMSM.

The Dean can choose to hear an appeal or not once he/she has reviewed the case and all relevant documents.

The Dean can also designate a representative to hear an appeal on his/her behalf.

The Dean of the School of Medicine has final authority for all decisions regarding promotions and discipline. Upon hearing an appeal, the Dean has the authority to uphold, modify or reverse recommendations made by the EPC, or to make a completely new decision.

**Figure 3. Promotions and Disciplinary Process**
SECTION V: OTHER POLICIES

EXTENDED ENROLLMENT / LEAVES OF ABSENCE

A leave of absence (absence from required academic activities for more than five (5) consecutive class days during the pre-clinical years, or more than six (6) consecutive weeks during the clinical years is classified as follows:

**Voluntary:** the student requests a leave of absence.

**Mandatory:** the student is required to take a leave of absence as directed by the medical education administration, a promotions committee, the CHPC, or the Dean.

Categories of leave of absence include the following:

- Special Studies
- Financial Reasons
- Health Reasons
- Academic Remediation
- Research Participation
- Joint Degree Program Study
- Other Reasons

**VOLUNTARY LEAVE**

Students may request a voluntary leave of absence from the UMMSM for educational, health-related, or other reasons. A request for leave of absence must be submitted in writing to the Office of Student Affairs using voluntary LOA form. Approval for a voluntary leave of absence must be granted by the Senior Associate Dean for Undergraduate Medical Education, in consultation with the Associate/Assistant Dean for Student Affairs, the Associate Dean for Student Services, Regional Dean for Medical Education and/or the Assistant Regional Dean for Student Affairs. In certain cases, a promotions committee may grant a voluntary leave of absence for academic or personal reasons.

Approval for the leave of absence will be provided in writing to the student, and will include the start date, anticipated date of return, and deadline by which a student should notify the medical education administration of his/her intent to resume their medical education. The medical education administration reserves the right not to approve a request for a voluntary leave of absence in certain circumstances. Students who fail to adhere to the terms of their voluntary leave of absence may be subject to disciplinary action, up to and including dismissal from the UMMSM.

In most cases, students on leave of absence pay no tuition for the period they are on leave. Students on approved voluntary leave will have the option to continue to pay for all or some of the fees and will be eligible for the services covered under those selected fees. Students taking a voluntary leave for an entire academic year may not receive financial aid or borrow money for educational purposes. Students who take a voluntary leave for part of an academic year are eligible to receive financial aid or educational
loans if they are enrolled on at least a half time basis. A student must take four (4) or more credits per semester to be considered enrolled on a half time basis.

**Mandatory Leave**

A mandatory leave of absence for disciplinary reasons can be recommended by a promotions committee or by the medical education administration for academic, professional, and or personal reasons. For more information about mandatory leaves of absence, please see the section titled “Adverse Administrative Actions.”

**Third and Fourth Year Scheduling Policies**

The third and fourth curricular years of medical training include required courses, as well as the opportunity for students to take electives and externships. Third and fourth year schedules (through June of the fourth year) are determined during the second year. Schedules for rotations after June of the fourth year are determined in the spring of the third year.

Students may seek guidance in creating their clinical schedules from their advisory dean or from the Coordinator for Student Services. The advisory deans and the coordinator are responsible for making certain that students fulfill all requirements for graduation. Students are encouraged to closely review the schedule book and to obtain advice from the faculty in preparing their schedules.

**Course Requirements**

Students are required to earn a total of 83 credits in the third and fourth years to fulfill the requirements for graduation. Course requirements for students enrolled in the UMMSM educational track on the Miami campus are listed in the table below:

<table>
<thead>
<tr>
<th>Course Requirements</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Clerkships 43 weeks</td>
<td></td>
</tr>
<tr>
<td>Must be completed by June of the fourth year</td>
<td></td>
</tr>
<tr>
<td>Patient Safety: Transition to the Wards</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8</td>
</tr>
<tr>
<td>Surgery</td>
<td>8</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Generalist Primary Care</td>
<td>4</td>
</tr>
<tr>
<td>Required Clerkships 26 weeks</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>4</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>2</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>4</td>
</tr>
<tr>
<td>Ward Subinternship Surgical Specialty</td>
<td>4</td>
</tr>
<tr>
<td>Ward Subinternship (Med, Ped's, FM, or GYN)</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
</tr>
<tr>
<td>Open Electives 14 weeks</td>
<td></td>
</tr>
<tr>
<td>Limits: No more than 8 weeks of research or 12 weeks away from the UMMSM</td>
<td>14</td>
</tr>
</tbody>
</table>
Third and fourth year course requirements for students enrolled in the UMMSM MD/MPH educational track are described below.

<table>
<thead>
<tr>
<th>Course Requirements</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Clerkships</td>
<td></td>
</tr>
<tr>
<td>48 weeks</td>
<td></td>
</tr>
<tr>
<td>Integrated Internal Medicine</td>
<td>12</td>
</tr>
<tr>
<td>Integrated Surgery</td>
<td>12</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Required Clerkships</td>
<td></td>
</tr>
<tr>
<td>20 weeks</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>4</td>
</tr>
<tr>
<td>Community and Public Health Practicum</td>
<td>2</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>2</td>
</tr>
<tr>
<td>Public Health Clerkship</td>
<td>4</td>
</tr>
<tr>
<td>Ward Subinternship (Med, Peds, FM, or GYN)</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Open Electives</td>
<td></td>
</tr>
<tr>
<td>14 weeks</td>
<td></td>
</tr>
<tr>
<td>Limits: No more than 8 weeks of research or 12 weeks away from the UMMSM</td>
<td>14</td>
</tr>
</tbody>
</table>

**GENERAL RULES**

No credit will be allowed for an elective not included in the Senior Elective Manual without written approval from the student’s advisory dean and final approval by the Senior Associate Dean for Undergraduate Medical Education.

Scheduling changes must be approved by the coordinators of each course being dropped and added.

The advisory deans reserve the right to modify a student’s schedule for academic or professional reasons.

Any exception to the policies or procedures described in the Senior Elective Manual must be approved by the Senior Associate Dean for Undergraduate Medical Education.

**RESEARCH**

Students wishing to conduct research for credit must obtain prior written approval by the research preceptor and the Senior Associate Dean for Undergraduate Medical Education in consultation with the Research Committee. Before scheduling the time, the preceptor must submit a brief research plan including the dates the research will be done and the proposed outcomes. An evaluation form will be sent to the preceptor for completion at the end of the research period. The number of research credits to be awarded, if any, is determined by the Research Committee. Students in the MD/PhD Program are automatically granted 8 research credits upon the successful completion of all third year core clinical clerkships. No student may receive more than 8 weeks of senior course credit for research unless approved by the Senior Associate Dean for Undergraduate Medical Education.
UNscheduled Time

The third and fourth year schedule allows for approximately 13 weeks of unscheduled time, not including 4 weeks of winter break (two in the third and fourth years each).

INterview Time

Excused absences to attend interviews during courses may be allowed at the discretion of the course coordinator. Each course describes in the senior elective manual its policies regarding interview time. Students must obtain prior permission from the course coordinator to go on interviews.

Holidays / Time Off

Aside from Thanksgiving holiday and winter recess, junior and senior students are expected to be available for clinical duties throughout their rotations, including holidays and weekends. Since the various hospitals where students train may observe holidays that are not observed by the University of Miami Miller School of Medicine, students must check with their course coordinator and the supervising physician on their clinical team to determine their clinical responsibilities. Note that some subinternships in the senior year do carry clinical duties during the Thanksgiving holiday.

Waiver Guidelines

Any student seeking a waiver of the above stated guidelines must present his or her request in writing to the Senior Associate Dean for Undergraduate Medical Education.

Schedule Changes (Drop/Add Forms)

All course changes must be requested at least 10 working days in advance and will require a signed written approval (Drop/Add form) from the coordinator or authorized representative of each course being dropped and added. A course may not be dropped once it has begun. You may download Drop/Add forms from the Medical Education website, or pick up forms in the Office of Student Affairs. Signed and completed Drop/Add forms must be turned in to the Coordinator for Student Services.

Schedule changes may be made if they do not in any way violate the specific guidelines for graduation. However, if the request for change in any way affects the required selective, or involves additional time for externship and/or research, then the request must be approved by the Assistant Dean for Clinical Curriculum.
EXTERNSHIP PROCEDURES

A maximum of 12 weeks may be spent in elective time away from the University of Miami Miller School of Medicine. External electives must have written acceptance by the department at the other facility. Elective time spent away from the University of Miami in excess of the allowable 12 weeks will not be counted for credit, unless it has been pre-approved by the Senior Associate Dean for Undergraduate Medical Education in consultation with the Associate/Assistant Dean for Student Affairs and the Assistant Dean for Clinical Curriculum. **No externships may be done until all of the third-year core clerkships have been completed.**

Students planning to go away on externships must take the following steps:

- Information and applications should be requested directly from the institution of interest by mail or telephone. Brochures and elective manuals to some institutions are kept in the Office of Student Affairs.

- Student verification forms and support letters may be requested from the Office of Student Affairs, and are made available contingent upon students submitting proof of health insurance and updated immunization record for communicable diseases.

- Students requesting an externship must submit a copy of their acceptance letter to the Office of Student Affairs prior to leaving UM.

- A grading/evaluation form will be issued to the institution that is expecting you. **Externship grading forms will not be issued without receipt of written acceptance.**

- Any changes involving planned externships must be reported to the Office of Student Affairs as soon as possible.

- Each student is responsible for furnishing the Office of Student Affairs with an address and telephone number where he/she may be reached while away on externship.

Failure to comply with these procedures will result in no credit for the externship.

INTERNATIONAL STUDY

The UMMSM feels that health care experiences abroad can be valuable to the professional growth of our students. Students may pursue three types of international experiences:

- Elective study in foreign regions (for credit)
- Experiences in foreign regions with a UM affiliated organization (non-credit)
- Experiences in foreign regions with a non-UM affiliated organization (non-credit)
All medical students planning experiences abroad while enrolled at the UMMSM must notify the Office of Student Affairs and comply with the following policies and procedures.

**GENERAL POLICIES**

Prior to approval for any foreign experiences (credit or non-credit), the student must complete all of the pre-departure forms (available from the Office of Student Affairs):

- Obtain written approval from the Senior Associate Dean for Undergraduate Medical Education. If seeking academic credit for an international clinical experience as a senior medical student, additional information will need to be provided to the Senior Associate Dean for Undergraduate Medical Education including: written goals/objectives for the rotation, expectations, student responsibilities, location/institution for clinical experience, how the student will be evaluated and name/contact of the physician who will complete the evaluation form.
- Complete the Student Code of Conduct
- Complete the Emergency Contact form
- Complete the “Guidelines for International Study Abroad to Promote Health Safety of Students” form.
- Submit acceptance letter from foreign institution stating a formal commitment to supervise and be responsible for the student
- Register travel information on UM site: [https://www.red24.com/affiliate/chartis/um](https://www.red24.com/affiliate/chartis/um)
- Complete International Study Waiver
- For students under 18 years of age: complete “Next of Kin/Guardian Release for Students Engaged in Study Abroad” form.
- Obtain health insurance coverage in foreign region, including evacuation insurance, and provide documentation of such
- Provide copy of passport

*Please note that all student travel to State Department warning countries requires ultimate approval from the Dean of the Miller School. For those students traveling to non-warning countries, final approval will come from the Executive Dean for Education and Policy.*

**ELECTIVE STUDY IN FOREIGN REGIONS (FOR CREDIT)**

In addition to completing the general policies noted above, students who wish to obtain credit for an international experience must obtain prior written approval from the Senior Associate Dean for Undergraduate Medical Education. No elective study for credit may be done until all of the third-year core clerkships have been completed.

When seeking approval for credit, students must submit the following additional documentation:

- Dates of experience.
- Description of responsibilities to be assumed by the student during the experience.
- Name(s) of the individual(s) who will be supervising the student.
- Name of the individual who will be submitting a grade of Pass or Fail along with a narrative evaluation of the student’s performance.

**Elective Study in Foreign Regions with UM Affiliated Organization (Non-Credit)**

Students who intend to participate in a non-credit international experience with a UM affiliated organization must register with the Office of Student Affairs and submit all documents as contained in the section under General Policies above.

**Elective Study in Foreign Regions with Non-UM Affiliated Organization (Non-Credit)**

Students who intend to participate in a non-credit international experience with a non-UM affiliated organization must register with the Office of Student Affairs and submit all documents as contained in the section under General Policies above. Students must also sign an acknowledgement that there is no affiliation with UM.

**Visiting Medical Student Policy**

http://www.mededu.miami.edu/visitingstudents/.

The UMMSM offers two kinds of experiences for visiting medical students, for-credit visiting externships, and not-for-credit observerships. Visiting medical students may not participate in any core clinical clerkships. UMMSM medical students are given first priority for all rotations. Non-UMMSM students may participate in electives only if space is available.

Information about available clerkships, a description of the application process, and eligibility requirements, can be found at the link listed above. UMMSM permits a maximum visit of 12 weeks.

**Externships**

https://services.aamc.org/20/vsas/public/school/instID/140.

In order to participate in a visiting externship at the UMMSM, a student must:

- Be enrolled in a medical school accredited by the Liaison Committee for Medical Education (LCME) or in the Nova Southeastern College of Osteopathic Medicine
- Have completed all required third-year core clerkships at their home institution
- Be in good academic standing

Eligible students who wish to apply for a visiting externship must do so through the AAMC Visiting Student Application Service (VSAS). Students can access the UMMSM elective catalog, obtain a complete list of application requirements, and submit an application at the link listed above. Students enrolled in Nova Southeastern College of Osteopathic Medicine must apply directly to the host department and the Office of Student Affairs. For more information about visiting externships, applicants can call 305-243-7418.
OBSEVERSHIPS

Students enrolled in international or non-LCME medical schools are not eligible to participate in visiting externships. Students from non-LCME schools are accepted for clinical experiences as OBSERVERS ONLY. Observer only status means that the visiting student may not have any direct patient contact or be responsible for patient care. Students from international medical schools may observe on rounds, follow residents and attendings and may attend academic departmental conferences. The UMMSM International Medicine Institute (IMI) will serve as the central administrative unit for all global observerships. Departments will work with the IMI to ensure that all of the appropriate administrative documents have been completed and verified.

The only document that will be provided by the IMI is a certificate of completion of the observership program at the conclusion of the clinical experience. Observers will not be accepted for a rotation carrying academic credit or requiring evaluations from UMMSM faculty members.

The following are requirements of the observer-only status:

- no hands-on patient contact
- no direct responsibility for patient care
- no notes or comments in patients' charts

International students who wish to participate in an observership are required to provide the following information:

- Copy of Passport and form I-94
- Copy of invitation letter from UMMSM hosting department
- All documentation must be translated into the English language and certified. No documents in a language other than English will be accepted
- UMMSM Observership Agreement and Release form

REGISTRATION REQUIREMENTS FOR ALL VISITING STUDENTS

Students who are accepted for a visiting externship must observe the following registration requirements. No visiting student may commence a rotation until registration is complete.

Visiting students:

- Must make arrangements directly with the host department that has accepted them for the rotation
- Must be issued a valid UMMSM Visiting Student ID badge
- Must provide all required documents, complete online HIPAA training, and undergo a level II criminal background check as described on the VSAS website

All required documents for visiting students from Nova Southeastern and must be submitted to the Office of Student Affairs, RMSB 2100. These documents must be completed in full and must bear the appropriate signatures before they are brought to the Office of Student Affairs.
The student must also bring an interdepartmental requisition form (IDR) made out to "UMMSM Security" to defer the cost of the ID badge if the department is paying for the badge. If the student is responsible for the charge, a memorandum to that effect must be sent by the department and an IDR is not required.

No ID badges will be issued to any student whose documentation does not meet the criteria set forth above. For students involved in global observerships, only officials from the IMI can authorize that an ID badge be issued.

No ID badges will be issued to visiting students unless authorized by the Associate Dean for Student Affairs, Senior Associate Dean for Undergraduate Medical Education or their designee.

Once a visiting student registered appropriately and begun an elective, the student will be accorded access to all services and facilities at the UMMSM that are essential to the educational purpose of the elective, such as the library and the computer laboratory.

The Office of Medical Education is required to maintain an accurate list of all students who have been officially accepted as visiting students to the UMMSM. Each Department must furnish the Office of Medical Education with a quarterly report of all visiting students studying in that department. The IMI will provide a similar quarterly report to the Office of Medical Education for all students involved in global observerships. The report should include the names of the students, the names of the home schools of the students, and the end dates of the rotations.

**Medical Student Organization Policy**

All UMMSM medical students are free to join student organizations. All UMMSM student organizations must be officially certified by the Student Council in order to use medical school facilities and to be eligible to receive monies generated from student activity fees. All UMMSM student organizations are subject to the rules and policies of the University of Miami, including but not limited to the Student Rights and Responsibilities Handbook, and the Policy and Procedures for Certification of Student Organizations. All student organizations are under the disciplinary jurisdiction of the Office of Student Affairs.

To become an official UMMSM student organization, a student group must be certified by Student Government. The functions of Student Government include:

- To recommend policies governing student organizations
- To determine criteria for the establishment of student organizations
- To hear petitions for certification of student organizations
- To evaluate annually the achievement of student organizations
- To allocate funds derived from student activity fees to organizations

The policies for certifying a student organization are established by the Student Government, and are published on the medical school website. However, UMMSM policies dictate that student organizations must meet the following minimum requirements to be certified:
• A dues paying membership of at least 10 students
• A faculty advisor
• A constitution and bylaws

The right of a student organization to exist at the University can be revoked by the University if it fails to comply with the rules and regulations of the University of Miami, including but not limited to the Student Rights and Responsibilities Handbook and the Policy and Procedures for Certification of Student Organizations.

Any group of 10 or more students wishing to form an organization can obtain the necessary forms from the Student Activities Office.

POLICIES GOVERNING STUDENT ORGANIZATIONS AT THE REGIONAL MEDICAL CAMPUS

Student organizations on the regional campus must comply with the policies outlined above. Local student organizations that are not chapters of regional or national organizations are governed by the Student Government on the regional campus. Local chapters of regional or national groups such as the AMA and AMSA are governed by the Student Government on the main campus. Governance of these organizations must be put in writing and must provide opportunities for students on both campuses to participate in organizational activities, to serve as leaders in the organization, and to represent the UMMSM at regional and national meetings.

OUTSIDE SPEAKER POLICY AND REGISTRATION REQUIREMENTS

The University of Miami is committed to providing a forum for free and open expression of divergent points of view by campus speakers. Use of University facilities by outside speakers is not to be construed as an endorsement by the University of any speaker’s views. In keeping with University policy, all undergraduate, law, graduate, and medical school student organizations must observe the policies published in the University of Miami Student Rights and Responsibilities handbook http://www.miami.edu/dean-students/srr.pdf. Students wishing to invite outside speakers onto the medical campus must contact the Senior Associate Dean for Undergraduate Medical Education (SADUME) to obtain authorization. In cases where the outside speaker represents someone from industry, the SADUME will be required to seek further approval from the Executive Dean for Education and Policy. In keeping with UMMSM policy, whenever an industry speaker is presenting to students, a faculty member MUST be present during the presentation.

AFFILIATED TRAINING SITES

Students located at affiliated training sites must adhere to the policies of the host institution. Failure to comply with the host institution’s policies is grounds for disciplinary action.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Patient confidentiality is protected by the traditions of the medical profession. Additionally, the federal government has developed strict regulations to protect patient confidentiality, and has outlined penalties for violation of these regulations. The Health Insurance Portability and Accountability Act (HIPAA) establishes uniform, nationwide
standards for the use of all protected health information by setting standards for electronic transactions and code sets; privacy of health information; and security of protected health information.

Health Information is any information, whether oral or recorded in any form or medium (electronic or paper) that:

is created by a provider of care, and;

relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

Medical students should be aware that as members of the University of Miami medical community they are required to become familiar with and adhere to these regulations. Medical students will be required to turn in a certificate each year at registration verifying that they have completed the HIPAA training tutorial made available on-line. Medical students are also required to read and familiarize themselves with the privacy guidelines established by those clinics or hospitals outside the UM/Jackson system where they do clinical rotations. A link to the online training tutorial is available at: http://www.mededu.miami.edu/Admissions/files/CITI_HIPS UM_INSTRUCTIONS.pdf

Students should use care to adhere to the basic principle that any information they learn about a patient should be kept strictly confidential. Write-ups and presentations used outside of the clinical setting must be devoid of any information that could be used to identify a specific individual. Questions regarding patient confidentiality or HIPAA should be directed to the attending physician or the Privacy Office.

**STUDENT RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

The Offices of Grades and Records maintain official education records for UMMSM students on the main and regional campuses. Access to these records is governed by policies established in accordance with the Family Educational Rights and Privacy Act (FERPA).

The Office of Student Affairs on the Coral Gables Campus publishes the Official University of Miami student guidelines to F.E.R.P.A. These more detailed guidelines titled “Student Rights and Responsibilities” can be found on the University of Miami website – http://www.miami.edu.

The Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment, guarantees students certain rights with respect to their education records. These rights include:

**The right to inspect and review their education records within 45 days of the day the University receives a request for access.**

Students should submit to the registrar, dean, department Chairperson or other appropriate official, written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time...
and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

The right to request the amendment of the education record which they believe to be inaccurate.
Students may ask the University of Miami to amend a record that they believe is inaccurate. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate.

If the University of Miami decides not to amend the records as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing/appeal regarding the request for amendment. Additional information regarding the right to appeal and hearing procedures will be provided to the student when notified of the right to a hearing.

The right to consent to disclosures of personally identifiable information contained in their education records, except to the extent that FERPA authorizes disclosure without consent.
One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the university has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary, promotions, grievance or ethics committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the University of Miami discloses education records without consent to officials of another school in which a student seeks or intends to enroll. *(Note: FERPA requires an institution to make a reasonable attempt to notify the student of the records request unless the institution states in its annual notification that it intends to forward records on request)*

The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University of Miami to comply with the requirements of FERPA. The office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

The University will not disclose personally identifiable information from the education records of a student without the prior written consent of the student except:
Personally identifiable information which has been designated as directory information: the student’s name, address, telephone number, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic
teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student.

The student has the right to withhold disclosure by submitting written notification by September 7th, of each academic year to: Office of the Registrar, Directory Information, 121 University Center, Coral Gables, FL 33124-6914.

All requests for information must be made in writing to the Registrar, University of Miami Miller School of Medicine, P.O. Box 016960 (R-128), Miami, FL 33101. Requests via e-mail will not be accepted.
SECTION VI: STUDENT SUPPORT SERVICES

STUDENT HEALTH AND WELLNESS

Students must assume responsibility for safeguarding their health and that of their classmates by seeking medical care in a timely fashion. When care is needed that cannot be personally arranged, the student should seek assistance from the Associate Dean for Student Services or the Assistant Regional Dean for Student Services. Students should contact the Office of Student Services as soon as possible if a health problem should develop that affects their ability to meet their academic obligations.

HEALTH INSURANCE

The University of Miami Miller School of Medicine requires medical students to carry health insurance for the period of their enrollment. Proof of health insurance must be provided annually and is required for registration. Students are strongly urged to review their health insurance policy on a routine basis, especially if they are enrolled under a parent or spouse's health plan. Failure to carry health insurance can result in dismissal.

The University of Miami Miller School of Medicine routinely negotiates with private health plans and/or insurance companies to make available to medical students reasonably affordable health insurance policies that cover most routine, emergency, and hospital care. Students should be aware that these agencies are private and do not share financial relationships with the University Miami. Entry into a contract with these agencies is purely voluntary and at the discretion of the student. In those instances when students disagree with a health plan regarding the terms of their contract, they should seek guidance from the Associate Dean for Student Services or the Assistant Regional Dean for Student Services.

Specific information about medical student health insurance plans, copies of policy brochures, and electronic copies of enrollment forms are available at: http://www.mededu.miami.edu/healthcare.

HEALTH INSURANCE ENROLLMENT AND WAIVER POLICY

All UMMSM students, regardless of campus, will automatically be placed on the UM medical student health insurance plan and billed the annual premium unless they complete a health insurance waiver form in CaneLink. Students can choose to enroll a dependent (spouse, child) for an additional fee.

Students who wish to waive the medical student health insurance must verify that they have alternate, comparable coverage. The waiver must be renewed in CaneLink at the beginning of each academic year. The waiver process is fully described at: http://www.mededu.miami.edu/healthcare.

PRIMARY CARE

The University of Miami Miller School of Medicine wishes to discourage "curbside consults," which can lead to sub-optimal care. The University encourages every student to sign up as a regular patient with a physician of his/her choice, and to have medical
problems taken care of in the same manner as any other patient. This ensures continuity
of care, adequate reference to relevant medical history and records, and, in general,
ensures that students will receive the best quality of care available. Information
regarding access to care can be found at:

All medical students are eligible to receive care at the University of Miami Student Health
Center. Information about hours, care provision and access can be found at

**PAYMENT FOR SERVICES Rendered**

Despite the fact that they are joining a large, university-based medical community,
medical students should not assume that any health care costs derived during their
matriculation at UMMSM will be waived. Students are ultimately responsible for any bills
they generate while obtaining care from members of the University of Miami Medical
Group, or any clinics or hospitals affiliated with the University of Miami.

**Disability Insurance**

Disability insurance is provided to medical students on both campuses by the UMMSM.
Payment of insurance premiums is made using student fees collected each year at
registration. Failure to pay student fees may result in termination of disability insurance.
The current policy is “portable” and may be carried after graduation. Specific information
regarding disability insurance is available in the Office of Student Affairs.

**OSHA Training / Formaldehyde Use**

Students are required to complete online OSHA training on an annual basis. The
website http://osha.mededu.miami.edu features an interactive multimedia program and
an online examination.

Entering freshmen are also required to complete an online training module on
formaldehyde use. The formaldehyde training module is available at:
moodle.mededu.miami.edu.

At the end of each online course there is an exam that students must complete and pass
to be certified. Exam results are reviewed by the Office of Student Services and become
part of the official student record. Students will NOT be allowed to start clinical activities
or participate in anatomy labs until they complete required training.

**immunizations**

Students are required to demonstrate a history of immunization against Hepatitis B,
Rubella, Rubeola, Varicella, Tetanus/Diphtheria/Pertussis (TDaP) and Mumps. Students
who intend to travel outside the United States should check with the Center for Disease
Control to determine what immunizations and other measures should be taken prior to
their travel.

Students are required to undergo annual PPD testing to screen for exposure to
tuberculosis. This service is provided free of charge by the employee health office during
orientation. Students may be required to get a chest x-ray. The x-ray can be obtained through the employee health office, at the Student Health Center or through the student’s private physician.

Student immunization records will be maintained by the Student Health Center on the Coral Gables and can be accessed through an online system, My Student Health at: mystudenthealth.miami.edu.

For questions regarding access to records, and updates, contact the Associate Dean for Student Services.

**OCCUPATIONAL HEALTH: EXPOSURES AND NEEDLESTICKS**

Any medical student who experiences an occupational exposure or needlestick injury should immediately call the University of Miami Employee Health Needlestick dedicated phone line at 305-299-4684. Any needlestick injury or occupational exposure should also be reported to the Associate Dean for Student Services or the Assistant Regional Dean for Student Services to ensure appropriate follow-up care. Regardless of clinical training site, all students who experience an exposure must call the number above in addition to any advice or information being shared by the physicians or nursing staff at any clinical training site. The UM Employee Health team will communicate with local staff regarding the appropriate care and services available for all medical students.

Instructions for Miami Campus students can be found at: http://www.menedu.miami.edu/health/index.htm#Occupational

Instructions for Regional Campus students can be found at: http://www.menedu.miami.edu/health/files/Blood_and_Body_Fluid_Exposure_Policy_RMC

**STUDENT HEALTH SERVICES:**

http://www.menedu.miami.edu/health/index.htm

**STUDENT HEALTH CENTER (CORAL GABLES CAMPUS)**

All medical students, regardless of health insurance plan, may access healthcare at the Student Health Center located on the Coral Gables Campus. The telephone number is 305-284-9100. Review information regarding the center at http://www.miami.edu/sa/index.php/student_health_center/.

**MEDICAL STUDENT URGENT CARE (MEDICAL CAMPUS)**

Medical students may obtain urgent care at the UM Family Medicine/Internal Medicine Faculty Practice for minor self-limited illnesses (e.g. upper respiratory infection, diarrheal illness, urinary tract infection, simple injuries, etc.). The Faculty Practice is located in the 3rd floor of UMHC (UM Hospital and Clinics). The clinic telephone number is 305-243-4900. Student health fees cover these visits and students should not be subject to any charge for the office visit. Students may access and register for same day appointments by calling 305-243-CARE, a dedicated line for employees, faculty, staff, and medical students.
**Medical Student Urgent Care (Regional Medical Campus)**

Students in need of urgent medical care at the RMC must seek services through their own providers and are responsible for any co-payments or fees incurred for the visit. Students may contact the Assistant Regional Dean for Student Services or look on the UMMSM student services website for a list of providers who have agreed to see UMMSM students and may provide services to students at convenient times, such as evenings and weekends.

**UMH Emergency Room**

In case of a medical emergency, students on campus should go to the University of Miami Hospital (UMH) Emergency Room. Students should inform the staff that they are medical students. When off campus, students should go to the nearest ER or call 911 in the event of an emergency. Students should notify the Associate Dean for Student Services as soon as possible if they require urgent care or are admitted to the hospital.

**Pharmacy**

It is recommended that students shop around to obtain the lowest prices for prescription drugs. In some cases, local pharmacies at Publix or WalMart offer deeply discounted or even free medications.

Students who carry the UM-negotiated UnitedHealthcare Student Health Insurance policy may purchase prescriptions at discounted prices at the Student Health Center on the Coral Gables Campus. Call 305-284-5922 for more information.

The UMHC/Sylvester Pharmacy, located on the second floor of the Sylvester Cancer Center, only honors Aetna insurance. However, UMMSM medical students who present their ID can purchase medications at the employee discounted cost. Call 305-243-5244 for more information.

**Dental Hygiene**

Free dental cleaning and other basic services are available at Miami-Dade Community College, 950 N.W. 20th Street during the academic year. For appointments and further information call 305-237-4142.

**Medical Student Behavioral Health Service**

The Medical Student Behavioral Health Service (MSBHS), managed by the Department of Psychiatry and Behavioral Health, offers outpatient mental health services to medical students. Service is provided by licensed psychiatrists. The service is completely confidential. Students are not charged for this service for the first five visits, and the need for additional care is evaluated on a case-by-case basis.

Services provided include:

- **Acute Care:** Medical students who are experiencing significant psychological distress or dysfunction, but who are in no immediate danger to themselves or others, will be seen within three (3) regular business days.
- **Elective Care:** Medical students who seek care but who are not experiencing significant psychological distress or dysfunction will be seen within five (5) business days.
Follow-up Care: Four (4) additional follow-up visits will be provided per new occurrence. Exceptions to this policy can be made on a case-by-case basis. Referrals to community providers are available upon request.

Appointments can be scheduled by calling 305-243-2774 or by direct referral from the Associate Dean for Student Services. After hours, and on weekends and holidays, students may leave a message on the dedicated phone line for non-emergencies. Emergencies must be handled as noted above.

Emergency referrals:
Off campus psychiatric emergencies will be referred to 911.
On campus psychiatric emergencies will be referred to 911 or, if deemed appropriate, the student will be brought to the UMH emergency room and will ask for the UM Psychiatry faculty attending or the UM faculty on call (after normal hours).

In the event that a student self-refers to the MSBHS and it is deemed that the student is a potential danger to himself / herself or others, the treating clinician MUST immediately notify the medical education administration.

**MENTAL/BEHAVIORAL HEALTH RMC**

Henderson Student Counseling Services, managed by Henderson Behavioral Health, Inc. offers outpatient mental health services to medical students by a licensed mental health counselor. The service is completely confidential. Students are not charged for this service for the first five visits, and the need for additional care is evaluated on a case-by-case basis. Students can make an appointment by calling the dedicated phone line (TBA) and/ or seeking assistance from the Assistant Regional Dean for Student Services.

Students in need of psychiatric care can be seen by a psychiatrist from the Medical Student Behavioral Health Service (MSBHS), managed by the Department of Psychiatry and Behavioral Health located in either Boca Raton or Palm Beach Gardens. The phone number for this service will be posted on the student health services website.

Services provided include:

**Acute Care:** Medical students who are experiencing significant psychological distress or dysfunction, but who are in no immediate danger to themselves or others, will be seen within three (3) regular business days.

**Elective Care:** Medical students who seek care but who are not experiencing significant psychological distress or dysfunction will be seen within five (5) business days.

**Follow-up Care:** Four (4) additional follow-up visits will be provided per new occurrence by the Henderson provider and/ or the MSBHS. Exceptions to this policy can be made on a case-by-case basis. Referrals to community providers are available upon request.

Appointments can be scheduled by calling the agency numbers as posted on the UMMSM student services website or by direct referral from the Assistant Regional Dean for Student Services. After hours, and on weekends and holidays, students may leave a message on the dedicated phone line for non-emergencies. Emergencies must be handled as noted below.

Emergency referrals will be referred to 911.

In the event that a student self-refers to Henderson student counseling and/ or the MSBHS and it is deemed that the student is a potential danger to himself / herself or
others, the treating clinician MUST immediately notify the medical education administration.

**STUDENT HEALTH SERVICES: REGIONAL MEDICAL CAMPUS**

Students on the regional campus may use any of the student health services available on the Miami campus. All RMC students are encouraged to identify a primary care physician to oversee their health care. RMC students must seek services through their own providers and are responsible for any co-payments or fees incurred for the visit. Students may contact the Assistant Regional Dean for Student Services or look on the UMMSM student services website for a list of providers who have agreed to see UMMSM students and may provide services to students at convenient times, such as evenings and weekends.

**WELLNESS**

Students are encouraged to engage in activities that promote health and wellness. There are several resources available both on and off the medical campus.

**MEDICAL WELLNESS CENTER: MIAMI CAMPUS**

The Miller School of Medicine Medical Wellness Center is a state-of-the-art, 60,000-square-foot facility offering a wide range of health and fitness programs and services. All UMMSM students assigned to the Miami campus are required to pay the annual membership fee of $454. This fee is waived for students assigned to the RMC campus. The annual fee also provides access to the Student Wellness Center on the Coral Gables campus. A complete list and description of services, as well as hours of operation, are provided on web at [http://wellness.med.miami.edu/](http://wellness.med.miami.edu/).

**THE STUDENT WELLNESS CENTER: CORAL GABLES CAMPUS**

The University of Miami Wellness Center, located on the Coral Gables Campus, offers a wide array of facilities and services to the U.M. community. Medical students receive full reciprocity benefits to utilize both the Medical and Gables campus wellness facilities. A complete list and description of services, as well as hours of operation, are provided on web at [http://www6.miami.edu/wellness/](http://www6.miami.edu/wellness/).

**WELLNESS: REGIONAL CAMPUS**

Students at the regional medical campus may join local gyms and other wellness centers. In addition, the medical education administration has identified local gyms that may be willing to provide discounted rates to UMMSM students. Students should contact the Assistant Regional Deans for Student Affairs or Services for more information.

**SPECIAL ACCOMMODATIONS – AMERICAN WITH DISABILITIES ACT (ADA)**

The Office of Disability Services (ODS) provides academic resources and support to ensure that students with documented disabilities are able to access and participate in
the opportunities available at the University of Miami. Documentation is reviewed and accommodations are assigned in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations and/or equal access to programs and services. The University of Miami refers to a "disability" as a general term that applies to various conditions of short or long duration. To establish that a student is eligible for accommodations under the ADA, documentation must indicate (1) the current presence of a specific disability and (2) that the identified disability substantially limits a major life activity. Both acts define a disability as a physical or mental impairment that substantially limits one or more of the major life activities of such individuals. Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks. A diagnosis of a disorder/condition/syndrome or impairment in and of itself does not automatically qualify an individual for accommodations under the ADA. The documentation must support each request for an accommodation, academic adjustment or modification, or auxiliary aid.

**Determining Eligibility for Reasonable Accommodations**

Guidelines have been established by the University of Miami to determine eligibility for reasonable accommodations as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). The guidelines are intended for use by students currently enrolled in classes at the University of Miami or students preparing to attend the university. It is suggested that students expecting to attend the university submit documentation at least 6 weeks prior to the beginning of classes. Students may request a written copy of the guidelines by emailing disabilityservices@miami.edu or contacting our office at 305.284.2374. Student may visit www.umarc.miami.edu for comprehensive information about requesting any type of accommodation.

All documentation submitted must be comprehensive and address the specific accommodation being requested. Incomplete information may delay this process and the implementation of any academic accommodations. Accommodations are not granted retroactively and the arrangement of certain types of accommodations may take additional time after eligibility has been determined. All requests must be submitted by the student and clearly identify the accommodations being requested. Incomplete documentation will not be reviewed. You may use our Accommodation request form located on our website or provide the following information as part of your own cover sheet.

All documentation must be submitted along with:

- Student identification number (C#)
- Current address, phone number and e-mail address
- Specific accommodations being requested

If someone other than the student is submitting documentation, the release section of the form must be completed and signed by the student before any information will be discussed with a parent or medical professional.
ODS will not provide any accommodations until all essential documentation has been submitted. Students seeking services at ODS should remember the following points:

Accommodations are provided individually, not as a package, and are based on the student’s documentation, the disability, and individual needs.
The University will not grant accommodations that may fundamentally alter the nature of a course of study or would be a direct threat to the health or safety of the student or University community.
The fact that an accommodation was granted at another institution does not guarantee that the same accommodation will be granted at UM.
Accommodations must be requested through ODS prior to the time that they are needed and within enough time to allow the office to coordinate the services. Accommodations will not be provided retroactively.
UM does not have a comprehensive learning disabilities program, or any other disability-specific program, but examines an individual’s needs on a case-by-case basis to provide reasonable accommodations and a system of support services to address those needs.
ODS has information about the types of adapted equipment available on campus.

Services of a personal nature (for example, readers for personal use, tutoring, or assistance in eating or dressing) are not provided by the University. ODS may make referrals when possible to other offices or agencies that may assist in providing nonacademic or personal services. Such referrals should not be considered an endorsement.

Please contact the Office of Disability Services with questions.
e-mail: disabilityservices@miami.edu
Phone: (305) 284-2374
Fax: (305) 284-1999

REQUESTING ACCOMMODATIONS AT THE SCHOOL OF MEDICINE

If ODS believes that a UMMSM medical student qualifies for accommodations under the ADA, its findings and recommendations must be submitted to the Office of Student Services for final review and approval by the Associate Dean for Student Services and the Senior Associate Dean for Undergraduate Medical Education. At the completion of this review, the student will be notified in writing of the medical school’s decision and the process the student must follow for the accommodations to be provided.

FINANCIAL PLANNING AND ASSISTANCE

The Office of Financial Assistance is available to provide students with direction in acquiring the funds necessary to complete their medical education. Limited scholarship funds are available. Students who receive scholarships from the University should familiarize themselves with the scholarship renewal policy described below.

The majority of financial assistance obtained by students is through student loan programs sponsored by the federal government. The Office of Financial Assistance is available to help students understand the various loan options available and to assist them with financial planning and debt management.
Students at the Regional Medical Campus will apply for financial assistance through the Office of Financial Assistance at UMMSM and can obtain advice and counseling from the Office of Financial Assistance on the UMMSM medical campus.

**TUITION AND STUDENT FEES**

Annual tuition is assessed at the time of registration. One-half of the annual tuition may be deferred until January 1st of the second semester without penalty. Students with outstanding balances will not be allowed to register. All tuition and fee payments should be made directly to the Office of Student Accounts at the Coral Gables Campus.

Students should refer to the medical education website to view latest information about tuition, fees, and cost of living.

**TUITION REFUNDS AND PRORATED TUITION**

Students are expected to pay no more than four years of tuition during their matriculation at the UMMSM, unless they are required to repeat parts of the curriculum due to academic deficiencies.

**TUITION REFUNDS**

When a student takes a leave of absence that will result in a change in their anticipated date of graduation, a refund will be provided if they have paid for credits not yet taken. The refund will be determined based on the number of credits attempted versus the total number of credits available that year.

If a student desires, part or all of a refund can be credited toward future tuition.

**PRORATED TUITION**

When a student is required to repeat all or part of an academic year due to academic deficiencies, the tuition will be prorated as follows:

\[
\text{Annual tuition} \times \frac{\text{credit weeks needed}}{\text{total credit weeks}} = \text{prorated tuition}
\]

**SCHOLARSHIP RENEWAL POLICY**

The Scholarship Renewal Policy applies to all UMMSM students on both campuses. All scholarships granted by the UMMSM are subject to annual renewal based on the conditions outlined below.

Scholarship recipients must be enrolled in the school of medicine and attending classes to continue receiving their scholarship.

Scholarship recipients must remain in good academic standing. Any scholarship recipients who are required to repeat all or part of an academic year due to academic difficulties will forfeit scholarship awards and will not be eligible to receive scholarship support for the remainder of the time they are enrolled at the UMMSM.
All medical students, including scholarship recipients, must maintain the high ethical and professional standards of the UMMSM. Scholarship recipients who are found guilty of misconduct by the Council on Honorable and Professional Conduct, or who in the view of the Dean of the School of Medicine have violated the professional standards of the UMMSM, will immediately forfeit their scholarship awards and will not be eligible to receive scholarship support for the remainder of the time they are enrolled at the UMMSM.

Scholarship recipients have the right to appeal the forfeiture of their scholarship awards to the Scholarship Committee for review. After the Scholarship Committee reviews an appeal, recipients have the right to appeal an adverse decision to the Dean of the medical school, or to such other person or committee the Dean may designate.

SECURITY

MIAMI MEDICAL CAMPUS

University of Miami security guards are on duty 24 hours a day at the Rosenstiel Medical Sciences Building and around the UMMSM campus. Services provided by the Division of Security include parking, crime prevention, maintaining security systems, handling campus emergencies, and providing employees and students with identification and access cards.

Security can provide access to rooms designated for students that are locked at night (conference rooms, labs, etc.). A security guard is available to escort students at night between buildings, to the parking lots, and to Metrorail. Security also provides services to students with car problems (i.e. jump start, lockouts, towing). The Division of Security maintains detailed information, including medical campus alerts, on the following website: http://129.171.64.77/SECURITY/security.htm.

The following are contact numbers for Security on the UMMSM Campus:
Emergency Assistance: 305-243-6000
Non-Emergency Assistance: 305-243-6079
Security Escort: 305-243-6111

I.D. badges must be worn at all times in UM/JMH facilities. Stolen or replaced I.D. badges should be reported to the Security Department as soon as possible. The main security office is in the Dominion Tower Roof Garden; 305-243-6280. A second security office is located on the first floor of the Rosenstiel Building. Security posts are located at the main entrances of most buildings on campus, including the Rosenstiel Building, Jackson Memorial Hospital, Bascom Palmer Eye Institute, and the University of Miami Hospital and Clinics.

HURRICANE / EMERGENCY PLAN

In the event of a civil disturbance, storm, or any other disaster, communication becomes a critical element for members of the University community. Command centers have been established by the University to disseminate accurate, timely information in the case of an emergency. The command center will have the latest official information regarding work, class, clinic, and hospital schedules. Information generated from the
command center comes directly from University officials and is reviewed and approved by the Dean.

In the event of a hurricane or emergency, information will be conveyed to students by the medical education administration when possible or by the university's rumor control hotline.

It is imperative that students maintain accurate contact information, including home telephone numbers and cellular phone numbers in CaneLink. Students are responsible for updating their contact information CaneLink whenever any changes occur. This is critical for the University to contact students through the Emergency Notification Network.

The University of Miami Emergency Notification Network (ENN) is the comprehensive communications solution that allows the University to quickly disseminate an urgent message through multiple communications mediums. If there is a condition, which significantly threatens the health and safety of persons on campus or impacts normal campus operations, university officials will warn the campus community using one or more communication methods.

Learn more by visiting the ENN webpage: http://www.miami.edu/ref/index.php/real_estate_facilities/office_of_emergency_management/emergency_notification_network/

Full cooperation with updating contact information is imperative and failure to do so during an emergency will be considered a serious breech of student conduct.

**HURRICANE/Emergency Plan: UMMSM Campus**

Anyone who has any questions or requires information during an emergency should contact the rumor control hotline at **305-243-6079**. Information provided by the rumor control hotline supersedes any other information that may be disseminated by the media or any of the UM affiliated hospitals or clinics.

Additional information regarding the University of Miami’s policies and procedures in the event of emergencies is provided at: http://129.171.64.77/SECURITY/rumor_control.htm.

Information resources on hurricane preparedness can be found at: http://129.171.64.77/SECURITY/emergencies/hurricane.htm.
STUDENT MISTREATMENT POLICIES

EQUAL OPPORTUNITY/ NON-DISCRIMINATION / ANTI-HARASSMENT / NON- RETALIATION POLICY

It is the policy of the University of Miami and the Miller School of Medicine that no person within the jurisdiction thereof shall, on the basis of race, religion, color, sex, age, disability, sexual orientation, gender identity/expression, veterans status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination or harassment (including all forms of sexual harassment, sexual violence, domestic violence, dating violence, and stalking) under any educational/employment program or activity of the University. Retaliatory actions against any person who has, in good faith, reported a potential violation or participated in a subsequent investigation is also prohibited. The following non-exclusive list of statutes apply:

TITLE IX, 1972, EDUCATION AMENDMENTS

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in recruitment, admissions, financial aid/scholarships, facilities and housing, course offerings and access, educational programs and activities, counseling, health insurance benefits and services, marital and parental status, athletics, and employment assistance under any education program or activity receiving Federal financial assistance."

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964

Title VII makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex in employment.

TITLE VI, CIVIL RIGHTS ACT OF 1964

Title VI prohibits exclusion from, participation in, denial of benefits, and discrimination under federally assisted programs on ground of race, color or national origin.

THE AGE DISCRIMINATION ACT OF 1975 (ADA)

The ADA prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. This applies to persons of all ages including non-traditional students. Under the ADA, it is unlawful to exclude a person on the basis of age from participation in, deny benefits, or subject to discrimination, under any program or activity receiving Federal financial assistance.

The University reaffirms its commitment to the concept of nondiscrimination and to providing an educational forum and work environment free of discrimination, harassment, and retaliation. Discrimination, harassment, or retaliation of any kind by any administrator, faculty member, employee, or student is absolutely prohibited. A violation of this policy shall constitute grounds for disciplinary action up to and including dismissal or expulsion from the University of Miami and the Miller School of Medicine.
Federal law and university policies prohibit retaliation against a person who, in good faith, complains about discrimination, files a charge of discrimination, or participates in a discrimination investigation or lawsuit.

All complaints of discrimination, harassment or retaliation brought under the above statutes or any other statute prohibiting discrimination not mentioned above will be addressed in accordance with the Grievance Procedure described below.

**GRIEVANCE PROCEDURE**

Under the University’s grievance procedures, Miller School of Medicine students may address their complaints of discrimination, harassment, or retaliation by reporting such complaints to the University in writing, via secure online reporting system the Physicianship Incident Reporting System: [http://www.mededu.miami.edu/MedEd/PIRS/index_html/PIRS_System/Submit_Incident_Report](http://www.mededu.miami.edu/MedEd/PIRS/index_html/PIRS_System/Submit_Incident_Report) or by calling the 24-hour Mistreatment Reporting Hotline (305-689-2222 or 2-2222 from a campus phone), either informally or formally. Subject to the University’s statutory disclosure requirements under the Clery Act or any other applicable statutes, all reasonable efforts will be made to preserve and protect the confidentiality of all parties involved, provided that these efforts do not interfere with the University’s ability to investigate and take appropriate corrective action. Students are encouraged to file a complaint within thirty (30) calendar days from the date the incident occurred; however, if extenuating circumstances occur, complaints may be filed later than the 30-day period. Retaliation or subsequent harassment against a student who files such a complaint or participates in an investigation is prohibited.

**INFORMAL (VERBAL)**

Students, who feel they have been discriminated against or harassed, may contact the Associate/Assistant Dean(s) for Student Services, the Associate/Assistant Dean(s) for Student Affairs, the Senior Associate Dean for Undergraduate Medical Education, Regional Dean for Medical Education or the medical school ombudsman to receive necessary counseling and/or arrange for an investigation of the complaint. Within five (5) working days of the student’s complaint, the dean or ombudsman is responsible for notifying the Equality Administration Office (EAO) of the action taken to resolve the matter so that a confidential record can be maintained by the Office of Student Affairs and the EAO.

A student who is not satisfied with the informal resolution to their complaint should file a formal complaint with the Equality Administration Office within ten (10) working days of the receipt of a final response from the appropriate dean or ombudsman to Equality Administration.

**FORMAL (WRITTEN)**

All formal complaints of discrimination/harassment shall immediately be reported to the Executive Director of Equality Administration in the Equality Administration Office; you can contact the Executive Director through the office by e-mail at staff.ea@miami.edu or by phone at (305) 284-3064. This office will also be available to assist complaint facilitators, ombudsperson, students, administrators, and faculty in the complaint. Any University student who believes that she or he has been subjected to discrimination,
harassment, or retaliation may file a complaint through the appropriate procedures described below.

A. Students must report their complaints as follows:

1. **Student - Student Complaint**
   Complaints of discrimination, harassment (including sexual violence, domestic violence, dating violence and stalking) or retaliation by a University student against another University student shall be reported to the Associate Dean for Student Affairs; you may contact the Associate Dean through the Office of Student Affairs by e-mail or by phone at (305) 243-2003. Complaints may also be filed online via the Physicianship Incident Reporting System: [http://www.mededu.miami.edu/MedEd/PIRS/index.html/PIRS_System/Submit_Incident_Report](http://www.mededu.miami.edu/MedEd/PIRS/index.html/PIRS_System/Submit_Incident_Report) or by calling the 24-hour Mistreatment Reporting Hotline (305-689-2222 or 2-2222 from a campus phone). In cases where the students involved are students of other University schools or colleges, reports should be directed to the Equality Administration Office as noted above. Students who assert complaints of harassment, sexual violence, domestic violence, dating violence, and/or stalking, will be informed of their right to also report the incident/s to the appropriate law enforcement agency. If the student has obtained a judicial no-contact or restraining order as a result of the incident/s, a copy should be provided to the Associate Dean for Student Affairs so that the Miller School of Medicine may take appropriate steps if necessary.

2. **Student - Faculty Complaint**
   Complaints of discrimination, harassment or retaliation by a faculty member against a student of the University shall be reported to the Equality Administration Office as noted above. A Faculty Sexual Harassment Counselor will collaborate with the Equality Administration Office and appropriate individuals/offices as necessary in order to investigate the complaint.

3. **Student - Administrator / Employee Complaint**
   Complaints of discrimination, harassment or retaliation by an administrator/employee against a student of the University shall be reported to the Equality Administration Office as noted above. The Equality Administration Office will collaborate with the appropriate individuals/offices as necessary in order to investigate the complaint.

4. **Student - Third Party Complaint**
   Complaints of discrimination, harassment, or retaliation by a third party (including visitors, patients, applicants, vendors, others) against a student of the University shall be reported to the Equality Administration Office as noted above. The Equality Administration Office will collaborate with the appropriate individuals/offices, as necessary in order to investigate the complaint.

B. **Complaint Facilitator- Ombudsperson**
   In addition to the above persons in positions of authority, students may contact the University ombudsperson who is a member of the University community and serves as a support to the complainant and advisor on the policies and procedures on how to report a grievance. The Ombudsperson’s responsibilities shall include listening to complaints and providing necessary counseling on how to handle these concerns, accompanying the individual in a meeting, as appropriate, with the person in position of authority and providing guidance on the University’s non-discrimination/anti-harassment grievance
procedures. The processing of complaints by the Ombudsperson shall include involvement by the Equality Administration Office and the Office of Student Affairs. The Ombudsperson shall not make policy, override a policy or investigate a complaint.

The Ombudsperson shall notify the Equality Administration Office immediately of student’s complaint and the action taken to address the matter so that a confidential record can be maintained by the Equality Administration Office.

The University Ombudsperson can be reached at: http://ombudsperson.med.miami.edu/ or via phone at: 305-243-8400.

C. Verbal Complaint
Any student, who believes that she or he is the subject of harassment (including sexual harassment), discrimination, or retaliation, is encouraged to seek resolution by reporting the matter to the appropriate office. The Associate Dean for Student Affairs or Services shall make every reasonable effort (normally within fifteen (15) working days) to promptly inquire into the facts of the charge of discrimination/harassment upon becoming knowledgeable of the complaint. The responsibility of the associate dean is to listen to the student grievance, investigate the facts surrounding the complaint, provide counsel and attempt to achieve a mutual resolution between/among the parties. The complainant has the right to end the informal resolution process at any time and begin the formal grievance procedure by filing a writing complaint.

The associate dean shall, within five (5) working days of the resolution, provide a written statement to the Equality Administration Office specifying the resolution of the problem or complaint.

D. Written Complaint
A student is required to submit a written statement to the Office of Student Affairs (student–student) or the Equality Administration Office for all cases. The written statement is to include the following: the name(s) of the complainant(s), the accused, and any witnesses; the date, time, location, and details of the incident(s); and the desired resolution. Students who do not provide this information may impede a thorough investigation of the complaint. Nonetheless, the student shall receive counseling and guidance from the Office of Student Affairs (student – student) or the Executive Director of the Equality Administration Office for all other cases.

E. Investigation
Upon the filing of a written complaint by a student, the Office of Student Affairs or the Equality Administration Office shall contact the Dean of the Miller School of Medicine of the commencement of the investigation. Normally, the investigating office shall have up to 30 to 60 calendar days to investigate the charges of discrimination/harassment. Such investigations shall consist of, but not limited to, interviewing the parties involved, interviewing witnesses with relevant and material information, and reviewing related supporting documents.

Any individual who knowingly provides false information pursuant in connection with the filing/submission of a complaint of discrimination, harassment or retaliation, or during an investigation will be subject to appropriate discipline, up to and including dismissal from the University.
At the conclusion of the investigation, the Office of Student Affairs or the Equality Administration Office shall notify the Dean of the Miller School of Medicine of the results of the investigation and collaborate on the resolution and implementation of any corrective action, as well as follow up in writing with the student/respondent regarding the complaint.

1. In cases where the accused is a student and it is determined that the reported behavior may represent a violation/s of the Equal Opportunity/Non-Discrimination/Anti-Harassment/Non-Retaliation Policy, the Grievance Procedure Involving Medical Students will be utilized to process the investigation and subsequent case. Please consult the Grievance Procedure Involving Medical Students attached at end of this policy for a detailed description of the disciplinary process. In cases involving alleged violations of the Equal Opportunity/Non-Discrimination/Anti-Harassment/Non-Retaliation Policy, the standard of evidence that will be used will be the preponderance of the evidence standard. Additionally, in connection with the processing of such cases, the complaining and responding parties will have the option to be accompanied by an advisor of their choice. Possible sanctions in response to findings of violations of the Equal Opportunity/Non-Discrimination/Anti-Harassment/Non-Retaliation Policy may include probation, suspension, dismissal and/or expulsion from the Miller School of Medicine and/or the University. At the conclusion of the investigation and/or the disciplinary proceedings, the students involved will be simultaneously informed, in writing, of the findings and any corrective/disciplinary actions.

2. In the case where the accused is faculty member, the matter shall be reviewed by the Miller School’s Senior Associate Dean for Faculty Affairs who with the Vice Provost for Faculty Affairs and Provost, shall make a determination as to whether the charge is to be referred to the Committee on Professional Conduct for processing in accordance with the procedures set forth in the Faculty Manual. Further detail is available in the Faculty Manual. Separate and apart from a referral to the Committee on Professional Conduct, the Equality Administration Office, the Vice Provost for Faculty Affairs and/or the Dean of the Miller School of Medicine (or his designee) may take appropriate corrective action(s). At the conclusion of the investigation and/or the proceedings before the Committee on Professional Conduct, the student and the faculty member will be informed of the investigation’s findings and any corrective/disciplinary actions.

3. In the case where the accused is an administrator/employee, the Equality Administration Office will conduct an investigation and in conjunction with the respective dean/vice president shall implement appropriate corrective action to be taken. At the conclusion of the investigation, the student and the employee will be informed of the investigation’s findings and any corrective/disciplinary actions.

A complainant not satisfied with the decision shall have ten (10) working days to request an appeal in writing to the University’s Vice President for Human Resources. A request for an appeal by the complainant or respondent shall state specific reasons why the findings/resolution was improper. The appeal is limited to considering evidence not previously available to the Equality Administration office (or designee). The Equality Administration Office will provide the Vice President with the written record of the investigation, the decision and other appropriate documentation not previously available.
The Vice President for Human Resources shall review the findings and respond to the request within ten (10) working days. If the Vice President for Human Resources determines that the decision is not supported by the evidence, the complaint will be reopened for further investigation. If the Vice President for Human Resources determines that the investigation was thorough and complete, the request for an appeal shall be denied, and the complainant/respondent will be notified that the internal discrimination complaint procedure is complete. The decision of the Vice President will be final.

F. Time Limits
Complaints of harassment, discrimination, or retaliation, both formal and informal, should be filed within thirty (30) calendar days from the date the most recent incident occurred. In addition, the Office of Civil Rights imposes a one hundred eighty (180) day time limit on filing a complaint.

G. Off Campus Programs and Activities
Students who feel that they have experienced discrimination, harassment, or retaliation while participating in off-campus programs and activities should immediately report such incidents to the Office of Student Affairs or the Equality Administration Office. Off-campus programs and activities include, but are not limited to, medical mission trips, national and international externships, applied learning experiences and or social activities.

GLOSSARY OF TERMS

Assault
To threaten bodily harm or discomfort to another person or commit or aid in the commission of an act that causes bodily harm or discomfort to another person is prohibited. (For University purposes, self-defense or defense of another is limited only to the use of force sufficient to protect a person from injury by another.)

Consensual Relationships
To avoid the appearance of a conflict of interest, favoritism, or bias in the workplace, which may be prejudicial to the interests of the University, its members, and the public interest it serves, and to help insure that each member of the UM community is treated with dignity and without regard to other factors that are not relevant to that person’s work. Amorous, romantic or sexual relationships (“amorous relationships”) between members of the University community, where one of the parties has academic, supervisory, administrative or other authority over a subordinate (junior) party are highly problematic, even when entirely consensual. The amorous relationship may create, or be perceived as creating a conflict of interest that undermines the objectivity of evaluations.

Policy
Members of the University community are prohibited from entering into amorous relationships with persons over whom they have evaluative authority.
Supervisors who engage in an amorous relationship must take whatever steps are necessary to ensure that they do not simultaneously have evaluative authority and an amorous relationship in a way that disadvantages the subordinate (junior) party.
Procedures
Such steps may include, for example, withdrawing from a position as thesis advisor or teaching assistant supervisor. These steps should be taken in a way that does not disadvantage the junior party. If an amorous relationship develops with a subordinate / junior party (student) the supervisor/senior party (teaching assistant) must report the situation to the relevant program director, department chair, or dean, who will act to determine the best means of resolving potential conflicts and shall maintain the confidentiality of the information.

Failure to comply with this policy is prohibited.

Dating Violence
Dating violence means violence by a person who has been in a romantic or intimate relationship with the victim. Whether there was such a relationship will be gauged by its length, type, and frequency of interaction.

Domestic Violence
Domestic violence includes asserted violent misdemeanor and felony offenses committed by the victim’s current or former spouse, current or former cohabitant, person similarly situated under domestic or family violence law, or anyone else protected under domestic or family violence law.

Harassment or Harm to Others
Any words or acts, whether intentional or a product of the disregard for the safety, rights, or welfare of others, which cause or result in physical or emotional harm to others, or which intimidate, degrade, demean, threaten, haze or otherwise interfere with another person’s rightful actions or comfort is prohibited.

Hazing
Hazing and/or hazing-related activities are prohibited.

Retaliation
To harass, threaten, or otherwise commit an act against another person who has reported a possible policy violation or who has participated in an investigation into the possible violation of a policy is prohibited.

Sexual Assault / Battery
Non-consensual oral, anal, or vaginal penetration by or union with the sexual organ of another or by any other object is prohibited.

Sexual Harassment
Sexual harassment is a form of discrimination covered under Title IX, 1972, Education Amendments and Title VII of the Civil Rights Act of 1964. Sexual harassment includes, but is not limited to, physical or verbal abuse of a sexual nature including graphic commentaries about an individual’s body, sexually degrading remarks used to describe an individual, or unwelcome propositions and physical advances of a sexual nature. Sexual harassment also includes the threat or insinuation that sexual submission or the lack thereof will be used as a basis for employment or education decisions affecting or interfering with an individual’s salary, academic standing or other conditions of employment, academic, or career development.
Sexual Violence
Sexual violence shall refer to physical sexual acts perpetrated against a person’s will or where a person is incapable of giving consent due to the victim’s use of drugs or alcohol.

Stalking
Stalking means a course of conduct directed at a specific person that would cause a reasonable person to fear for her, his, or others’ safety, or to suffer substantial emotional distress.

Unauthorized Entry
Any student who enters, attempts to enter, or remains in or on top of any room, building, motor vehicle, trailer, machinery or other structure without proper authorization may be subject to University disciplinary action, as well as arrest and prosecution by legal authorities.
UNIVERSITY OF MIAMI RESPONSE TO THE DRUG-FREE SCHOOLS
AND COMMUNITIES ACT OF 1989 (PUBLIC LAW 101-226)


REGULATION: SEC. 1213 “DRUG AND ALCOHOL ABUSE PREVENTION”

Section 1213 Subpart B.a.1. requires annual distribution to each student and employee of:
“standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;”

All students, faculty, administrators, and support staff are expected to recognize the potential for alcohol and drug abuse whenever illegal drugs or alcohol are sold, given, manufactured, and/or used and that such abuse is in conflict with the University's purpose. To mitigate abuse, the University has established policies and regulations which adhere to applicable federal laws and Florida statutes regarding such abuse. The regulations and policies governing the use of alcoholic beverages apply to all students, guests, and visitors on University property or as part of any University activity. The responsibility for knowing and abiding by the provisions of the University’s beverage and drug policies rest with each individual.

Section 1213 Subpart B.a.2. requires:
“a description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;”

The Florida State Statutes on drug and alcohol abuse are based upon and are consistent with current Federal Statutes, which are found in Titles 21 and 27 of the United States Code.

The University of Miami adheres to Florida Statutes Chapter 562 which detail the Florida Laws on alcoholic beverages and related penalties (misdemeanor, felony). These statutes include selling, giving or serving alcoholic beverages to persons under 21 years of age (562.11) and for possession of alcoholic beverages by persons under 21 years of age (562.111). It is unlawful for any person to misrepresent or misstate his or her age. This includes the manufacture or use of false identification. Use of altered identification for the purpose of procuring alcoholic beverages is a felony. It is unlawful for any person to consume or possess open containers of alcoholic beverages while in municipal parks, playgrounds, sidewalks or streets. It is unlawful for a person to be found in the state of intoxication on a street or public place while within the city limits. It is unlawful for a person to drive while under the influence of alcohol or other drugs. Penalties include: (a) a mandatory suspension of license for 90 days for the first conviction; (b) fines of up to $500.00 for the first offense; (c) a minimum of 50 hours community service; (d) imprisonment of not more than six months.

The Florida Statutes, to which the University of Miami adheres with regard to drug abuse, are found in Florida Statutes Chapter 893. This chapter includes definitions of what constitutes illegal drugs, drug paraphernalia, prohibited activities, and related penalties. Conviction for the possession or distribution of illegal drugs or alcohol will result in various penalties according to the nature of the offense. This can include imprisonment, fines, confiscation of property, and other related penalties. A violation of State Law which results in a conviction will result in additional disciplinary action by the University.

According to Section 893.13 (1) Florida Statutes, "it is unlawful for any person to sell, purchase, manufacture, or deliver, or to possess with the intent to sell, purchase, manufacture, or deliver, a
controlled substance in, on, or within 200 feet of the real property comprising a public or private college, university, or other postsecondary educational institution.” Individuals who violate this law commit a felony of the first degree, and shall be sentenced to a minimum term of “imprisonment for three calendar years and shall not be eligible for parole or release under the Control Release Authority pursuant to s.947.146 or statutory gain-time under s.944.275 prior to serving such minimum sentence.”

Section 1213 Subpart B.a.3. requires:
“a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;”

The following health risks are related to alcohol and drug abuse:

**Alcohol**
Alcohol is a “psychoactive” or mind-altering drug. It can alter moods, cause changes in the body, and become habit forming. Alcohol is called a “downer” because it depresses the central nervous system. Drinking too much causes slowed reactions, slurred speech, and sometimes unconsciousness. Alcohol works first on the part of the brain that controls inhibitions. A person does not have to be an alcoholic to have problems with alcohol. Every year, many individuals lose their lives in alcohol-related automobile accidents, drowning, and suicides. Serious health problems can and do occur before drinkers reach the stage of addiction or chronic use.

Some of the serious diseases associated with chronic alcohol use include alcoholism and cancer of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse also can lead to such serious physical problems as: damage to the brain, pancreas, and kidneys; high blood pressure, heart attacks, and strokes; alcoholic hepatitis and cirrhosis of the liver; stomach and duodenal ulcers, colitis, and irritable colon; impotence and infertility; birth defects and Fetal Alcohol Syndrome, which causes retardation, low birth weight, small head size, and limb abnormalities; premature aging; and a host of other disorders such as diminished immunity to disease, sleep disturbances, muscle cramps, and edema.

**Marijuana**
The potency of the marijuana now available has increased more than 275% since 1980. For those who currently smoke marijuana, the dangers are much more serious than they were in the 1960’s. There are more known cancer-causing agents in marijuana smoke than in cigarette smoke. In fact, because marijuana smokers try to hold the smoke in their lungs as long as possible, one marijuana cigarette can be as damaging to the lungs as four tobacco cigarettes.

Even small doses of marijuana can impair memory function, distort perception, hamper judgment, and diminish motor skills. Chronic marijuana use can cause brain damage and changes in the brain similar to those that occur during aging. Health effects also include accelerated heartbeat and, in some persons, increased blood pressure. These changes pose health risks for anyone, but particularly for people with abnormal heart and circulatory conditions, such as high blood pressure and hardening of the arteries.

Marijuana can also have a serious effect on reproduction. Some studies have shown that women who smoke marijuana during pregnancy may give birth to babies with defects similar to those seen in infants born with Fetal Alcohol Syndrome - for example, low body weight and small head size.

**Cocaine**
Cocaine is one of the most powerfully addictive of the drugs of abuse, and it is a drug that can lead to death. No individual can predict whether or not he or she will become addicted or whether the next dose of cocaine will prove to be fatal. Cocaine can be snorted through the nose, smoked, or injected. Injecting cocaine, or injecting any drug, carries the added risk of contracting HIV, the virus that causes AIDS if the user shares a hypodermic needle with a person already

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67
infected with HIV. Cocaine is a very strong stimulant to the central nervous system, including the brain.

This drug produces an accelerated heart rate while at the same time constricting the blood vessels which are trying to handle the additional flow of blood. Pupils dilate and temperature and blood pressure rises. These physical changes may be accompanied by seizures, cardiac arrest, respiratory arrest, or stroke. Nasal problems, including congestion and a runny nose occur with the use of cocaine, and with prolonged use the mucous membrane of the nose may disintegrate. Heavy use of cocaine can sufficiently damage the nasal septum to cause it to collapse. Users often report being depressed when they are not using the drug and often resume use to alleviate further depression. In addition, cocaine users frequently find that they need more and more cocaine more often to generate the same level of stimulation. Therefore, any use can lead to addiction. “Freebase” is a form of cocaine that is smoked. Freebase is produced by a chemical process whereby “street cocaine” (cocaine hydrochloride) is converted to a pure base by removing the hydrochloride salt and some of the “cutting” agents. The end product is not water soluble, so the only way to get it into the system is to smoke it. The cocaine reaches the brain within seconds, resulting in a sudden and intense high. However, the euphoria quickly disappears, leaving the user with an enormous craving to freebase again and again. The user usually increases the dose and the frequency to satisfy this craving, which results in addiction and physical debilitation.

“Crack” is the street name given to one form of freebase cocaine that comes in the form of small lumps or shavings. The term “crack” refers to the crackling sound made when the mixture is smoked (heated).

**Heroin**
Heroin is an illegal opiate drug. Its addictive properties are manifested by the need for persistent, repeated use of the drug (craving) and by the fact that attempts to stop using the drug leads to significant and painful physical withdrawal symptoms. Use of heroin causes physical and psychological problems such as shallow breathing, nausea, panic, insomnia, and a need for increasingly higher doses of the drug to get the same effect. Heroin exerts its primary addictive effect by activating many regions of the brain; the brain regions affected are responsible for producing both the pleasurable sensation of “reward” and physical dependence. Together, these actions account for the user’s loss of control and the drug’s habit-forming action.

Heroin is a drug that is primarily taken by injection (a shot) with a needle in the vein. This form of use is called intravenous injection (commonly known as IV injection). This means of drug entry can have grave consequences. Uncertain dosage levels (due to differences in purity), the use of unsterile equipment, contamination of heroin with cutting agents, or the use of heroin in combination with such other drugs as alcohol or cocaine can cause serious health problems such as serum hepatitis, skin abscesses, inflammation of veins, and cardiac disease (subacute bacterial endocarditis). Of great importance, however, the user never knows whether the next dose will be unusually potent, leading to overdose, coma, and possible death. Heroin is responsible for many deaths. Needle sharing by IV drug users is one of the causes of new AIDS cases.

The signs and symptoms of heroin use include euphoria, drowsiness, respiratory depression (which can progress until breathing stops), constricted pupils, and nausea. Withdrawal symptoms include watery eyes, runny nose, yawning, loss of appetite, tremors, panic, chills, sweating, nausea, muscle cramps, and insomnia. Elevations in blood pressure, pulse, respiratory rate, and temperature occur as withdrawal progresses. Symptoms of a heroin overdose include shallow breathing, pinpoint pupils, clammy skin, convulsions, and coma.

**PCP**
PCP is a hallucinogenic drug; that is, a drug that alters sensation, mood, and consciousness and that may distort hearing, touch, smell, or taste as well as visual sensation. It is legitimately used
as an anesthetic for animals. When used by humans, PCP induces a profound departure from reality, which leaves the user capable of bizarre behavior and severe disorientation. These PCP-induced effects may lead to serious injuries or death to the user while under the influence of the drug.

PCP produces feelings of mental depression in some individuals. When PCP is used regularly, memory, perception functions, concentration, and judgement are often disturbed. Used chronically, PCP may lead to permanent changes in cognitive ability (thinking), memory, and fine motor function.

“Designer Drugs”
By modifying the chemical structure of certain drugs, underground chemists are now able to create what are called “designer drugs” - a label that incorrectly glamorizes them. They are, in fact, analogues of illegal substances. Frequently, these drugs can be much more potent than the original substances; therefore, they can produce much more toxic effects. “Ecstasy,” for example, is a drug in the amphetamine family that, according to some users, produces an initial state of disorientation followed by a rush and then a mellow, sociable feeling. We now know, however, that it also kills certain kinds of brain cells.

Section 1213 Subpart a.4 requires:
a description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students;

Section 1213 Subpart B.a.5 requires:
a clear statement that the institution will impose sanctions on students and employees (consistent with local, State and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct required by Section 1213 Subpart B.a.1.”

The University will impose sanctions for violation of the standards of conduct consistent with local, state and federal laws, student and employee handbooks, and University policies. Violations will result in disciplinary action, up to and including termination of employment, expulsion, and referral for prosecution. Sanctions imposed will depend upon the severity and frequency of the violation. In addition to, or in lieu of discipline, violators may be required to complete an appropriate rehabilitation program.
UMMSM SUBSTANCE ABUSE POLICY

Medical students who are aware of or suspect a colleague of abusing alcohol or drugs are encouraged to intervene and provide assistance, or to refer the matter to the medical education administration.

- If a medical student in good standing seeks help for substance abuse, support is available through the Office of Student Services, the Student Health Clinic or the Student Behavioral Health Service.

- If a medical student violates school policy or has academic difficulties and self-reports a substance abuse problem, assistance will be provided if the student acknowledges the problem, consents to treatment in an appropriate rehabilitation program, and complies with the program.

- If a medical student violates school policy or has academic difficulties, and fails to self-report a substance abuse problem that is later identified, disciplinary action up to and including dismissal or expulsion may be recommended.

- If a medical student with an identified substance abuse problem refuses to acknowledge the problem, or does not consent to therapy, or does not comply with a rehabilitation program approved by the medical education administration, disciplinary action up to and including dismissal or expulsion may be recommended.

- If a student reports to school or to a clinical setting under the influence of alcohol or drugs, they will be immediately suspended and possibly dismissed or expelled from the UMMSM.

UNIVERSITY OMBUDSPERSON

At a University with over 12,000 students, it is understandable that some students may begin to feel lost in the shuffle. In addition, policies and procedures the University has created to assist students, may at times appear overwhelming. Recognizing the difficulties that you may face during and through out the year, the University of Miami has identified a group of Troubleshooters and both medical school and University Ombudspersons to assist you.

THE OMBUDSPERSON

The Ombudsperson helps open channels of communication between students and the University community. The Ombudsperson listens to student grievances, investigates the facts surrounding the grievance and attempts to objectively make recommendations on how best to resolve the issues which are raised.
The Ombudsperson is:

**Impartial:** Not an advocate or critic but considers the rights and interests of all parties concerned and advocates for a fair resolution. The Ombudsperson will consider the rights and obligations of the student and the University:

**Private:** The issues presented remain in confidence upon the student’s request unless otherwise required by University of Miami policies and procedures.

**Informal:** Works with students to explore options and assists them in establishing communication with appropriate campus departments and offices.

**THE ROLE OF THE OMBUDSPERSON**

The Ombudsperson assists members of the University community in informal resolution of student disputes and grievances. Services rendered by the Ombudsman do not replace University of Miami’s formal grievance processes. The Ombudsperson:

- Answers questions or refers you to someone who can help.
- Interprets University of Miami policies and procedures and offers guidance.
- Recommends changes in policies and procedures when necessary.
- Mediates conflicts when requested.
- Provides educational programs for the campus community on negotiation, mediation, and conflict resolution.

**CONTACTING THE OMBUDSPERSON**

When regular channels have failed to bring resolution to your problem or when you are uncertain of what steps to take next, you should contact the Ombudsperson. It may be your first step or last resort. Speaking with the Ombudsperson may help clarify your thoughts or feelings about the situation and increase your awareness of alternatives. You can make an appointment by calling 305-243-2003 at UMMSM or by contacting the Assistant Regional Dean for Student Services (RMC) or by visiting: [http://ombudsperson.med.miami.edu/](http://ombudsperson.med.miami.edu/).
Appendix I

Physicianship and Professionalism Advocacy Program (PPAP)

INTRODUCTION

Professionalism is an attribute and competency demanded of all physicians and an important component of the medical education programs at the University of Miami Miller School of Medicine (UMMSM).

Medical schools have a responsibility for the initial professional education of their students and for assisting in the development of professional attitudes and attributes among these students. The basic components of professional behavior can be clearly defined and monitored during the medical school experience. Forms and procedures initially developed at the University of California San Francisco (Academic Medicine 2004 79: 244-249) have been validated and adopted by an increasing number of medical schools, residency programs and professional organizations (AAMC, ACGME, ABIM, ABMS, AMA).

The Physicianship and Professionalism Advocacy Program (PPAP) establishes a process to monitor, evaluate and improve the professional behaviors of medical students at the UMMSM. It outlines the process for reporting concerns about medical student professionalism and sets forth the outcomes that may result from that process. It also outlines a process to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member. The forms used to document the assessment and communication of concerns to students about their professional behavior are included.

Recognizing the importance of establishing a professional environment to support the development of appropriate attitudes and behaviors, the PPAP also provides a mechanism for students to report concerns about the professional behaviors of the faculty, staff and administration.

The foundation underlying the prescription of student standards at the University of Miami is the conviction that the exercise of individual rights must be accompanied by related responsibilities. By accepting membership in the University community, a student acquires rights in, as well as responsibilities to, the whole University community. These rights and responsibilities are defined within the Medical Student Rights and Responsibilities Handbook. All students are subject to the policies and procedures as described in that handbook. Any act that constitutes a violation or an attempt to violate any of the policies or procedures contained therein may be cause for disciplinary and/or legal action by the University.

Students may be the subject of actions taken because of academic deficiencies or professional concerns. Recommendations for disciplinary actions against a medical student because of a violation of a rule of conduct or inappropriate behavior may be made by a class promotions committee or the medical school administration. Actions taken because of academic deficiencies are initiated by one of the three promotions committees for each class (FPC, SPC or J-SPC). The class promotions committees or the medical education administration can initiate disciplinary actions resulting from deficiencies in professional behavior.
Reporting Process

The PPAP establishes two processes to report and document unprofessional behaviors: the Physicianship Incident Report (PIR) and the Physicianship Evaluation Form (PEF).

In addition, the UMMSM also utilizes the Physicianship Commendation Reporting System (PCR) to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member.

Physicianship Incident Reports

Physicianship Incident Reports can be generated by anyone, including course coordinators, promotions committees, the CHPC, the medical education administration, faculty, staff and medical students. Incident reports must be submitted via the Office of Student Affairs’ secure web-based Physicianship Incident Reporting System (PIRS). Incident reports must include the name of the individual of concern, the name of the concerned observer, the date of the incident being reported, the location of the incident, and a narrative description of the student’s behavior. Students have the option to submit a PIR anonymously, but are strongly encouraged to provide their name when they submit an incident report. The Associate Dean for Student Affairs (ADSA) monitors the system, and investigates reports.

When a PIR is submitted against a student, the ADSA will contact the subject of concern. Students who receive an incident report will be asked to respond via the PIRS, and this response will be appended to the incident report.

When a PIR is submitted against another member of the medical education community, the Senior Associate Dean for Undergraduate Medical Education (SADUME) will investigate the incident and report any findings to the appropriate authority. Incident reports against a resident will be brought to the attention of his/her residency program director. Incidents against a faculty member will be brought to the attention of the faculty member’s departmental chair. Incidents against a member of the staff will be reported to the staff member’s supervisor. Incidents against a member of the administration will be brought to the attention of the Executive Dean for Education and Policy.

All PIR’s will be maintained in the PIR database. The PIR database will be used: 1) to generate quarterly reports, without student names, of the types of professionalism issues that have arisen that will be distributed to all students and faculty; 2) to generate a report, with student names, to be reviewed at each class promotions committee meeting; and 3) to keep the Deans in medical education fully informed about students who are experiencing difficulties.

Physicianship Commendation Reports

The Physicianship Commendation Reporting System is NOT used to highlight academic excellence. It is used to report exceptional professional behavior or service of a student, house staff (resident), faculty or staff member. The recipient of the commendation report will be notified and if the recipient is a student, it will be recorded in the student’s file and potentially in the student’s Medical Student Performance Evaluation (MSPE or “Dean’s letter.”)
Physicianship Evaluation Forms

An incident that raises significant concerns about a medical student’s character and professionalism can be documented using the Physicianship Evaluation Form (PEF). The decision to complete and submit a PEF is the responsibility of the promotions committees, the CHPC, or the medical education administration. When a PEF is generated, the submitting authority should also provide suggestions for corrective actions. PEF’s are submitted to the Associate Dean for Student Affairs (ADSA) and/or the SADUME who will follow up as described below. A student may appeal a PEF to the Executive Promotions Committee (EPC), and ultimately to the Dean of the School of Medicine. PEF’s are maintained in the student’s education record. Receiving multiple PEF’s can result in disciplinary action up to and including dismissal from the medical degree program. A student who receives multiple PEF’s may have that fact reported in his/her Medical Student Performance Evaluation (MSPE). However, even a single PEF may need to be reported to a state medical agency.

DISCIPLINARY ACTIONS DUE TO PROFESSIONALISM ISSUES

Physicianship Incident Reports

If a PIR raises concerns about an individual student, that student will be notified in writing according to school policies and offered the opportunity to write a statement before being formally discussed at a future promotions committee meeting. Upon review of the information contained in the PIR and the student’s response, a promotions committee may take the following actions: no action, supportive intervention (SI), referral of the case to the CHPC, generation of a PEF, or other disciplinary sanctions as deemed appropriate. The medical education administration reserves the right to take prompt action if a PIR raises serious concerns about a student’s behavior.

Physicianship Evaluation Forms

PEF’s are presented to the student by the ADSA and/or the SADUME and the student’s response, including a corrective plan, is recorded. Students are encouraged to contact a faculty member of their choice to discuss the PEF and suggested corrective actions. In some cases the student may be referred to an advisor or other support service. Students may also consult with the Associate Dean for Student Services (ADSS) or the school ombudsperson. As noted above, students can accept the PEF or appeal it to the EPC and ultimately the Dean.
As shown in the table below, based on the nature of the concerns or the number of PEF’s that have been submitted for a student, disciplinary sanctions, up to and including dismissal, can be prescribed by the medical education administration. Any student who receives a PEF may be referred to professional development and support programs such as the Physician Development Program.

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X = no action; SI = supportive intervention; MSPE = Medical Student Performance Evaluation, report of professionalism concerns mentioned in dean’s letter and entered in permanent record; Discipline = disciplinary actions up to and including dismissal

**Appeals Process**

Students may appeal any individual PEF or any resulting sanctions to the Executive Promotions Committee (EPC) and ultimately to the Dean of the School of Medicine, who has ultimate decision-making authority in all disciplinary matters.
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
PHYSICIANSHIP EVALUATION FORM

Student name: ___________________________ Date: ____________

Complainant name: ______________________

Narrative of Incident:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This student has exhibited one or more of the following behaviors that need improvement to meet expected standards of physicianship as described below: (circle all that apply to this student’s behavior)

1. Honesty and Integrity
   a. Truthfulness
      i. Untruthful; misrepresents position/status; misuses resources; falsifies data, plagiarizes, cheats
      ii. Truthful to the point of blatant insensitivity; tactless
   b. Adherence to ethical principles
      i. Engages in unethical behavior
      ii. Sanctimonious, intolerant

2. Responsibility, Reliability, and Dependability
   a. Punctuality
      i. Exhibits a consistent lack of punctuality; does not adhere to deadlines
      ii. Values timeliness over quality
   b. Compliance
      i. Does not comply with policies, rules, regulations, and/or laws; does not attend required sessions
      ii. Inflexible; overly reliant on rules; rule-bound to the point of obstructionism
   c. Prioritization
      i. Personal affairs take priority over professional activities
      ii. Professional activities compromise personal and/or family life
   d. Accountability
      i. Overlooks inappropriate behaviors; avoids responsibility and work
ii. “Above the law;” not accountable to anyone; controlling; excessive fault-finding; self-righteous; self-aggrandizing

3. Respect for Others (colleagues, faculty, hospital and administrative staff)
   a. Appearance
      i. Poor hygiene; sloppy/dirty dress
      ii. Extremes of dress; provocative
   b. Interactions
      i. Arrogant, overcritical of others; demeans those in subordinate roles
      ii. Obsequious; goes overboard to please
   c. Teamwork
      i. Non-participatory
      ii. Dominant and authoritarian; uncooperative and overbearing

4. Altruism
   a. Concern for others
      i. Concern for self supersedes concern for others; self-centered; selfish; unwilling to extend self
      ii. Selfless to the point of taking needless risks; overextends self to own detriment

5. Empathy
   a. Compassion
      i. Emotionally unresponsive; exhibits little compassion for others; at times appears cold, indifferent and heartless
      ii. Objectivity is clouded by desire to help others; emotionally over-responsive and unduly empathic, resulting in inability to be objective or effective; gives misleading information in effort to console

6. Commitment to Competence and Excellence
   a. Goal setting
      i. Aimless; educationally adrift
      ii. Sets unachievable goals
   b. Motivation and Drive
      i. Has low standards of achievement; satisfied to “pass or make do”; aspires to minimum standards; complacent
      ii. Overly competitive; perfectionistic; answers for others when others are questioned

7. Self Assessment and Self Improvement
   a. Responsibility
      i. Makes excuses; displaces blame
      ii. Afraid to act for fear of making errors; assumes blame inappropriately; overly obsessive
   b. Feedback
      i. Resists feedback; defensive
      ii. Requires constant reassurance and feedback
   c. Self confidence
      i. Always insecure; unable to act independently
      ii. Overconfident; does not recognize own limitations

8. Respect for Patients
   a. Relationships
      i. Disrespectful to patients; insensitive to their beliefs, opinions, gender, race, culture, religion, sexual orientation and status
      ii. Accepting of all patients’ behaviors, regardless of their effect
b. Autonomy
   i. Disregard for patients’ autonomy, i.e. patients’ right to choose
   ii. Unable to provide limits for patients’ choice

c. Confidentiality
   i. Disregard patient’s confidentiality
   ii. Inappropriately upholds patients’ or others’ rights to confidentiality, thereby putting them and others at risk for adverse consequences (e.g. suicide, sexual assault, child abuse)

9. Other

Comments & Suggestions for Change:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Complainant Signature: ___________________________ Date: __________

This section is to be completed by the student.

I have read this evaluation and discussed it with the Associate Dean for Student Affairs. I can write a response for my permanent file, if I so desire.

Student Signature: ___________________________ Date: __________

ADSA Signature: ___________________________ Date: __________
APPENDIX II

UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
CODE OF HONORABLE AND PROFESSIONAL CONDUCT

I. PREAMBLE

More than two thousand years ago, the ancient Greek physician Hippocrates described high standards of personal and professional conduct as part of the art and practice of medicine. In the spirit of this rich tradition, we, the students of the University of Miami Miller School of Medicine, create this Code of Honorable and Professional Conduct.

As aspiring physicians, we have dedicated ourselves to the study and practice of medicine for the betterment of humanity. We understand that few roles bear as much as responsibility and respect as that of the medical practitioner. Yet, we are also aware of the struggles and pitfalls men and women may face in keeping true to the principles of honorable and professional conduct. We acknowledge these realities and wish to remain true to our core values in this journey. It is in this spirit that we commit to uphold the principles of this Code – to maintain respect for human dignity and the trust that is accorded to us; to develop habits of excellence which will foster our personal and professional development; and to be model citizens in this University and the greater community.

Accordingly, we, the students of the Miller School of Medicine, commit ourselves to the standards of conduct and behavior outlined in this Code of Honorable and Professional Conduct.

II. PROFESSIONAL INTEGRITY

A. Respect for Colleagues, Faculty, and Staff

1. Medical students shall demonstrate respect for all colleagues, faculty, and staff in our language and action. We will aim to resolve all of our concerns and disagreements with others using kindness and maturity.

2. Medical students will not engage in hazing, racist behavior, defamation, threats, or other forms of harassment. Physical or psychological abuse or intimidation of any member of the University of Miami or those who use its facilities will not be tolerated.

3. Medical students shall not compromise their professional integrity through the inappropriate use of public forums, including online social networking media. Students shall not share or post messages that may be viewed as offensive, malicious, or insulting.

4. Medical students will defer to those with superior knowledge or experience and shall respect the instructions of their superiors. However, students have the responsibility to seek changes when those requests seem inappropriate, unprofessional, or contrary to the wishes or best interests of patients.

5. Medical students shall do their best to arrive on time to all mandatory activities, including classes, small groups, and clinical duties. If one is expected to attend but unable to do so, every attempt must be made to notify the appropriate person of one’s absence or tardiness.
6. Medical students shall respect their peers by fulfilling their responsibilities when collaborating on projects or as members of clinical teams.

B. Respect for Patients

1. Medical students shall demonstrate respect for patients in language and actions. We will maintain empathy, humility, modesty, and respect for privacy during history taking and physical examinations. We will use language and behaviors that are non-threatening, non-sexual, and non-judgmental. We shall strive to build rapport with patients and their families, the relationships we form with them must be appropriate in every respect.

2. Medical students shall serve patients to the best of their ability regardless of diagnosis, race, sex, age, national origin, ethnicity, sexual orientation, disability, socioeconomic status, religion, or political beliefs.

3. Medical students shall strive to only be identified in a way that is consistent with their level of medical training. Students should not perform actions or accept patient care responsibilities that are beyond their level of comprehension or ability. When appropriate or necessary, students should ask for guidance, supervision or assistance from their superiors and colleagues.

4. Patient confidentiality must be maintained at all times. The details of patient care will not be discussed in public settings in order to preserve patient privacy. Patients’ medical and personal information will only be shared with health professionals involved in their care and those with explicit consent. In addition, students will not share or allude to patient information or cases on social networking media.

5. Students will ensure that all written medical documents, electronic records, and oral presentations pertaining to patients are legible, accurate, and complete to the best of their ability. Patient records and verbal communication about patients should not contain offensive or judgmental statements.

6. Competitiveness with colleagues should never adversely affect patient care or relationships with peers or faculty.

C. Social Networking Media

1. Social networking media such as Facebook, Twitter, and YouTube present unique challenges to medical professionals, including medical students. Students will be mindful that any photographs, video, messages, or personal information we choose to share have the potential to be viewed by our colleagues, superiors, patients, and others.

2. Confidentiality forms the core of patient-physician interactions and is necessary for patient’s ability to share sensitive information. In preserving confidentiality, medical students shall not share any details of patient information or clinical encounters through social networking media, including messages, photographs, or video. This principle extends to sensitive patient information or pictures obtained from international mission trips or experiences.

3. Medical students will not share any information through social networking media concerning cadavers or any other human materials from the Gross
Anatomy Lab. Students shall be sensitive to this particular topic in all of their communications with their colleagues and others.

4. Students should take care when posting pictures or personal information which may depict them in ways that are deemed unprofessional. Such actions may have a negative impact on how the medical professionals of the UMMSM are viewed. Students are encouraged to use sound judgment with regard to their day-to-day words and actions and also what they post online. The professional standards contained in this Code apply to student life both on and off-campus, online and offline.

D. Substance Abuse

1. Medical students shall strive to assist impaired colleagues in seeking professional help and to accept such help if impaired oneself.
2. Medical students will not participate in the care of patients while under the influence of substances that impair their judgment or their ability to care for patients.

E. Respect for Community

Students should recognize that all laws are established to benefit society. All laws, policies, and regulations at the university, local, state, and federal levels are to be upheld by students in all circumstances. The University of Miami Miller School of Medicine may proceed with disciplinary action whether or not civil or criminal proceedings have been instituted against the student, a right that may not be challenged solely on the grounds that the criminal charges have been dismissed or reduced.

III. ACADEMIC INTEGRITY

As one part of a larger academic and professional community, the medical students of this University take responsibility to ensure that our environment is conducive to the development of medical knowledge and skills. We realize that the health and lives of our patients will depend on precisely this knowledge and skill. The following list outlines the minimum standards we will meet in maintaining academic integrity.

A. Medical students understand and appreciate the sacrifice of individuals who provided their bodies for the benefit of our learning. Therefore, students will treat cadavers with the greatest respect in their presence and in their communications with fellow colleagues.

B. Medical students will display respect and professional courtesy to faculty and guest lecturers. Disagreements and personal grievances should be addressed constructively and in ways that are professionally acceptable.

C. Medical students will display respect and courtesy to colleagues, faculty, and lecturers by not disrupting classes, meetings, or other functions or otherwise unfairly interrupt colleagues in the pursuit of their education.
D. Students will help to establish optimal conditions for academic integrity by refraining from discussing the content of examinations in public places, where a fellow student might inadvertently receive an unfair advantage.

E. Any actions indicating a lack of honesty in academic matters is considered a violation of academic integrity. Students who willfully engage in such behaviors may jeopardize their standing at the University and be subject to disciplinary action. Examples of such actions include:

- Giving or receiving unfair assistance;
- Using unauthorized materials or information on examinations or assignments;
- Plagiarism;
- Violating directions regarding examinations or assignments;
- Intentionally sabotaging another student’s academic performance by damaging or concealing any course or library materials;
- Falsifying documents, including attendance records; and
- Manipulating or manufacturing data in academic, clinical, or research matters.

IV. PROMOTION OF HONORABLE AND PROFESSIONAL CONDUCT AND REPORTING OF CODE INFRACTIONS

Our philosophy as medical students is to exhibit personal responsibility, rather than to aggressively and unreasonably monitor our peers. Dishonorable actions threaten the people within our care, our program, our class, and our education. Therefore, we accept the responsibility to uphold the principles of this Code and the spirit they embody.

A. Responsibility to Self

We recognize that personal accountability can be delegated to no higher authority than oneself. Accordingly, if a medical student feels they have committed a breach of this Code, they may approach their Council for Honorable and Professional Conduct (CHPC) Class Representative or other member of the CHPC for counsel. The option of meeting with the CHPC as a group for consultation is always available and encouraged for students to utilize. Depending on the nature of the situation, the CHPC may provide recommendations to the Medical Education Administration for further action.

B. Responsibility to Colleagues

Students who observe, suspect, or know of dishonorable or unprofessional conduct, are encouraged to promptly address the situation with the persons involved. Their approach must be grounded in the presumption of innocence. A student who takes responsibility for an infraction of this Code must be encouraged to contact either a member of the CHPC or the Medical Education Administration. If adequate explanation for the behavior is not offered, the questionable conduct may be reported to any member of the CHPC, the Medical Education administration, or via the Professionalism Incident Report (PIR) system. If a student does not wish to approach a student directly, assistance may be sought from a member of the CHPC or the Medical Education Administration. Medical students are encouraged to avoid the unnecessary disclosure of information regarding a suspected violation of this Code to students, faculty, staff
or the administration. This measure helps to ensure confidentiality for the students involved. Students should avail themselves of the provisions of this Code in order to maintain presumption of innocence and confidentiality until a violation has been substantiated.

C. Responsibility to Community

Students, faculty, and administration all share in the responsibility to create an optimal environment for learning, ethical behavior, and professional conduct. If a student believes that an environment exists which create a temptation to violate the Code, these concerns should be brought to a CHPC Representative for counsel. If a student believes they have witnessed a member of the University of Miami Miller School of Medicine or Affiliated Hospitals and Clinics engaging in unprofessional or unethical behavior, they may approach any CHPC member for counsel and referral to the appropriate person.

V. THE COUNCIL FOR HONORABLE AND PROFESSIONAL CONDUCT (CHPC or Council)

A. Members

1. Chancellor
   a) The Chancellor is a member of the Senior Class, in good standing, preferably with prior experience as a member of the CHPC. The Chancellor will be nominated by the CHPC of the preceding year and confirmed by a majority vote of the Student Council. This nomination shall take place no later than six weeks prior to the end of the senior year. The Chancellor will assume office on the first day following graduation of the Senior Class. The term of office is one academic year.
   b) The Chancellor will direct and be responsible for the performance of duties of the CHPC and its members. The Chancellor will be responsible for the orientation of all new students to the Code of Honorable and Professional Conduct.
   c) The Chancellor will appear as representative of the CHPC to General Deans’ Meetings.
   d) The Chancellor may appear as a representative of the CHPC at Executive Promotions Committee meetings as requested.
   e) The Chancellor is a member of the Student Government Executive Council (SGE) and meets with the SGE to collaborate and report on major CHPC issues that are not confidential. The Chancellor attends Student Government General Council meetings and may report there as well.

2. Class Representatives
   Membership of the CHPC shall consist of one representative from each of the MS1, MS2, and MS3 classes, one representative from the MD/PhD program, and two representatives from the MD/MPH program. One MD/MPH representative shall be from the MS1 or MS2 class and one from the MS3 or MS4 class. Candidates receiving the most votes are elected. Elections are held during the regular elections for student government positions. The Chancellor will be the representative for the senior class. Each representative
must be a student in good standing. Term of office is one academic year. Duties of the CHPC Representatives are as outlined by the Code of Honorable and Professional Conduct. Class representatives may discuss matters of ethics and professionalism with fellow class members related to provisions of the Code, within the limits of confidentiality. This may facilitate the resolution of disputes or misunderstandings.

3. **Clerk**
   The Council member representing the third year class shall act as Clerk. The Clerk shall assist the Chancellor and shall prepare and preserve a written record of all Council proceedings when appropriate. The Clerk will assume the duties of the Chancellor in the latter’s absence. The newly acting Chancellor will choose a replacement Clerk from the remaining representatives.

4. **Faculty Advisors**
   The principle Faculty Advisor to the CHPC shall be faculty member in good standing appointed annually by the CHPC. The CHPC will also consult with the Dean for Student Affairs, and other faculty members as appropriate.

5. **Vacancies**
   a) **Removals or Permanent Vacancies**
      If a Council member is not performing their duties satisfactorily or is no longer in good standing, they may be removed from office by majority vote of the Council. Vacancies will be promptly filled by election of a new member from the appropriate class.
   b) **Temporary Vacancies**
      Temporary vacancies may be filled via appointment by the Chancellor subject to approval by a majority vote of the Council.

B. **Promotion of Ethics and Professionalism**

1. Members of the CHPC will promote awareness of the Code of Honorable and Professional Conduct and its principles. During orientation of new medical students each year, the CHPC will present the Code of Honorable and Professional Conduct and introduce students to basic medical ethics and professionalism.
2. The CHPC will promote, coordinate, and facilitate periodic discussions and debates concerning professional and ethical issues.
3. The CHPC should organize at least one major event per semester highlighting topics in ethics or professionalism to the student body.
4. The CHPC will conduct an annual review of the Handbook along with the Associate Dean for Student Affairs. The CHPC will play a consultative role in the annual review of policies and procedures.

C. **Ethics Consultation**

1. Students may request a formal Ethics Consultation with the CHPC. At these meetings, students may ask to discuss matters of professionalism, academic integrity, or ethical conduct. The meeting may deal with the student’s own behavior, or the behavior of others.
2. The medical education administration or a promotions committee may request an ethics consultation from the CHPC. Consultations will be sought when the administration or faculty wishes to obtain the CHPC’s opinion regarding school policy or potential violations of the professional or ethical standards of the UMMSM. Requests for consultation will be submitted in writing. The consultation will be de-identified, and information will be conveyed to the CHPC as deemed appropriate by the consulting body. The CHPC will handle such requests by convening a meeting that includes the Chancellor or Clerk, at least three other members of the council, and may include the faculty advisor. After deliberation, the CHPC may choose to respond, request additional information for consideration, or defer for any reason. Responses will be provided in writing and signed by the members of the CHPC who participated in the meeting. Responses provided by the CHPC are confidential and non-binding.

3. The Associate Dean for Student Affairs will meet with the CHPC twice every semester to provide a summary report of Physician Incident Reports (PIRs) submitted over the preceding interval. At that time, the ADSA may choose to discuss specific PIRs with the CHPC for the purpose of evaluating and improving school policy, deliberating the institution’s response to such incidents, or implementing measures to try to prevent similar incidents from arising in the future. The PIR will be de-identified, and any advice given by the CHPC will be confidential and non-binding.

D. Professionalism Counseling

1. The medical education administration or a promotions committee may refer a medical student for professionalism counseling from the CHPC.

2. When counseling is sought, the Medical Education Administration or the promotions committee will submit a written request that describes the reason(s) for the request. Pertinent information will be provided as deemed appropriate by the consulting body.

3. The CHPC may request additional information as deemed appropriate.

4. Members of the CHPC will meet with the student to discuss the consult. The meeting should include the chancellor or clerk and at least three other members of the CHPC. The meetings are meant to create a non-threatening, supportive environment where students may express their questions, concerns, and perspectives regarding any incidents of unprofessional behavior. Any incidents may be discussed, and the perspective and thoughts of the student involved will be elicited. The goal of these meetings is not to be punitive, but rather instructive and informational. The intention is to prevent future acts of unprofessional behavior through open, friendly discussion.

5. At the conclusion of the meeting, the Chancellor or Clerk will submit a letter to the consulting body documenting that the student met with the CHPC for consultation, and outlining the outcome of the meeting.

E. Student Government Elections

1. In the spring of each academic year, the CHPC will oversee the elections of the student representatives of each class. This includes receiving applications, reviewing and posting student-designed advertisements,
managing speeches, overseeing the voting process, and announcing winners.

2. The CHPC may disqualify any applicant if unprofessional behavior occurs during the process, or if proper procedures are not followed. At the discretion of the CHPC, advertisements deemed unprofessional may not be posted or replacements may be requested.

F. Contributing to Medical Ethics

1. Members of the CHPC shall consistently serve on the Hospital Ethics Committees of the Jackson Memorial Hospital, the University of Miami Hospitals and Clinics, the University of Miami Hospital, and the Pediatrics/Holtz Children’s Hospital.

2. Members of the CHPC will act as liaisons for students interested in Hospital Ethics Committees or other matters of ethics.

VI. AMENDMENTS TO THE CODE OF HONORABLE AND PROFESSIONAL CONDUCT

Review of the Code shall be conducted annually. Input may come from the following sources, among others.

1. Periodic questionnaire to students.
2. Examination of the CHPC records.

A majority vote of the Council is required to ratify any proposed changes. Proposed changes to the Code must be made available to the student body, faculty members, and the Executive Promotions Committee at least one week prior to the vote for review and comment. Changes approved by the CHPC shall be submitted to the Student Council for final ratification, subject to modification and approval by the Dean of the School of Medicine.

- This code was approved by a majority vote of the Student Council of the UMMSM on 16 July 2001, with revisions approved on 10 January 2002.
- The body of this code was further amended by a vote of the Student Council of the UMMSM in May 2004.
- Major Revisions:
  - 4/04 Section VI.A.2 Regarding official records to be forwarded to the EPC at the conclusion of a Full Hearing of the CHPC.
  - A major revision also occurred with significant changes in the duties of the CHPC and other aspect of the code too numerous to detail.