



MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE

STUDENT HANDBOOK

2023-2024



Disclaimer: Please be aware that this edition of the Student Handbook, published July 25, 2023, supersedes all prior editions, online or in hard copy. From time to time, updates to policies will be made to both the Student Handbook and Academic Bulletin. The Joan C. Edwards School of Medicine (JCESOM) reserves the right to change the rules, regulations, course offerings, degree requirements, academic calendar, and other material contained in this Student Handbook or the Academic Bulletin at any time. We will make every attempt to notify students in advance of significant changes in policy, but we recommend you refer to these documents frequently. It is the student's responsibility to keep current on all JCESOM policies.

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ABOUT THE DEAN



David Gozal, MD, MBA, PhD (Hon), was appointed vice president for health affairs at Marshall University and the sixth dean of the Marshall University Joan C. Edwards School of Medicine in June 2023.

A pediatric pulmonologist and world-renowned pediatric sleep expert, Dr. Gozal comes to Marshall from the University of Missouri (UM), where he served as the Marie M. and Harry L. Smith Endowed Chair and chair of the Department of Child Health, as well as the physician-in-chief of the University of Missouri Health Children's Hospital.

Prior to his work at UM, Dr. Gozal served in positions at Tulane University, University of Louisville, the University of Chicago, among others. The recipient of dozens of honors, awards and recognitions for his work, Dr. Gozal has been a federally-funded

National Institutes of Health researcher since 1992. He has published more than 850 peer-reviewed original articles with more than 80,000 citations, making him one of the most highly cited researchers in his discipline.

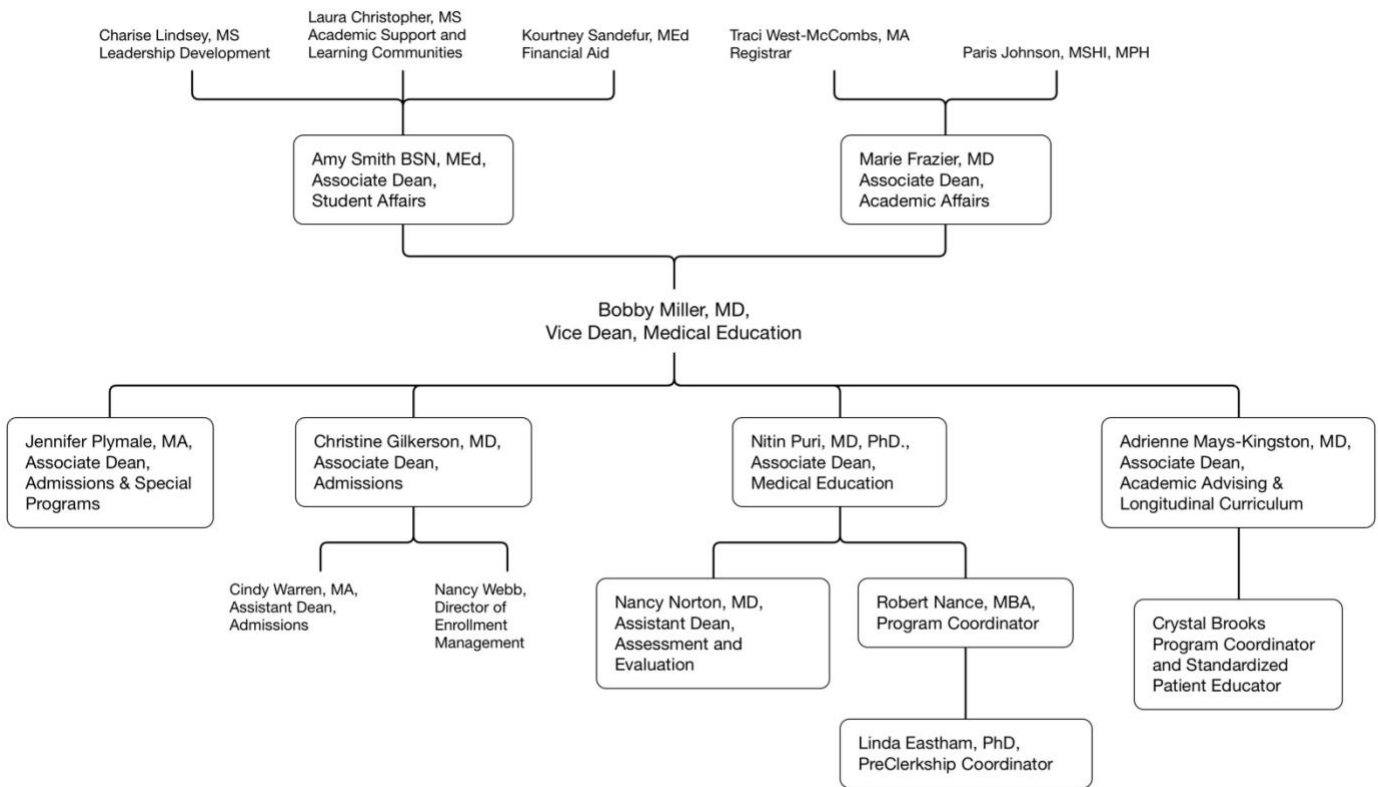
Dr. Gozal graduated from Hebrew University of Jerusalem with his Doctor of Medicine degree, completed a pediatric residency in Israel, followed by a fellowship in pediatric pulmonology and sleep medicine at Children's Hospital of Los Angeles. Additionally, he earned MBA degrees from Georgetown University and ESADE in Barcelona, Spain.

JCESOM MISSION STATEMENT

The Joan C. Edwards School of Medicine at Marshall University (JCESOM) is a community-based, Veterans Affairs-affiliated medical school dedicated to providing high-quality medical education and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. Building upon its medical education foundation, the school seeks to develop centers of excellence in clinical care, including primary care in rural underserved areas, focused and responsive programs of biomedical science graduate study, biomedical and clinical science research, academic scholarship and public service outreach. The School is committed to fulfilling its mission by creating a diverse and inclusive academic community that is sustained in a collegial and nurturing environment of life-long learning.

OUR TEAM

The Medical Education Team at the JCESOM is a dedicated group of experienced professionals, committed to fostering an enriching and supportive learning environment for our students. Drawing from a diverse range of academic backgrounds and expertise, our team members work collaboratively to design and deliver a comprehensive, current, and engaging curriculum. We believe in nurturing the potential of each student, offering personalized guidance, and providing the necessary resources for their academic and personal growth. We strive to inspire the next generation of medical professionals, encouraging a culture of lifelong learning, innovation, and compassionate patient care. Our team is always available to address queries, provide assistance, and ensure that your journey through medical school is both successful and rewarding.



JCESOM FACILITIES

MARSHALL UNIVERSITY MEDICAL CENTER

A technologically advanced focal point for the clinical teaching, outreach and service programs of the JCESOM.

1600 Medical Center Drive
Huntington, WV 25701
Phone: 304-691-7100
Fax: 304-691-1726

ROBERT W. COON EDUCATION BUILDING

Houses the School of Medicine Department of Anatomy classrooms and facilities, faculty and research laboratories, Human Gift Registry and the Physician Assistant Program.

1542 Spring Valley Drive
Huntington, WV 25704
Phone: 304-696-7300
Fax: 304-696-7272

EDWARDS COMPREHENSIVE CANCER CENTER

A joint project of the School of Medicine, Cabell Huntington Hospital and the Edwards Foundation, this three-story, 70,000-square-foot center offers the specialized expertise and equipment needed to provide advanced diagnostic and treatment services for a wide range of cancers.

1400 Hal Greer Boulevard
Huntington, WV 25701
Phone: 304-399-6500

ERMA ORA BYRD CLINICAL CENTER

A \$22.5 million, 80,000 square foot facility located at the former Fairfield Stadium site housing major new medical student teaching facilities and clinical education patient care clinics.

1249 15th Street
Huntington, WV 25701

FORENSIC SCIENCE CENTER

The Marshall University Forensic Science Center is a nationally-recognized leader in forensic science graduate education; dedicated to providing the highest quality forensic analysis services and training for the promotion of truth and justice.

1401 Forensic Science Drive
Huntington, WV 25701
Phone: 304-691-8930
Fax: 304-696-4360

ROBERT C. BYRD BIOTECHNOLOGY SCIENCES CENTER

A \$40 million, 144,000 square foot, state-of-the-art biomedical and biotechnology research and development center on the Huntington campus of Marshall University.

1700 Third Avenue
Huntington, WV 25703

AFFILIATED MEDICAL CENTERS

CABELL HUNTINGTON HOSPITAL

1340 Hal Greer Boulevard

Huntington, WV 25701
Phone: 304-526-2000
cabellhuntington.org

Opened in 1956, Cabell Huntington Hospital is a 303-bed hospital located in Huntington, West Virginia. In 2012, Cabell joined JCESOM and its practice plan, Marshall Health, to form an academic medical center. Cabell Huntington Hospital is home to the Hoops Family Children's Hospital and the Edwards Comprehensive Cancer Center and cares for patients throughout West Virginia, eastern Kentucky and southern Ohio.

ST. MARY'S MEDICAL CENTER

2900 First Avenue, Huntington, WV 25703
Phone: 304-526-1234
www.st-marys.org

St. Mary's Medical Center is the largest medical facility in Huntington, Cabell County's largest private employer (2600+ employees) and, at 393 beds, is among the largest healthcare facilities in West Virginia. As a teaching facility associated with the JCESOM, St. Mary's trains medical residents in several specialties. The hospital campus is home to the St. Mary's School of Nursing, the St. Mary's School of Medical Imaging and the St. Mary's School of Respiratory Care. All three programs are associated with Marshall University.

HERSHEL "WOODY" WILLIAMS VA MEDICAL CENTER

1540 Spring Valley Drive
Huntington, WV 25704
Phone: 304-429-6741
www.huntington.va.gov

Since 1932, VAMC Huntington has been improving the health of the men and women who have so proudly served our nation. Services are available to veterans living in southwestern West Virginia, southern Ohio and eastern Kentucky. The Huntington VAMC is primarily affiliated with the JCESOM, and has over 30 training programs in more than 20 healthcare fields, including the medical residency program with Marshall. Allied Health Training programs include dental, optometry, medical lab technology, physician assistant, and social work.

RIVERS HEALTH

2520 Valley Drive
Point Pleasant, WV 25550
Phone: 304-675-4340
rivershealth.org

Rivers Health, the newest member of Mountain Health Network, is a not-for-profit regional hospital in Point Pleasant, West Virginia. Built by the community for the community in 1959, Rivers Health remains true to its original mission today – providing quality health care to residents of Mason and Jackson counties in West Virginia and Gallia and Meigs counties in Ohio.

TECHNICAL STANDARDS FOR ADMISSION, RETENTION, AND GRADUATION

In accordance with section 504 of the Rehabilitative Act of 1973 (PL 93-112) and following careful review of the 1979 report by a Special Advisory panel on Technical Standards of the Association of American Medical Colleges, and incorporating the guidelines of the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990, the Marshall University Joan C. Edwards School of Medicine (JCESOM or School of Medicine) has adopted minimal technical standards for the assessment of all Medical Degree candidates (henceforth referred to as Candidates) to the School of Medicine. A Candidate at JCESOM must be capable of acquiring and demonstrating all program objectives across the seven core competencies, which include medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism, systems-based practice, and critical thinking and problem solving with or without reasonable accommodation due to disability.

Candidates to the JCESOM are selected based on their academic, personal, and extracurricular dimensions. In addition, Candidates must have the intellectual, physical, and emotional capacities to meet the requirements of the school's curriculum and for a successful medical career.

Essential abilities and characteristics required for the completion of any Doctor of Medicine (M.D.) degree require certain minimum physical and cognitive abilities as well as sufficient mental and emotional stability to assure that Candidates for admission, retention and graduation are able to complete the program and participate fully in all aspects of medical training.

A Candidate must have abilities and skills in observation; communication; motor; conceptual; integrative; and quantitative; and behavioral and social as outlined below.

The following abilities and characteristics are defined as Technical Standards, which are a part of the school's requirements for admission, retention, and graduation:

A. OBSERVATION: Candidates must be able to acquire information from demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately acquire information from patients and assess findings.

They must be able to perform a complete physical examination in order to integrate findings based on this information and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, and touch or the functional equivalent.

B. COMMUNICATION: Candidates must be able to communicate effectively and efficiently with patients, their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact. Candidates must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively and efficiently in English with other health care professionals in a variety of patient settings.

C. MOTOR FUNCTION: Candidates must, after a reasonable period of training, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. These activities require adequate physical mobility, coordination of both gross and fine motor neuromuscular function and balance and equilibrium.

D. INTELLECTUAL-CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES: Candidates must be able to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; simulations and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of clinical settings and health care systems.

E. BEHAVIORAL AND SOCIAL ATTRIBUTES: Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly complete all responsibilities attendant to their curriculum and to the diagnosis and care of patients. Candidates must display characteristics of integrity, honesty, attendance and conscientiousness, empathy, a sense of altruism, and a spirit of cooperation and teamwork. They must understand and demonstrate understanding of the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. The candidate for the MD degree must accept responsibility for learning, and exercise good judgment. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. Candidates must have the physical and emotional stamina and resilience to tolerate physically taxing workloads and function in a competent and professional manner under highly stressful situations, adapt to changing environments, display flexibility, and manage the uncertainty inherent in the care of patients and the health care system.

If a student is unable to maintain satisfactory progress due to inability to meet technical standards with or without reasonable accommodations, the candidate will be referred to Academic and Professional Standards Committee as they review the candidate's performance.

It is the responsibility of a Candidate with a disability as soon as an offer of acceptance is received and accepted, to request accommodations through the JCESOM Office of Student Affairs in order to meet these technical standards

(https://icesom.marshall.edu/media/62038/reasonable_accommodations.pdf). Accommodations will only be applied from the effective date of approval.

Procedure:

1. MD Candidates will review and sign that they have read and understand the Technical Standards upon acceptance.
2. MD Candidates will review and sign that they have read and understood the Technical Standards upon matriculation, M2 orientation, M3 orientation and prior to their M4 year.
3. Re-affirm the Technical Standards upon reentry to JCESOM after any leave of absence from JCESOM.

I have read and understand the above Technical Standards and certify that I am able to meet these standards either with or without reasonable accommodations.

Applicant/Student Signature

Applicant/Student Printed Name

Date _____

Reviewed and revised by university counsel in collaboration with admissions staff, June 8, 2023. Approved by JCESOM Curriculum Committee, June 15, 2023.

2023-2024 ACADEMIC CALENDAR

JOAN C. EDWARDS SCHOOL OF MEDICINE CLASS OF 2027

FALL SEMESTER 2023	
DATE	EVENT
JUL 1, 2023	Last Day to be Compliant with Immunization Policy to Remain Registered for Fall Semester (HEP B third shot or HEP B TITER exception only)
JUL 26 – JUL 28, 2023	Orientation
JUL 31, 2023	First Day of Classes – Begin Academic Level 1 – Start of “Professional Identity Development”
AUG 4, 2023	White Coat Ceremony
AUG 7, 2023	Start of “Molecular and Cellular Foundations” and “Physicians in Practice”
SEP 4, 2023	Labor Day - No Classes University Closed University Computer Services Unavailable September 2 – 4, 2023
SEP 18, 2023	Start of “Microbiology and Host Defense”
OCT 30 – NOV 3, 2023	Professional Development Week
NOV 6, 2023	Start of “Hematology and Oncology”
NOV 22 – 24, 2023	Thanksgiving Holiday – NOV 23 – 24 – University Closed
DEC 1, 2023	Last Day to be Compliant with Immunization Policy to Remain Registered for Spring Semester (HEP B Titer Exception Only)
DEC 1, 2023	Last day to completely withdraw for Fall Semester (completed courses may not be dropped)
DEC 15, 2023	Last day classes for the fall semester
SPRING SEMESTER 2024	
JAN 2, 2024	First Day of Classes
JAN 2, 2024	Start of “The Musculoskeletal System” and “Patient Care and Clinical Skills–I”
JAN 15, 2024	MLK Holiday - No Classes/University Closed
FEB 5, 2024	Start of “Neural Network”
APR 9 – 12, 2024	Spring Break
APR 15, 2024	Begin Academic Level 2/ M2 orientation
APR 15, 2024	Start of “Nutrition and Gastroenterology” and “Patient Care and Clinical Skills–II”
APR 19, 2024	Last Day to Completely Withdraw for Spring Semester (completed courses may not be dropped)
MAY 24, 2024	Last day classes for the spring semester
MAY 25 – 27, 2024	University Computer Services Unavailable
MAY 27, 2024	Memorial Day University Closed
May 27 – JUL 20, 2024	Summer Electives

DIVERSITY AND INCLUSION

Diversity Statement

The Office of Diversity & Inclusion is committed to devising strategies and overseeing initiatives within the School of Medicine that will shape worldviews and foster a mindset open to different perspectives, new ideas and innovative solutions. We work to create a welcoming and inclusive environment where differences are respected and valued.

We will continuously make every effort to provide support and assist students in successfully completing their medical education. We strive for an inclusive, supportive environment, empowering individuals to achieve their academic objectives and increase their intercultural competencies and knowledge of social justice issues.

Everyone has a vital role and an important stake in diversity work, whether it is working together to eliminate health disparities or self-educating to become more culturally competent. We will continue to collaborate within and across different communities to reduce inequalities and to create an environment that will facilitate the academic achievement of racial and ethnic populations that are underrepresented in the medical profession.

Diversity encompasses acceptance and respect through understanding that each individual is unique and recognizing individual differences. Differences may be the dimensions of race, ethnicity, gender, socioeconomic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

The exploration of these differences in a safe, positive and nurturing environment and celebrating the rich dimensions contained within each individual is what diversity is all about. Diversity is about a commitment to recognize and appreciate the variety of characteristics that make individuals unique. We strive for an atmosphere that promotes individual and collective achievement.

We celebrate and learn from diversity, and we value individual differences. Diversity is central to our academic school of medicine mission and serves as a driver of program excellence.

We continue to promote an inclusive environment by supporting and retaining individuals who represent varying backgrounds and perspectives which include, but are not limited to:

- Individuals from rural backgrounds
- Individuals historically underrepresented in medicine
- African American/Black
- Latino/Hispanic
- Asian/Other Pacific Islander
- Women

Multicultural Advisory Council (MAC)

The Multicultural Advisory Council (MAC) shall function in an advisory and programmatic capacity to the Dean of the Joan C. Edwards School of Medicine (JCESOM) and the Dean's appointed officials. The MAC shall research and advise on action items aimed at improving and maintaining a Diverse and Culturally Competent Medical School community at the Joan C. Edwards Marshall School of Medicine.

Composition

The MAC is comprised of Faculty, Residents, Staff, Students and community members who are charged to serve on one of three distinct subcommittees. Diversity and cultural competency intersect with all activities of the medical school community and each subcommittee is charged to address the intersection of Cultural Awareness, Recruitment and Retention and Curriculum Diversity.

Student National Medical Association (SNMA)

Student National Medical Association (SNMA) is committed to supporting current and future underrepresented minority medical students, addressing the needs of under-served communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

SNMA chapters are based at allopathic and osteopathic medical schools throughout the nation, and some colleges, implement our programs and activities locally. SNMA programs are designed to serve the health needs of underserved communities and communities of color. In addition, SNMA is dedicated both to ensuring that medical education and services are culturally sensitive to the needs of diverse populations and to increasing the number of African-American, Latino, and other students of color entering and completing medical school.

More information is available on the webpage for the [Office of Diversity and Inclusion](#).

DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT, SEXUAL & DOMESTIC MISCONDUCT, STALKING, AND RETALIATION POLICY – INCLUDING TITLE IX MARSHALL UNIVERSITY BOARD OF GOVERNORS POLICY NO. GA-1

Section 1: General.

1.1 Scope & Purpose: Marshall University (“University”) is committed to fostering a diverse and inclusive culture by promoting diversity, inclusion, equality, intercultural and intercommunity outreach. Accordingly, the University does not discriminate on the basis of race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression in the administration of any of its educational programs, activities, or with respect to admission or employment. This Policy sets forth how discrimination, harassment, sexual harassment, sexual and domestic misconduct, certain consensual relationships, stalking, and retaliation will be addressed by Marshall University.

1.2 Authority: W. Va. Code §§ 18B-1-6, 18B-2A-4; Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17; Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681; the West Virginia Human Rights Act, W. Va. Code §§ 5-11-1 to -20; the Campus Sexual Violence Elimination Act (“Clery Act”), 20 U.S.C. §1092, and the Violence Against Women Act (“VAWA”) of 1994, 42 U.S.C. §13925.

1.3 Effective Date: August 1, 2022

1.4 Revision History: Originally replaced Board of Trustees Series No. 9 which was transferred by the Higher Education Policy Commission to the institutional boards of governors. This policy was previously numbered as MUBOG Policy No. 5,” amended again on April 27, 2016, and title changed to “Policy Regarding Discrimination, Harassment, Sexual Harassment, Sexual & Domestic Misconduct, Stalking, and Retaliation,” which was amended effective February 22, 2017. Due to changes in the federal guidelines, this policy was originally became effective on August 14, 2020, by Marshall University Executive Order of the President. Thereafter, it was passed at the August 27, 2020, meeting of the MUBOG, and became effective November 18, 2020. Additional updates were made to comply with federal law those changes became effective August 1, 2022.

Section 2: General Definitions.

2.1 “Actual Knowledge” means notice of sexual harassment or other prohibited conduct or allegations of sexual harassment or other prohibited conduct to the University’s Title IX Coordinator or any official of the University who has authority to institute corrective measures on behalf of the University. Imputation of knowledge based solely on vicarious liability or constructive notice is insufficient to constitute actual knowledge. This standard is not met when the only official of the University with actual knowledge is the Respondent. The mere ability or obligation to report sexual harassment or to inform a student about how to report sexual harassment, or having been trained to do so, does not qualify an individual as one who has authority to institute corrective measures on behalf of the University. “Notice ”as used in this paragraph includes, but is not limited to, a report of sexual harassment to the Title IX Coordinator.

2.2 “Complainant” means, for purposes of this Policy, an individual who is alleged to be the victim of conduct that could constitute sexual harassment (under Title IX) or other prohibited conduct that is reported to the University. Provided that, where the Title IX Coordinator signs a formal complaint, the Title IX Coordinator is not a Complainant or otherwise a party under this part or under Grievance Procedures.

2.3 “ Reporter” means, for purposes of this Policy, any individual that makes or files a complaint about prohibited conduct under this Policy. The Reporter may be the Complainant, any other person, or the University.

2.4 “Respondent” means, for purposes of this Policy, an individual who has been reported to be the perpetrator of conduct prohibited by Section 3. Any “individual” can be a Respondent, whether such individual is a student, faculty member, another employee of the University, or other person with or without any affiliation with the University.

2.5 “Member of the University Community,” for purposes of this Policy only, means an individual engaged in any University activity or program, whether on or off campus, or any individual lawfully on University property, including, but not limited to, any person who is a student, staff, faculty member, other University official, or a visitor.

2.6 “Student” means, for purposes of this Policy, an individual subject to the Marshall University Board of Governors Policy SA-3, The Code of Student Rights and Responsibilities.

2.7 “Consensual Relationship” means a mutually acceptable romantic, dating, or sexual relationship between individuals.

2.8 “Education Program or Activity” includes, for purposes of this Policy, locations, events, or circumstances over which the University exercised substantial control over both Respondent and the Complainant and the context in which the prohibited conduct occurs, and also included any building owned or controlled by a student organization that is officially recognized by a postsecondary institution.

Section 3: Defining and Recognizing Prohibited Conduct.

3.1. General. The University prohibits Discrimination, Harassment, Sexual Harassment, Sexual Misconduct, Domestic Misconduct, Stalking, and Retaliation as defined in this Policy (collectively referred to as “prohibited conduct”) by or against any member of the University community.

3.1.1 Jurisdiction.

3.1.1.1 – Jurisdiction for Title IX Complaints.

The University will address prohibited “Sexual Harassment” in its programs and activities, including locations, events or circumstances over which the University exercises substantial control over both the Respondent and the Complainant and the context in which the alleged sexual harassment occurs. Locations include buildings owned or controlled by officially recognized student organizations.

Jurisdiction for Title IX Complaints does not apply if:

- (1) the conduct alleged in the formal complaint would not constitute sexual harassment as defined in this policy, even if proved;
- (2) the conduct alleged did not occur in the University’s education program or activity; or
- (3) the conduct alleged did not occur against a person in the United States.

If any of the above do not apply, the University must dismiss the formal complaint with regard to that conduct for the purposes of sexual harassment under Title IX; however, such dismissal does not preclude action under another provision of the University’s policies or procedures. Off-campus conduct at private residences, businesses, events, or other locations outside of the University’s substantial control do not fall under the University’s jurisdiction for Title IX Complaints.

3.1.1.2 – Jurisdiction for Non-Title IX Complaints.

This prohibition applies to other conduct for which jurisdiction under Title IX does not apply that occurs on University premises or in connection with a University education program or activity; off-campus conduct that unreasonably interferes with the educational or orderly operation of the University community, its mission, or its objectives as determined by a reasonable person; any off campus conduct that, in light of all of the facts and circumstances, would endanger the health and safety of the University community. As a result, any individual found to have committed these acts against another is subject to appropriate disciplinary action.

3.2 Discrimination.

3.2.1 “Discrimination” means conduct that is based upon an individual’s race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression and excludes an individual from participation, denies the individual the benefits of, treats the individual differently or otherwise adversely affects a term or condition of an individual’s employment, education, living environment or participation in a University program or activity. This includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities. It does not, however, include programs or activities specifically exempt by law. See, e.g., 20 U.S.C. § 1681(a) (2015).

3.3 Harassment and Sexual Harassment.

3.3.1 “Harassment” means conduct that creates a hostile environment, as defined below, and is based upon an individual’s race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression. Harassment may take various forms, including, but not limited to, name-calling, graphic or written statements (including the use of social media, text messages, e-mail, or other similar forms), or other conduct that may be physically threatening, harmful, or humiliating. Harassment does not necessarily have to include intent to harm, be directed at a specific target, or involve repeated incidents.

3.3.2 “Hostile Environment” means a situation where an individual is subjected to any conduct based on the reasons set forth in Section 3.3.1 and that conduct is sufficiently severe or pervasive, or so objectively offensive, so as to unreasonably interfere with an individual’s educational experience, work or academic performance or deny or limit the individual’s ability to participate in or benefit from the University’s programs, services, opportunities, or activities.

A hostile environment can be created by anyone involved in a University program or activity (e.g., administrators, faculty members, students, and even campus guests). Mere offensiveness is not enough to create a hostile environment. Although repeated incidents increase the likelihood that harassment has created a hostile environment, a serious incident, even if isolated, can be sufficient to create a hostile environment.

In determining whether harassment has created a hostile environment, consideration will be made not only as to whether the conduct was unwelcome to the person who feels harassed, but also whether a reasonable person in a similar situation would have perceived the conduct as sufficiently severe or pervasive, or objectively offensive. Also, the following factors will be considered:

3.3.2.1 The degree to which the conduct affected one or more students’ education or individual’s employment;

3.3.2.2 The nature, scope, frequency, duration, and location of incident or incidents;

3.3.2.3 The identity, number, and relationships of persons involved; and

3.3.2.4 The nature of higher education.

3.3.3 In addition to hostile environment harassment, sex-based harassment includes sexual harassment and non-sexual harassment based on stereotypical notions of what is female/feminine versus male/masculine behavior or nonconformity with gender stereotypes.

3.3.4 “Title IX Sexual Harassment” means conduct on the basis of sex that satisfies one or more of the following:

3.3.4.1 An employee of the University conditioning the provision of aid, benefit, or service of the University on an individual’s participation in unwelcome sexual conduct (i.e., quid pro quo); or

3.3.4.2 Unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the University’s education program or activity; or

3.3.4.3 “Sexual assault” as defined in the Clery Act – 20 U.S.C. 1092(f)(6)(A)(v), “dating violence” as defined in VAWA 34 U.S.C. 12291(a)(8), or “stalking” as defined in VAWA 34 U.S.C. 1229(a)(30).

3.3.5 Comments or communications may be verbal, written, or electronic. Behavior does not need to be directed at or to a specific individual in order to constitute sexual harassment but may consist of generalized unwelcome and inappropriate comments based on sex or gender stereotypes.

3.3.6 Determination of whether alleged conduct constitutes sexual harassment requires consideration of all the circumstances, including the context in which the alleged incidents occurred.

3.4 Sexual Misconduct.

3.4.1 “Sexual Misconduct” means any act of a sexual nature perpetrated against an individual without effective consent or when an individual is unable to freely give consent. Effective consent is defined in 3.4.4 of this Policy. Sexual misconduct includes, but is not limited to:

3.4.1.1 Attempted or completed intercourse or penetration (anal, oral or vaginal), however slight, with any body part or any object, by one person upon another person, without effective Consent. This includes vaginal penetration by a penis, object, tongue or finger; anal penetration by a penis, object, tongue or finger; and oral copulation (mouth to genital contact or genital to mouth contact).

3.4.1.2 Sexual touching (including disrobing or exposure), however slight, with any body part or any object, by one person upon another person, without effective consent. Sexual touching includes any contact with the breasts, buttocks, groin, or genitals, or touching another with any of these body parts, or making another touch you or themselves with or on any of these body parts, when such touching would be reasonably and objectively offensive.

3.4.2 “Sexual Assault” means an offense that meets the definition of rape, sodomy, sexual assault with an object, fondling, incest, or statutory rape as used in the FBI’s Uniform Crime Reporting system. A sex offense is any act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.

3.4.2.1 “Rape” means the carnal knowledge of a person, without the consent of the victim, including instances where the victim is unable to give consent because of their age or because of their temporary or permanent mental or physical incapacity.

3.4.2.1.1 Rape happens regardless of the age of the victim if the victim did not consent or if the victim was incapable of giving consent. If the victim was under the statutory age of consent, , then it is statutory rape irrespective of whether the victim consented

3.4.2.1.2 Carnal knowledge is defined as the act of an individual having sexual bodily connections, however slight, with another.

3.4.2.1.3 In cases where several offenders rape one person, each offender will be investigated, and information will be reported for each offender.

3.4.2.2 “Sodomy” means oral or anal intercourse with another person, without the consent of the victim, including instances where the victim is unable to give consent because of their age or because of their temporary or permanent mental or physical incapacity.

3.4.2.3 “Sexual Assault with An Object” means using an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is unable to give consent because of their age or because of their temporary or permanent mental or physical incapacity.

3.4.2.3.1 An “object” or “instrument” is anything used by the offender other than the offender’s genitalia, e.g., a finger, bottle, handgun, stick.

3.4.2.4 “Fondling” means the touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is unable to give consent because of their age or because of their temporary or permanent mental or physical incapacity.

3.4.2.5 “Incest” means sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law in West Virginia.

3.4.2.6 “Statutory Rape” means sexual intercourse with a person who is under the statutory age of consent in West Virginia (Age 16).

3.4.3 “Sexual Intimidation” means threatening to commit a sexual act upon another person, stalking, cyber-stalking, or engaging in indecent exposure

3.4.4 “Consent” or “Effective Consent” means informed, freely and actively given, mutually understandable words or actions, which indicate a willingness to participate in mutually agreed upon sexual activity. In the absence of mutually understandable words or actions it is the responsibility of the initiator, that is, the person who wants to engage in the specific sexual activity, to make sure that they have consent from their partner(s). Consent is mutually understandable when a reasonable person would consider the words or actions of the parties to have manifested a mutually understandable agreement between them to do the same act, in the same way, at the same time, with each other. Relying solely upon nonverbal communication can lead to miscommunication. It is important not to make assumptions. If confusion or ambiguity on the issue of consent arises anytime during the sexual interaction, it is important the initiator stop and verbally clarify the other individual’s willingness to continue.

3.4.4.1 Consent may not be inferred from silence, passivity, or lack of active resistance alone.

3.4.4.2 A current or previous dating or sexual relationship (or the existence of such a relationship with anyone else) may not, in itself, be taken to imply consent.

3.4.4.3 Consent cannot be implied or inferred by attire, or from purchases made such as, the buying of dinner or the spending of money on a date.

3.4.4.4 Consent to one type of sexual act may not, in itself, be taken to imply consent to another type of sexual act.

3.4.4.5 Consent expires. Consent lasts for a reasonable time, depending on the circumstances.

3.4.4.6 Consent to sexual activity may be withdrawn at any time, as long as the withdrawal is communicated clearly; upon clear communication, all sexual activity must cease.

3.4.4.7 Consent which is obtained by use of deception, fraud or force, whether that force is physical force, threats, intimidation, or coercion, is ineffective consent. Intimidation or coercion is determined by reference to the reasonable perception of a person found in the same or similar circumstances.

3.4.4.8 Consent may never be given by:

3.4.4.8.1 Minors under the age of 16

3.4.4.8.2 Mentally disabled persons

3.4.4.8.3 Persons who are incapacitated as a result of alcohol or other drugs or who are unconscious or otherwise physically helpless. Incapacitation means being in a state where a person lacks the capacity to appreciate the nature of given consent to participate in sexual activity.

3.4.4.9 One may not engage in sexual activity with another whom one knows, or should reasonably have known, is incapacitated as a result of alcohol or other drugs.

3.4.4.10 The use of alcohol or other drugs can have unintended consequences. Alcohol or other drugs can lower inhibitions and create an atmosphere of confusion over whether consent is freely and effectively given. The perspective of a reasonable person will be the basis for determining whether one should have known about the impact of the use of alcohol or drugs on another's ability to give consent. Being intoxicated or high does not diminish one's responsibility to obtain consent and is never an excuse for sexual misconduct.

3.4.5 "Forcible Compulsion" means (a) physical force that overcomes such earnest resistance as might reasonably be expected under the circumstances; or (b) threat or intimidation, expressed or implied, placing a person in fear of immediate death or bodily injury to oneself or another person or in fear that oneself or another person will be kidnapped.

3.4.6 "Sexual Exploitation" means taking non-consensual, unjust or abusive sexual advantage of another, for one's own advantage or benefit; or to benefit or advantage anyone other than the one being exploited. Sexual exploitation encompasses a wide range of behaviors which may include, but are not limited to:

3.4.6.1 Inducing incapacitation with the intent to rape or sexually assault a student or other individual;

3.4.6.2 Non-consensual video or audio-recording of sexual activity;

3.4.6.3 Allowing others to observe a personal act of consensual sex without knowledge or consent of the partner;

3.4.6.4 Engaging in voyeurism;

3.4.6.5 Knowingly transmitting a sexually transmitted disease, including HIV, to a student or other individual;

3.4.6.6 Prostituting a student or other individual (e.g. -personally gaining money, privilege, or power from the sexual activities of another individual)

3.5 Domestic Misconduct.

3.5.1. "Domestic Misconduct" means "Domestic Violence" and "Dating Violence" as defined below.

3.5.2 “Domestic Violence” means a felony or misdemeanor crime of violence committed by a current or former spouse or intimate partner of the alleged victim, by a person with whom the alleged victim shares a child in common, by a person who is cohabitating with or who has cohabitated with the alleged victim as a spouse, by a person similarly situated to a spouse of the alleged victim under the domestic or family laws of the State of West Virginia, by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the State of West Virginia. The term spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

“Domestic Violence” under the laws of the State of West Virginia, which is also prohibited by this Policy, means: (i) unlawfully and intentionally making physical contact of an insulting or provoking nature with one’s family or household member(s); (ii) unlawfully and intentionally causing physical harm to one’s family or household member(s); (iii) unlawfully attempting to commit a violent injury against one’s family or household member(s); or (iv) unlawfully committing an act which places one’s family or household member(s) in reasonable apprehension of immediately receiving a violent injury.

For purposes of this subsection, “family or household members” means persons who: (1) are or were married to each other; (2) are or were living together as spouses; (3) are or were sexual or intimate partners; (4) are or were dating: provided, that a casual acquaintance or ordinary fraternization between persons in a business or social context does not establish a dating relationship; (5) are or were residing together in the same household; (6) have a child in common regardless of whether they have ever married or lived together; or (7) have the relationships described in W. Va. Code § 48-27-204.

3.5.3 “Dating Violence” means violence committed by a person:

3.5.3.1 who is or has been in a social relationship of a romantic or intimate nature with the victim; and

3.5.3.2 where the existence of such a relationship shall be determined based on a consideration of the following factors: 3.5.3.2.1 the length of the relationship;

3.5.3.2.2 the type of relationship; and

3.5.3.2.3 the frequency of interaction between the persons involved in the relationship.

3.5.3.3 The view of the Complainant shall generally be controlling in determining whether such a relationship existed. Dating violence includes, but is not limited to, sexual

or physical abuse or the threat of such abuse. Dating violence, for purposes of this Policy, does not include emotional abuse.

3.6 “Stalking” means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

3.6.1 Fear for the person’s safety or the safety of others; or

3.6.2 Suffer substantial emotional distress.

3.6.3 For the purposes of this definition:

3.6.3.1 “Course of conduct” means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person’s property.

3.6.3.2 “Reasonable person” means a reasonable person under similar circumstances and with similar identities to the victim.

3.6.3.3 “Substantial emotional distress” means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.

3.7 Consequences & Corrective Action.

Violators of this Policy are subject to appropriate disciplinary action that may include sanctions such as warning, suspension, or discharge of an employee, suspension, or expulsion of a student in accord with the Student Code of Conduct, or other action depending on the particular circumstances. In addition, prohibited conduct that constitutes a criminal law violation will be referred to the appropriate authorities for prosecution.

Furthermore, although conduct may not violate this Policy, it may still be prohibited by the University under a different policy or standard of behavior. Accordingly, in such cases, the University reserves the ability to take any necessary action.

3.8 Consensual Relationships.

Although consensual relationships are within the purview of individual privacy, those engaging in such relationships that occur between persons in inherently unequal and closely related positions at the University or employees within the same reporting line, including those between supervisors and supervisees, must remain aware that such relationships could lead to circumstances that result in harassment or sexual or domestic misconduct.

In these specific cases of consensual relationships, the individuals shall notify their immediate supervisor or other appropriate administrator. The supervisor or administrator shall be responsible for making arrangements to eliminate or to mitigate any conflict of interest or other legitimate occupational interest related to employment, the consequences of which might prove detrimental to the University or to either party in the relationship. In some instances, if no suitable way to eliminate or mitigate the conflict is reasonably feasible, one or both individuals may be separated from employment at the University.

It is important to note that these types of consensual relationships also may result in a hostile or offensive environment affecting other employees or students. For example, others may perceive a person involved in the consensual relationship as receiving favorable treatment in employment or educational decisions and actions.

3.9 Prohibited Relationships with Students.

Staff Members, Faculty Members, Instructors, Coaches, or other employees are prohibited from engaging in a consensual relationship with a student whom one may instruct, evaluate, supervise, instruct, advise, or coach.

Where there is a pre-existing consensual relationship, the staff, faculty, instructor, or coach shall forthwith notify one's immediate supervisor or other appropriate administrator. The supervisor or other appropriate administrator shall be responsible for making arrangements to eliminate or to mitigate any conflict, the consequences of which might prove detrimental to the University or to either party in the relationship.

Although Marshall University cannot prohibit consensual relationships between employees and students, whom they do not instruct, evaluate, supervise, advise, or coach, the University strongly discourages such relationships. In addition, nothing contained in this Policy would otherwise prohibit a complaint being made by either.

3.10 Disability Complaint Procedures

Marshall University does not discriminate or permit discrimination on the basis of disability in matters of admissions, employment, housing, or services or in the educational programs or activities it operates. The Director of Disability Services has been designated as the Section 504 Coordinator and coordinates compliance with the nondiscrimination requirements of Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) and applicable federal and state regulations.

Marshall University adopts MUBOG Policy No. GA-1 as its ADA/Section 504 complaint procedures to provide prompt, equitable and impartial resolution of complaints alleging any action prohibited by the ADA or Section 504. This policy applies to complaints of discrimination or harassment on the basis of disability by staff, faculty, students, or applicants for both University employment and academic admission, vendors, contractors, and third parties.

These rules will be construed to protect the substantive rights of interested persons, meet appropriate due process standards, and assure that Marshall University complies with the ADA, Section 504, and their implementing regulations.

The Office of Disability Services will maintain the files and records relating to complaints filed under this policy and other procedures.

Marshall University Office of Disability Services

Stephanie Ballou, Director

Prichard Hall, Room 117

Phone: 304-696-2467

Fax: 304-696-2288 wyant2@marshall.edu

Section 4: Reports of Misconduct and Complaints.

4.1 Coordinator.

The President or the President's designee shall appoint an administrator to act as the University's Coordinator to handle all reports of prohibited conduct and complaints under this Policy, including acting as the University's Title IX Coordinator. The Coordinator will oversee all complaints filed under this Policy generally and identify and address any patterns or systemic problems that arise during the review of such complaints. The Coordinator is further responsible for coordination of training, education, communications, and administration of complaint procedures for faculty, staff, students, and other members of the University community. The Coordinator may also appoint deputy coordinators to assist the University in furthering this policy.

4.2 Reporting.

Any member of the University community who believes someone has been subject to any of the prohibited conduct set forth in Section 3, or they have witnessed or is aware of such prohibited conduct, is encouraged to report this information.

4.2.1 All Campus Security Authorities must report incidents of prohibited conduct to the University's Title IX Coordinator at:

Title IX Coordinator

Office of Equity Programs

Old Main 324

One John Marshall Drive

Huntington, WV 25755

Phone: 304-696-2597 | Fax: 304-696-6844

Email: titleIX@marshall.edu <http://www.marshall.edu/eeoaa/>

4.2.2 "Campus Security Authority" means an official of an institution who has significant responsibility for student and campus activities, including, but not limited to, student housing, student discipline, and campus judicial proceedings. For example, a dean of students who oversees student housing, a student center, or student extra-curricular activities, has significant responsibility for student and campus activities. Similarly, a director of athletics, team coach, and faculty advisor to a student group also have significant responsibility for student and campus activities. A single teaching faculty member is unlikely to have significant responsibility for student and campus activities, except when serving as an advisor to a student group. A physician in a campus health center or a counselor in a counseling center whose only responsibility is to provide care to students are unlikely to have significant responsibility for student and campus activities. Also, clerical staff are unlikely to have significant responsibility for student and campus activities.

4.2.3 Confidential resources are available for members of the University community who have been subject to prohibited conduct. For a more detailed list of confidential resources available to members of the University community, please see:

Marshall University Office of Equity Programs/Title IX Staff

Marshall University Counseling Center Staff

Marshall University Women's & Gender Center Staff

Marshall University Violence Prevention and Response Program Staff

Marshall University Psychology Clinic Staff

4.2.4 The U.S. Department of Education's Office for Civil Rights (OCR) enforces, among other statutes, Title IX of the Education Amendments of 1972. Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. A Complainant may choose to make a report to the OCR at any time by contacting:

Philadelphia Office

Office of Civil Rights, U.S. Department of Education

The Wanamaker Building

100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323

Telephone: 215-656-8541

FAX: 215-656-8605; TDD: 800-877-8339

Email: OCR.Philadelphia@ed.gov

<http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>

4.3 Filing a Complaint.

Any member of the University community who believes one has been subject to, has witnessed, or is aware of any of the prohibited conduct set forth in Section 3 may file a complaint in any manner set forth in the applicable procedure.

4.4 Procedure for Responding to Complaints.

The President or the President's designee(s) shall formulate a complaint procedure to investigate and respond to all complaints regarding alleged misconduct in violation of this Policy. In all cases, complaints will be handled in such a manner to achieve a prompt and equitable resolution. Further, the University will take the appropriate steps to end the misconduct, prevent any further misconduct or retaliation, remedy the effects of misconduct, and eliminate any hostile environment that has been created. Any investigation resulting from a complaint will be separate from and in addition to any criminal investigation that may result.

4.5 Disclosure and Confidentiality.

The University respects the privacy of those reporting prohibited conduct and will endeavor to respect requests for confidentiality to the extent permissible by law. However, the University has certain legal obligations to address this conduct and to prevent its recurrence and, as a result, cannot guarantee confidentiality to a complainant in all cases. In determining whether, an individual's request for confidentiality that could preclude a meaningful investigation or potential discipline of the alleged perpetrator, the University may consider a range of factors, including: whether there have been other sexual violence complaints about the same alleged perpetrator; whether the alleged perpetrator has a history of arrests or records from a prior school indicating a history of violence; whether the alleged perpetrator threatened further sexual violence or other violence against the complainant or others; whether the sexual violence was committed by multiple perpetrators; whether the complainant's report or allegation reveals a pattern of perpetration (e.g., via illicit use of drugs or alcohol) at a given location or by a particular group; whether the sexual violence was perpetrated with a weapon; the age of the complainant subject to the sexual violence; and whether the University possesses other means to obtain relevant evidence (e.g., security cameras or personnel, physical evidence). Pursuant to Title IX Regulations, the University must keep confidential the identity of any individual who has made a report or complaint of sex discrimination, including any individual who has made a report or filed a formal complaint of sexual harassment, any complainant, any individual who has been reported to be the perpetrator of sex discrimination, any respondent, and any witness, except as may be permitted by the FERPA statute, 20 U.S.C. 1232g, or FERPA regulations, 34 CFR part 99, or as required by law, or to carry out the purposes of 34 CFR part 106, including the conduct of any investigation, hearing, or judicial proceeding arising thereunder. That said, as set forth in Section 4.2.3., there are places where a victim can receive confidential services and the complaint procedure must identify clearly additional resources, if any, where a victim can go to receive such services without having to risk confidentiality.

4.6 Dishonest or Frivolous Complaints.

If a party is found to have intentionally or maliciously been dishonest, reckless, or frivolous in making allegations of a violation under this Policy, that party shall be subject to appropriate disciplinary action.

Section 5: Retaliation Prohibited.

5.1 The University or other person may not intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX or this part, or because the individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this part. Intimidation, threats, coercion, or discrimination, including charges against an individual for code of conduct violations that do not involve sex discrimination or sexual harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or formal complaint of sexual harassment, for the purpose of interfering with any right or privilege secured by Title IX or its implementing regulations, constitutes retaliation. Complaints alleging retaliation may be filed according to the grievance procedures for sex discrimination.

5.2. The exercise of rights protected under the First Amendment does not constitute retaliation prohibited under paragraph 5.1 of this section.

5.3 Charging an individual with a code of conduct violation for making a materially false statement in bad faith in the course of a grievance proceeding under this part does not constitute retaliation prohibited under paragraph 5.1, provided, however, that a determination regarding responsibility, alone, is not sufficient to conclude that any party made a materially false statement in bad faith.

CURRICULUM STRUCTURE, POLICY AND PROCEDURES

THE CURRICULUM COMMITTEE

The mission of the JCESOM Curriculum Committee is to create an optimal learning environment and develop and implement the best possible curriculum for the medical students which will enhance their learning and provide a foundation for their professional careers as physicians.

The Curriculum Committee (CC) is responsible for the overall design, management, and evaluation of the JCESOM MD curriculum. The CC is responsible for a coherent and coordinated curriculum that fulfills the goals and objectives of the School of Medicine and will be in full compliance with LCME standards. The Curriculum Committee is responsible for a wide range of issues, including but not limited to the following:

- Defining and adopting program objectives: the CC defines the goals and objectives of the MD-program at the JCESOM. These outcomes are reviewed every three years at the CC retreat and modified, if necessary.
- The CC is responsible for sequencing of the various segments of the curriculum, both within and across the academic periods of study.
- The CC also advises each course and clerkship on appropriate pedagogies and assessments.
- Ongoing evaluation of course and program effectiveness towards meeting the overall institutional outcomes.
 - Ongoing evaluation of the content and workload in each discipline to identify omissions and unplanned redundancies.
 - Make such changes to the curriculum that are prudent and appropriate to fulfill the responsibilities of the Curriculum Committee.
- Maintain careful records of the proceedings, decisions, and actions of the committee.

Various subcommittees of the CC oversee aspects of the MD curriculum, and assist the CC in fulfilling the mission of the JCESOM:

1. PreClerkship Curriculum Committee (PCC): This committee oversees the organization and management of the Phase 1 curriculum of the MD-program, consisting of number of integrated education blocks/courses. This committee is comprised of preclerkship course directors, which are all voted on and approved by the committee itself. This committee meets monthly and minutes are posted online.
2. Clerkship Curriculum Committee (CCC): This committee oversees the organization and management of all required and elective clinical clerkships. The committee is comprised of the clerkship directors and clerkship coordinators. The directors are all appointed members. Student representatives from the third and fourth year sit on this committee as well. Directors, coordinators, and students are voting members. The committee meets monthly and minutes are recorded.

3. Curriculum Evaluation Committee (CEC): This committee oversees programmatic evaluation and the adequacy of alignment of course & clerkship objectives with the institutional objectives. The CEC meets once a month to monitor the curriculum. This committee reviews the activities of all teaching units and determines whether or not the units are complying with the curricular goals and objectives. This subcommittee sends an annual questionnaire to block and clerkship directors who respond by describing the activities in their units of the curriculum. The subcommittee reviews these reports and makes recommendations that are reported directly to the Curriculum Committee. The Curriculum Committee discusses the report and recommendations and moves them along, intact or amended, to the block/clerkship directors for appropriate amendments of their respective courses.
4. Assessment Evaluation Committee (AEC): This committee monitors and facilitates the implementation of valid and reliable assessments in the preclerkship curriculum. The committee reviews every high-stakes assessment of Phase 1 of the MD curriculum and ensures delivery of high quality assessments. This committee also defines and develops the parameters for post-exam analysis and modifications of scoring criteria, if needed.

Committee Membership

Member	Department	Status
Voting Members		
Kelsey Matusic	Class of 2024	Student member
Erick Trent	Class of 2025	Student member
Alex Dague	Class of 2026	Student member
Beverly Delidow, Ph.D.	Biomedical Sciences	Faculty member
Lawrence Grover, Ph.D. (Chair)	Biomedical Sciences	Faculty member
Travis Salisbury, Ph.D.	Biomedical Sciences	Faculty member
Maria Serrat, Ph.D.	Biomedical Sciences	Faculty member
Todd Green, Ph.D.	Biomedical Sciences	Faculty member
Adrienne Mays, M.D.	FCH	Faculty member
Wesam Frandah, M.D./Ph.D.	MED	Faculty member
Samrina Hanif, M.D.	NEU	Faculty member
Hisham Keblawi, M.D.	OBG	Faculty member
	PSY	Faculty member
	PATH	Faculty member
	SURG	Faculty member
Non-Voting Members		
Nitin Puri, M.D., Ph.D.	Office of Medical Education	Executive Secretary
Robbie Nance, MBA	Office of Medical Education	Recording Secretary
Administrative Support		
Traci West-McCombs, M.S.	Registrar & Academic Affairs Coordinator	
Marie Frazier, M.D.	Associate Dean of Academic Affairs	
Amy Smith, M.Ed.	Associate Dean of Student Affairs	
Jennifer Plymale, M.A.	Associate Dean of Admissions and Special Programs	
Christine Gilkerson, M.D.	Associate Dean of Admissions	
Nancy Norton, M.D.	Assistant Dean of Assessment and Evaluation	
Anna Hughes, M.S.	Health Science Librarian	
Mike McCarthy, M.A.	Chief Information Officer	
Holly, Dunmore, M.S.	Director of Academic Information Services	

HONOR SYSTEM & POLICY REGARDING ACADEMIC AND PROFESSIONALISM STANDARDS

SECTION 1. HONOR CODE & SYSTEM

1. HONOR CODE:
As a part of the community at Marshall University's Joan C. Edwards School of Medicine (JCESOM), I commit to uphold honor, integrity, and respect in all my academic, professional, and personal actions. I promise to adhere to these values in every facet of my medical education and in caring for patients. I recognize that my future role as a healthcare team member entrusts me with significant responsibility, both towards others and myself. I vow to maintain these standards and continuously work towards cultivating an academic and professional environment that thrives on the mutual respect and integrity of all its members. Furthermore, I will ensure my peers are also held accountable to these same standards.
- 1.2 The Honor System at the JCESOM is a model for how students, faculty, and staff are to conduct themselves academically and professionally. It is the aim of this system to foster an environment of trust and respect while ensuring that all members of the JCESOM community acknowledge this responsibility and agree to uphold it with respect. Upon enrollment, or as a currently matriculating student, individuals will sign the Honor Code statement, signifying their understanding and agreement.
- 1.3 Maintenance and oversight of this code is the responsibility of the Academic and Professional Standards Committee. It is the responsibility of this committee, comprised of both students and faculty, to conduct investigations and hearings regarding reported violations of the code, and, when necessary, to determine the nature of penalties for violations.
- 1.4 The JCESOM Office of Academic Affairs will educate the Joan C. Edwards School of Medicine community regarding the Honor Code & System.
- 1.5 All violations of the student Honor Code are investigated by the Associate Dean of Academic Affairs, and reported to the Academic and Professionalism Standards Committee (APSC) and the Vice Dean of Medical Education; during the investigation, students' interests are represented by a designee of the Office of Student Affairs.

SECTION 2. ACADEMIC AND PROFESSIONALISM STANDARDS COMMITTEE (APSC) MEMBERSHIP

1. It is the responsibility of the Curriculum Committee to set the overall academic and professionalism progress standards and policy statements for the Joan C. Edwards School of Medicine (JCESOM), Marshall University. The APSC reviews student performance and makes decisions related to academic deficiencies, promotions and unprofessional behaviors. It reviews the academic and professional progress of all students and decides appropriate action for students earning one or more academic and/or professional deficiencies. Deficiencies are cumulative and are not category dependent.

The APSC develops guidelines for the evaluation of all aspects of student progress and success and/or failure. Included topics are examinations, cheating, promotion and dismissal, professionalism, incomplete courses and regulations relating to departure from scheduled work. The Committee shall review the progress of all students and determine appropriate action.

2. The APSC consists of basic science and clinical faculty and one student from each class. Faculty members are appointed by the Vice Dean of Medical Education and approved by the Dean of the School of Medicine (henceforth referred to as the Dean). Students will be given the opportunity to make a formal application for membership.
 - 2.1.a Terms for faculty are three years with members eligible for reappointment. Terms are not limited. Terms for student are for three and half years. Any student-member who falls under review by the APSC will no longer be able to serve on the committee.
 - 2.2.b The Chair shall be appointed by the Vice Dean of Medical Education upon consultation with the Dean. The Chair's position does not expire and is not limited. The Chair may be removed only by a majority vote of the APSC.
 - 2.2.c Excessive absenteeism (more than fifty percent in one academic year) may result in forfeiture of membership. In the case of a sabbatical or other extended leave, the Chair may grant the member an excused leave and move the member to inactive status.
 - 2.2.d The Vice Dean of Medical Education will provide member(s) who are ex-officio, non-voting members of the Committee, including the Associate Dean of Academic Affairs (the executive secretary), the Associate Dean of Student Affairs, JCESOM registrar, and the APSC recording secretary.
 - 2.2.e A quorum shall consist of at least five of the active, voting membership. Members on excused leave shall be considered inactive and thus do not contribute to meeting the quorum.
 - 2.2.f Students on the committee will not be permitted to participate if there are criminal proceedings that are being discussed that pertain to another student.

3. The meetings are closed, except for invitees.
4. All deliberations are confidential.

SECTION 3. ACADEMIC STANDING

- 3.1 Good Academic Standing - Students are considered in good academic standing if they have passed all their courses, passed the academic level, passed all pending remediations, and are not in the process of appealing a dismissal for academic or professional reasons.
 - 3.1.a Any student who, after all appeals have been exhausted, is dismissed for failure to make satisfactory academic progress or due to academic or professional deficiencies will have "Not in Good Standing" noted on their Official Transcript.
- 3.2 Academic Probation – Academic probation is the result of unsatisfactory academic achievement. Students are automatically placed on academic probation when a deficiency (single or cumulative multiple) is earned. A single deficiency is defined as the failure of a course, clerkship, or the academic level.
 - 3.2.a Students on academic probation are not considered to be in good academic standing.
 - 3.2.b All students on academic probation must meet with the Associate Dean of Student Affairs (or their designee) and the Associate Dean of Academic Affairs for wellness and academic support, respectively. M1 and M2 students on academic probation must also meet with their assigned academic advisors monthly, for the duration of the probation.
 - 3.2.b Once placed on academic probation, students must successfully correct deficiencies in those courses in which an "F" was recorded and satisfy all additional provisions set forth by the APSC or be immediately dismissed.
 - 3.2.c Academic probation status may be removed once all the provisions have been met. Academic probation status may also be continued as a condition set forth by the APSC, Second Level Appeals Committee or the Dean. Students required to repeat an academic level will remain on academic probation until successful completion of the said level. Any future failures, while on academic probation, will result in referral to APSC for institutional action, including dismissal.
- 3.3 Administrative Probation - The APSC may place students who do not meet academic and/or professional responsibilities or standards as defined by the School of Medicine or Marshall University on Administrative Probation.
 - 3.3.a Students on administrative probation must successfully satisfy all provisions as set forth by the APSC, Second Level Appeals Committee, or Dean or be immediately dismissed.

- 3.3.b Students may be placed on administrative probation for any or all remaining time during their medical education with subsequent violations resulting in immediate dismissal.
- 3.3.c Administrative probation status may be removed once all the provisions as set forth by the APSC, Second Level Appeals Committee, or Dean have been met. Administrative probation may also be continued if stipulated by the APSC, Second Level Appeals Committee or Dean.

1. Students on academic or administrative probation are not eligible for personal leave.
2. Students on academic or administrative probation must petition the Office of Medical Education with medical leave requests. The Office of Medical Education will consult with the Office of Student Affairs and the APSC Chair before placing the student on medical leave.

SECTION 4. PROFESSIONAL STANDING

- 4.1 Students represent the Marshall University Joan C. Edwards School of Medicine and are expected to uphold the standards of physician-hood. Medical students are expected to attempt to do that which is right in all of their dealings with fellow students, faculty, other health care professions, and patients. They are expected to promote the highest possible standard of behavior and moral conduct by adhering to the components of Professional Standards that are defined by the Curriculum Committee under the Professionalism Institutional Competency, as follows—

Competency Sub-domain(s)	Abbreviation
Ethical, responsible, reliable and dependable in all aspects of their professional lives and a commitment to patients, society and the profession	PB1
Honest and show integrity in all interactions with patients, families, staff, colleagues and others with whom students interact in their professional life	PB2
Professional in dress, grooming, manner of speech and personal interactions with colleagues, staff, faculty, patients, patient’s families and caregivers	PB3
Respectful for the privacy and dignity of patients and their families	PB4
Compassionate in treatment of patients	PB5
Knowledgeable of key principles required for delivery of culturally competent care	PB6
Professional in maturity by appropriately managing conflicts, coping with personal and professional stress and showing flexibility in potentially ambiguous situations	PB7

- 4.2 Students not meeting any of the aforementioned professionalism competencies are deemed to be in violation of the JCESOM professional standards.
- 4.3 Students who incur three or more non-critical breaches of professionalism, or any number of serious breaches, confirmed by the JCESOM Associate Dean of Academic Affairs, are required to have a meeting with both the course/clerkship director and the Associate Dean of Academic Affairs to discuss corrective measures. If these students do not adhere to this requirement, they will be reported to the APSC for potential institutional sanctions.
- 4.4 Students have the right to contest a case of critical professional conduct breach to the APSC within 10 business days following the said violation. The decision of the APSC is final.
- 4.5 All critical breaches of professionalism standards, as identified above, are required to be documented in the students' final Medical Student Performance Evaluations (MSPE).
- 4.6 Students unable to show improvement in professionalism domains will be referred to the APSC for institutional action, including dismissal.

SECTION 5. ACADEMIC DISHONESTY

- 5.1 Academic exercise is defined as: An assignment, either graded or not graded, that is given in an academic course or one that must be completed toward the completion of degree or certification requirements. An assignment includes, but is not limited to, the following academic exercises: exam, quiz, homework assignment, log, paper, oral presentation, lab assignment, data gathering exercise and analysis, practicum and creative work of any kind.
- 5.2 Academic Dishonesty, which includes but is not limited to the following actions, is prohibited, and is considered a critical breach of JCESOM Professionalism Standards:
 - 5.2.a The unauthorized use or distribution of any materials, notes, sources of information, study aids, technologies or tools during an academic exercise.
 - 5.2.b The unauthorized assistance of a person other than the Course Director or their designated person during an academic exercise.
 - 5.2.c The unauthorized viewing of another person's work during an academic exercise.
 - 5.2.d The unauthorized securing of all or part of assignments or examinations, in advance of submission by the Course Director or their appropriate designee.
 - 5.2.e The unauthorized invention or alteration of any information, citation, data or means of verification in an academic exercise, official correspondence or university record.
 - 5.2.f The submission as one's own work of any material or idea wholly or in part created by another. This work is, but not limited to, oral, written and graphical material and both

published and unpublished work. It is the student's responsibility to clearly distinguish their own work from that created by others. This includes the proper use of quotation marks, paraphrase and the citation of the original source. Students are responsible for both intentional and unintentional acts of plagiarism.

- 5.2.g Attempting to unfairly influence a course grade or the satisfaction of degree requirements through any of these actions is prohibited.
- 5.2.h Helping or attempting to help someone commit an act of academic dishonesty.
- 5.3 Accusations of academic dishonesty or violation of Components of Professionalism should be reported directly to the Course Director and the Associate Dean of Academic Affairs.
 - 5.3.a All reports of academic dishonesty are investigated by a three-member ad-hoc committee, including a faculty member nominated by the Vice Dean of Medical Education, the Associate Dean of Academic Affairs and a designee of the Office of Student Affairs.
 - 5.3.b The ad-hoc committee will submit its report to APSC for final action, including but not limited to a lower or failing project/paper/test grade, a lower final grade or failure of the course/clerkship, academic probation, academic suspension or dismissal from the School of Medicine.
- 5.4 In instances where the misconduct is particularly egregious or accompanied by other exacerbating factors, the APSC may seek to impose additional non-academic penalties.
- 5.5 Sanctions for academic dishonesty or unprofessional behavior may be imposed even if a student withdraws from an individual course or the Medical School entirely.
- 5.6 The Office of Medical Education will maintain a file of academic dishonesty and violations of professionalism incidents. These will be reported in summary form (no student or faculty names will be included) to the Dean and their staff, the APSC, and the General Faculty at the end of each academic year. All reports are held in confidence.
- 5.7 The student may appeal the decision of the APSC to the Dean of JCESOM. The appeal must be made in writing within 10 business day of receiving official notification from the APSC. The decision of the Dean will be final.

SECTION 6. SATISFACTORY ACADEMIC AND PROFESSIONAL PROGRESS

1. Students are expected to make continuous and successful academic and professional progress toward graduation requirements. The concept of satisfactory progress mandates monitoring of a student's academic and professional performance through items including, but not limited to, grades recorded, the number of credits successfully completed, evaluations, National Board of Medical Examiners exams passage, incident forms, and timely passage of CBSE, CCSE, and USMLE Steps 1 and 2.
2. The APSC reserves the right to review academic and professional progress of any student at any time. Failure to maintain satisfactory academic and/or professional progress will result in additional review and possible action by the APSC.
3. The APSC will define "satisfactory academic or professional progress" standards on an individual case basis. Failure to make "satisfactory academic or professional progress" as defined by the APSC will result in immediate dismissal and/or other action.
4. Students are expected to adhere to all standards of conduct policies and procedures as set forth by the School of Medicine and/or the Marshall University Board of Governors. These standards apply to each student's entire academic and professional record at the School of Medicine irrespective of leave status.

SECTION 7. CORRECTING ACADEMIC DEFICIENCIES

- 7.1 All grades of "F" or "I" must be corrected prior to being promoted.
- 7.2 For a single deficiency, students are automatically placed on academic probation and referred to Academic Support Services. The office academic support in conjunction with the Vice Dean of Medical Education and the Student Affairs Dean will then determine an academic plan for the student which will be submitted to the APSC for approval.
 - 7.2.a The student may also be required to complete any other action as deemed necessary and appropriate by the APSC. This may include, but not be limited to, evaluation from a learning specialist, participation in a skill development program(s) or medical evaluation/treatment.
 - 7.2.b Failure to complete the plan will result in automatic referral to the APSC.
 - 7.2.c Students will be taken off of Academic Probation upon successful remediation.
- 7.3 For multiple deficiencies, the APSC will determine an academic plan for the student which may include, but not be limited to, one or more of the following actions:
 - 7.3.a That the student be placed on academic probation and be required to register and repeat any or all courses/clerkships for the entire academic year. The actual grades earned will be recorded. Both the original and the second grades will remain on the student's permanent record and will be used for calculation of grade point averages.

- 7.3.b That the student be required to complete any other action as deemed necessary and appropriate by the APSC. This may include, but not be limited to, evaluation from a learning specialist, participation in a skill development program(s) or medical evaluation/treatment.
- 7.3.c That the student be dismissed.
- 7.3.d Should an attempt at correcting a deficiency be unsuccessful, the student may be dismissed in any year of the curriculum.

SECTION 8. CORRECTING PROFESSIONALISM DEFICIENCIES

- 8.1 Actions for students referred to the APSC for violations of the standards of academic honesty and professionalism may include, but not be limited to, placement on administrative probation, suspension, placement on academic probation, or dismissal from the School of Medicine. Other non-academic sanctions may be assigned.
- 8.2 Students may be withdrawn from required or elective courses.
- 8.3 Sanctions for professional deficiencies may be imposed even if a student withdraws from an individual course or from the School of Medicine.

EDUCATIONAL OBJECTIVES AND COMPETENCIES

Complementing the attributes defined in the Academic and Professionalism Standards Policy are Educational Objectives and Competencies. These objectives are the foundation on which all educational activities in the medical curriculum are based and serve as the platform for the medical students as they develop into residents.

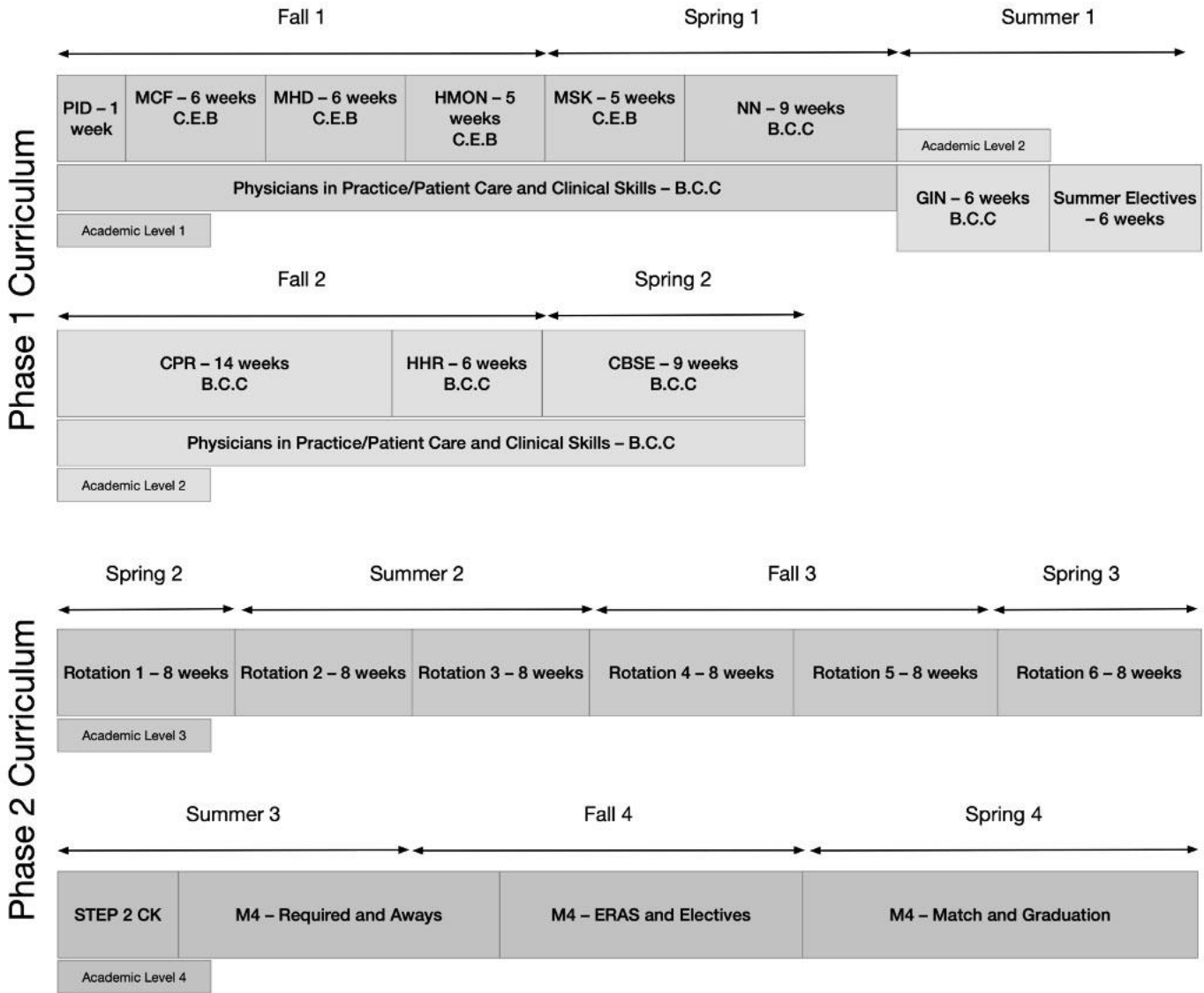
The seven domains of practice for a medical professional have been designated as follows: Medical Knowledge, Patient Care, Professionalism, Interpersonal Skills and Teamwork, Practice based Learning and Improvement, Systems-based Practice, and Critical Thinking and Problem-Solving Skills.

Domains	Educational Program Objectives
MEDICAL KNOWLEDGE	Understand and apply knowledge of biomedical and clinical sciences to comprehend determinants of human health and disease
	Understand and apply principles of social-behavioral sciences to patient care, including assessment of the impact of psycho-social and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
	Understand and apply knowledge of scientific principles required to practice evidence-based medicine
	Understand and apply knowledge about pain relief, palliative and end-of-life care
	Understand and apply knowledge of ethical principles that govern decision making in medicine
PATIENT CARE	Gather, organize, interpret and document essential information about patients and their conditions through history taking, physical examination, and other methods of information gathering
	Obtain informed consent for common medical and surgical procedures in a compassionate, professional, and efficient manner
	Perform comprehensive medical and/or diagnostic skill considered essential for patient care
	Use clinical reasoning to formulate appropriate differential diagnoses, make informed decisions about diagnostic and therapeutic interventions based on patient information and current scientific evidence
	Recognize emergency medical conditions and institute appropriate initial therapy
	Develop and carry out patient management plans in collaboration with patients, families, and the health care team

PROFESSIONALISM	Student is ethical, responsible, reliable and dependable in all aspects of their professional lives and a commitment to patients, society and the profession
	Student is honest and shows integrity in all interactions with patients, families, staff, colleagues and others with whom student interacts in their professional life
	Student is professional in dress, grooming, manner of speech and personal interactions with colleagues, staff, faculty, patients, patient's families and caregivers
	Student is respectful for the privacy and dignity of patients and their families
	Student is compassionate in treatment of patients
	Student demonstrates knowledge of key principles required for delivery of culturally competent care
	Student is professional in maturity by appropriately managing conflicts, coping with personal and professional stress and showing flexibility in potentially ambiguous situations
INTERPERSONAL SKILLS AND TEAMWORK	Demonstrates the ability to communicate effectively in a timely manner, both verbally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities
	Demonstrate the ability to communicate effectively with colleagues within one's discipline as well as other health professionals in a respectful, professional and timely manner to ensure interdisciplinary and inter-professional delivery of high quality care
	Demonstrate capable leadership including problem assessment and problem solving
	Develop psycho-socially and culturally sensitive skills that allow working with patients, communities and inter professional teams

PRACTICE BASED LEARNING AND IMPROVEMENT	Demonstrates the capacity to recognize and accept limitations in one's own knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability through lifelong learning
	Demonstrates the ability to independently set learning and improvement goals
	Demonstrates the ability to incorporate all forms of feedback in identifying gaps in knowledge, skills and professionalism and implement remediation plans
	Demonstrate the ability to identify, analyze and assimilate evidence from scientific research and apply to patients' health problems
	The ability to participate effectively in education of patients, their families and caregivers, other trainees, and other health professionals
SYSTEMS BASED PRACTICE	Knowledge of basic organization of health care systems including the various relationships between patients, providers, practices, and institutions
	Knowledge of impact of health care disparities in delivery of health care
	Knowledge of economic impact of diagnostic and therapeutic evaluation and risk-benefit analysis in both patient and population-based care
	The ability to identify and report systems error as well as identify potential systemic solutions
	Analyze current policies and practices affecting health care
CRITICAL THINKING AND PROBLEM SOLVING SKILLS	Be able to apply creative/critical thinking to develop new information and solutions for health care practices
	Be able to understand and apply foundational concepts to clinical problem solving
	Recognize the limitations of scientific evidence and weigh uncertainty to guide decisions
	Effectively utilize current and emerging technology to optimize learning and patient care

MD CURRICULUM MAP



PHASE I WORKLOAD POLICY

Purpose: The purpose of this JCESOM Pre-Clerkship Student Workload Policy is to establish guidelines that ensure a balanced and manageable workload for medical students during the pre-clerkship phase of their education at the Joan C. Edwards School of Medicine (JCESOM), in accordance with Liaison Committee on Medical Education (LCME) standards.

Scope: This policy applies to all medical students enrolled in the pre-clerkship phase (Phase 1) of the MD curriculum at JCESOM.

Policy Statement:

1. **Academic Work Week:** For the purposes of this policy, the academic work week for Phase 1 of the MD curriculum spans Monday through Friday, and activities may only be scheduled between 7:00 AM and 5:00 PM.
2. **Total Time Commitment:** The total time commitment for medical students during the pre-clerkship phase, including in-class and out-of-class activities, should not exceed an average of 30 hours per week over the course length, including any activities of the longitudinal curriculum.
3. **In-Class Activities:** In-class activities include lectures, laboratories, small or large group sessions, and low-stakes assessments.
4. **Out-of-Class Activities:** Out-of-class activities include preparation for class, independent learnings, assignments, self-directed learning, and any other assigned educational activities.
5. **Holidays and Vacation:** Students are entitled to observe recognized holidays and vacations as established by the JCESOM academic calendar.
6. **Monitoring and Evaluation:** The Office of Medical Education, in collaboration with course and module directors, is responsible for monitoring compliance with this policy. The Office of Medical Education will regularly review and analyze student feedback, course evaluations, and performance data to ensure that the workload remains balanced and manageable.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the PreClerkship Committee—04/14/2023

Approved by the Curriculum Committee—04/20/2023

Approved by the Dean, JCESOM, Marshall University—05/02/2023

PRE-CLERKSHIP CURRICULUM ACADEMIC PROGRESS POLICY

This policy ensures that students acquire the knowledge and develop the cognitive skills and professional behaviors needed for future success in clinical years and licensure exams. Students are required to demonstrate academic progress through the Pre-Clerkship Curriculum by attaining passing grades at each stage:

1. In individual courses
2. Cumulatively across courses in each Academic level
3. On the Comprehensive Basic Science Exam (CBSE) at the end of the second year of the Pre-Clerkship Curriculum

This policy allows students to progress in the curriculum after failing up to two courses if they successfully remediate the failed courses and pass the academic level of the courses.

For progression, and as it pertains to this policy, the required courses of the pre-clerkship curriculum are divided in two levels:

1. Level 1 (M1) includes the following courses: MDC801 (MCF), MDC811 (MHD), MDC802 (HMON), MDC814 (MSK), and MDC804 (NN).
2. Level 2 (M2) consists of the following courses: MDC805 (GIN), MDC807 (CPR), and MDC808 (HHR).
3. As it pertains to remediations and progression through academic levels, this policy does not cover MDC800 (PiP), MDC813 (PID), MDC803 (PCCS1), or MDC806 (PCCS2)—students failing any of these courses must repeat the failed course's academic level. No remediation is available/offered for these courses.

Progression stages of the Pre-Clerkship Curriculum

- 1) Individual courses: Students must achieve a passing grade of 70% (rounded to an integer) in each course of the Pre-Clerkship Curriculum—
 - A) Students who fail to pass a course must successfully remediate the course during the designated break following the completion of the academic year
 - (i) Remediation of any course failure will be via directed self-learning with students required to attain a passing grade (65%) on the course material's National Board of Medical Examiners (NBME) exam.
 - (ii) Students may remediate up to two courses over the designated break
 - (iii) The APSC must approve all remediations

- B) A third-course failure requires a repeat of the academic level of the courses regardless of the cumulative grade of the academic level (failure of a remediation exam is considered a course failure). Students in either of the following situations are required to repeat the academic level (after approval by the APSC) —
- (i) Failing three courses at an academic level
 - (ii) Or, failing two courses and course remediation at an academic level
 - (iii) Or, failing a second remediation attempt of a course at an academic level
- 2) Academic level grade: Students must pass $\geq 50\%$ of exams ($\geq 70\%$ for institutionally developed exams and $\geq 65\%$ for customized NBME exams is considered passing, rounded to an integer) at an academic level. This does not include low-stakes assessments, including but not limited to bonus points, floating points, assignments, TBLs, quizzes, or lab practicals:
- a) Students who do not pass $\geq 50\%$ of exams at an academic level are pulled from classes and are required to repeat the entire academic level after approval by the APSC, regardless of the remediation status of any course failures
 - b) The running total of failed exams at an academic level is not affected/reset by successful remediation of a course, i.e., remediations may not alter the running total of failed course exams at an academic level.
- 3) Comprehensive Basic Science Examination: Successful completion of the CBSE is described separately in the "**Academic Requirements for Successful Completion of Phase 1 (Pre-Clerkship) of the MD Curriculum**" policy.
- 4) Students will receive Honors in individual courses as described separately in the "**Pre-Clerkship Curriculum Assessment, Remediation, and Grading**" policy.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the Pre-Clerkship Curriculum Committee—06/10/2022

Approved by the Curriculum Committee—06/16/2022

Approved by the Dean—07/22/22

GRADING POLICY

Introduction

The policy of the Joan C. Edwards School of Medicine (JCESOM), based upon the Liaison Committee on Medical Education (LCME) recommendations, is that all enrolled medical students are provided information regarding the JCESOM grading systems, assessments, and narrative summaries.

Definitions

From the LCME Structures and Functions of a Medical School, the following standards have been provided:

Standard 8.7 Comparability of Educational/Assessment: A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Standard 9.8 Fair and Timely Summative Assessment: A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.

Policy Statement and Procedure

I. Grading Systems–

- a. There are three grading systems within the MD curriculum of the JCESOM–
- a. Unless exceptions are noted in the syllabus or other JCESOM policies, all required courses in academic levels, M1-M3 utilize the Honors/Pass/Fail grading system.
- b. Required M4 selective courses utilize the Honors/Pass/Fail grading system.
- c. All elective courses utilize the Pass/Fail grading system.
- d. Eligibility criteria for each grading are clearly outlined in each course syllabus, and the grading basis may not be changed after the start of the academic level.
- e. The clerkship grading basis is determined by individual departments and approved by the Clinical Clerkship and the Curriculum Committee of the JCESOM and is outlined in the "**JCESOM Clerkship Curriculum Assessment, Grading, and Remediation Policy.**"
- f. PreClerkship grading criteria are outlined in the "**JCESOM PreClerkship Curriculum Assessment, Remediation, and Grading Policy.**"

- II. Final grades are entered in the JCESOM LMS (Medhub®) by the appropriate evaluator and submitted electronically or via grading sheets to the Marshall University Registrar's Office during open grading periods.
 - a. Students cannot begin the next academic level without satisfactorily completing the previous academic level's coursework and requirements to advance successfully.
 - b. Failure to complete coursework without fulfilling these criteria will result in a "Fail" grade. The student will then be referred to the Academic & Professionalism Standards Committee (APSC) for remediation, to repeat the course or dismissal.

- III. Grade of "Incomplete"
 - a. An "I" (Incomplete) grade indicates a student has not completed all course requirements.
 - b. The incomplete grade is given at the discretion of the Clerkship or Course Director when due to extenuating circumstances preventing the student from completing the course requirements.
 - c. Once the student has completed the requirements, the course director should provide a signed change of grade form to the JCESOM Registrar to officially change in Medhub® and submit it to the University Registrar's Office.
 - d. Incomplete grades will revert to a grade of "F" if not completed within one year.

- IV. Grade of "Pass with Remediation"
 - a. In the event of receiving a final grade of fail (F) in a required course, the student must complete remediation assigned by the course director and approved by the APSC.
 - b. Upon successfully completing the assigned remediation, the student's grade of "F" will be changed to a grade of pass with remediation (RP).
 - c. Unsuccessful remediation attempts result in a final grade of "F" on the transcript.

- V. Withdrawal from courses at the JCESOM
 - a. Students have the ability to withdraw from any course, provided they receive approval from the Office of Medical Education. A student's request to withdraw may not be granted based solely on poor academic performance in a course; it is essential to provide documented proof of extraordinary, non-academic circumstances to justify a late withdrawal.
 - b. If a student withdraws from a course before completing all course assessments, the transcript will reflect this with a grade of "W."
 - c. Withdrawal is not permitted for students who have already completed all assessments for a course. In such cases, students will receive the final grade they earned in the course.

VI. All students wanting to withdraw from the MD program at the JCESOM must meet with the Associate Dean of Student Affairs before requesting to withdraw. All withdrawal requests must be submitted in writing to the SOM registrar at musomregistrar@marshall.edu. The Office of Medical Education (OME) must approve all withdrawal requests. If the withdrawal is approved, a W (Withdrawal) will be entered upon a student's record when the student officially withdraws from a course or the school of medicine. The W will be entered on the transcript. Any grade earned before the official withdrawal date will become part of the student's permanent record.

VII. Submission of Grades

- a. The JCESOM Registrar monitors the submission of grades.
- b. Course Directors are to report all student grades on Medhub® within six weeks of the end of a course or clerkship.
- c. The JCESOM Registrar will notify the course director and/or clerkship coordinator of any monthly missing grades.
- d. Course and clerkship directors are responsible for entering final grades in MyMU/MILO to the Marshall University Registrar's Office at the end of each term.

VIII. Narrative Policy

- a. Written narrative assessments are required for all required courses of Phase 2 (M3 and M4) of the MD curriculum.
- b. Narrative assessments may cover topics including but not limited to behavior, interpersonal skills, personal initiative, professionalism, dependability, and interactions with patients, peers, faculty, staff, and directors. Narrative assessments should feature each student's strengths and weaknesses or areas of improvement. Clerkship directors should explain how narrative assessments are incorporated into the grading scheme of the clerkship.
- c. All narrative assessments and final grades must be submitted no later than six weeks after the course ends.
- d. Students who have outstanding or incomplete assignments should be issued a grade of incomplete.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the Pre-Clerkship Curriculum Committee—07/13/2023

Approved by the Curriculum Committee—07/20/2023

Approved by the Dean—07/20/2023

PRECLERKSHIP CURRICULUM ASSESSMENT, REMEDICATION, AND GRADING POLICY

All PreClerkship (Phase I) courses of the MD Curriculum at the Joan C. Edwards School of Medicine (JCESOM) must follow the blueprint outlined in this policy—

- Students must achieve a minimum score of 70% overall to be eligible to pass a course.
- Students passing ALL courses in the prior academic year on the first attempt are eligible to receive academic scholarships per the criteria set by the JCESOM Scholarship Committee.
- Courses with pedagogy focused on the Institutional Competency (IC) of acquiring Medical Knowledge use customized NBMEs as comprehensive exams. These exams constitute no more than 20% of the final course grade.
- All **required** PreClerkship courses (unless noted otherwise in the syllabus), except Professional Identity Development, Physicians in Practice and Patient Care and Clinical Skills 1 and 2, have Honors/Pass/Fail grading scheme (H/P/F). To achieve an Honors grade in any course, the student must meet all the following criteria in the course—
 - Cumulative score on all assessments at or above the 80th percentile
 - No instances of professionalism violation, including but not limited to:
 - Inadequate participation in any required or team activities
 - Late completion of any assigned evaluation(s)
 - Unprofessional communications with faculty, peers, or staff
 - Late submission of any assignments
 - Violation of JCESOM professionalism domains as outlined in the course syllabus
- The student's cumulative performance on the course NBMEs is to determine eligibility for the Alpha Omega Alpha Honor Medical Society (AOA).
- All courses include one or more low-stakes assessments, including Team-Based Learning exercises (TBLs), laboratory exams, or quizzes to provide ongoing feedback to the learners.
- Graded homework assignments, group activities (including gRAT of TBLs), and laboratory practicals combined may account for no more than 15% of the course grade. This clause applies to courses with pedagogy focused on the IC of Medical Knowledge.
- If applicable, anatomy lab practicals may not constitute more than 5% of the final course grade.

- All courses incorporate Self-Directed Learning (SDL) activities. These activities are for formative feedback only. These are required activities, and students not completing any activities are not eligible for a passing score in the course.
- Students failing to achieve the minimum score of 70% required to pass the course may remediate the course at the end of the academic year. This remediation must be approved by the Academic and Professionalism Standards Committee (APSC).
- One or more comprehensive, customized NBMEs (or a similar comprehensive exam) are used for the remediation of courses focusing on the IC of Medical Knowledge. Students must complete the remediation in the allotted time, and failing to do so results in failing grades in the course.
 - Students can receive a “Pass with Remediation” grade in the course upon successful remediation.
 - If there are multiple course failures or failure to remediate a course successfully, please refer to the “Pre-Clerkship Curriculum Academic Progress Policy.”
- Students must pass ALL courses at an academic level to progress to the next level of the curriculum.
- Refer to the “Academic Requirements for Completion of Phase 1 (PreClerkship Phase) of the MD Curriculum” for eligibility criteria to progress to the Clerkship phase (Phase II) of the MD curriculum of JCESOM.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the PreClerkship Committee—04/09/2021

Approved by the Curriculum Committee—04/15/2021

Approved by the Dean, JCESOM, Marshall University—04/19/2021

ACADEMIC REQUIREMENTS FOR COMPLETION OF PHASE 1 (PRE-CLERKSHIP) OF THE MD CURRICULUM

Promotional eligibility *from* Phase 1 of the MD curriculum requires the achievement of all the following academic benchmarks—

1. Students must receive a passing score in all required courses of the Phase 1 curriculum.
2. Students must achieve a passing score of 62% correct on the Comprehensive Basic Science Examination (CBSE). At the end of the PreClerkship phase of the curriculum, all students are required to sit for the CBSE as a part of their academic requirements. **Students who are unable to pass the CBSE may not be promoted to the Clerkship Curriculum (Phase 2, M3).**
 - 2.1. Students must take the CBSE on dates outlined on the academic calendar.
 - 2.2. Before enrolling in the “CBSE Prep” course and taking the CBSE, students must complete all pre-clerkship course requirements, including any assigned remediation.
 - 2.3. Students who score 62% or higher on the CBSE may proceed to Phase 2 of the MD curriculum.
 - 2.4. Students failing to achieve a minimum score of 62% correct on their first attempt of the CBSE may retake the test no later than four weeks from their original test date.
 - 2.5. Students may choose to delay the second attempt of the CBSE **only by approval of the Office of Medical Education**. Any delay in retaking the CBSE will automatically delay the start of Phase 2 of the MD curriculum (Clerkship phase) by eight weeks.
 - 2.6. To remain on track to start M3, students must pass the CBSE with a score of 62% correct **by at least three weeks before the start of rotation 2 of M3** or apply for a leave of absence with the Office of Medical Education.
 - 2.7. For students remediating a course—
 - 2.7.1. Students are to work on a remediation plan approved by the Course Director and delay their first clinical rotation by eight weeks.
 - 2.7.2. Students must pass the assigned remediation before taking the CBSE.
 - 2.7.3. Students must pass the assigned remediation and the CBSE by the start of rotation 2 of M3.
3. Students in good academic standing unable to pass the CBSE with a score of 62% correct after two attempts have NOT fulfilled the educational requirements for promotion from the Phase 1 curriculum. A failing grade on the CBSE course will be recorded on their transcript.

- 3.1. These students will be placed on administrative leave and will be allowed to remediate the CBSE course in which they will be given **one additional attempt to pass the CBSE with a score of 62% correct** within a time prescribed by the CBSE course director, no sooner than three months from the second CBSE failure. Students will not be enrolled in medical school and will not qualify for financial aid during this period.
- 3.2. Students who pass the CBSE on the third attempt (first remediation attempt) will start Phase 2 of the MD curriculum the following March. The CBSE failing grade on the transcript will be changed to a pass with remediation.
- 3.3. Students who are unable to pass the CBSE with a 62% correct in the CBSE course remediation will receive a failing grade on the CBSE course on their transcripts. These students may re-enroll in the CBSE course in the following spring semester and have two additional attempts to pass the CBSE.
- 3.4. Students who are unable to pass the CBSE with a 62% correct after two additional attempts during re-enrollment in the CBSE course will be referred to the Academic Professionalism and Standards Committee for immediate dismissal. **CBSE remediation is not offered after a failure of repeat enrollment of the course.**
- 3.5. **No student will be allowed a total of more than five attempts to pass the CBSE.**

*** This updated policy takes effect for ALL students starting the academic level M2 in 2023 and supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the PreClerkship Committee—04/14/2023

Approved by the Curriculum Committee—04/20/2023

Approved by the Dean, JCESOM, Marshall University—05/02/2023

SELF-DIRECTED LEARNING POLICY

Purpose: The purpose of this Self-Directed Learning (SDL) Policy is to encourage and support the development of self-directed learning skills in students, promoting lifelong learning and adaptability in their professional careers. This policy aims to provide guidelines and a framework for incorporating self-directed learning into the curriculum and fostering a culture that values and promotes independent learning.

Scope: This policy applies to all students, faculty, and staff involved in the design, delivery, and assessment of the curriculum at the Joan. C. Edwards School of Medicine (JCESOM).

Policy Statement:

1. **Definition:** Self-directed learning refers to a process in which students take the initiative to identify their learning needs, set goals, select, and implement appropriate learning strategies, and evaluate their learning outcomes.
2. **Goals:** The curriculum shall integrate self-directed learning opportunities that encourage students to take responsibility for their learning and promote the development of critical thinking, problem-solving, and lifelong learning skills.
3. **Curriculum Integration:** Pre-clerkship (Phase 1) course directors shall incorporate self-directed learning into their course, ensuring that students understand the expectations and outcomes associated with these learning activities. A minimum of three hours per week must be blocked on the curriculum MAP for these activities.
4. **Faculty Support:** Faculty members are encouraged to serve as facilitators, guides, and resources for students engaged in self-directed learning activities, providing feedback, guidance, and encouragement to foster student growth and development.
5. **Assessment:** Students' self-directed learning activities and achievements shall be assessed using a variety of methods, including but not limited to, written reflections, oral presentations, portfolio development, and project-based assessments. Assessment criteria and expectations shall be clearly communicated to students.
6. **Feedback and Evaluation:** Students shall be encouraged to reflect on their self-directed learning experiences and receive feedback from faculty and peers for evaluating their progress towards achieving their learning goals.
7. **Consequences for Incomplete or non-submitted Work:** Students are responsible for completing and submitting all assigned self-directed learning activities within the specified deadlines. Students failing to complete, or participate, in the assigned SDL will receive a professional misconduct citation. Students receiving a second citation will be placed on professional probation and referred to Academic and Professionalism Standards Committee (APSC) for institutional action.

8. Continuous Improvement: The Curriculum Evaluation Committee (CEC) shall monitor and evaluate the effectiveness of self-directed learning opportunities within the curriculum, incorporating student feedback, assessment data, and best practices to continuously improve the quality and relevance of these learning experiences.

Framework:

5. Assign a clinical case study: Once every four weeks, students are assigned a real-world clinical case study from a reputable source, such as a medical journal or online case study database. The chosen case should include a detailed patient history, presentation, and any available diagnostic tests.
6. Research and analysis: Students will work collaboratively and research the medical condition(s) presented in the case using evidence-based resources such as textbooks, journal articles, and online databases. They should focus on understanding the pathophysiology, risk factors, clinical manifestations, diagnostic criteria, and management options for the condition(s).
7. Identify individual learning objectives (InLO): During the process of case work, students are expected to assess their individual learning needs by identifying gaps in their knowledge. Students must submit their InLOs to their portfolios for faculty review and feedback.
8. Presentation of InLOs: Students shall present their InLOs and findings to the faculty advisor at the completion of the SDL activity and receive feedback on the SDL criteria. The presentation must include the following components:
 - a. Cite sources: Students will list the resources they used towards completion of the assigned SDL activity.
 - b. Differential diagnosis: Based on the patient's history and presentation, students will develop a list of possible diagnoses, ranked in order of likelihood. They should justify their reasoning for each potential diagnosis, considering the patient's risk factors, symptoms, and test results.
 - c. Evaluate diagnostic tests: Students will assess the diagnostic tests performed in the case, determining their accuracy, reliability, and relevance to the patient's condition. They should also consider alternative tests that could have been used and justify their choices.
 - d. Develop a management plan: Students will devise a comprehensive management plan for the patient, considering the most appropriate pharmacological and non-pharmacological interventions and any necessary referrals or follow-up care. They should justify their decisions based on evidence-based guidelines and the patient's needs.
 - e. Reflect on the case: Upon completing the analysis, students will reflect on their learning experience, identifying areas of strength and improvement in their clinical reasoning and decision-making skills. They should also consider any ethical or cultural considerations that arose during the case analysis.

- f. Receive feedback: Students will receive written narrative feedback from the faculty advisor and their peers on each SDL activity.

Approved by the Pre-Clerkship Committee—04/14/2023; Approved by the Curriculum Committee—04/20/2023; Approved by the Dean, JCESOM, Marshall University—05/02/2023

PRE-CLERKSHIP EXAMINATION POLICY

Course Examination Attendance:

1. Students are required to take examinations at the time and date as scheduled.
 - Students must be seated and ready to take the examination at the scheduled start time. Students arriving late for an exam will not be granted extra time to allow for their delay. Because students who come late disrupt other students, students with an unexcused delay will receive an incident report.
 - Under genuinely **exceptional** circumstances, students will be permitted to take examinations at a time other than the regularly scheduled examination period.
 - The **course director** must be notified by email before a scheduled exam if a student anticipates missing the exam. The course director will then determine if the student may be excused from the scheduled exam and may take a makeup exam.
 - Exceptional circumstances include but are not limited to death or severe illness in the **immediate** family, childbirth, illness-requiring hospitalization, and illness serious enough to warrant a written dispensation from a physician.
 - Other valid circumstances include, but are not limited to, traffic tie-ups, auto accidents, or different situations of comparable gravity. The course director will handle these circumstances individually and may require documentation.
 - Medical, business, or other appointments or professional meetings **only as excused in advance by the course director**.
 - Unacceptable circumstances include but are not limited to oversleeping, not feeling prepared for the examination, test anxiety, and non-emergency travel plans, **including** reservations.
 - For students who cannot take an exam at the regularly scheduled time because of professional travel, he/she must make arrangements for the examination with the course director as soon as the student is aware of the conflict and no later than one week before the regularly scheduled examination time. Failure to provide adequate notice may result in an unexcused absence.
Reminder: **students who will miss classes for professional travel must have prior approval from the Office of Student Affairs and the course director.**
 - The **makeup examination must be rescheduled and taken within 72 hours of the original date for students who have been granted an excused absence to miss a scheduled examination**. The course director will handle arrangements for the makeup examination. Students who know they will miss an exam may be asked to take it early.

- The authority to grant or deny a request made in advance for the delay in taking a scheduled examination resides with the course director. If a request is denied and the student does not take the scheduled examination, the absence is recorded as "unexcused," and a score of "zero" (0) is recorded for that examination.
2. If, for any reason, the makeup exam cannot be reasonably scheduled within 72 hours of the initial exam, the course director and the Office of Medical Education (OME) will work with the student to reschedule the exam as soon as possible. **The student will need to provide documentation in support of their appeal and receive written approval from the course director and the Associate Dean for Medical Education for such an extended delay (e.g., illness lasting more than three days will require a doctor's note certifying the student's inability to take the test).**
- The Office of Student Affairs will confirm students who have met the requirement for reasonable accommodations for testing purposes.

Low-Stakes Assessments (quizzes and TBLs):

- If a student misses a TBL, the course director will determine if the student has an excused absence based on the circumstances that qualify for an excused absence as outlined above.
 - If a student has an excused absence for missing a TBL, they will be awarded the same points as earned by their group for the gRAT portion of the TBL (up to 0.5 percentage points).
 - **There will be no makeup and no points awarded for the iRAT portion of a missed TBL or quiz, whether the student has an excused absence.**

Examination Security

1. All course examinations must be proctored either in-person or remotely. Any non-proctored attempt to take an exam voids the test, and the student will receive a failing grade, or zero, on the test.
2. Items students MAY bring to the exam in addition to their electronic device:
 - Pencils or pens
 - Light jackets, sweaters, sweatshirts, etc., without hoods
 - Caps without brims
 - Simple snacks and drinks
 - Ear plugs
2. The following items are NOT permitted in the seating area of the exam room:
 - Cell phones
 - Calculators
 - Watches with alarms, internet, computer, or memory capability

- Paging devices
 - Recording/filming devices
 - Radios
 - Other electronic devices such as electronic headphones, Personal Digital Assistants, etc.
 - Reference materials (books, notes, papers)
 - Briefcases or backpacks
 - Hoodies, heavy coats, or hats with brims
 - Food or water
3. Students will be given a scratch paper for note-taking during the exam. Students must sign their names on the scratch paper and return the scratch paper to the proctor at the end of the exam.
 3. Students who wish to take a restroom break may do so. When a student leaves, their scratch paper and electronic device must remain on the desk in the exam room. The student must show ID before signing out and in with the restroom proctor. Only one student is allowed in each restroom at a time. No additional time will be added to the examination period to compensate for restroom breaks. Students may not leave the classroom to use the restroom during the final 15 minutes of the exam.
 4. Students are not permitted to ask questions related to specific questions during an examination. No talking or distracting behavior is permitted.
 5. Students will immediately leave the building after demonstrating to the proctor that they have uploaded their exam. Students will refrain from discussing the exam's content with students who have not completed the exam. Any effort to communicate information to students who have not completed the exam will be considered academic dishonesty, and the student will be referred to the Academic and Professionalism Standards Committee (APSC).
 6. Other examinations (such as National Boards, laboratory, or Clinical Skills) may require students to follow specific procedures and rules per that examination's stated policy.

Delivery of Computer-Based Exams

1. Before Exam Day

- Students must download the Exemplify software and familiarize themselves with the login procedure and set up for delivery of the exam. This information will be sent to the students at the beginning of the fall semester and reviewed at the mandatory Exemplify trial and mock exam. It is the student's responsibility to maintain the most current version of Exemplify for their electronic device.
- Students must download the examination before exam day. The course director will notify the students via email when the examination is available for download. Students who have difficulty downloading the exam should arrive 20 minutes early at the exam location on exam day to have adequate time to download the exam before the starting time.

2. On Exam Day

- Students must bring to the exam a fully charged laptop or iPad with the Exemplify software loaded and a charger for the device. The electronic device must have enough free memory space for the exam. Students may bring a mouse if desired.
- The proctor will give the password to the students to start the exam.
- Students will be allotted 1.5 minutes per question for computer-based and laboratory practical exams. During the laboratory practical, students will have 70 seconds at each station. When all stations have been completed, students may return to the stations they wish to review for the remainder of the exam session. The total time for the lab practical exam session will be equivalent to 1.5 minutes per question.
- Students who encounter technical difficulties with the software or computer should notify a proctor for assistance.

3. At the End of the Exam/ Exam Review

- Immediately upon completing the exam, students will be given the opportunity to individually review the questions they answered incorrectly. Students who choose to review their missed questions will be prompted to enter the review password, which the proctor will provide. Students may make brief notes on clean scratch paper during the review if they want to request an additional explanation from the faculty owner of any question. Students are never permitted to copy the text of exam questions. The course director will set the time allotted for the review and include the information with the exam instructions.
- When students complete the review or decide not to participate, they must follow on-screen instructions for uploading their answers to ExamSoft. Students may not leave the room during the review period until they have uploaded their answers. Students should pay attention to on-screen warnings that they cannot return to the exam once they have completed the review or submitted their answers.
- All exams must be submitted by the upload deadline set by the Course Director. Any exam submitted after the upload deadline is rejected, and the student receives a failing grade, or zero, on the exam. The Course Director may extend the upload deadline for unforeseen and exceptional circumstances.
- When ready, students should upload their answers and wait for the green confirmation screen before leaving their seats. Students must show the green screen (confirmation that their answers have been uploaded to ExamSoft) to a proctor, turn in scratch paper and normal values sheet and sign out on a paper exam log. The scratch paper used for remotely proctored assessments must be shown to the proctor and erased afterward. Note: If a device is powered down before the completion of the upload, the answers will not upload until the device is powered up again.

- Students can access a performance report on the ExamSoft Exam Taker portal once the course director releases the results. Course directors will notify students by email when the results are available.
- Individual or group appeals or challenges to exam questions will not be accepted.

Comprehensive NBME

Customized NBME examinations will be used as comprehensive assessments in Pre-clerkship courses. These examinations will adhere to NBME policies and procedures. The examinations will be given using student-owned laptops at the CEB or BCC. Students will have 1.5 minutes per question on NBME exams. No formal exam review will be held for these examinations; however, students will receive their strengths and opportunities report from the NBME. **NBME scores will not be adjusted or curved.**

Grade Appeal

Please refer to the "JCESOM Grade Grievance" policy for information on the grade appeal process.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the Pre-clerkship subcommittee, JCESOM – 04/14/2023

Approved by the Curriculum Committee, JCESOM – 04/20/2023

Approved by the Dean, JCESOM—05/02/2023

CLERKSHIP CURRICULUM ASSESSMENT, GRADING, AND REMEDIATION POLICY

All required clerkship courses (M3 academic level) of the MD Curriculum at the Joan C. Edwards School of Medicine follow the blueprint outlined in this policy—

- Students must pass ALL courses in an academic year to progress to the next phase of the curriculum.
- All clerkship grades must be posted within six weeks of successful completion of the clerkship.
- Clerkship courses follow the Honors/Pass/Fail grading scheme.
- The final clerkship grade is determined by components and benchmarks detailed in the course syllabus, including NBME percentiles, Objective Structured Clinical Exams (OSCEs), and student evaluation by the faculty.
- Individual clerkships determine criteria for passing or honors on the NBME, but percentile ranks are determined on previous academic year averages.
- Students receiving a failing grade in a clerkship on criteria other than performance on the NBME must remediate the entire clerkship by repeating the clerkship at the end of their MS3 rotation schedule.
- Students receiving a failing grade on a clerkship due to not meeting the minimum passing criteria on the NBME will remediate the clerkship at the end of their MS3 rotation schedule. No “free” retakes of the NBME are allowed. The clerkship director determines the remediation duration. It must be at least half the duration of the original clerkship and no more than the total duration. Upon successful remediation of the NBME, the course grade is changed from “F” to “P with remediation.”
- Students failing to meet minimum passing criteria on a second NBME in an academic year are withdrawn from the rotation schedule. These students must successfully remediate the failed clerkship(s) before being allowed to rejoin the rotation schedule.
 - Students unable to pass the remediation attempt of a clerkship NBME must repeat the entire clerkship.

- Regardless of the NBME score, students who receive a failing grade due to insufficient clinical performance must repeat the respective clerkship before advancing to the M4 academic level.
 - If a student receives a failing grade for the clinical component of a second clerkship, they must repeat and pass at least one of the failed clerkships before continuing with their rotation schedule.
 - In the event of a third clerkship failure due to deficiencies in clinical performance, the student is referred to APSC and is subject to dismissal from the MD program.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the Clerkship Committee— 04/19/2023

Approved by the Curriculum Committee— 04/20/2023

Approved by the Dean, JCESOM, Marshall University— 05/02/2023

COURSE/CLERKSHIP GRADE GRIEVANCE POLICY

Purpose

This policy establishes the grievance process to be followed if a student disagrees with the final grade they were assigned for a course or clinical rotation.

Overview

The components of assessments and evaluation in a course or clerkship are transparent to the student and discussed at the start of the student's experience. The course/clerkship director generates grades. Should there be a disagreement about a grade in a course or clerkship, the student is to follow the guidelines below for grade appeals. When appealing a grade, the burden of proof for the basis of the appeal lies on the student. Students may not appeal individual assessment items on examinations as the basis for a grade appeal. Students may not appeal the standards set for assessments and evaluations but may appeal their performance on these standards. Once the grade is published, a 1-week reflection period will be enforced during which student cannot appeal their grade. After reflection period, students may appeal their grades as detailed below.

Grievance Process

1. **Level 0 Appeal:** The first stage of a grade appeals process is the resolution phase. This will be a meeting between the student and the course/clerkship director. The student must appeal to the course/clerkship director in writing and provide a rationale for the appeal. This meeting must be scheduled (not held) within 17 business days of the notification of grade posting by the SOM Registrar. The student or the course/clerkship director may also request any course instructors/faculty preceptors involved in evaluating the student be present for this meeting. If the grade appeal is based on challenge of a graded-assessment or assignment given by a course/clerkship faculty, the course/clerkship director(s) can rely on guidance from the faculty member for a complete assessment of the appeal. This should occur before the resolution meeting. At the resolution meeting, the student will have an opportunity to voice their concern(s) about the grade that he/she received. The course/clerkship director will have the chance to review the criteria by which the final grade is determined and will be expected to answer any questions the student has. The course/clerkship director may elect to obtain additional information based upon what the student has said and would ultimately decide to maintain the original grade or submit an amended grade to the Registrar. The course/clerkship director can consult with their department chair in reaching their final decision. This level must be completed within 15 business days of the notification of grade posting by the SOM registrar.
2. **Level 1 Appeal:** If dissatisfied with the resolution phase, the student may appeal their grade to the Associate Dean of Academic Affairs, in writing, within five business days of receiving notification regarding the outcome of the resolution phase. Upon notification from Academic Affairs, the Associate Dean of Medical Education and the Assistant Dean of Assessment and Evaluation will meet with the student to offer guidance and facilitate a resolution. This meeting must be scheduled and held within 10 business days of the decision of the original resolution meeting. The burden of

proof for the basis of the grade appeal lies on the student. The outcome of the meeting will be communicated, in writing, to student and the course/clerkship director, and the SOM registrar. This level must be completed within 25 business days of the notification of grade posting by the SOM registrar.

3. Level 2 Appeal: If dissatisfied with the decision at the Level 1 appeal, either the student or the course/clerkship director may appeal to the APSC (Academic and Professionalism Standards Committee) by contacting the Associate Dean of Academic Affairs, in writing, within 7 business days of the decision of the Level 1 appeal. In the case of a student appeal, the student will be asked to provide information regarding the grounds for the grade appeal and will be given an opportunity to address the APSC if they so desire. After being given a chance to address the Committee, the course/clerkship director is also excused for the period of debate and voting. After consideration, the APSC will render a decision to the Vice Dean of Medical Education with correspondence to the student, the course director and the SOM registrar. In the case of a course director appeal, the director will be asked to provide information regarding the grounds for reversing the decision of the Level 1 appeal and will be given an opportunity to address the APSC if they so desire. This level must be completed within 50 business days of the notification of grade posting by the SOM registrar.
4. The student may appeal the APSC's decision to the Vice Dean of Medical Education, in writing, within seven business days of the APSC decision. The Vice Dean's review will be limited to review of procedural integrity only. If the Vice Dean finds that the appeals process, at any level, did not adhere to procedure, s/he may overturn the decision and decide in favor of the student. Regardless of the outcome, the Vice Dean's decision will be final.

***This policy supersedes and replaces all previous policies or correspondence, written or oral, with respect to the subject matter of this policy.**

Approved by the PreClerkship Committee— 07/14/2023

Approved by the Curriculum Committee— 07/20/2023

Approved by the Dean, JCESOM, Marshall University— 07/20/2023

CLERKSHIP/CLINICAL ATTENDANCE POLICY

Introduction

The Joan C. Edwards School of Medicine policy sets the expectations for clinical medical students to meet educational requirements. These expectations provide a training environment in which students' academic and work requirements can be balanced with family and life obligations, including maintaining one's health. As a component of professional development, students must recognize when they are not well and learn to take appropriate steps to ensure that patient care and the health of fellow learners are not compromised.

Policy Statement

Attendance during all aspects of the clinical rotations is mandatory and considered an essential part of the student's education and evaluation. However, it is recognized that professional activities can sometimes be impacted by other obligations and responsibilities, either anticipated or urgent.

Absences during MS3 and MS4 years

Students can request day(s) off from clinical rotations up to a maximum of 6 days per academic year. They may request up to 2 days per core rotation, and one day per elective/sub-internship. These days can be taken at the student's discretion, i.e., wellness, acute illness, weddings, professional meetings, board exams, etc. Requests for day(s) off must be submitted to the clerkship coordinator a minimum of 2 weeks before the start of the rotation (except for unexpected illness). Failure to do so may result in denial of the requested day(s) off. Days off must not be on orientation, CCE, or exam days. Unapproved absences may result in remediation/failure of the rotation. All days off and absences will be reported to the Office of Medical Education. Make-up time is at the discretion of the clerkship director. For unexpected illnesses, the course coordinator/director must be notified promptly.

For medical school business, an exemption may be granted and not counted towards days missed.

Inclement Weather (See weather policy)

Covid (See covid policy)

Residency Interviews

Time away from rotation for residency interviews during the MS4 year must be communicated to the course director. If significant time away from the rotation is taken, students may be required to make up the time during weekends/holidays. This will be at the discretion of the course director.

*** This policy supersedes and replaces all previous policies or correspondence, written or oral, concerning the subject matter of this policy.**

Approved by the CCC: 10/04/2022

Approved by the CC: 10/20/2022

Approved by Dean, JCESOM: 02/28/2023

PATIENT PROCEDURE LOG POLICY

The achievement of the Joan C. Edwards School of Medicine's (JCESOM) Institutional Learning Objectives are supported through the completion of a patient and procedure log, which students must complete during their third and fourth years of training. The Clinical Clerkship and the Curriculum Committee of the JCESOM review the list of patient encounters and procedures annually. To be eligible to graduate, students must achieve satisfactory completion of the outlined requirements:

- 85% of assigned patient encounters are logged.
- 100% of assigned procedures logged.

Individual clerkships will monitor students' patient and procedure logs at mid-point and provide resources and guidance on completing assigned logs. Students failing to complete the logs as required above will receive an "Incomplete" grade until the requirement is met. In addition, students are responsible for logging their patients and procedures online on time. Clerkships will monitor the completion of the requirements.

Patient and Procedure Log Details

The student must have all patient encounters and procedures supervised by a resident or attending physician.

The student must participate in taking the patient's history, perform a relevant physical examination and discuss the diagnosis and management plan for the patient. Patients that are simply "seen on rounds" do not count towards meeting this requirement.

Patient encounters and procedures may be completed in an inpatient or outpatient setting.

Some procedures will be performed while others are observed/assisted.

Students may log any Patient Encounter on any rotation regardless of its clerkship designation. For example, if a patient with "bipolar disorder" is seen on Family Medicine, that encounter can be logged even though it is listed under Psychiatry.

Students may get credit for a **maximum of TWO conditions if a patient has more than one diagnosis**. For example, a patient presents to the walk-in clinic with a history of diabetes mellitus and hypertension. If both conditions are addressed during the history and physical examination, and there is a discussion of the diagnoses and management plan for each, then each condition can be logged.

Suppose a patient is having a procedure, and the student wants credit for both the procedure and the patient encounter. In that case, the student **MUST** meet the requirements for a meaningful patient encounter, as discussed above. For example, a 4-week-old presents to the emergency department with a fever, and there is concern about meningitis. The student participates in the history, exam, diagnosis, and management discussion, including observing the lumbar puncture. The student can log **BOTH** the procedure (Lumbar Puncture) and the patient encounter (Meningitis).

Students participating in away rotations can log patient encounters.

Students may use alternative methods for satisfying the patient and procedure log requirement as approved and designated on the official patient list found on the student website.

STUDENT WORKLOAD AND CLINICAL DUTY HOURS FOR COURSES AND CLERKSHIPS

The JCESOM strives to create an optimum environment that facilitates medical student learning. The Curriculum Committee is responsible for the curriculum to obtain the medical degree; this policy aims to balance student workload between scheduled clinical responsibilities, classroom learning in various formats, independent learning, and time for attention to personal health and well-being.

Objective: Faculty responsible for courses or clerkships must promote student well-being and provide a supportive educational environment.

LCME Standard – Element 8.8 Monitoring Student Time

The medical school faculty committee is responsible for the medical curriculum, and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

SCOPE & APPLICABILITY

- This policy applies to medical degree (MD) students.
- Clerkship and course directors are responsible for counting contact hours and ensuring a balance between scheduled classroom learning and time spent in required clinical activities, and those contact hours are calculated and reported consistently across all required courses and clerkships.
- Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Definitions

- **Clinical Duty Hour:** A unit of measure representing 60 minutes of scheduled clinical time, such as patient care, administrative duties related to patient care, and time spent on-call. **Call:** The time that students are expected to be on-site and may report for patient care responsibilities when needed. Each clerkship establishes requirements for the call.
- **Workload Contact Hour:** A unit of measure representing 60 minutes of scheduled instruction or formal assessment given to students. This also includes any required eLearning activity or reading assignment used in place of, or in addition to, the scheduled in-class instruction. This does not include time taken for patient care and clinical responsibilities.

Policy Requirements

- Pre-Clerkship workload is addressed separately in the “**JCESOM Pre-Clerkship Student Workload Policy.**”
- Combined, clinical duty hours and workload contact hours may not exceed 80 hrs./week, averaged over the length of the clerkship.
- Clinical Duty Hours must not exceed 70 hours per week, averaged over four weeks, inclusive of all in-house calls. Students must be provided with one day in 7, free from all required educational activities and clinical responsibility averaged over 4 weeks, inclusive of call. Adequate time for rest and personal activities must be promoted. Students should have 10 hours and must have 8 hours free of duty between scheduled duty periods and after in-house calls. Continuous on-site call duty should not exceed 24 consecutive hours; however, Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care. No new patients may be accepted after 24 hours of continuous duty.
- Students must immediately communicate any deviation from the above policy to their Clerkship Director, Clerkship Coordinator, and/or their Attending Physician. Students may also report any deviation from the policy to the Office of Student Affairs or the Associate Dean of Academic Affairs.
- Clerkships requiring students to take in-house calls for more than 16 hours of continuous duty must provide a call room that allows student privacy and the opportunity to study or sleep.
- Student Workload Contact hours should be limited to 10 hours per week, averaged over the entire clerkship, and not to exceed 20 hours in a single week. If workload contact hours exceed 20 hours, clinical duty hours must be reduced accordingly.
- Examples of scheduled and unscheduled activities that lead to student workload can include, but may not be limited to:
 - Clinical experiences
 - Clerkship Orientation
 - Required E-learning modules or reading assignments
 - Large group learning flipped classroom online assignments
 - Lectures
 - Morbidity and Mortality Conference
 - Grand Rounds
 - Case conferences
 - Journal Club
 - Required clerkship assessments, including the NBME, internally written examinations, quizzes, etc.
 - CCEs
 - Interprofessional Education sessions

CRIMINAL BACKGROUND CHECKS FOR M3 STUDENTS AND VISITING STUDENTS

In accordance with Marshall University and in keeping with the AAMC Group on Student Affairs Recommendations regarding Criminal Background Checks (2005), Marshall University Joan C. Edwards School of Medicine will conduct background checks on all M3 medical students.

Criminal Background Checks are required of all transfer and visiting students. Written documentation of clearance will be accepted for students from LCME-accredited institutions. Students from non-LCME accredited schools must undergo the Criminal Background Check required, in the same manner as all our M3 students.

The Office of Student Affairs is the administrative office responsible for the implementation of this policy. All records obtained because of a background search will be maintained in a file separate from the student's academic file and will be held in strict confidence. The actual documents will not be circulated or divulged. Rather, the results will be summarized for those who have a need to know i.e., upon request, written documentation will be provided indicating that the student has been screened and cleared of any history of criminal convictions.

Adverse information obtained because of a background screen will not be an automatic bar to placement in a clinical setting. Adverse events of particular concern will be crimes against persons, such as convictions or pending charges associated with:

- Repeated disturbing the peace
- Aggravated assault
- Domestic violence
- Drug possession or distribution
- Sexual crimes including sexual harassment
- Contributing to the delinquency of a minor
- Repeated alcohol or drug-related offenses

Failure to have indicated criminal convictions on medical school application material will put the student at risk for immediate dismissal based on a false application.

Procedure for Background Checks for JCESOM Students

1. In preparation for clinical clerkships, students must undergo a Criminal Background Check by a reputable screening agency selected by the university and must include:
 - a. **County criminal record search(es) for the last seven years**
 - b. **Federal criminal records search**

- c. **National Sex Offender Public Registry**
- d. **FACIS (Fraud Abuse Control Information System) Check**

2. Student is notified that the background check is required and signs a release authorizing the background check, including the release of the report to the school. Background checks will be conducted using a web-based format established by a reputable screening agency. The student will provide the information necessary to obtain the check (e.g., all names used, previous addresses, Social Security number) and is responsible for payment of the fee.

3. Results are provided to the student and the Office of Student Affairs via the web-based portal provided by the screening agency. It is at this point that the student can confirm the accuracy of the information obtained in the report. Appropriate web-based security measures will be in place to assure the confidentiality of the report. For security purposes, reports will never be transmitted by email.

4. Upon receipt of the report that has been confirmed for accuracy by the student, the Associate Dean of the Office of Student Affairs will review the findings. In cases in which an adverse event is identified, consideration will be given on a case-by-case basis to the

- a. nature, circumstances, and frequency of the offense,
- b. length of time since the offense and
- c. documented successful rehabilitation.

5. If the Associate Dean of Student Affairs determines that further action is warranted, the report, along with recommended actions, will be brought to the attention of the Dean of the Medical School. Actions by the Dean can include, but will not be limited to, a determination that

- a. No further action is warranted,
- b. Further investigation is warranted or
- c. referral to Academic Standards is indicated.

This decision will be communicated to the student by certified mail and the student will be informed of the right to appeal any adverse action. The student will have 10 days to notify the Office of Academic Affairs of his or her decision to appeal the decision to the Academic Standards and Professionalism Committee.

6. Student appeals will be handled according to the protocol set forth in the Academic and Professional Standards Policy.

INCLEMENT WEATHER POLICY

Introduction:

The Joan C. Edwards School of Medicine policy instructs all medical students, in the event of inclement weather, on expectations of communication and responsibilities in the Pre-Clerkship and Clinical Clerkship Curriculum.

Policy Statement:

Pre-Clerkship Curriculum: Medical students enrolled in the Pre-Clerkship curriculum are expected to follow the action of the University President (or their designee) when announcements are made that classes are delayed or canceled due to inclement weather. Educational experiences will be amended accordingly. If, for example, the University issues a two-hour delay, the medical school class schedule will also be delayed; if the University cancels classes, the Pre-Clerkship classes will also be canceled. When the main campus is not in session, such as during the semester break and medical school/clerkships are being conducted, the Office of Medical Education (OME) at the JCESOM may choose to delay or cancel classes. Delays or cancellations will be communicated immediately via the JCESOM email and/or Doc Halo system.

Clerkship Curriculum: Because clinical students serve in an apprenticeship relationship with physicians in the care of patients, these students are to make every effort to meet their responsibilities. However, in the case of inclement weather, clinical students shall not be penalized for adhering to the inclement weather policy announced by the University. Any clinical student unable to attend a clinical assignment due to inclement weather and closure has been announced by the University is expected to immediately communicate via Doc Halo and email the Clerkship Director and Coordinator their inability to report. Any clinical student who decides they are unable to attend a clinical assignment and the University is open will be noted as absent for that day. Per the attendance policy, all absentees are reported to the OME for recording purposes.

Approved by the Dean's Advisory Committee: 6/2010; Updated– 1/4/2022

NEPOTISM POLICY

A dual relationship is defined as one where a medical student is in an academic/professional role with an individual at the same time they are in a closely related/associated relationship with that individual. Students are expected to refrain from entering these types of relationships as they may be expected to compromise the educational experience of the student as well as the educational mission of the JCESOM.

Mentoring, rural clinical rotations (RHEP or other), electives, and/or visiting student rotations will not be approved with family members who will be responsible for final grades or evaluation. For the purposes of this policy, family members are defined as parent, sibling, in-law, affianced or spouse, significant other, grandparents, and siblings of parents.

Students are required to disclose any relationship that might be considered a violation of this policy. Failure to do so may result in referral to the Academic Standards and Professionalism Committee.

HALO SECURE MESSAGING STUDENT USE POLICY

DOC HALO is a secure, web-based application that doctors, students, nurses, and staff may use to communicate patient-related information. DOC HALO provides encrypted, HIPAA- compliant messaging to keep patient health information secure.

Students are given access to DOC HALO as a means to communicate with the health care team regarding patient care. It has an extensive directory of physicians, residents, students, and members of the medical school administration.

While this extensive directory provides a means of communicating with various faculty members directly, it does not mean that students should be asking simple questions of faculty or staff outside of normal business hours of 8 am to 5 pm. Communication via DOC HALO outside of normal business hours should be limited to emergency/critical situations only. For all non-patient related inquires, email remains the preferred means of communication both during and after office hours.

The use of DOC HALO outside of normal business hours for non-emergent/non-critical communication will be considered **unprofessional behavior** which has potential implications for students who abuse this incredibly useful platform.

Approved:
Curriculum Committee – 7/15/21 Dean – 7/15/21

POLICY ON PERSONAL APPEARANCE AND DRESS

SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy is to ensure the safety of medical students and patients by establishing personal appearance and dress standards at the Marshall University Joan C. Edwards School of Medicine. While the University respects that medical students are driven by personal values and cultures, a consistency in appearance is expected that reflects the professional values and culture of the University and its affiliated sites. Proper dress, grooming, personal hygiene, adornment and overall appearance support a positive and professional atmosphere and facilitate patient services at the University School of Medicine and its affiliated sites. All Medical students must maintain professional attire and personal appearance in a dignified and professionally appropriate manner.

SECTION 2. IDENTIFICATION

- 2.1. All medical students must wear and display University and Hospital issued I.D. badges must be displayed at all times.
- 2.2. Photo I.D. badges must be worn with the picture unobscured and facing forward.
- 2.3. Loose or damaged badges should be replaced.
- 2.4. Pins or decals (excluding professional organization or service pins) should not be attached to the badge.
- 2.5. Unauthorized badges, stickers, buttons, patches, advertisements or endorsements are not permitted.

SECTION 3. HYGIENE /JEWELRY/HAIR

- 3.1. All Medical students must demonstrate personal cleanliness, including regular bathing, proper oral hygiene and absence of controllable body odors (e.g. use of deodorants/antiperspirants)
- 3.2. Perfumes, fragrances and smoking odors should be avoided since they many precipitate allergies or sensitivities.
- 3.3. Hair must be kept clean and neatly styled.
 - All beards and mustaches must be trimmed and neat in appearance.
 - Hair must be of a naturally occurring color (e.g., not purple)
 - Hair shall be contained in such a manner so that it does not come in contact with patients. Any apparatus used to hold back hair must be clean.
 - Hats or other head coverings are not permitted unless specifically designated by the Clerkship as part of appropriate work attire. Exceptions for religious reasons may be granted by the Clerkship Director per Section 8 of this policy.

- 3.4 Fingernails should be clean, well-manicured and moderate in length (less than one-fourth inch from fingertip) and appropriate for the work site. Due to infection control guidelines, artificial nails, extensions, jeweled or pierced fingernails are not permitted.
- 3.5 All jewelry and other accessories must comply with OSHA standards and conform to the following guidelines:
- Other than pierced ears, jewelry in pierced sites may not be visible or detectable.
 - All other visible body piercings (including gauges and tongue piercings) must be covered or removed during work.
 - Other jewelry should be appropriate for the work site and worn in a limited fashion when working directly with patients.
- 3.6 Every effort must be made to cover visible tattoos on face, neck, arms, or hands or tattoos that are one inch in size and above. Additionally,
- Tattoos that are graphic/disturbing must be covered as best as possible at all times. Examples include but are not limited to tattoos displaying violence, drugs, sex, alcohol or tobacco products.
- 3.7 Medical students must make preparations for ensuring dress and Personal hygiene standards are met at all times, including after a night on-call.
- Medical Students may ask the Clerkship Director for exception from the provisions of this Section due to religious, medical, cultural or other reasons as provided in Section 8 of this policy.
- 3.8 Medical Students may ask the Clerkship Director for exception from the provisions this Section due to religious, medical, cultural or other reasons as provided in Section 8 of this policy.

SECTION 4. FOOTWEAR

1. For safety and infection control purposes, shoes must have an enclosed toe and a sole that is not easily penetrable to prevent injury.
 - Open-toed shoes, sandals, slippers, thongs, flip flops and excessively high (more than 3 inches) are prohibited in hospital/patient care areas.
 - Tennis shoes/sneakers are acceptable ONLY with scrubs and must comply with Joint Commission standards.
 - Medical clogs are allowed.
2. Shoes must be clean and in good repair.
3. Socks or stockings must be worn at all times.
4. Medical students may ask the Clerkship Director for exception from the provisions of this

Section due to religious, medical, cultural or other reasons as provided in Section 8 of this policy.

SECTION 5. GENERAL APPEARANCE

- 5.1 Medical students should be dressed in a conservative style and in a manner that is not regarded as controversial or offensive. The following are prohibited:
- Faded, torn, ripped or frayed clothing;
 - Midriff or off-the-shoulder blouses, sweaters, or dresses;
 - Tight, sheer, or revealing clothing (e.g., low-cut blouses, short skirts, yoga pants, leggings and shorts with leotards);
 - Clothing with advertisements, sayings, or logos, with the exception of approved University or Department apparel when worn as part of the uniform;
 - Spaghetti strap or strapless shirts or dresses;
 - Denim jeans;
 - Shorts or sports attire, or
 - Sweatshirts
1. Men are to dress in a non-controversial and conservative style in a shirt, tie, slacks, conventional shoes or loafers and a clean, white laboratory coat unless authorized otherwise by the Clerkship Director. Suits and/or sport coats may be required by some Clerkships.
 2. Women should dress in a non-controversial and conservative in style with the following notations:
 - There should be minimal or no cleavage showing.
 - Hosiery may be required by some Clerkships.
 4. Proper undergarments are required for all Medical students. Undergarments Should not be shown through the clothing.
 5. Unless deemed otherwise by the Clerkship Director, a clean, pressed white Lab coat must be worn at all times. In concurrence with Section 2 above, ID badges must be worn at all times.
 6. Chewing gum is not considered appropriate in the presence of patients, visitors, or guests. Chewing gum may be approved on a case-by-case basis by the Clerkship Director for special circumstances such as participation in a Smoking Cessation Clerkship.
 7. The use of earphones, headphones, iPods in public or patient care areas is not permitted, unless approved by the Clerkship Director.
 8. Medical students may ask the Clerkship Director for exception from the provisions of this Section due to religious, medical, cultural or other reasons as provided in Section 8

of this policy.

SECTION 6. HOSPITAL ATTIRE /SCRUBS

1. Medical students who change into scrub clothing while on duty are permitted to wear street clothes to/from the work area.
2. Medical students wearing hospital-provided scrubs are expected to follow infection control procedures established for each area.
3. The wearing of such scrub clothing outside the treatment or work area without a lab coat is strictly prohibited unless noted below:
 - Between/closely following OR cases
 - At night
 - On-call for Trauma
 - Rotating in the Labor and Delivery, Surgical Intensive Care Unit, Emergency Department or Burn Unit.
 - Other rotations or situations as permitted by the Clerkship Director.
4. Medical students are prohibited from wearing scrubs to clinics, lectures, or conferences.
 1. Non-conductive paper shoe coverings, hair coverings and masks prescribed for wear must be removed immediately upon leaving the work area and never worn about the hospital.
 2. Scrub clothing that is Hospital property is not to be worn outside. Medical students removing scrub clothing from the Hospital are subject to disciplinary action
 3. To ensure compliance with this section, Medical students are to keep a change of clothing in their locker suitable for working in the clinic and attending conference.
 4. Medical students may ask the Clerkship Director for exception from the provisions of this Section due to religious, medical, cultural or other reasons as provided in Section 8 of this policy.
 5. The Clerkship Director may modify this dress code policy to reflect Clerkship preferences in wearing of scrubs outside of the operating room.

SECTION 7. PRESENTATION ATTIRE

1. Medical students presenting at conferences or other professional meetings are expected to dress professionally and appropriately based upon the following guidelines:
 - 1.1. Male Presenters should wear a nice, dark suit (navy, brown or black) with matching/complementary tie.
 - 1.2. Women Presenters should wear a dark pants suit or skirt/pants with a blazer with minimal or no cleavage showing and tasteful jewelry.
2. The Clerkship Director may modify this dress code policy to reflect Clerkship preferences.

SECTION 8. EXCEPTIONS/REASONABLE ACCOMMODATION

1. The Clerkship Director may exempt Medical students from any part of this policy based on Clerkship preference, religious, cultural, medical or disability situations. Individual requests for exception/reasonable accommodation should be submitted to the Clerkship Director.
2. Such request will be reviewed on an individual basis for compliance with this policy, with input from the Office of Diversity and the OME as needed.
 - 2.1. Should a Medical student not be satisfied with the decision of the Clerkship Director, appeal may be made to the OME.
3. The decision of the OME is final.

SECTION 9. SPECIAL OCCASION EXCEPTIONS

Costumes, holiday specific outfits or other special event outfits, including Team Spirit Days, are acceptable for predetermined special occasions/holidays upon pre- approval from the Clerkship Director.

SECTION 10. VIOLATIONS OF THIS POLICY

1. Medical students in violation of this policy as describe above will immediately be excused from work and directed to correct the situation. Permission to return to work must be obtained from the Clerkship Director.

2. Recurrent blatant violations of this Professional Appearance and Dress Policy may result in the following action up to and including termination.
 - 2.1. Violation 1 – Verbal Warning

 - 2.2. Violation 2 – Written Warning and Meeting with Clerkship Director

 - 2.3. Violation 3- Written Warning and Meeting with Academic Affairs Dean

 - 2.4. Violation 4-Referral to the Academic and Professionalism Standards Committee

3. Appeals may be made in accordance to the Academic Standards and Professionalism Policy.

Approved:
Clerkship Director’s Committee-April 5, 2016
Policy Review Committee-July 26, 2016
Dean: December 5, 2016

POLICY ON STUDENT EVALUATION OF COURSES AND FACULTY

Purpose: In line with the LCME standards, the purpose of student evaluations is to foster an environment of continuous quality improvement within the institution. Evaluations provide crucial feedback about course effectiveness and faculty instruction, guiding modifications and development efforts.

Policy Statement: Consistent with LCME standards, all students are expected to participate in evaluations of both the courses they undertake and the faculty who teach these courses. These evaluations form an integral part of our commitment to enhance curriculum and teaching quality.

Evaluation Process:

Timing: all assigned evaluations should be completed within 14-days of end of each course or clerkship to accurately capture student experiences.

Confidentiality: All student evaluations are kept confidential by the Office of Medical Education. Faculty and course-directors may not have access to individual students' evaluation data.

Platform: Evaluations are conducted online through Medhub® to ensure efficient and easy access.

Tracking: Completion rate is tracked by the Assistant Dean of Assessment and Evaluation, and non-compliance is reported to the Associate Dean of Academic Affairs.

Content of Evaluations:

Non-compliance: Students failing to complete evaluations will receive a professionalism violation report and may face academic consequences, such as hold on grade reports or registration for future courses.

Repeated instances of non-compliance (three or more) related to course or faculty evaluations may result in critical a professionalism violation report, and referred to the Academic and Professionalism Standards Committee (APSC) for institutional action.

***This policy supersedes and replaces all previous policies or correspondence, written or oral, with respect to the subject matter of this policy.**

Approved by the PreClerkship Committee— 07/14/2023

Approved by the Curriculum Committee— 07/20/2023

Approved by the Dean, JCESOM, Marshall University— 07/20/2023

LEAVES AND APPEALS POLICY

SECTION 1. APPEAL PROCESS

1.1 Appeals for Academic or Professional Reasons

1.1. a Any student may appeal disciplinary actions of the APSC. This does not include grade appeals, which must adhere to the Grade Appeals Policy. The intent to appeal must be submitted in writing to the Associate Dean of Academic Affairs within ten business days of the official receipt of the APSC's action.

1.1.a.1 The student will prepare a written statement that declares the grounds for the appeal and provide copies of all additional relevant documents to the JCESOM Associate Dean of Academic Affairs. This statement will be considered the official document utilized throughout the entire appeal process and cannot be amended unless new information is obtained after the initiation of the appeal.

1.1.a.2 The APSC will act on the appeal within thirty business days.

1.1.a.3 The student shall be notified of the APSC's action within three business days.

1.1. b Further appeal may be submitted to the Second Level Appeals Committee. Appeal requests must be in writing to the Vice Dean of Medical Education and submitted within ten business days of receipt of the previous action.

1.1.b.1 The Second Level Appeals Committee shall consist of Chairs of basic science and clinical departments and members of the Dean's cabinet; substitutes for these members cannot serve on the Second Level Appeals Committee. The Associate Dean of Academic Affairs and the Associate Dean of Student Affairs will serve ex-officio. The Vice Dean of Medical Education will serve as the chair of the Second Level Appeals Committee. The Dean of JCESOM shall not participate in the deliberations nor vote on the appeal. A quorum shall consist of at least seven voting members. The meetings are closed except for invitees.

1.1.b.2. The Second Level Appeals Committee may not consider any new information not presented at the previous level of appeal. The student's original written statement declaring their grounds for the appeal and copies of all additional relevant documents as presented to the APSC will be used at this appeal. The Second Level Appeals Committee will act upon the appeal within thirty business days.

1.1.c Final appeal may be submitted to the Dean of the Joan. C. Edwards School of Medicine (JCESOM), who shall serve as the President's designee. Appeal requests must be submitted in writing to the Office of the Dean within ten business days of official receipt of the previous action.

1.1.c.1. The Dean will not consider new information that could have previously come to the attention of the APSC or the Second Level Appeals Committee. The student's original written statement declaring their grounds for the appeal and copies of all additional

relevant documents as presented to the Second Level Appeals Committee will be used at this appeal. The Dean shall act upon the appeal within fourteen business days. The student will then be notified of the Dean's final decision within ten business days. All decisions of the Dean are final. There are no further levels of appeal.

- 1.2 Appeal of a Grade: See grade appeal policy approved by the Curriculum Committee
- 1.3 Appeals for Dismissal Due to Failure of USMLE Exams.
 - 1.3.a Appeals for immediate dismissals related to failure to pass USMLE Step 1 or 2 in three attempts shall be made directly to the Dean of JCESOM. The Dean shall render a decision regarding the appeal within ten business days of receipt. The Dean's decision will be final.
- 1.4 Every level of appeal may accept, modify, or reject the previous level decision.
- 1.5 Every level of appeal may recommend that the student be immediately removed from course(s) or rotation assignments and duties until the appeal process is exhausted and/or that the student be prohibited from any academic facility or institutional event. Violations of the prohibitions may result in the student's forfeiture of remaining appeal processes or rights.
- 1.6 Unless decided otherwise by the APSC, the student can continue attending required courses or electives until the appeal process is fully completed. However, students cannot advance to the next academic level if there is still an unresolved appeal from the previous level.
- 1.7. Students shall be responsible for providing the Associate Dean of Academic Affairs with a current address where certified letters may be sent.
 - 1.7.a Unclaimed, returned letters shall result in the Associate Dean of Academic Affairs notifying the student via the student's Marshall email of the letter's contents.
 - 1.7.b The Office of Medical Education shall also stipulate that the student must contact their office within ten business days of the email notice, or the actions stipulated in the letter shall be considered final.
- 1.8 Any other appeals not previously addressed shall be made in accordance with the APSC appeal process outlined in Section 1.1.
- 1.9 In cases of contingent or provisional readmission, the level granting the readmission may opt to set subsequent levels of dismissed appeals at the next higher level. Examples of this action may include the APSC stipulating that should a student be unsuccessful in meeting the conditions of readmission; subsequent appeals may resume at the Second Level Appeals Committee.
- 1.10 For the purposes of this policy, the appropriate office must "receive" the appeal notice, in writing, by 4:30 p.m. of the deadline day. Should the deadline day fall on a weekend or University holiday, the notice must be received by the end of the next working day (4:30 p.m.).
- 1.11 Students who are appealing dismissal and/or those students who have been conditionally readmitted and are awaiting re-entry may be placed on administrative leave.

SECTION 2. PERSONAL LEAVES OF ABSENCE- STUDENTS WITH GOOD STANDING STATUS

- 2.1 Any student not on academic or administrative probation or suspension may request a personal leave of absence for a specified period, not to exceed a cumulative total of twelve months throughout their undergraduate medical education.
- 2.2 After receiving the student's written request, the Associate Dean of Academic Affairs will place the student on a leave of absence. The leave will be granted only if deemed to be in the student's best interest.
- 2.3 A grade of "W" or "Incomplete" may be awarded for all incomplete courses as determined by the SOM registrar. **Students may not withdraw from any completed courses.**
- 2.4 If an "Incomplete" is awarded, the student is required to complete the course at a time mutually agreed upon by the Course Director(s) and the Associate Dean of Academic Affairs.
- 2.5 During a subsequent review of a student's academic and professional progress, the APSC reserves the right to consider the student's academic performance completed up to the time a personal leave is granted.
- 2.6 The Offices of Medical Education will arrange any re-entry conditions that may include, but not be limited to, repeating some or all of her/his previously completed academic program.
- 2.7 The student must note that the timing of re-entry to the medical school is not guaranteed following any leave of absence.
- 2.8 The student must apprise the SOM registrar, musomregistrar@marshall.edu, in writing of her/his/their wish to return to the Medical School at least thirty business days prior to re-entry.
- 2.9 Upon return to active student status, any subsequent leave request that exceeds the original maximum of twelve cumulative months may be referred to the APSC.
 - 2.9.a The APSC will then decide regarding the student's leave request, including any re-entry conditions.
 - 2.9.b The appeal of the APSC decision may be made in accordance with the appeal process outlined in Section 9.1.

For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.

SECTION 3. VOLUNTARY MEDICAL LEAVE

- 3.1 Any student may request to be placed on a leave of absence for medical reasons if the request is supported by a certification from the health care provider.
- 3.2 The Office of Medical Education, upon consultation with the Office of Student Affairs, may review and approve the request and set any conditions for reinstatement.

- 3.3 In applying for medical leave, the student in good standing must also note that:
- 3.3a A grade of "W" or "Incomplete" may be awarded for all incomplete courses as determined by the SOM registrar. Students may not withdraw from any completed courses.
 - 3.3.b The timing of re-entry to the medical school is not guaranteed following any medical leave of absence;
 - 3.3.c The SOM registrar must be notified in writing (either by certified mail, email personally delivered) of the student's desire to return to the Medical School at least thirty business days prior to the anticipated date of re-entry; and
 - 3.3.d A letter and supporting documentation from the health care provider must be provided to the Offices of Student Affairs indicating that the student is able to return.
- 3.4 Subsequent requests for medical leave that exceed the maximum twelve cumulative months will require the student to appeal to the APSC.
- 3.5 The appeal of the APSC recommendations must be made in accordance with the appeal process outlined in the appeal Section 1.1. For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.
- 3.6 Confidentiality will be maintained at all times except on a need-to-know basis.

SECTION 4. MANDATORY MEDICAL LEAVE

- 4.1 A student may be placed on a mandatory medical leave if the Office of Medical Education, upon consultation with the Dean, determines that the student is endangering him/herself, other members of the university community, or patients by continuation as a medical student.
- 4.2 The student will then be referred to the appropriate health professional for a complete mental and/or physical evaluation. Written documentation of evaluation and recommendation will be forwarded to the Office of Student Affairs, which will meet with the Office of Medical Education to determine if the medical leave shall be continued.
- a. If a student refuses to have the mental and/or physical evaluation completed, then the student shall be automatically withdrawn, consistent with the processes outlined in Section 16.
- 4.4 To return after the mandatory medical leave, the attending healthcare professional must provide written documentation to the Office of Student Affairs indicating that the student is mentally and/or physically able to return.
- 4.5 The timing of the return from mandatory medical leave shall be specified by the Office of Student Affairs and is contingent upon space available.
- 4.6 Confidentiality will be maintained at all times except on a need-to-know basis.
- 4.7 For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.

SECTION 5. ADMINISTRATIVE LEAVE

- 5.1 The Office of Medical Education or the APSC may place any student on Administrative Leave who has academic or professional deficiencies not addressed by other types of leaves.
- 5.2 A student placed on Administrative Leave may be removed from classes or clinical rotation assignments and/or duties.
- 5.3 The Office of Medical Education or the APSC may also recommend that the student be prohibited from any academic facility or institutional event.
- 5.4 Violations of the prohibitions will result in the student's forfeiture of remaining appeal processes or rights.
- 5.5 Students placed on administrative leave may return to student status contingent upon satisfactorily meeting the conditions set forth by the Office of Medical Education or the APSC.
- 5.6 Should a student be permitted to return to medical school, the APSC will recommend whether a student returns on probation or is in good academic and professional standing.
- 5.7 Students who are not permitted to return to the curriculum by the APSC may reapply for admission through the Admissions Committee.
- 5.8 For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.

SECTION 6. MILITARY LEAVE

- 6.1 In compliance with Section 2, Paragraph (e) of the "Executive Order Establishing Principles of Excellence for Educational Institutions Serving Service Members, Veterans, Spouses, and Other Family Members," medical students who are service members/reservists may be readmitted to the program if they are temporarily unable to attend class or have to suspend their studies due to service requirements, provided that satisfactory academic progress was being made prior to suspending their studies. Additional steps to accommodate short absences will also be afforded to service members/reservists due to service obligations.
- 6.2 The Associate Dean of Academic Affairs or the APSC will determine the time and clerkship, rotation, or class group assigned upon return to active student status from a military leave.
- 6.3 Students may be withdrawn from enrolled courses or given an "Incomplete" depending on the effective date and duration of the military leave.

APSC SUSPENSION, WITHDRAWAL AND GRADUATION POLICY

SECTION 1. SUSPENSION

- 1.1 The APSC may suspend any student who has academic or professional deficiencies.
- 1.2 Any student placed on suspension will be immediately removed from classes or clinical rotation assignments and/or duties.
- 1.3 The APSC may define conditions and tailor remedial programs to meet the specific student's needs and circumstances.
- 1.4 The APSC may also restrict the student from any academic facility or institutional event.
- 1.5 Students placed on suspension may be returned to student status contingent upon satisfactorily meeting the conditions set forth by the APSC.
- 1.6 Should a student be permitted to return to medical school, the APSC will recommend whether a student returns on probation or in good academic and professional standing.
- 1.7 Students who are not permitted to return to medical school by the APSC may reapply for admission through the Admissions Committee.
- 1.8 Given the emergent nature of suspensions and immediate dismissals resulting from actions thereof, appeals associated with suspension will go directly to the Dean. The Dean's decision is final.

SECTION 2. WITHDRAWAL FROM THE MD PROGRAM

- 2.1 A student may completely withdraw from the Joan C. Edward School of Medicine at any time upon written application to the Office of Student Affairs or the Office of Medical Education.
- 2.2 Withdrawal notification will be sent to the Office of Financial Aid and the Registrar's Office.
- 2.3 In accordance with the grading policy, a student who is completely withdrawing from JCESOM will receive a grade of "W".
- 2.4 A student who withdraws from JCESOM and who later seeks re-entry must reapply via regular procedures through the Admissions Committee.
- 2.5 A student applying for re-admission must contact the Office of Medical Education or registrar for supplemental information (e.g. letter of explanation or violation of school's code of conduct, etc.) germane to their admissions new application.
- 2.6 A student who withdraws from JCESOM is not guaranteed re-admission to any School of Medicine.

- 2.7 The student's transcript will also note that the student was withdrawn from JCESOM

SECTION 3: MANDATORY MEDICAL WITHDRAWAL

- 3.1 If evaluation supports or indicates a recommendation for a medical withdrawal from the School of Medicine, the Offices of Academic and Student Affairs will facilitate the withdrawal in conjunction with the APSC.
- 3.2 The Offices of Academic and Student Affairs will meet with the student to give an understanding of the evaluation and rationale for the required withdrawal.
- 3.3 If the student declines the opportunity for a medical evaluation and the APSC agrees, the student shall be withdrawn ("W" will be recorded) from all classes for medical reasons.
- 3.4 The student's transcript will also note that the student was withdrawn from JCESOM.
- 3.5 A student who is medically withdrawn from the School of Medicine who later seeks readmission must reapply via regular procedures through the Admissions Committee.

SECTION 4. WITHDRAWAL IMPACT UPON FINANCIAL AID

- 4.1 In accordance with University policies, any student on financial aid who withdraws before completing 60% or more of the enrollment period will be required to return the difference between the amount of unearned aid and the amount to be returned by the University.
- 4.2 The student will be billed for the amount due.

SECTION 5. DEGREE COMPLETION TIME FRAME

- 5.1 Students will have a maximum of six (6) years to complete the M.D. requirements and eight (8) years to complete the M.D./Ph.D.
- 5.2 The failure to meet graduation requirements by the sixth year following initial matriculation in the medical curriculum, excluding students in double degree programs will result in review by the APSC.
- 5.3 Students may submit a request for extending the maximum time for completion requirement to the APSC. An extension to permit the student may be granted to engage in research or other scholarly pursuits or if the APSC deems it necessary and appropriate to the student's medical education.

SECTION 6. GRADUATION

- 6.1 The M.D. degree may be conferred by JCESOM upon persons who have complied with the each of the following requirements:
- 6.1.a Acceptable passing grades in all required courses and clerkships.

- 6.1.b Acceptable passing grades in at least minimum number of weeks of fourth year electives as set by the Curriculum Committee.
 - 6.1.c Passing scores on the USMLE Step 1 and Step 2 Clinical Knowledge;
 - 6.1.d Acceptable academic and professional behavior and ethical standards;
 - 6.1.e Satisfactory completion of the required academic, professional and curriculum competencies (including medical career development, and patient encounters and procedures) set forth by JCESOM and/or any of its components, including the APSC, Curriculum Committees or other Committees and/or departments.
 - 6.1.f Timely completion of required certifications and training.
 - 6.1.g Affirmation by a majority vote of the faculty of JCESOM in accordance with the School's by-laws.
 - 6.1.h Satisfactorily compliance with the provisions and stipulations of the Policy and Procedure for Criminal Background Checks.
- 6.2 JCESOM may recognize graduation dates in concert with those offered by the Main Campus as official graduation dates.

SECTION 7. CONCOMITANT STATEMENT

This policy statement shall be construed as being concomitant with other academic and professional standards and responsibilities established by Marshall University, its governing board and the Higher Education Policy Commission.

MEDICAL STUDENT EDUCATION RECORDS POLICY

I. Introduction

It is the policy of the Marshall University Joan C. Edwards School of Medicine (JCESOM) based upon recommendations of the Liaison Committee on Medical Education (LCME) that all enrolled medical students are provided information regarding how to obtain access to their educational records and that the educational records are confidential and only available to faculty and administration with a need to know.

II. Definitions

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Standard 11: Medical Student Academic Support, Career Advising, and Education Records: A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

Element 11.5: At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

Element 11.6 A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

III. Policy Statement and Procedure

1. Policy Statement

1.1. The Marshall University Joan C. Edwards School of Medicine adheres to the rights of students granted by the Family Educational Rights and Privacy Act (FERPA). FERPA is a Federal law that is administered by the Family Policy Compliance Office of the U.S. Department of Education (20 U.S.C. § 1232g; 34 CFR Part 99.). FERPA applies to all educational organizations and institutions that received federal funding under any program administered by the Department of Education.

1.2. In compliance with FERPA, JCESOM does not disclose any personally identifiable information contained in students educational records, except when authorized by law. Information about FERPA and JCESOM execution of FERPA is set forth below.

2. Student Rights under FERPA – A student has the right under FERPA to:

2.1. Inspect his or her educational records

2.2. Require the educational institution obtain his or her prior written permission before disclosing personally identifiable information from their educational records

2.3. Request corrections to be made to their educational records if the student believes the record is inaccurate, misrepresenting or otherwise in violation of the student's right to privacy under FERPA

3. Definition of Terms – For the purposes of this policy, the Marshall University Joan C. Edwards School of Medicine (JCESOM) use the following definition of terms:

3.1. **Student:** Any person who attends or has attended JCESOM. Any person admitted but not enrolled in courses at JCESOM is not considered a student

3.2. **Educational Records:** Any information maintained by JCESOM directly relating to a student. Records means any information recorded in any way, including, but not limited to, hand writing, print, computer media, video or audio tape, film, microfilm, and microfiche which contains information related directly to students and which students can be individually identified. A permanent educational record of an enrolled student of JCESOM shall consist of the following types of documents:

3.2.1. Admissions Materials – including, but not limited to, application for admission (AMCAS), test scores, transcripts and any other application correspondence

3.2.2. Official JCESOM Academic Information – including, but not limited to: a copy of the student's academic record while at JCESOM; Evaluations from clinical rotations/courses; Academic & Professional Standards Committee decisions; copies of grade changes; documentation of grade appeals; institutional policy statements relating to technical and professional standards; copy of MSPE; Change in status forms/letters related to leaves of absence, academic remediation, name change, etc.; copy of medical school diploma

3.3. **Identifiable Information:** Any data or information which includes: 1. Name of the student, student's parent, or other family members 2. Student's campus or home address 3. Personal identifier such as a Student ID number; Social Security Number; USMLE ID 4. Personal characteristics or information which would make the student's identity known with a "reasonable certainty".

3.4. **Directory Information:** Marshall University and JCESOM define directory information as follows: name, address, email addresses, telephone numbers (permanent and campus), photograph, date and place of birth, major field of study, dates of attendance, degree and honors and awards received and classification. MUBOG Policy No. SA-5

4. Privacy Preferences

4.1. At any time, unless restricted, JCESOM may release any of the items of directory information with a student's consent of release. This includes releasing the information in response to requests made pursuant to the West Virginia Freedom of Information Act. Students may restrict the disclosure of any item of directory information by indicating this restriction on the "Information Release" page in the Marshall University Information Liaison Online (MILO/MyMU) system.

4.2. The right to restrict disclosure of directory information does not include the right to remain unidentified in class and may not be used to impede classroom communications.

5. Inspection of Educational Records

5.1. Students may request to have access to their educational record at any time. If possible, immediate access will be granted, however if immediate access is not available a student should have to wait no more than 45 days to gain access to their educational record. If a student is required to wait, the Office of Medical Education will inform the student of when the record will be available. Students will be required to establish their identity with a picture ID prior to viewing their record.

6. Information Which a Student Does Not Have the Right to Inspect – Under FERPA, a student does not have the right to inspect information that is not an educational record, such as follows, but not limited to:

6.1. Medical treatment records: Records maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional, which are used only for treatment purposes (such records may, however, be reviewed by a physician or other appropriate professional of the student's choice).

6.2. Financial information submitted by the student's parents (these records are kept in the Financial Aid Office).

6.3. Confidential letters and statements of recommendation which were placed in the files before January 1, 1975, and which were used only for the purpose(s) for which they were intended.

6.4. Confidential recommendations concerning admission and any other materials for which the student has specifically and in writing waived their right to access.

6.5. Admissions records for a student who did not officially attend the program of admission. If the student completed a course at the University but never officially attended as a degree candidate in the program of admission, then the student has FERPA rights with respect to that course but does not have rights in respect to the admissions records for that program.

6.6. Records of a student that contain information on other students.

7. Authorizing another Person to Inspect or Receive Copies of Your Records

7.1. Both current and former students who wish to permit another person to inspect or receive copies of the student's education records must provide a signed and dated written consent which must:

7.1.1. Specify the records that may be disclosed.

7.1.2. State the purpose of the disclosure.

7.1.3. Identify the person or class of parties to whom the disclosure can be made.

7.2. In addition, current students who wish to give permission to parents or others to view their records may do so electronically by going through MyMU to MILO and completing the Proxy forms under the "Information Release" tab. A proxy can be defined as a person who represents someone else. In this case, the person a student identifies as proxy, will have access to the academic records that the student specifies in our proxy system. This person

will receive an email which will allow them to set up their own account to track the student's records, and they can speak with a representative of the university about the student as long as they have a passphrase (established by the student and shared with the proxy). Students can change/delete a proxy at any time.

8. Disclosure of Student Information without Student Consent – In general, the JCESOM will not disclose personal information from a student's education records without the student's prior consent. However, JCESOM, in compliance with the law, may disclose personal information without the student's prior consent under these conditions:

8.1.To JCESOM officials, staff, and others engaged in endeavors on behalf of JCESOM with a legitimate educational interest.

8.1.1.JCESOM may disclose information to JCESOM School officials, staff, and others whom the JCESOM has determined to have a legitimate educational interest. A person has a legitimate educational interest if the person needs to review an education record in order to fulfill his or her professional responsibilities to the JCESOM. Such individuals include officers of the University, faculty, administrative staff, law enforcement and medical and legal personnel, and may include contractors, consultants and professionals engaged by JCESOM where disclosure of the information is necessary for such individuals to fulfill their duties and responsibilities to JCESOM. In addition, these individuals may include JCESOM students, individuals from outside the School of Medicine, and volunteers, who are requested to serve on an authorized committee or board of JCESOM (such as the Academic & Professionalism Standards Committee or the Board of Trustees) or to otherwise perform authorized tasks for JCESOM.

8.2.Any information that is designated as directory information.

8.2.1.Name

8.2.2.Address

8.2.3.Email addresses

8.2.4.Telephone numbers (permanent and campus)

8.2.5.Photograph

8.2.6.Birthdate and place of birth

8.2.7.Major field of study

8.2.8.Dates of attendance

8.2.9.Degree and honors

8.2.10.Awards received

8.3.In Health or Safety Emergency Situations.

8.3.1. In the event of an emergency, JCESOM discloses information from education records to the appropriate parties, including parents, if JCESOM deems that knowledge of the information is necessary to protect the health, safety, or well-being of the student or other individuals. This disclosure may include any disciplinary action previously taken against the student for conduct that posed a significant risk to the safety and well-being of that student, other students, or members of the JCESOM community.

8.4. In compliance with a subpoena

8.4.1. JCESOM will make a reasonable effort to notify the student of the subpoena before complying. In the case of a subpoena issued for law enforcement purposes, the University is not required to notify the student of the existence or the contents of the subpoena, or of the information furnished in response to the subpoena, if the court or other issuing agency has ordered that such information not be disclosed.

8.5. Officials of Other Institutions or Organizations

8.5.1. Information can be disclosed to officials of other institutions or organizations which the student seeks or intends to transfer or in which the student is already enrolled, provided a disclosure for purposes related to the student's enrollment or transfer. In connection with the student's placement or participation in internships, practicum, affiliations or other programs related to the student's courses or programs at JCESOM. When a student has applied for or he/she has received financial aid to support the student's education, in cases where the information is related to (1) determining the eligibility for, amount of, or conditions of the aid, or (2) enforcing the terms and conditions of the aid.

8.6. Parties Who Provided or Created a Record

8.6.1. JCESOM may send education records back to the creator or sender of such records for confirmation of the authenticity of the record (e.g. transcript or letter).

8.7. Legal Actions Involving the Student and JCESOM

8.7.1. If a student or parent initiates legal action or brings complaints against JCESOM, the School of Medicine may disclose education records relevant to the response to the complaint without a court order or subpoena. In the event that JCESOM initiates legal action against a parent or student, JCESOM may disclose education records relevant to the action without a court order or subpoena.

8.8. To Accrediting Bodies

8.8.1. JCESOM may release information to organizations that accredit colleges and universities for in assistance for their accrediting purposes.

9. Students Right to Request Amendment to Record

a. If a student believes their education records contain information that is inaccurate, misleading, or in violation of the student's rights of privacy, he or she may ask the JCESOM to amend the record. The student must follow the following procedures.

- 9.1. Informal Request: The student should request an informal meeting with the Office of the JCESOM Registrar (Registrar) to review the questionable item with the Registrar, who may or may not honor the request.
- 9.2. Written Request: Should the Registrar deny the request or the meeting outcome was not to the student's satisfaction and the student still wishes to pursue to have the record corrected, the student should submit a written request to the JCESOM Office of Academic Affairs. The request shall clearly identify the part of the record the student believes should be changed and specify why it should be changed. The JCESOM Assistant Dean of Academic Affairs (Assistant Dean) will review the written request from the student and then request the Registrar provide a written statement of why the request was denied at the informal stage. After careful review of the written statement from the student and the Registrar of JCESOM, the Assistant Dean will notify the student in writing of their decision. Should the request be denied at this level, instruction will be given to the student to their right for a hearing to challenge the information believed by the student to be inaccurate, misleading or in violation of the students privacy rights.
- 9.2.1. Note: Students grades or evaluations is not within the purview of the right to seek an amendment of education records under this section of policy. Grade appeal and grievance procedures are outlined in the Marshall University Joan C. Edwards School of Medicine Honor System & Policy Regarding Academic and Professionalism Standards, Leaves and Appeals Policy.
- 9.3. Hearing Procedures: Upon receiving a written request from the student for a hearing, the Assistant Dean shall arrange a meeting with the JCESOM Vice Dean of Medical Education and provide notice to the student within a reasonable timeframe.
- 9.4. The hearing will be conducted by the JCESOM Vice Dean of Medical Education or an approved third party if the JCESOM Vice Dean of Medical Education is unavailable or is found to have a conflict of interest. Designee(s) for the hearing must have no direct interest in the outcome of the case and may decline to serve if a conflict of interest exists with either the student or subsequent parties involved.
- 9.5. All pertinent documents should be submitted within five days prior to the meeting to the JCESOM Vice Dean of Medical Education. The student, at his or her own expense, may be assisted or represented by one or more individuals of their choice, including an attorney. Any additional information submitted will be given to the student at the time of notification of the hearing.
- 9.6. At the hearing the student will have the opportunity to present evidence to support his or her position that the educational record should be amended due to violation of the student's privacy rights.
- 9.7. Notification of the decision of the JCESOM Vice Dean of Medical Education shall be no more than 15 JCESOM business days after the conclusion of the hearing. The notification to the student will be written and submitted by the Vice Dean of Medical Education to the student, JCESOM Assistant Dean of Academic Affairs and the JCESOM Registrar. The decision must include a summary of the evidence presented during the hearing and the reasoning behind the decision.

9.7.1. If the result of the hearing determines that the information in the student's educational record is not inaccurate, misleading, or otherwise in violation of the privacy rights of the student, the student will be notified of the right to place a statement in the record contesting the information in the record or stating why the Student disagrees with the decision of JCESOM. The student's statement shall be maintained with the contested portion of the record for as long as the record is maintained. In the event the contested portion of the record is later requested, the statement shall be disclosed with the record to the extent it pertains to the contested portion.

9.7.2. If the result of the hearing determines that the information in the student's educational record is inaccurate, misleading, or otherwise in violation of the privacy rights of the student, the student will be notified of and a statement will be placed in the student's record pertaining to the information being removed. The inaccurate information will be removed from the student's file.

10. Complaint Procedure – A student has the right to file a complaint with the Family Policy Compliance Office at the U.S. Department of Education concerning alleged failures by JCESOM to comply with the requirements of FERPA. A complaint must be submitted to the Office within 180 days of the date of the alleged violation or of the date that the student knew or reasonably should have known of the alleged violation. The complaint must contain specific factual allegations giving reasonable cause to believe that a violation of the Act has occurred, and it should be forwarded to:

10.1. Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW
Washington, DC 20202-8520

Approved August 10, 2018 – LCME Accreditation Committee

ACADEMIC ADVISING AND CAREER DEVELOPMENT

ACADEMIC ADVISING POLICY

I. Introduction

It is the policy of the Joan C. Edwards School of Medicine (JCESOM), based upon the recommendations of the Liaison Committee on Medical Education (LCME), that any student identified as experiencing academic difficulty receive timely resources and assistance.

II. Definitions

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

III. Procedure

Academic advising consists of required and optional meetings with academic advisors at all levels of undergraduate medical education. The students will be evaluated using risk stratification throughout the curriculum to identify students who may benefit from increased required sessions with their academic advisors. Academic Advisors will recognize and facilitate referrals for additional student support services as indicated or requested. Academic Advisors will refer students to academic affairs for evaluation as indicated by performance.

Phase 1 (PreClerkship) Academic Advising Structure –

JCESOM uses a risk stratification tool to identify student needs for academic advising and support. Students will be briefed about the academic advising policy at orientation and assigned to their respective advisors. They will also be instructed on the student performance dashboard and the JCESOM risk stratification tool. The Office of Medical Education (OME) analyzes student performance and generates risk stratification for each student. Risk stratification is conducted at matriculation and the conclusion of each course. In addition to pre-matriculation data, the following criteria are used for student risk stratification:

- A repeat of an academic level
- Active academic or administrative probation
- Passes <50% delivered exams
- Anticipated to face difficulties with Comprehensive Basic Science Examination (CBSE)

Advising and Support Structure –

- Students identified as high-risk based on pre-matriculation performance will have their advisory meetings scheduled as a priority to occur before their first exam.

Depending on individual needs, these students may be directed to the Office of Student Affairs (OSA) for further support, including counseling services, peer tutors, and learning specialist consultations.

- Any student who fails to achieve a passing score on the first exam of the pre-clerkship curriculum must meet with their academic advisor within one week of the exam result.
- All students classified as high-risk are required to communicate with their assigned academic advisor monthly.
- Students showing marked improvement in academic performance and no longer considered high-risk may opt out of required monthly meetings with the academic advisor.
- Regardless of performance, all pre-clerkship students must participate in one academic advising session per semester during phase 1 of the MD curriculum (refer to Appendix A and B). The appropriate advising checklist must be completed, and students should upload it to their MedHub® portfolio.
- Advisors will maintain weekly walk-in hours and are available for scheduled meetings upon request. Even though students are assigned specific advisors for required meetings, they can arrange meetings with any available academic advisor.
- Non-Compliance with Required Advising Sessions – Failure to complete required advising sessions will result in the submission of a student professionalism concern form.

Phase 2 (M3) Academic Advising Structure –

The Office of Medical Education (OME) analyzes student performance and generates risk stratification for each student. The following criteria are used for student risk stratification:

- History of academic difficulties in Phase 1 of the MD curriculum
- Failing one or more required clerkship NBMEs
- Suboptimal performance in the clinics due to academic challenges

Advising and Support Structure –

- Meet with the Clerkship Director to discuss any content or academic information, review the course content, or any gaps of understanding.
- Required monthly meetings with the Associate Dean of Student Affairs and the Director of Academic Support.
- Required meetings with the assigned faculty advisor, as indicated by academic progress.

IV. Tracking and Reporting

The OME monitors the academic progress of all medical students. Individual student progress and adequacy of support are discussed at the Student Progress Review meeting, organized, and coordinated by the Associate Dean of Academic Affairs. Students not meeting academic progress benchmarks must meet with the Associate Dean of Academic Affairs before referral to the Academic and Professionalism Standards Committee (APSC).

Appendix A (M1 Advising Checklist)

	Meeting Notes	Goals
Assess Academic Performance		
	Review current performance & Discuss progress using the academic dashboard	
	Discuss clinical progress by reviewing a CCE/OSCE	
Develop Study Strategies		
Plan for summer/research		
Discuss Personal Well-being and Time Management		
Develop or Review an Individualized Learning Plan		

Appendix B (M2 Advising Checklist)

	Meeting Notes	Goals
Assess Academic Performance		
	Review performance in first-year courses	
	Discuss academic progress using the academic dashboard	
	Discuss clinical progress by reviewing a CCE/OSCE	
Develop or Review an Individualized Learning Plan		
Plan for CBSE/USMLE Step 1 Preparation		
Discuss Personal Well-being and Time Management		

Approved by the Office of Medical Education – 07/05/2023

Approved by the Dean – 07/14/2023

OFFICE OF ACADEMIC SUPPORT

Embarking on a journey through medical school is an exciting intellectual adventure, presenting students with enriching challenges and opportunities for personal and academic growth. It's an opportunity to acquire and master new skills and techniques that not only enhance academic success but also shape lifelong learning habits. Though demanding, countless students every year successfully navigate this journey, progressing steadily towards fulfilling their dream of becoming practicing physicians. Many have discovered that seeking help along the way is not a sign of weakness, but a step towards success. We, at the Office of Academic Support, are here to assist you on this incredible journey. We're ready to provide help whenever you face academic challenges. Here's a brief overview of how the Office of Academic Support can illuminate your path to becoming a physician:

Study Strategies

- Analyze and troubleshoot your current academic study skills and strategies.
- Learn how to engage and achieve dynamic and multi-sensory study.
- Get more out of lecture by previewing and active listening.
- Diversify your contact with study material through self-testing and reviewing.
- Learn how to use effective mnemonics and memory strategies.

Test Taking

- Effectively read and work with vignette-style multiple choice questions.
- Identify your common test taking mistakes and possible solutions.
- Analyze your performance on classroom exams and board practice questions.
- Establish strategies for Step and shelf exam preparation.
- Address issues with pacing, answer changing, and test anxiety.

Time Management

- Effectively manage and prioritize your use of time.
- Achieve improved focus and concentrated study.
- Minimize internal and external distractions.
- Determine your ideal study space.

Peer Tutoring

- Meet one-on-one with a peer to help clarify and better understand concepts covered in class.
- Get a better understanding of how others have managed their medical school experience.
- Attend test preparation sessions conducted by peer tutors.
- Receive review questions created by the tutors before in-house and NBME exams.

Contact:

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CAREER ADVISING POLICY

Purpose: The purpose of this policy is to outline the options and expectations for career advising at JCESOM.

Definition: From the LCME Structures and Functions of a Medical School the following standard has been provided:

Standard 11: A medical school provides effective career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

Element 11.2: A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Background: All students have both required and optional opportunities to seek advice. Having access to faculty and staff at JCESOM is an important resource for students and provides them with guidance and mentorship during their medical school career. Advising starts on the first day of medical school and continues until graduation. There are multiple different advising structures designed to support students' individual needs at various stages of medical training. These include:

- Pre-Clinical Mentors
- Learning Communities House Advisors
- Career Advisory Deans and Clinical Advisors
- Career Advisory Support Personnel in the OSA

A pre-clinical mentor is assigned during the first year as a mentor to provide their first exposure to the clinical setting. Additionally, the students are divided into Learning Communities at the start of their first year and will remain with their Learning Community for the duration of medical school. Students are matched with Career Advisory Deans in their field of interest as they progress through the curriculum and begin to identify their specialty choice. The staff within the Office of Student Affairs are an additional source of information and are invaluable advisors for students as they navigate medical training.

Policy: Through regular meetings with Learning Community House Advisors and Career Advisory Deans students are able to explore career interests under the guidance of faculty. The student is required to attend one-on-one meetings with their Career Advisors at least once per semester during the pre-clinical curriculum, every 16 weeks during their third year, and once during fourth year. They may meet more often as desired to prepare residency applications during the final year.

Fall M1	Meet with Learning Communities Advisor	<ul style="list-style-type: none"> Meet with LC Advisor during intercession Provide guidance for adjustment to medical school Promote use of Careers in Medicine (CiM)
Spring M1	Meet with Learning Communities Advisor	<ul style="list-style-type: none"> Adjusting to medical school and current concerns Review CiM Medical Specialty Performance Inventory (MPSI) Explore current career preferences
Fall M2	Meet with Clinical Advisor	<ul style="list-style-type: none"> Review CiM Values Practice Scale (PVIPS) Discuss specialty interests Discuss upcoming clinical clerkships

Assess Specialty Preference for Placement with Career Advisory Deans

Spring M3	Meet with Career Advisory Dean every 16 weeks	<ul style="list-style-type: none"> Adjustment to Clinical Curriculum Specialty choice and review scoring data for specialties If applicable, CiM Specialty Indecision Scale
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Specialty choice re-assessed mid-year for need for new Career Advisory Dean

Fall-Spring M3	Meet with Career Advisory Dean every 16 weeks	<ul style="list-style-type: none"> Three meetings during clerkship year Adjustment to Clinical Curriculum Specialty choice and review scoring data for specialties If applicable, CiM Specialty Indecision Scale
M4	Meet with Career Advisory Dean and Clinical Advisor	<ul style="list-style-type: none"> Meet with CAD as needed to discuss residency application/LoR/4th year Review CCSE with Clinical Advisor Discuss specialty preference Discuss 4th year elective options

Additional Advising Resources:

AMMC Careers in Medicine: www.aamc.org/cim

AMA: [Coaching in Medical Education | AMA \(ama-assn.org\)](http://ama-assn.org)

AMA: [A Guide to Being a Good Coachee | AMA \(ama-assn.org\)](http://ama-assn.org)

FREIDA: <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>

ERAS: <http://www.aamc.org/eras>

MEDICAL STUDENT CAREER DEVELOPMENT

The medical student career development program is based on the AAMC Careers in Medicine (CiM) model. It is a longitudinal course that encompasses all four years of medical school. There are four phases of the curriculum: Understand yourself, Explore your options, Choose a specialty and Prepare for residency. This program will provide students with skills, information and resources to choose their specialties and prepare for residency.

Understand Yourself

Careers in Medicine provides students with tools such as self-assessments and information that allows the students to begin to understand their interests, values, skills and personalities. By utilizing these tools, students can learn more about themselves and consider their attributes when preparing for career exploration.

The assessments used in the Understand Yourself phase are:

Assessing Interest- Medical Specialty Preference Inventory (MSPI)

Assessing Values- Physician Values in Practice Scale (PVIPS)

Assessing/Learning about Skills- Physician Skills Inventory (PSI)

Explore Your Options

Careers in Medicine provides students with information and data about medical specialties. The information consists of residency program requirements, competitiveness, workforce, and work/life balance. This will allow students to begin doing their own research and gain knowledge of the specialties that the student would like to pursue. This will be especially important to those students who are interested in a highly competitive specialty.

Resources utilized in the Explore Your Options Phase:

Specialty Profiles – Over 160 specialties and subspecialties are profiled in these sections of the Careers in Medicine website:

<https://careersinmedicine.aamc.org/explore-options/specialty-profiles>

Each description has information on the work that the physicians do, salary, training requirements, and match data. Careers in Medicine also provides links to relevant organizations and publications.

Settings and Environments – On this webpage, Careers in Medicine allows a student to get an idea of different areas of clinical settings:

<https://careersinmedicine.aamc.org/explore-options/settings-and-environments>

Students are introduced to career paths that are not your typical medical careers such as academic medicine, rural practice, and careers in international medicine. Careers in Medicine also discusses physicians' careers in non-clinical settings.

Choose Your Specialty

Careers in Medicine uses various ways to help students integrate what they have learned about themselves and specialties to make a realistic specialty decision that meets their educational and career goals. The information is based upon reviewing the students' CiM assessments results, speaking with specialty career advisors and begin to formulate a personal statement that articulates your career goals.

Resources Utilized for the Choosing Your Specialty Phase

<https://careersinmedicine.aamc.org/prepare-residency/residency-preference-exercise>

The residency preference exercise will help students consider and evaluate requirements, priorities and preferences for their residencies- then search and compare programs based on those criteria.

<https://careersinmedicine.aamc.org/system/files/c/1/382812-clinicalrotationevaluation.pdf>

Medical students should evaluate the clinical rotations at the conclusion of each each clinical rotation. The clinical rotation evaluation form allows a student to keep track of their thoughts, feelings and reflections in order to make an effective career choice.

Prepare for Residency

The final phase of the Careers in Medicine curriculum helps the students transition to residency by providing students the information they need to apply to and secure residency training. CiM provides information on scheduling rotations, applying to residency programs, writing CVs and personal statements, securing letters of recommendation, interviewing, and other relevant topics.

The Residency Preference Exercise (RPE) should be used continuously allowing students to identify criteria important to them in their residency training, search for programs, and rate programs based on their personal criteria.

Resources Utilized for the Prepare for Residency Phase

<https://careersinmedicine.aamc.org/prepare-residency/residency-preference-exercise>

Students will continue to update their RPE profile and search and rate programs as students begin their application process.

Careers in Medicine will help students prepare for residency by navigating them through various webpages such as researching residency programs with two objectives:

1. Identify programs that best fit your personality and goals
2. Identify enough programs to apply to so a student is likely to receive an ample number of interviews.

<https://careersinmedicine.aamc.org/prepare-residency/how-research-residency-programs>

Careers in Medicine will also guide students on how to successfully navigate all the components when applying to residency programs. It will encompass the actual application, how to write a polished personal statement, and all aspects of letters of recommendation.

<https://careersinmedicine.aamc.org/prepare-residency/your-application>

The Careers in Medicine curriculum will also walk students through the interview process so that students will know what to expect. Students will learn the basics of how to prepare for an interview, tips on making the best first impression and how to answer the most challenging questions.

<https://careersinmedicine.aamc.org/prepare-residency/interview-prep>

ACADEMIC LEVEL	OBJECTIVES	OUTCOME MEASURES
LEVEL 1	<p>FALL Demonstrate familiarity with CiM as a resource for career development by attending a school sponsored introduction to Careers in Medicine workshop and complete the CiM's Medical Specialty Preference Inventory (MSPI).</p> <p>SPRING Demonstrate evidence of identifying your career interests and personal values by CiM's Physician Values in Practice Scale (PVIPS).</p>	<p>Completion of the MSPI to create a targeted starting point for further exploring specialty options</p> <p>Completion of the self-assessments and begin to research what values are needed for specialties.</p>
LEVEL 2	<p>Complete the CiM self-assessments to consider how they fit with the specialties that interest you. Research at least two different specialties on the CiM's specialty profiles webpage. With the conclusion of level 2 – students will be surveyed for their preliminary specialty choice.</p>	<p>Complete the Physician Skills Inventory(PSI) assessing skills needed for particular specialties. Maintain a list of specialties to remain informed of changing data for each specialty. Students will be paired with their Career Advisory Dean.</p>
LEVEL 3	<p>Successfully complete the “transitioning into Residency” course. Have three meetings with your Career Advisory Dean. Review specialty data with Associate Dean of Student Affairs. Meet with Assistant Director of Academic support to review MSPE mid-point through level 3 rotations.</p>	<p>Focus on Career choices as third year progresses. Evaluate each rotation using the CiM's clinical rotation evaluation form and upload each form into Medhub for later viewing. Attend each of the six “transitioning into residency” seminars and complete the coursework associated with each seminar. Return CAD meeting documentation to the appropriate administration for course credit.</p>
LEVEL 4	<p>Maintain contact with the Office of Student Affairs and Academic Affairs to ensure that all level 4 assignments are completed in a timely manner in regards to submitting their ERAS application and applying to residency programs</p>	<p>Complete personal statement assignment with the writing center on Marshall Main Campus and upload into Medhub. Complete ERAS application and submit it for review by the office of Student Affairs. Apply to residency programs.</p>

STUDENT SERVICES, HEALTH AND WELLNESS

INSTITUTIONAL STANDARDS OF BEHAVIOR (STUDENT MISTREATMENT POLICY)

Introduction

The policies of the Marshall University Board of Governors, recommendations of the Association of American Colleges (AAMC), and the Liaison Committee on Medical Education (LCME) state that the Joan C. Edwards School of Medicine will strive to foster and promote a learning environment that embraces support, creativity, respect, collegiality, kindness, cooperation, and resilience.

Definitions

From the AAMC Graduation Questionnaire the following of student mistreatment has been provided:

Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment, discrimination, or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.

From the LCME Structures and Functions of a Medical School the following standard has been provided:

Standard 3: Academic and Learning Environments: *A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.*

Element 3.5 Learning Environment/Professionalism: *A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.*

3.6 Student Mistreatment: *A medical education program defines and publicizes its code of professional conduct for the relationship between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.*

Physicians are held to high standards of professionalism. The medical learning environment should facilitate the skills and knowledge of collegial attitudes for effective, caring and compassionate health care. In order to nurture these skills, respect between teachers and students, staff and students, and between fellow students must be present. Those in authority are expected to role model these behaviors of high professionalism in their interactions with patients, family members, members of the health care team, staff and students.

It is acknowledged that the social and behavioral diversity of faculty, residents, staff and students may lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of inappropriate professional behaviors include, but are not limited to: (examples from LCME standards)

- Publicly embarrassed or humiliated
- Threaten or actual physical harm
- Required to perform personal services
- Subjected to unwanted sexual advances
- Request to exchange sexual favors for grades or other rewards
- Denied opportunities for training or rewards based upon gender, race, ethnicity or sexual orientation
- Subjected to offensive, sexist remarks/names based upon race, ethnicity, gender or sexual orientation
- Received lower evaluations or grades solely because of race, ethnicity, gender, or sexual orientation rather than performance

Reporting Procedures

The student considering making a report of mistreatment should first attempt to resolve the matter directly with the alleged offender. Students may consult with the Associate Dean of Student Affairs, Associate Dean of Academic Affairs, or the Associate Dean of Diversity & Inclusion at any time for assistance. Such informal consultation will be confidential unless precluded by safety of the student or University policy and procedure. Students have the right to report such incidents without fear of retribution or retaliation.

If the informal consultation does not resolve the alleged offense, the student is encouraged to file a formal report via email or Doc Halo to the Associate Dean of Student Affairs, who will then begin to conduct a formal investigation, which will include:

- Interview the student
- If the mistreatment is alleged to have originated from a resident, the resident program director will be notified in writing. The program director is required to provide written documentation of the investigation and actions taken to the Associate Dean of Student Affairs within 10 days of notification
- If the mistreatment is alleged to have originated from a faculty member, the Associate Dean of Student Affairs will coordinate a formal investigation with the Assistant Dean of Academic Affairs. The Associate Deans will determine whether the matter should be referred to the Behavioral Integrity Committee or the Marshall University Office of Equity. If such determination is deemed necessary, the referral to the Behavioral Integrity Committee will be completed within 10 days.

If the student making a report wishes to remain anonymous, the student will be advised as to how the anonymity of the complaint will inhibit or prohibit further investigation. There may be individual circumstances in which the administrator to whom the incident was reported can address an anonymous complaint by talking to the clerkship director or chair of the department involved. Those individuals are authorized to take appropriate action if that can be done without disclosing the identity of the person making the report.

Anonymous reports may be submitted using the "Events Reporting" link posted under Student Resources of the main medical school webpage. Submitted anonymous reports are sent directly to the Associate Dean of Student Affairs and the Associate Dean of Academic Affairs. All anonymous reports will be reviewed jointly and in compliance with the investigation portion of the policy.

Any student alleging sexual harassment or unlawful discrimination will be referred to the Office of Equity/Title IX Coordinator.

Behavioral Integrity Committee

The Behavioral Integrity Committee membership will include two faculty members appointed by the Dean (one basic scientist and one clinician, one of whom will serve as the chair), the Vice Dean of Graduate Medical Education, and the Vice Dean of Medical Education and General Counsel for Marshall University (and/or designees appointed by the Dean). When a complaint is referred to the committee, the committee will meet to review the complaint within 30 days of referral. The committee may elect to solicit the facts in a manner it deems appropriate, reach a conclusion, and recommend a sanction to the Dean of the School of Medicine.

Recommendations must be made to the Dean of the School of Medicine by 30 days from the date of the referral to the committee. In all cases, the Behavioral Integrity Committee will have wide latitude to determine whether the recommendation will be informal (i.e. verification, guidance, and warning) or formal (possible administrative action). The degree of sanction will be proportional to the degree of the offense. If an alleged complaint is reported that involves a member of the committee, that individual will be recused.

Appeal Process

Either party may appeal against the decision of the Behavioral Integrity Committee to the Dean of the School of Medicine. The decision of the Dean will be final.

Approved and Initiated: 9/21/10

Reviewed and Revised: 2/23/18 AMS 3/1/18 Student Policy Committee

Revised: 7/8/2020 AMS

STUDENT HEALTHCARE AND INSURANCE

Medical Student Personal Counseling, Mental Health, & Well-Being Programs

I. Introduction

It is the policy of the Joan C. Edwards School of Medicine that all students have access to personal counseling programs that include well-being and to facilitate adjustment to the physical and emotional demands of medical education. Maintaining a healthy sense of emotional well-being is a vital component of success as a medical student. Various programs presented throughout the medical school experience provide students with resources, awareness activities, and support regarding well-being.

II. Definition

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Standard 12.3 Personal Counseling/Mental Health/Well-Being Programs: A medical school has in place an effective system of counseling services for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

III. Explanation of programs

Counseling Services

Cabell Huntington Hospital Counseling Center (CHHCS)-JCESOM Office of Student Affairs contracts two separate counseling services for all enrolled medical students and family members. The CHHCS is located on the second floor of the Chafin Building in downtown Huntington, less than a mile from the main campus and Marshall Medical Center. All mental health specialists hold a master's degree in counseling or psychology and are independently licensed. For current patients, staff are available 24/7 for emergency/crisis interventions.

1. **Student Assistance Program (SAP)**-All enrolled medical students and family members have timely access for brief-solution-focused counseling. No limit. The SAP program focuses on:
 - a. Adjustments and pressures of medical school
 - b. Personal Crisis
 - c. Test Anxiety
 - d. Stress management strategies
 - e. Balancing school, relationships, and self-care
 - f. Unhealthy/self-destructive habits

2. **Counseling Program**-All enrolled medical students have timely access for longer-term support. Each student has a total of ten (10) sessions provided by the JCESOM OSA. Additional sessions are at the expense of the medical student. The counseling program focuses on support of:
 - a. Depression
 - b. Anxiety (including panic PTSD, etc.)
 - c. Relational and family problems
 - d. Substance use and addictive disorders
 - e. Personal Identity
 - f. And...more

In the event of a medical student's death, services are extended to immediate family members for one year following the date of death.

Contact Information: 304-526-2049

Availability of services: Appointment hours are Monday 11am-7pm; Tuesday-Thursday 8a-5pm

In the event of an emergency including potential harm to self or others the student is to call 9-1-1 or go to the closest emergency department.

Marshall University Student Services

All enrolled medical students have access to the Marshall University Counseling Center on the main campus. These services focus on:

- a. Individual therapy
- b. Couples
- c. Group
- d. Sexual Assault/abuse
- e. Rape concerns
- f. Dating concerns
- g. Domestic violence
- h. Substance abuse
- i. Eating disorders
- j. Stress management
- k. Depression
- l. And...more

No charge to any enrolled medical student.

Contact Information: Crisis Hotline-304-696-2550

Schedule an Appointment: <https://www.marshall.edu/counseling/schedule-an-appointment/>

Appointments are recommended, however walk-in appointments are available in-person and virtually.

Wellbeing Programs

JCESOM WellHerd MD: Putting Medical Students' Well-Being Front and Center

A comprehensive wellness program that offers a variety of activities and resources provided to medical students to maintain optimal physical and mental well-being. The program is overseen by the Assistant Director for Leadership Development and Wellness.

In addition to the counseling programs mentioned above, the JCESOM WellHerdMD includes:

- a. Physical fitness classes
- b. Nutrition counseling
- c. Professional coaching
- d. Educational workshops
- e. Various online resources.
- f. Wellness Wednesday Newsletter
- g. Self-Care Kit
- h. Quarterly Medical Student Forums

Book Journal Sessions: Avoiding Burnout

Sponsored by the JCESOM Chapter of Gold Humanism Honor Society, medical students are provided a self-care book titled "*Doctor, Heal Thyself*" A Guide for Physicians to Prevent Burnout and Promote Wellbeing. The GHHS Chapter conducts small group round table discussions in the first and third year of the curriculum.

JCESOM Chapter of Active Minds

A non-profit organization that empowers students to speak openly about mental health. The chapter participates in national programs that surround mental health.

CHH Student Assistance Program

Multiple wellness discussions, presentations, and small group sessions are provided by the counselors of the CHH Counseling Center.

For any questions or more information please contact the office of student affairs at JCESOM-Student-Affairs@marshall.edu

WELLHERDMD STUDENT WELLNESS PROGRAM

PUTTING MEDICAL STUDENTS 'WELL-BEING FRONT AND CENTER

Program Overview

Medical students are under an immense amount of pressure. They must juggle demanding coursework, long hours, and challenging work environments. This can put them at a higher risk of developing mental and physical health issues.

That is why it is so important for medical schools to implement wellness programs that support the health and well-being of their students. The WellHerdMD program at the Joan C. Edwards School of Medicine is one such program.

WellHerdMD is a comprehensive program that offers a variety of activities and resources to help medical students achieve and maintain optimal health. These activities and resources include:

- **Mental health counseling:** WellHerdMD offers individual and group counseling to help students cope with stress, anxiety, and depression.
- **Physical fitness programs:** WellHerdMD offers a variety of fitness classes and programs to help students stay active and healthy.
- **Nutrition counseling:** WellHerdMD offers nutrition counseling to help students make healthy food choices.
- **Professional coaching:** WellHerdMD offers professional coaching to help students develop healthy habits and manage stress.
- **Educational workshops:** WellHerdMD offers workshops on various health and wellness topics, such as stress management, sleep hygiene, and nutrition.
- **Online resources:** WellHerdMD offers online resources, such as articles, videos, and quizzes, to help students learn about health and wellness.

WellHerdMD is also committed to providing students with a supportive and inclusive environment. The program offers various resources for students from diverse backgrounds and needs.

The WellHerdMD program is a crucial investment in the health and well-being of medical students. By providing students with the resources they need to stay healthy, this program helps to ensure that they can thrive both academically and professionally.

Here are some of the benefits of the WellHerdMD program:

- **Reduces stress and anxiety:** The program's mental health counseling can help students reduce stress and anxiety, which can lead to better overall health.

- Improves physical health: The program's physical fitness programs and nutrition counseling can help students improve their physical health, which can lead to more energy and a better ability to cope with stress.
- Promotes social well-being: The program's supportive and inclusive environment can help students feel more connected to their peers and the school community, and increase their sense of belonging, which can boost their overall well-being.

Program Components

<p>First-year Coaching Session requirement</p>	<p>All students must participate in an initial coaching session with an internal certified coach at the institution. During this appointment, students will personally evaluate each life domain of the MUSOM Wellness Wheel. Students will also discuss the creation of a self-care plan if they do not have one currently in place. The coach will review the availability of mental and physical wellness resources at the institution and refer students to any appropriate resources. The Stinky Fish exercise will be completed one-on-one, and students will have the opportunity to express any current fears they are experiencing.</p> <p>In addition to the initial coaching session, students will be assigned to a learning community house where they will be supported in the adoption of the culture of medicine in general and medical education in particular. The social domain will be supported by matching each student with a peer mentor.</p>
<p>Wellness Wednesday Newsletter</p>	<p>Each week, all JCESOM students receive a newsletter from the Coach's Corner, which provides them with readings on a range of personal wellness topics, such as building resiliency and understanding the power of gratitude.</p>
<p>WellHerdMD Week- A new initiative to enhance the culture of wellness and well-being at the JCESOM</p>	<p>Wellness Week is a week-long series of activities, learning sessions, and events that are designed to help students improve their lives in each of the wellness domain areas identified.</p>
<p>Online WellHerdMD Self-Care Kit</p>	<p>All students can access an online toolbox of self-care tips and strategies promoted through JCESOM communications. This toolbox is designed to provide students with resources to help them manage stress, improve their mental health, and promote overall well-being.</p>
<p>Quarterly Student Wellness Forums</p>	<p>Each quarter, an online wellness seminar is hosted by an expert presenter. These sessions provide students with valuable insights and helpful tips to help them improve their mental health, nutrition, and overall well-being.</p>
<p>Variety of Wellness Resources</p>	<p>*See program resource list below</p>

Program Resource List

- Access to fitness activities such as yoga classes, strength and cardio sessions. These sessions are available through partnerships with [Brown Dog Yoga Studio](#) and the [Marshall Recreation Center](#)
- Nutritional education sessions are available through local partnerships
- Promotion of students receiving regular health check-ups and medical screenings
- Peer mentor support through the [JCESOM learning communities](#)
- Class specific budget for various student activities to encourage a sense of community and fellowship
- Individual and group counseling services available through a partnership with the [Cabell Huntington Hospital Counseling Center](#)
- Discounts on massage therapy and essential oils through other local partnerships

Wellness Program Committee

The medical student wellness committee will help implement the program, identify any subsequent challenges as they arise, and support the creation of a culture of individual and community well-being at the Joan C. Edwards School of Medicine. This committee will include the following persons:

- (1) faculty/staff/administration member
- (2) student wellness representatives
- (1) Learning community leader
- (1) Member from the Cabell Huntington Hospital Counseling Center
- (1) Representative from the Office of Student Affairs
- (1) Medical Student Council member

The WellHerdMD program is a comprehensive program that offers a variety of activities and resources to help medical students achieve and maintain optimal health. The program's wide range of resources makes it a valuable asset for medical students at the Joan C. Edwards School of Medicine. The program's comprehensive approach to wellness provides students with the tools they need to stay healthy both physically and mentally. The WellHerdMD program is a notable example of how a medical school can support the health and well-being of its students.

For more information on this program, contact the [Office of Student Affairs](#).

STUDENT IMPAIRMENT POLICY

Purpose

Medical Education training is rightly regarded as an arduous intellectual, physical and emotionally stressful undertaking. For this reason, Marshall University Joan C. Edwards School of Medicine recognizes a special obligation to provide a means for its students to obtain assistance for distress at a point when emotional, family, financial, and physical resources are least affected. The goal is to provide help when the prospects for successful intervention are most promising.

Impairment is defined as a student who is under the adverse influence of alcohol or any narcotic or drug whether illicit or otherwise or mentally or physically unable to reason, communicate, or perform medical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being, or to the reputation of the Marshall University Joan C. Edwards School of Medicine.

For the benefit of the students and patients alike, this policy seeks to educate, prevent, identify, evaluate, treat and supervise students about impairment and supports systems in place in the event of an identified problem.

Prevention and Education

Each year during matriculation orientation an educational component addressing student impairment policies and services will be presented. Additional education will occur in the clinical orientation between the second and third year of medical education. Refresher information will be distributed as needed.

Self-Reporting

Medical students are strongly encouraged to seek help or assistance at a point when personal, family, financial, academic and physical functioning are least affected and the prospects for successful intervention are most promising. The JCESOM is eager to assist students with impairment problems and encourages them to contact their block leader, clerkship director/coordinator or any dean of the Office of Medical Education for assistance. Medical students shall not be subject to punitive actions for voluntarily acknowledging an impairment problem. Note, however, that this will not excuse violations of other policies for which the student may be subject to disciplinary action should an incident or report occur.

Other methods of reporting

Any medical student who displays signs of impairment may be reported by a peer, faculty or staff member. Impairment may be subtle or overt, but is most often first regarded by observers as significant and persistent change in the individual's usual and customary behavior. Such changes may be manifested in any or all of physical, emotional, family, social, educational or clinical domains of functioning. Any and all accounts of suspicions must be reported to any member of the Office of Students Affairs, Academic Affairs or Medical Education.

The most important aspect of an effective program is CONFIDENTIALITY. If a medical student is referred for possible impairment it must be assured that all transactions from initial contacts through treatment will be conducted with the utmost prudence, sensitivity and confidentiality by the Offices of Student Affairs, Academic Affairs and Medical Education. In the event that the student is in a clinical setting, a direct report to the Clerkship Director or Coordinator should be filed.

Crisis Intervention

To provide immediate assistance with getting through critical times, any student who is suffering from an acute problem of disturbed thought, behavior, mood or social relationship which require immediate intervention (i.e. thoughts of harming themselves or others) should contact the Office of Student Affairs, Course Block Leader or Clerkship administration immediately for crisis intervention.

Should an outside source of crisis intervention be needed the Cabell Huntington Hospital Employee Assistance Program can be contacted at 304-526-2049 during business hours, 9-1-1, or the nearest hospital emergency department. Additionally, in the event of an emergency a counseling services staff member from the Marshall University Counseling Center is available 24 hours a day seven days a week and can be reached by calling 304-696-3111.

Procedure

Individuals considered to be acutely impaired will be identified by faculty, staff or peer. In this situation, a report must be made immediately to the Assistant Dean of Student Affairs, Clerkship Director or Coordinator. Facts should immediately be investigated and deemed relevant, including direct discussion with and observation of the individual. If a clinical department is the first report, they may contact the Office of Student Affairs to begin the investigation on their behalf. Failure to cooperate or any attempt to obstruct a pending investigation may subject the individual to disciplinary action. If deems necessary in order to ensure the safety and well-being of patients or others, the Clerkship Director, Department Chairperson or authoritative personnel may immediately suspend the individual or otherwise limit their duties and responsibilities and a formal investigation will begin. The medical student in question will immediately be evaluated and treated as appropriate. In the event that the student has been cleared from all allegations, all documents removed from student files. The student will be reinstated to all classroom and clinical duties without punishment.

Upon report, a "Reasonable Cause Form" must be completed thoroughly including the date/time of the incident and a full description of the event. The form must immediately be faxed to the Office of Student Affairs at 304-691-8640 followed by a telephone call to 304-691-8684. In the event that the situation occurs after business hours and on weekends the report may be called to the mobile phone of the Assistant Dean of Student Affairs at 304-638-0943 or email [JCESOM- Student-Affairs@marshall.edu](mailto:JCESOM-Student-Affairs@marshall.edu).

The student will be directed to immediately report to the Office of Student Affairs. If the Assistant Dean is unavailable (e.g. after hours), the Program Coordinator will notify the Vice Dean of Medical Education or Associate Dean of Academic Affairs. During after-hours or weekends, the student is required to schedule a meeting with Student Affairs within 24-48 hours.

After thorough investigation, any student noted to be impaired will be placed on Administrative Leave until further action can be taken and a thorough assessment will be made. First offense students must be formally evaluated by the Medical Director of the WV Medical Professionals Health Program. The Office of Student Affairs will aide in arranging the evaluation. At that time, the WV PHP will

communicate a recommended plan of care for the student. Any student who fails or refuses to comply with the recommendations of the WVPHP will automatically be referred to the Academic and Professionalism Standards Committee and be subjected to immediate dismissal from the school of medicine.

In order to assure that proper communication between all parties, the student must sign a release of information allowing the WV PHP to submit a general summary of the student's condition and plan of care to the Office of Student Affairs. All information exchanged will remain confidential and will be maintained in a secure file in the student's professionalism file.

"Red Flag" warning signs that possibly suggest impairment in medical students:

I. Physical

- Sleep disorders
- Frequent accidents
- Eating disorders
- Deterioration in personal hygiene or appearance
- Multiple chronic physical complaints for which no physical basis has been found

II. Family

- Conflict
- Disturbed spouse
- Withdrawal from family members
- Separation or divorce proceedings
- Sexual problems, extramarital affairs

III. Social

- Isolation from peers
- Withdrawal from outside activities
- Embarrassing or inappropriate behavior at social functions
- Driving while intoxicated
- Unreliability, unpredictability
- Interaction with police

IV. Depression:

- Risk-taking behavior
- Tearfulness
- Mention of death wish/suicide
- Slowed behavior and attention
- Flat or sad affect
- Chronic exhaustion, on and off work
- Dilated or pin-point pupils
- Wide swings in mood

- Self-meditation with psychotropic drugs
- Alcohol on breath at work or in class
- Uncontrolled drinking at social events
- Concerns of spouse or significant other about the use of alcohol or drugs
- Moroseness

V. In Hospital

- Unexplained absences or chronic tardiness
- Spending excessive time at the hospital
- Inappropriate orders in responses to phone calls
- Marked behavioral changes
- Decreasing quality of or interest in work
- Increasing difficulties with peers or staff

VI. In Academic Settings:

- Absence from required classes or coursework
- Decline in grades or academic performances
- Change in behaviors
- Unprofessional actions

Reinstatement to Program

When it is determined by the treating health care physician/treating health care professional that the medical student is ready to re-enter medical school, written documentation or recommendation of re-entry must be provided to the Office of Student Affairs who will communicate appropriately to the Office of Academic Affairs and Office of Financial Aid for re-instatement terms. Only upon receipt of appropriate and complete documentation by the treating physician/health care professional will the medical student be able to return.

Upon returning to medical school, the student will be required to sign a Back to School Agreement with the Office of Student Affairs. The agreement will outline specify the terms of re-entry. A copy of the signed agreement will be forwarded to the Office of Academic Affairs. Failure to stay in compliance with the conditions of the Back to Work Agreement, refusal to submit necessary and appropriate screening tests or who submits false sample or test positive will be grounds for an immediate Administrative Leave and referral to the Academic and Professionalism Standards Committee.

In addition, the following will apply:

1. Any duration of treatment requiring absence from school will be considered a medical leave. Depending on the length of the absence for treatment the student may be required to repeat an academic year or clerkship.
2. The impaired student is fully responsible for all out-of-pocket expenses related to the treatment that extends beyond his or her insurance coverage.
3. If re-instatement is granted the student may be placed on intensive supervision for a

specified period with conditions including but not limited to:

- a. Continuation of treatment/therapy
 - b. Ongoing monitoring and periodic evaluations (Note: A monitoring program may include but not limited to the following components: (1) random drug screens; (2) written reports from counselors/therapist; (3) a self-report Provided by the physician in recovery and, (4) written verification of attendance at self-help and support group meetings.)
4. Drug testing as requested by the Offices of Student Affairs, Academic Affairs or Medical Education or any Clerkship Director/Department Chair.
 5. Subsequent relapse by the medical student at any time during their medical education may result in action as deemed by the Academic and Professionalism Standards Committee including dismissal.

Duties of medical students to report other actions against them

Medical Students must report, in writing, to the Office of Student Affairs following circumstances within 30 days of their occurrence. Failure to report such circumstances may result in immediate referral to the Academic and Professionalism Standards Committee:

1. The opening of an investigation or disciplinary action taken against the medical student by any licensing entity.
2. An arrest, fine (over \$250), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
3. Diagnosis or treatment of a physical, mental or emotional condition which has impaired or could impair the student's ability to study medicine.

Approved:
Academic and Professionalism Standards Committee June 17, 2016
OME Policy Committee- July 26 2016
Dean – December 5, 2016

REQUIRED IMMUNIZATIONS

To ensure compliance with the current recommendations of the Association of American Medical Colleges and Centers for Disease Control (CDC), all matriculating and current students of the Marshall University Joan C. Edwards School of Medicine are required to present proof of immunity for the following:

- COVID-19 –documentation of vaccine or exemption request required
- Rubella (German Measles) - titer required
- Rubeola (Measles) - titer required
- Mumps- titer required
- Varicella (Chicken Pox) – titer required
- Hepatitis B - documentation of three immunizations and quantitative titer required
- Tetanus/Diphtheria/Pertussis- proof of immunization
- Tdap – recent Td> than 2 years Tdap required
- TST (Tuberculin Skin Testing) or Quantiferon TB Gold Assay

A Student Physical Examination and Immunization form shall be provided to all new students. A physician or designated health care provider MUST complete and sign the form. The form must be returned (along with the proper titer and immunization documentation) to Georgetta Ellis, RN, MSN, Clinical Coordinator, Marshall Family Medicine, Division of Occupational Health and Wellness, 1600 Medical Center Drive, Suite 1500, Huntington, WV 25701. Any treatable conditions that the student is at increased risk for or health impairments that may interfere with the student performance of his or her duties must be reported. Documentation of immunity (i.e. titer results) must accompany the returned form. Should the titer indicate that the student is not appropriately immunized, additional vaccines may be required. In the case of a positive TB reading, documentation of follow-up (i.e. x-ray) and any needed treatment will also be required.

Noncompliant students will not be eligible for registration and thus, matriculation will be delayed. Extensions may be granted based upon late acceptance or other special circumstances as deemed necessary and appropriate by the Vice Dean for Medical Student Education. Those granted an extension may have up to one semester to become compliant. In cases of allergy or religious objections, please contact the Vice Dean for Medical Student Education – 304-691-8592.

Revised: 3/2/11 AMS

Revised: 1/2022 GE, AMS

STUDENT HEALTH AND DISABILITY INSURANCE

I. Introduction

It is the policy of the Joan C. Edwards School of Medicine that all students have health insurance that provides coverage for preventive, diagnostic, therapeutic, and mental health services beginning at the start of courses and continuing through graduation. Per the Liaison Committee on Medical Education (LCME) it is the responsibility of the medical school to provide resources for health and disability insurance.

II. Definition

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Standard 12.6 Student Health and Disability Insurance. A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

III. Availability of Resources

Health Insurance

The health insurance must include coverage for preventive, diagnostic, therapeutic, and mental health services. The health insurance must include, within the limits, copays, and terms of the insurance coverage for medical problems and emergencies that might occur during the educational and clinical training that is part of the degree program curriculum.

Students may satisfy the requirement using the government [healthcare.gov](https://www.healthcare.gov) website, West Virginia Medicaid <https://dhhr.wv.gov/bms/Pages/default.aspx>, a private health insurance under a parent plan, spouse/partner plan, or separate individual/family plan. It is recommended that the health insurance meet the 10 essential health benefits: ambulatory patient services; emergency services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services, prescription drugs, rehabilitation and habilitative services/devices; laboratory services; preventive and wellness services; and pediatric services. Additional services may be purchased such as dental and vision coverage. It is advised for students to shop wisely for products that fit their needs. Students are individually responsible for understanding the terms of their health insurance.

The student is responsible for all costs of their health care, including the costs of health insurance. Any student in need of financial assistance is encouraged to speak to the Assistant Director of Financial Assistance.

Disability Insurance

Disability insurance to cover injuries or illnesses during their educational training period that may result in chronic disability is required of all medical students. It is noted that in the event of a disability, medical students may accumulate significant debt and are particularly vulnerable to the financial hardships that may result for a disability that results in a significant delay or unable to complete their medical education. The medical school provides disability insurance for all medical students beginning with the start of courses and continuing throughout medical school graduation. This disability insurance remains in effect as long as the student remains enrolled in the medical school program. For more information regarding disability insurance and coverage the student can contact the office of Student Affairs.

IV. Procedure

Matriculating students must submit their health insurance information to the office of Student Affairs at least 30 days prior to the beginning of class. Extensions will be granted to those students who are accepted after this time period.

On an annual basis, all medical students are required to upload a copy of their current health insurance policy information into MedHub >Student Demographics>Update insurance information.

Any student who experiences a life-changing event, for example age out of parents' policy, change in marital status, etc. is required to notify the office of Student Affairs within 30 days.

STUDENT HEALTH SERVICES ATTENDANCE POLICY

I. Introduction

It is the policy of the Joan C. Edwards School of Medicine based upon recommendations of the Liaison Committee on Medical Education (LCME) that all enrolled medical students receive timely access to diagnostic, preventive, and therapeutic health services. Students are to be excused from educational and clinical experiences to seek and receive needed care.

II. Definitions

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Element 12.4 Student Access to Health Care Services: A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

For the purpose of the policy, health care services is defined as any medical, psychiatric, psychological, or counseling services.

III. Procedure

1. In the event that a student and/or their dependent is in need of emergent health services, the student must obtain services and communicate the emergency situation to their current block leader or clerkship coordinator/director at the first available opportunity.
2. In the event that a student is in need of routine or non-emergent health care services, every effort should be made to schedule appointments around course and clinical activities. In the case that is not possible, the student must communicate with the block leader or clerkship coordinator/director at the time the services are scheduled.
3. Documentation of any absences from a required session or clinical duties must be submitted to the Associate Dean of Student Affairs by the block leader or clerkship coordinator/director.
4. Students are required to submit an excuse from the health care provider to the Office of Student Affairs. The Office of Student Affairs will then communicate receipt of excuse to the block leader or clerkship coordinator/director.

Approved: MS3-MS4 Subcommittee 4/10/18 | Approved: 5/2018 Curriculum Committee & Dean

BLOOD BORNE PATHOGEN INFECTION POLICY FOR MEDICAL STUDENTS

LCME Standard 12.8 Student Exposure Policies/Procedures

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- *The education of medical students about methods of prevention
The procedures for care and treatment after exposure, including a definition of financial responsibility*
- *responsibility
The effects of infectious and environmental disease or disability on medical student learning*
- *activities*

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

PURPOSE: The purpose of this Policy and Procedure is to promote patient safety while providing risk management and practice guidance to blood borne pathogen infected medical students.

REVIEW: This Joan C. Edwards School of Medicine (JCESOM) Policy and Procedure will be reviewed within each even-numbered fiscal year by the Office of Medical Education in conjunction with Occupational Health. Revisions will be forwarded to the Office of the Dean for approval and publication.

POLICY/PROCEDURE:

1. General. This policy complies with the most current evidence contained within the SHEA (Society for Healthcare Epidemiology of America) and Centers for Disease Control (CDC) guidelines and recommendations for management of health care providers and students infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus.
2. Definitions.
 - Blood borne disease: a disease caused by a microbial agent capable of being transmitted via contact with the blood of an infected individual. Most notably, this includes the human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV).
 - Exposure prone procedures (EPP): Invasive procedures where there is the potential for direct contact between the skin (usually a finger or thumb) of the student and sharp instruments, needle tips, or sharp tissues (spicules of bone) in body cavities, wounds, or in poorly visualized, confined anatomical sites.
 - Non-exposure prone procedures (NEPP): Provided routine infection prevention using Standard Precautions are adhered to at all times, procedures where hands and fingers of the student are visible and outside of the body at all times and procedures or internal examinations that do not involve possible injury to the health-care person's hand by sharp instruments and/or tissues are considered NEPP. Examples of such NEPPs:

- Drawing blood
- Setting up and maintaining intravenous lines or central lines provided there has been no skin tunneling and the procedure is performed in a non-exposure prone manner
- Routine oral, vaginal or rectal examinations
- Minor suturing on surface of body
- Incision of external abscesses or similar lesions

3. Expectations of Students.

- Students are expected to be aware they will be required to participate in the care of patients with various communicable and infectious diseases including Hepatitis, HIV and AIDS.
- Students are ethically responsible to know their serological status with respect to blood borne pathogens and must report a positive test to the Associate Dean for Student Affairs who will inform appropriate Joan C. Edwards School of Medicine (JCESOM) personnel based on a “need to know” basis, and as outlined in this policy.
 - Confidentiality regarding a student’s health status will be maintained to the greatest extent possible. An Expert Review Panel (defined in paragraph 6) may be consulted for guidance.
 - Disclosure of student’s health status may be necessary if there is reason to believe the infected student has declined or failed to follow the provisions of this policy with respect to notification of appropriate personnel or otherwise fails to respond within a reasonable amount of time to a JCESOM recommendation in accordance with this policy.
- Students are expected to be in a state of health such that they may competently fulfill JCESOM curricular requirements, including patient care duties, without posing a risk to themselves or others.
- Students are obligated to comply with Hepatitis B immunization policies and other immunization requirements as outlined by the JCESOM Office of Occupational Health. Students are required to receive the Hepatitis B vaccine series and test positive on subsequent quantitative serology titer. Further testing will be provided for students who do not respond to a second series of the vaccine.
- Students are required to comply with any Hepatitis B, Hepatitis C and/or HIV testing reasonably requested by the JCESOM Marshall University Division of Occupational Health & Wellness and/or the Expert Review Panel (defined in paragraph 6).
- Students are required to use Standard Precautions (and additional precautions as appropriate) when engaging in the clinical care of patients.
- Students are required to disclose any instance in which they are potentially exposed to a blood borne pathogen in a clinical setting and provide a blood specimen if indicated.

4. Expectations of the School of Medicine.

- The JCESOM will provide education and training to all students regarding appropriate methods to prevent the transmission of communicable diseases, including blood borne pathogens, consistent with the Centers for Disease Control guidelines for standard precautions. Additional precaution procedures will be reviewed with individual students by the Marshall University

Division of Occupational Health & Wellness on an as needed and case by case basis.

- The JCESOM will maintain confidentiality to the greatest extent possible regarding information disclosed by students concerning their serological status and disclose relevant student specific information only with appropriate consent or as otherwise outlined in this policy.

5. Medical students potentially exposed to a blood borne pathogen.

Medical students who are potentially exposed to a blood borne pathogen (potentially exposed medical students) are required to seek medical attention as soon as possible after the event:

STEP 1: IMMEDIATE TREATMENT

Percutaneous (needle-sticks/sharp objects) Injury (where there is the slightest suggestion that the integrity of skin has been broken by a potentially contaminated item)

1. Wash wound thoroughly with a sudsy soap and running water; if water is not available use alcohol. (this first step with soap directly reduces the virus's ability to infect)
2. Remove any foreign materials embedded in the wound.

Non-intact Skin Exposure

1. Wash skin thoroughly as in #1 above.

There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

Mucous Membrane Exposure

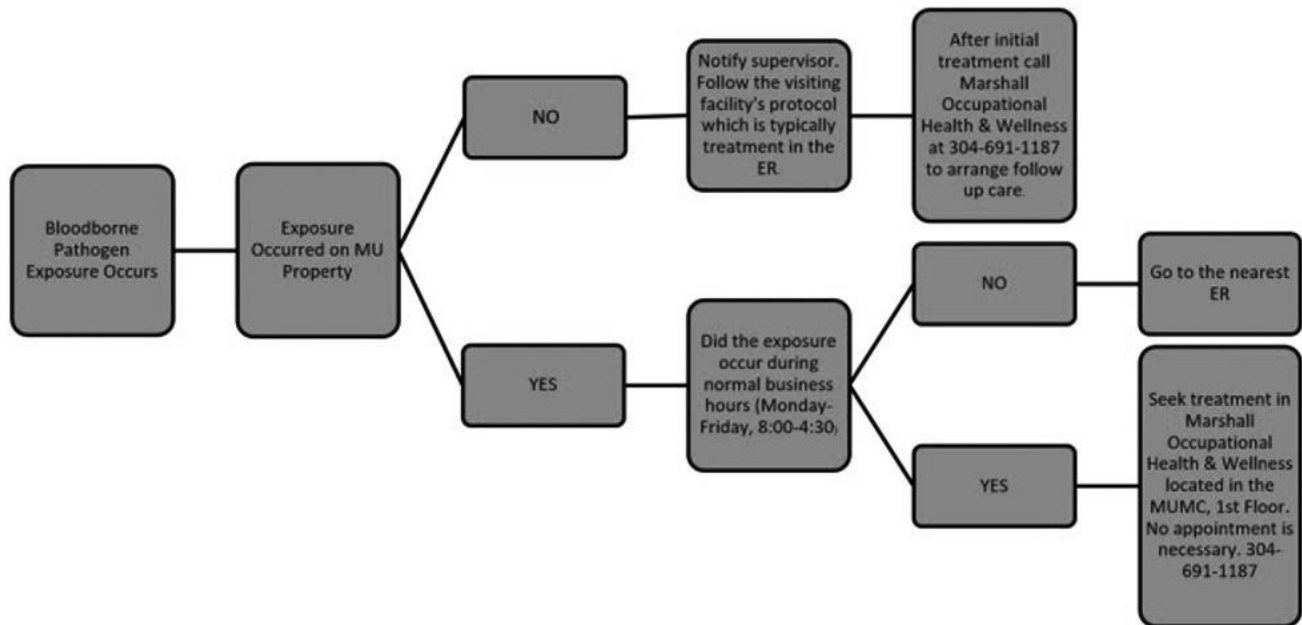
Irrigate copiously with tap water, sterile saline or sterile water.

Intact Skin Exposure

Exposure of intact skin to potentially contaminated material is not considered an exposure at any significant risk and is neither considered an exposed person or in need of evaluation. Thoroughly clean and wash exposed intact skin.

STEP 2: EXPOSURE PROTOCOL

1. Report the exposure to a supervisor (faculty or resident preceptor or other responsible person)
2. During regular business hours, report to Marshall University Division of Occupational Health & Wellness located in the Family Medicine Dept. If exposure occurs after hours or off site, report this to your immediate supervisor and go the nearest Emergency Department and follow their school/hospital-specific policy.
3. After treatment in the Emergency Department, call JCESOM Division of Occupational Health & Wellness at 304-691-1187 to report your incident and coordinate any follow-up care needed.



6. Expert Review Panel.

- An Expert Review Panel will be convened to review, make recommendations, and monitor the status of a student infected with a blood borne pathogen. The members of the Expert Review Panel may be selected from, but not necessarily limited to, the Associate Deans for Academic and Student Affairs, an infectious disease and/or hospital epidemiology specialist, a liver disease specialist (e.g., gastroenterologist/hepatologist) with expertise in blood borne pathogens and their infectivity, the Director of the JCESOM Division of Occupational Health and Wellness, a person with Bioethics experience, and JCESOM Marshall University legal counsel.
- A student infected with a blood borne pathogen shall apply for Americans with Disabilities (ADA) status based on their medical condition, in accordance with the Marshall University Office of Disability Services. The Expert Review Panel will assist in making recommendations regarding appropriate alterations to the learning environment necessary to prevent the student from participating in Exposure Prone Procedures (EPPs), such as those encountered on clinical rotations that involve surgery or other invasive procedures, without jeopardizing the students' medical education.
- The Expert Review Panel will designate contact personnel in clinical departments that perform EPPs. As appropriate, students will be directed to notify such personnel of their disease status, and any applicable restrictions that were recommended by the

Expert Review Panel according to the CDC and SHEA guidelines.

If a student with a communicable blood borne infection fails to notify the appropriate designated department personnel in a timely fashion, and the student's participation in educational activities in that department are imminent, the Associate Dean of Student Affairs will proceed with disclosure of a student's health status to ensure appropriate clinical environment and patient safety procedures are followed.

- The Expert Review Panel will develop a plan of counseling and advice to assist an infected student regarding clinical practice and career choices. This information will be discussed with the student by the Associate Dean of Student Affairs and/or the Director of the JCESOM Marshall University Division of Occupational Health and Wellness.
- The Expert Review Panel will evaluate the student's status and continued testing and/or treatment as indicated in the guidelines outlined in this policy.

7. Medical students infected with blood borne pathogens.

1. Medical students infected with a blood borne pathogen (infected medical students) are professionally and ethically obligated to inform the Associate Dean for Student Affairs of any blood borne infection.
2. Infected medical students may pursue their studies only as long as their continued involvement in the curriculum does not pose a health or safety hazard to themselves or others.
3. Infected medical students will have their condition reviewed and monitored by an Expert Review Panel at the request of the Associate Dean for Student Affairs.
4. Infected medical students may have their clinical duties or clinical exposure modified, limited, or abbreviated based on recommendations from the Expert Review Panel and as outlined in CDC guidelines, particularly as clinical duties may relate to the performance of exposure prone procedures and/or based on the status of the student's blood borne infection (i.e., viral loads, etc.).
5. Infected medical students are required to immediately disclose if he/she exposes a patient to their blood borne pathogen in a clinical setting. Pre-notification to patients is not required.
6. Infected medical students have the right to appeal recommendations made by the Expert Review Panel by submitting, in writing, a proposed amendment to the recommendations and the rationale(s) supporting such amendment(s). The student may submit additional documentation from their personal physician or other healthcare provider(s) in support of their appeal.
 - 6.1. Appeals must be submitted to the Expert Review Panel within ten (10) business days of the student receiving written notification of the Expert Review Panel's recommendations. A response to an appeal will be forwarded to the student within fifteen (15) business days of receipt of the written appeal.
 - 6.2. If a student's appeal is denied by the Expert Review Panel, the student may appeal that decision, in writing, within five (5) business days to the JCESOM Dean.
 - 6.2.1. The Dean will review the student's written appeal, the recommendation(s) of the Expert Review Panel, and all supporting documentation.

- 6.2.2. The Dean will either issue a decision alone, or appoint an Appeals Committee comprised of three tenured faculty members to determine the outcome of the appeal, within ten (10) business days of receipt of the written appeal.
- 6.2.3. The Associate Dean of Student Affairs (or designee) will serve as an ex- officio member of the Appeals Committee.
- 6.2.4. The Appeals Committee will be convened by the Associate Dean for Student Affairs within ten (10) business days after appointment to consider the student's appeal. This Committee shall base its decision upon the documentation submitted. The student may not appear in person individually, or by representative.
- 6.2.5. The Chair of the Appeals Committee will provide the Dean with the Committee's recommendation within ten (10) business days after the Committee convenes to consider the appeal.
- 6.2.6. The Dean will review the recommendation of the Appeals Committee and issue a final decision within ten (10) business after receipt of the Appeals Committee's recommendation.
- 6.2.7. The decision of the Dean shall be final.

8. General guidelines for medical students infected with blood borne pathogens.

1. Students should not be prohibited from participating in patient care activities solely on the basis of their blood borne pathogen infection. Viral load burden may determine if a student should be restricted from performing certain exposure prone procedures (see paragraph 10).
2. Using Standard Precautions, an infected medical student may perform routine physical examinations provided there is no evidence of open or healing wounds, or eczema on the student's hands.
3. If the skin of the hands is intact, and there are no wounds or skin lesions, then in examining a body orifice (oral, vaginal or rectal), an infected medical student must wear gloves as per Standard Precautions.
4. If the skin of the hands is not intact, whether from a healing laceration, or from any skin condition interfering with the normal protection afforded by intact skin, or cannot be covered with an appropriate barrier, the infected student should not provide direct patient contact until he/she received effective treatment and the condition is resolved.
5. Infected students may conduct exposure prone procedures (EPPs) if a low or undetectable viral load is documented through regular testing by the provider monitoring the student's disease status at least every six (6) months unless higher viral levels or other health circumstance requires more frequent testing (e.g. addition or modification of drug therapy testing). Viral load testing results should be submitted to the Expert Review Panel by the monitoring provider. Learning environment adjustments, restrictions, and subsequent monitoring, if warranted, will be recommended by the Expert Review Panel in accordance with the guidelines outlined in this

policy and that information will be conveyed to the student by the Associate Dean of Student Affairs and/or the monitoring provider.

6. No additional restrictions are recommended for infected medical students under the following circumstances (other than those outlined herein):
 - 6.1. The infected medical student follows the policies and procedures outlined by the JCESOM regarding clinical practice.
 - 6.2. The infected medical student maintains regular follow-up care and treatment as directed by a provider who has expertise in the management of their infection, (e.g. Infectious Disease physician or Hepatologist), allows their provider to communicate with the Expert Review Panel about the student's health status, and undergoes testing every six (6) months or as otherwise prescribed to demonstrate the maintenance of a viral burden of less than the recommended threshold.
 - 6.3. The infected student practices optimal infection control precautions and strictly adheres to the recommended practices, including the routine use of double-gloving for Category II and Category III procedures and frequent glove changes every three (3) hours, particularly if performing technical tasks known to compromise glove integrity.

9. Categorization of Health Care Associated Procedures According to Level of Risk for Blood Borne Pathogen Transmission as Outlined in the Current SHEA Guidelines and CDC Recommendations.

1. Category I: Procedures with minimal risk.
 - 1.1. Regular history taking and/or physical exam, including routine gloved oral, vaginal, or rectal examinations.
 - 1.2. Minor surface suturing.
 - 1.3. Elective peripheral phlebotomy.
 - 1.4. Lower gastrointestinal tract endoscopic procedures, such as sigmoidoscopy and colonoscopy.
 - 1.5. Hands-off supervision during surgical procedures and computer-aided remote robotic surgical procedures.
 - 1.6. Psychiatric evaluations.
2. Category II: Procedures for which blood borne virus transmission is theoretically possible but unlikely.
 - 2.1. Locally anesthetized ophthalmologic surgery.
 - 2.2. Locally anesthetized operative and prosthetic procedures.
 - 2.3. Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia, often under bloodless conditions.
 - 2.4. Percutaneous cardiac procedures (e.g., angiography and catheterization).
 - 2.5. Percutaneous and other minor orthopedic procedures.
 - 2.6. Subcutaneous pacemaker implantation.

- 2.7. Bronchoscopy.
 - 2.8. Insertion and maintenance of epidural and spinal anesthesia lines.
 - 2.9. Minor gynecological procedures (e.g. dilation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova).
 - 2.10. Male urological procedures, excluding transabdominal intrapelvic procedures.
 - 2.11. Minor vascular procedures (embolectomy and vein stripping).
 - 2.12. Amputations, including major limbs (e.g. hemipelvectomy and amputation of legs or arms) and minor amputations of fingers, toes, hands or feet.
 - 2.13. Breast augmentation or reduction.
 - 2.14. Minimum exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty) total and subtotal thyroidectomy and/or biopsy.
 - 2.15. Endoscopic ear, nose and throat surgery and simple ear and nasal procedures such as stapedectomy, stapedotomy, and insertion of tympanostomy tubes.
 - 2.16. Ophthalmic surgery.
 - 2.17. Assistance with uncomplicated vaginal delivery.
 - 2.18. Laparoscopic procedures.
 - 2.19. Thoracoscopic procedures.
 - 2.20. Nasal endoscopic procedures.
 - 2.21. Routine arthroscopic procedures.
 - 2.22. Plastic surgery.
 - 2.23. Insertion, maintenance, and drug administration into arterial and central venous lines.
 - 2.24. Endotracheal intubation and use of laryngeal mask.
 - 2.25. Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using Standard Precautions, "no sharp" technique, and newly gloved hands.
3. Category III: Procedures for which there is definite risk of blood borne virus transmission or that have been classified previously as "exposure prone."
 - 3.1. General surgery, including nephrectomy, small bowel obstruction, cholecystectomy, subtotal thyroidectomy and elective abdominal surgery.
 - 3.2. Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy and open lung biopsy.
 - 3.3. Open extensive head and neck surgery involving bones, including oncological procedures.
 - 3.4. Neurosurgery, including craniotomy, other intracranial procedures, and open- spine surgery.

- 3.5. Non-elective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage.
 - 3.6. Obstetrical/gynecological surgery, including cesarean section delivery, forceps delivery, hysterectomy, episiotomy, cone biopsy, ovarian cyst removal and other transvaginal obstetrical procedures involving hand-guided sharps (includes making and suturing an episiotomy).
 - 3.7. Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery and open pelvic surgery.
 - 3.8. Extensive plastic surgery, including extensive cosmetic procedures (e.g. abdominoplasty and thoracoplasty).
 - 3.9. Transplantation surgery, except skin and corneal transplantation.
 - 3.10. Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft tissue trauma and ophthalmic trauma.
 - 3.11. Interactions with patients in situations during which the risk of the patient biting the student is significant (e.g. interactions with violent patients or patients experiencing an epileptic seizure).
 - 3.12. Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove changes.
4. Special Circumstances.
- 4.1. If done emergently, such as during trauma or resuscitation efforts, peripheral phlebotomy is classified as a Category III procedure.
 - 4.2. If unexpected circumstances require converting to an open procedure (e.g. laparotomy or thoracotomy), the procedure becomes a Category III.
 - 4.3. If opening a joint is indicated and/or use of power instruments (e.g. drills, etc.) is necessary, the procedure will then be a Category III.
 - 4.4. Any procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.
 - 4.5. A decision as to whether an infected student should continue to perform a procedure which in itself is not exposure prone should take into consideration the potential risk of complications arising which might necessitate the performance of an exposure prone procedure.
 - 4.6. It is recognized that infection control precautions are not perfect. Based on the nature of NEPPs and agent specific guidelines outlined in this document, however, it is expected that the risk of a transmission event occurring is low and if an event were to occur, remedial action can further minimize the risk to the patient.

10. Resources:

1. CDC recommendations for the Management of Hepatitis B Virus Infected Providers and Students. MMWR / Vol. 61 / No. 3 July 6. 2012

2. Updated U.S. PHS Guidelines for Management of Occupational Exposures to HBV, HCV and HIV Recommendations for Post-exposure Prophylaxis MMWR / Vol. 50 (RR- 11)
3. SHEA Guideline for Management of Healthcare Workers Who are Infected with Hepatitis B Virus, Hepatitis C Virus and/or HIV Virus. Infection Control and Hospital Epidemiology. Vol. 31 / No. 3 / 203-232 March 2010

Approval:

Workgroup on 03/12/2019

Faculty Council on 05/06/2019 Curriculum Committee on 07/11/2019 Dean on 08/05/2019

STUDENT LEADERSHIP, FINANCIAL LITERACY & LEARNING

LEAD2EXCEL LEADERSHIP DEVELOPMENT PROGRAM

Program Overview

The healthcare industry is facing a number of challenges, including increasing complexity, rising costs, and a shortage of qualified professionals. To address these challenges, healthcare organizations need leaders who are able to think critically, solve problems, and work effectively with others. As a result, medical schools across the country are recognizing the need to provide leadership development opportunities for their students. The Joan C. Edwards School of Medicine (JCESOM) is one such school that has created a leadership development program called Lead2Excel. The Lead2Excel program is designed to help JCESOM students develop the leadership skills they need to be successful in the healthcare industry. The program provides students with the knowledge, skills, and attitudes they need to be effective leaders in any setting, whether they have formal authority or not.

The core leadership pillars of Lead2Excel are:

- Self-awareness: Students learn to recognize and understand their own strengths, weaknesses, and values.
- Thinking in systems: Students learn to see the big picture and understand how different parts of a system interact with each other.
- Effective communication skills: Students learn to communicate effectively with others, both verbally and in writing.
- Teamwork & collaboration skills: Students learn to work effectively with others to achieve common goals.
- Developing a professional identity: Students learn to define their own professional identity and how it aligns with the values of the medical profession.

At the end of the program, students will be able to:

- Accurately assess their personal strengths, challenges, and professional progress by employing the concept of self-awareness
- Demonstrate an understanding of the concepts of self-leadership including self-management and self-regulation
- Utilize the principles of systems-thinking to solve complex problems
- Demonstrate an understanding of one's own emotions and that of others
- Apply conflict resolution and problem-solving skills in everyday and challenging communications while displaying empathy
- Identify the process of team development and the skills necessary for effective teamwork
- Explain the connection between their personal values and that of the profession

- Develop foundational skills for a leadership role
- Draft portfolio items that intentionally address professional identity formation
- Develop effective learning skills to promote academic and/or career success

Program Components:

- **Individual Student Coaching Sessions –**

- Students receive one-on-one coaching which is a formal process in which a certified life coach provides individualized support to a student. The purpose of these sessions is to help students gain a deeper understanding of their current self-awareness levels and identify areas where they may need to make changes or want to improve. This could include areas such as time management, self-awareness, goal setting, or performance review. The coach will provide students with tools and resources to help them improve in areas of challenge as identified. The coach will also help students to understand their values and motivations, and to develop a plan for achieving their goals. These sessions are typically scheduled through a scheduling app are conducted in person or virtually. The frequency of sessions will vary depending on the individual needs of the student.

- **Leadership Development Training Sessions –**

- The leadership training sessions are comprised of both online learning modules and experiential learning sessions. The online learning modules provide students with foundational knowledge about leadership. The experiential learning sessions offer students the opportunity to apply their knowledge in a more hands-on way, through group exercises, role-playing, and case studies. Throughout the program, students are encouraged to develop their leadership competencies and core attitudes and skills, regardless of whether they have formal authority or not. This means that students will learn how to be effective leaders in any setting.

- **Profile Assessments (lite versions) - Students complete various personal assessments to help them develop their foundational self-awareness –**

- These assessments include professional identity development assessments that help students to explore their values, interests, and skills, and to identify their desired professional identity, strengths assessments which help students to identify their strengths and talents, and to understand how they can use these strengths to their advantage and conflict management style assessments that help students to understand their own conflict management style and to learn how to manage conflict in a more effective way.
- By completing personal assessments, students can gain valuable insights into themselves and their strengths and weaknesses. This information can be used to develop a more effective personal and professional development plan.
- For more information on this program, contact the JCESOM Office of Student Affairs.

MEDICAL STUDENT COUNCIL

The Medical Student Council (MSC) is an important forum for student engagement and leadership. The MSC is committed to working with JCESOM medical school administration to improve the student experience and to ensure that the medical school is responsive to the needs of its students. The MSC consists of elected representatives from each class within the medical school program. The elected positions include President, Vice-President, Treasurer and Secretary. Also included in the Council are AAMC Student Representatives which are appointed by the Associate Dean of Student Affairs at the Joan C. Edwards School of Medicine.

Goals of the Council

- To provide a forum for student discussion and feedback
- To improve communication and collaboration between students, faculty, and administrators
- To propose and implement initiatives that benefit the medical school and its students

Any person enrolled as a medical student at the JCESOM is encouraged to attend the regular class and school-wide meetings. Meetings of the Medical Student Council occur no less than once a semester and can occur as often as needed.

The Medical Student Council at the Joan C. Edwards School of Medicine provides for the following:

- Students will have a voice in the decision-making process at the medical school - This means that students will be able to share their thoughts and ideas with the administration, and that their voices will be heard. This can lead to changes that benefit students, such as improved learning resources, more flexible scheduling, and a more supportive environment.
- Students will feel more connected to the medical school community - This means that students will feel like they are part of something bigger than themselves, and that they have a sense of belonging. This can lead to increased student satisfaction, decreased stress levels, and a stronger sense of identity as a medical student.
- The medical school will be more responsive to the needs of its students - This means that the administration will be more aware of the challenges that students face, and that they will be more likely to take steps to address those challenges. This can lead to a better student experience overall.

All matriculating students who plan to run for an office in the Medical Student Council must submit a statement of intent by email to the Associate Dean of Student Affairs or designee within 14 business days of the posted election date.

JCESOM Student Council elections are standardized, fair elections, held after the conclusion of the first academic block of the first academic year. All elections are overseen by the Office of Student Affairs. For more information on the medical student council offices, the elections process or the qualifications for running for an office, please contact the Office of Student Affairs.

This student-led organization helps our students to be more empowered, more connected, and more satisfied with their medical school experience. It's a win-win for everyone involved!

MEDICAL STUDENT COUNCIL GUIDANCE POLICY

I. Introduction

The purpose of this policy is to establish guidelines for the operations and responsibilities of the Medical Student Council (MSC) in order to foster effective leadership, representation, and engagement within the medical student community.

II. Composition of the Council

The MSC should consist of elected representatives from each class within the medical school program. The elected positions include President, Vice-President, Treasurer and Secretary. Also included in the Council are the AAMC Student Representatives which are appointed by the Associate Dean of Student Affairs.

III. Objectives of the Council

- To provide a forum for student discussion and feedback
- To improve communication and collaboration between students, faculty, and administrators
- To propose and implement initiatives that benefit the medical school and its students

IV. Elections

JCESOM Student Council elections are standardized, fair elections, held after the conclusion of the first academic block of the first academic year.

All elections are overseen by the Office of Student Affairs.

If a current class officer is unable to fulfill their duties as identified in the disqualification policy (voluntarily or involuntarily resignation), a subsequent election will be held to fill that position as soon as possible and within 30 calendar days.

These election guidelines shall be reviewed by the MSC Executive Officers at least once bi-annually in collaboration with the Office of Student Affairs to ensure relevancy and fairness.

All offices are held for four years.

Qualifications

Elected or Appointed Student Officers must:

- Be a registered and enrolled member of the medical school student class not on leave of absence
- Not be in remediation or repeating a year
- Maintain good academic standing per Section 3.1 of the Academic and Professionalism Standards Policy

- Maintain good professional standing per Section 4.1 of the Academic and Professionalism Standards Policy
- Be fully committed to fulfilling the responsibilities required per the duties defined for the position held
- Understand the policies herein regarding the qualifications for holding office
- Submit a statement of intent to run for office to the Office of Student Affairs (self-nomination within the established time restraint)
- Hold only one executive office at a time

Statement of Intent (self-nomination)

All students who plan to run for an office must submit a statement of intent by email to the Associate Dean of Student Affairs or designee within 14 business days of the posted election date.

The Statement of Intent shall include the candidate's full name and class year, name of office campaigning for, and a short letter of introduction (personal statement or pitch) that answers the following questions: *Who are you? What office are you running for? What do you bring to the office identified that will be of benefit to your class and the school of medicine as a whole? Include any information on prior leadership experience or leadership credentials.*

At the end of each academic year, the Associate Dean of Student Affairs schedules the class officer election date for the matriculating class. Students will be notified via email on the timing and process of class leadership elections.

The Associate Dean of Student Affairs will receive all statements of intent to run by email within 14 calendar days of the election and will review each self-nomination for adherence to the qualifications above before publishing the list of candidates and emailing their statements to all students at least one week prior to the election date.

Voting Process

All voting will take place online.

The election will take place after the first block of the first-year curriculum (to enable OSA to assess academic progress). All candidates will present a pitch to their class before the voting begins. This will be disseminated through the Office of Student Affairs.

****All students are encouraged to look for leadership qualities in each candidate's pitch to determine the best candidate for each leadership position on the ballot.**

V. Duties

Duties are subject to change from year to year. These guidelines are intended to provide interested students with a general idea of the requirements to run or hold an elected office. **One major goal of all elected positions is the endowment of a \$25,000 or more scholarship by the completion of medical school.**

Class Officers

Student Council President (current M4 Class President)

Important note: This officer acts as the Primary Liaison between the medical school student body and the medical school administration.

It shall be the duty of the Student Council President to:

- Formulate the agenda for meetings with the Associate Dean of Student Affairs
- Preside over meetings of the Medical Student Council serving as the executive officer of council meetings
- Act as the voice of the entire student body
- Lead all communications between the MSC and school administration
- Serve as the official resource for the matriculating class until their class leadership is in place and to serve as a mentor for all underclass leaders
- Participate actively in all mandatory leadership training sessions

Class President

It shall be the duty of the Class President to:

- Assume the role of the official representative of their class
- Attend all monthly meetings with medical school administration
- Chair the student council class meetings at least once per semester during the academic year to ensure proper coordination of the overall duties and functions
- Oversee and track the responsibility of the Treasurer's reports, OSR's reports, VP's task manager duties, and the Secretary's drafting and dissemination of the meeting minutes (receive reports before meetings begin)
- Ensure interclass communication by maintaining regular contact with the other class president officers of student council
- Maintain regular contact with the Associate Dean of the Office of Student Affairs to express/discuss issues/concerns voiced by students of their class
- Attend all monthly meetings with medical school administration and voice concerns/pose questions on behalf of class
- Collaborate with learning community leaders, social, community service, and wellness committee leaders
- Maintain proper communication between class, Student Council President, and medical school administration
- Maintain the highest level of decorum, acting responsibly and performing duties in a fair, professional, and unbiased manner

- Assist other officers as needed
- Participate actively in all mandatory leadership training sessions

Class Vice-President

It shall be the duty of the Class Vice-President to:

- Act as the president in the absence or removal of the class president
- Attend all monthly meetings with medical school administration and voice concerns/pose questions on behalf of class
- Serve as task manager and sergeant at arms for all class meetings and action plans
- Assist the class president with their duties as directed
- Act as secondary liaison in the proper communication between class and medical school administration
- Participate actively in all mandatory leadership training sessions
- Other duties as assigned by the Class President

Class Secretary

It shall be the duty of the Class Secretary to:

- Attend all monthly meetings with medical school administration
- Maintain control, transcription, and charge of all class records, including but not limited to, the keeping of minutes for class meetings and official communications to/from the class as a body (this includes entities both internal and external)
- Compose class newsletters, class updates, and other information for class communications
- Upload meeting minutes to the appropriate online location (Teams folder) for review before emailing to the class
- Participate actively in all mandatory leadership training sessions
- Any other duties relating to the office of the secretary

Class Treasurer

It shall be the duty of the Class Treasurer to:

- Attend all monthly meetings with medical school administration
- Assume the role of managing the budget for class monies
- Have charge over the books and monies of the class
- Give report of class financial status at each council meeting
- Execute and sign instruments that require signature of class treasurer

- Collect class dues from all members of the class (\$100 per person)
- Participate actively in all mandatory leadership training sessions
- Any other associated duties relating to the office of the treasurer

AAMC Student Representative

It shall be the duty of the OSR Representative to:

- Represent JCESOM at a national level by attending national and regional meetings
- Monitor activities at the JCESOM by working with and maintaining contact with student affairs, class officers, and other student groups.
- Communicate AAMC initiatives and national priorities, information and activities to the students and staff of JCESOM
- Act as a valuable resource for faculty, staff, and peers by informing them of AAMC opportunities, services, and programs
- Represent student opinion and school concern to the OSR Administrative Board
- Draft reports on OSR meetings attended for your student body and Student Affairs office
- Administer the annual Arnold P. Gold Foundation Humanism in Medicine Award nomination process
- Poll the student body for issues/concerns and notify the OSR Administrative Board
- Contribute to the OSR newsletter
- Utilize the OSR website and listservs
- Participate actively in all mandatory leadership training sessions

Resources for Student Representatives: aamc.org

VI. Council Obligations

The activities of the Medical School Student Council are subject to change. Below are the current projects for which the council is responsible:

- Unified representation of the JCESOM student body
- Holding well-planned and organized regular meetings
- Planning and coordination of the Standing Out in Our Field event
- Assisting with the SOAP (Supplemental Offer and Acceptance Program) process during Match Week
- Planning apparel sales in the Fall and in the Spring - Assisting in obtaining discounts for Step 1 prep
- Planning the medical school gala (includes set-up, clean-up, finding sponsors, and working with venue/caterer and others, etc.)

- Assisting with duties needed in the planning of Graduation Day
- Planning additional internal fundraisers at the discretion of the Student Affairs Office

Important Note: All fundraisers must follow the JCESOM Student Fundraising Policy. In addition, all fundraising efforts must be approved through the Alumni Development Office. Please contact the Office of Development & Alumni Affairs by email or by calling 304.691.1711.

VII. Council Meetings

Any person enrolled as a medical student at the JCESOM is encouraged to attend the Medical Student Council executive meetings as a non-voting member. Meetings of the Medical Student Council occur no less than once a semester and can occur as often as needed. Each voting member of the council has one vote, except for the Council President who has one vote only to be used to break a tie. The Medical School Student Council may call a special meeting when a request is made by the Dean of the School of Medicine, or if a petition is made to the office of Student Affairs bearing the signatures of 50% or more of the medical students.

VIII. Confidentiality Statement

All members of the medical student council are expected to refrain from sharing any information obtaining to fellow students that may be uncovered or overheard during council duties/activities. Members and officers are cautioned to demonstrate professionalism, good judgement, and care at all times when handling any and all information relevant to fellow students or student/faculty/administration interactions, regardless of how the information was received. A signed confidentiality statement must be on file for all elected and appointed members of the Medical Student Council before they receive their position as a member.

IX. Specific Responsibilities

Leadership: The elected and appointed MSC officers will oversee the council's activities and lead meetings.

Representation: The MSC should accurately represent the interests, concerns, and perspectives of the medical student body. Representatives should actively seek input from their fellow students and present their views during council meetings and discussions.

Communication: The MSC should maintain transparent and effective communication channels with the medical student population, faculty, administration, and other relevant stakeholders. Utilize appropriate platforms such as regular newsletters, social media, and open forums to disseminate information and gather feedback.

Advocacy: The MSC should advocate for the needs and welfare of medical students, striving to address concerns related to academics, student well-being, diversity and inclusion, and educational resources.

Collaboration: The MSC should collaborate with other student organizations, committees, and academic departments to foster relationships and facilitate joint initiatives that enhance the overall medical school experience.

Event Planning and Implementation: The MSC should organize and support events, workshops, and programs that promote personal and professional development, enhance student engagement, and foster a sense of community within the medical school.

X. Conduct and Accountability

Conduct

Professionalism: MSC members are expected to display professionalism, integrity, and respect towards their peers, faculty, staff, and all stakeholders throughout their tenure.

Attendance and Participation: Members are expected to attend and actively engage in council meetings, committees, and relevant events. If unable to attend a meeting, advance notice must be given (24 hours notice) and arrangements made to ensure representation.

Accountability

A proper evaluation and assessment of the Medical Student Council and its activities is conducted annually to assess its effectiveness and the performance of its members. This is a two-part evaluation. The first part (Section A) is the individual evaluation which is completed with each student member. Feedback is provided to members during individual evaluations to support individual growth and to improve the overall functioning of the council. The second part (Section B) is the council evaluation which is completed by survey to all students is conducted to judge the efficacy of the council.

XI. Disqualification of Position on the Medical Student Council

Criteria for Disqualification

If a Class Officer of the Medical Student Council experiences any of the following, they must submit a signed resignation to the Associate Dean of Student Affairs

- Applies for and receives an approved leave of absence
- Does not maintain satisfactory academic and professionalism standards (per APSC policy)
- Does not fulfill the responsibilities required per the duties defined for the position held
- Cannot fully commit to their duties
- Removal from office due to petition signed by 75% of their class

Removal from Office

Any officer can be involuntarily removed from office if a written petition by at least 75% of the class members is signed and sent to the Associate Dean of Student Affairs. The Associate Dean of Student Affairs shall remove a class officer involuntarily if the student is placed on disciplinary probation, violates the Honor Code, falls below satisfactory academic or professional standards, or is not promoted with his or her class.

Position Vacancies

If the President office is vacated, the Vice-President shall fulfill the office. If any other office is vacated, the class (in tandem with the Office of Student Affairs) will elect a new candidate meeting all qualifications.

*** All members of the Medical Student Council including the AAMC student representatives are to sign off on the student leader attestation. The attestation indicates that you understand and agree to all information indicated in this guidance policy, that you received a copy of it and that you understand that you are to contact the Office of Student Affairs (Leadership Coordinator) should you have any questions. This form will be uploaded into the Student Leadership Teams folder.

STUDENT GROUP FUNDRAISING PROCEDURE

I. Introduction

The purpose of this policy is to establish guidelines for requesting approval to hold a fundraiser by any student class groups. This policy is to ensure that all student fundraising activities are conducted in a safe, ethical, and responsible manner.

II. Scope

This policy applies to all student fundraising activities. All student groups are required to comply with this procedure.

III. Procedure

- All requests to hold a fundraiser must be submitted by completed form to the Office of Student Affairs at least 30 business days before the proposed event date.
- The student group requesting the fundraiser must provide all details related to the event, including the purpose of the fundraiser, the proposed fundraising activities, location, duration, target market for the event, and any other relevant information.
- The proposed fundraising activities must adhere to all applicable state and federal laws and regulations and align with the vision, values, and mission of the Joan C. Edwards School of Medicine.
- The requesting student group is responsible for all aspects and costs associated with the event, including any permits, licenses, security, insurance liability etc.
- The use of the Joan C. Edwards School of Medicine's name or logo in any promotional or advertising materials must be approved by the University's Marketing and Communications Department (Office of External Affairs-MUMC) before they are released to the public.
- All fundraising efforts related to scholarships or any other internal funding must be also sent to the Alumni Development Office and approved.
- In the event of any conflicts that arise, the Joan C. Edwards School of Medicine, Office of Student Affairs holds the right to refuse any fundraiser requests.

IV. Approval Process

- All fundraiser requests will be reviewed by the Office of Student Affairs on a case-by-case basis.
- The requesting class will be notified of the approval status of their fundraiser request within 10 business days of submission.
- If the fundraiser request is approved, the requesting class must follow all the guidelines outlined in this policy.

V. Exceptions

Exceptions to this procedure may be granted by the Office of Student Affairs on a case-by-case basis in extenuating circumstances.

FINANCIAL ASSISTANCE

The Office of Student Financial Assistance (OSFA) through a variety of services provides assistance to students in securing funding for their medical education as well as providing financial education relating to their personal financial needs. Assisting our students in understanding the financial assistance processes both federal and institutionally, as well as providing financial literacy through a variety of debt management programs, will relieve some of the financial stress that may occur during their academic years and after graduation.

The OSFA assists students in:

- Securing financial aid
- Budgeting refund checks
- Searching for scholarships
- Budget Appeals
- Debt management

Financial Planning

M1-First year

- Know how to access your loan servicer(s) and monitor your debt at studentaid.gov, especially if you have loan debt from your undergraduate studies
- Attend all H\$RD MD programs
- Explore and utilize services from AAMC's Financial Wellness Program

M2-Second year

- Continue to monitor your debt
- Check your credit report at least once a year, www.annualcreditreport.com
- Know your options when you are faced with unforeseen expenses
- Utilize AAMC's MedLoans Organizer and Calculator (MLOC)

M3-Third year

- Begin planning for expenses for M\$ away rotations and residency interviews
- Know your options for federal and provide loan assistance if you need financial assistance for residency and relocation expenses

M4- Fourth year

- Participate in Senior Loan Exit Counseling and review loan repayment and loan forgiveness programs
- Financially plan for residency relocation and opportunities

SCHOLARSHIP POLICY

The Marshall University Joan C. Edwards School of Medicine (JCESOM) scholarship program provides financial assistance through scholarship funds to reduce students' overall federal student loan borrowing while attending medical school. The mission of the scholarship committee is to identify deserving and eligible students who meet award criteria to select a recipient and utilize funds appropriately. The committee comprises representatives from the JCESOM Office of Student Financial Assistance, Office of Student Affairs, Office of Medical Education, Office of Development & Alumni Affairs, Office of Admissions, Office of Diversity and Inclusion and Marshall Health. Awards granted by the scholarship committee are classified as institutional scholarships and considered financial assistance. Scholarship awards do not have to be repaid. All scholarships represent funds from private donors with established guidelines and criteria for selecting recipients. Scholarship awards are based on the availability of funds, the number of qualified students, donor guidelines, student financial need, student loan indebtedness, and academic merit.

The JCESOM scholarship committee annually reviews all currently enrolled medical students in good academic standing, and all newly admitted medical students for consideration of any available JCESOM institutional scholarship. The scholarship committee will select scholarship recipients unless the specific guidelines state otherwise. There is no general application for scholarship eligibility, all medical students are considered.

Scholarship awards may result in adjusting federal student aid awards and the return of federal aid funds. The policy requires reducing current federal student loans by the exact value of the scholarship. The scholarship may not be an increase in financial assistance funds but a reduction of overall student loan debt, even if the student has available financial need. If the recipient does not receive federal student loans and does not have an outstanding balance due to the university, the scholarship funds will be refunded to the student. Federal policy requires all institutional, state, or private scholarship funds to be considered in determining eligibility for financial assistance, including student loans.

Students must complete a Free Application for Federal Student Aid (FAFSA) to be eligible for scholarships. Other data used to determine eligibility is derived from the student's admissions application, essays, or applications. If a scholarship requires supplemental items, an email will be sent to students by the Office of Student Financial Assistance, Joan C. Edwards School of Medicine, via email to complete for consideration.

SCHOLARSHIP ELIGIBILITY

Eligibility

New Students -Entering M1 students

- All newly admitted students will be considered as candidates
- Priority will be given to applicants with outstanding academic credentials (MCAT score, GPA, etc.)
- Priority will be given to students with financial need
- Completed FAFSA

Continuing Students

- All continuing and enrolled students in good academic standing will be considered
- Priority will be given to students with financial need and exceptional academic achievement
- Completed FAFSA

Scholarship Renewals

Recipients of renewable scholarships will be reviewed at the end of each semester. At the time of review, students are required to be in good academic standing. If a student is not in good academic standing, they will be placed on probation as they work towards regaining good academic standing. If the student achieves good academic standing during probation, the scholarship will be renewed. If the student does not regain good academic standing, the scholarship will be terminated, and the student will lose eligibility for one (1) academic year. If a student is in good academic standing after one (1) academic year, they can regain scholarship eligibility with no guarantee of receiving past awards.

Examples of not meeting good academic standing:

- Student does not successfully remediate a course
- Student fails to successfully progress academic levels (repeat an academic year)
- Students is placed on administrative leave of absence

If a student requests a personal or medical leave of absence, scholarship renewal will be evaluated on a case-by-case basis.

If a scholarship is terminated, the funds will be reallocated to an eligible student.

Tuition Assistance Policy

Marshall University Joan C. Edwards School of Medicine offers tuition assistance to students who meet certain criteria. The purpose of tuition assistance is to encourage retention through financial assistance while the student is enrolled in the School of Medicine. Tuition assistance is considered part of the student's financial aid package and do not have to be repaid. Federal policy requires all institutional,

state, or private scholarship funds be considered in determining eligibility for financial assistance, including student loans.

Eligible students:

- Enrolled in the BS/MD program
- Enrolled in the MD/PhD program
- “Metro” residents
- Dependent of a Marshall University Joan C. Edwards School of Medicine graduate
- Dependent of a Marshall University Joan C. Edwards School of Medicine faculty member (must be a benefit-eligible employee)
- Project PREMED

BS/MD and MD/PhD students will receive a full tuition waiver. Metro residents and dependents of graduates and faculty members will a 20% discount (amount announced annually) of tuition in the form of a tuition waiver as part of their financial aid award. Project PREMED students receive a \$5,000 tuition waiver.

The value of a tuition waiver is actual tuition charges. Waivers **do not** include the Standard Auxiliary and Recreation Center fees. Tuition waivers will be awarded for no more than four (4) consecutive years of medical school. The Office of Student Financial Assistance is responsible for tracking eligibility.

A student who receives tuition assistance can also receive additional financial aid (federal student loans and scholarship) in compliance with federal student aid policy. Students can view their financial aid offer any time in their myMU account.

Tuition waivers cannot be combined if a student meets more than one eligibility requirement. The student will receive the option that is most advantageous to the student.

Scenario 1: If the student is enrolled in the BS/MD program and a dependent of a JCESOM graduate, the student will receive a full tuition waiver for four (4) consecutive years.

Scenario 2: If a student is a dependent of a graduate and a faculty member, the student will only receive a 20% discount in the form of a tuition waiver.

This policy is effective beginning with new financial aid awards Fall 2024. Any tuition waiver initially awarded before Fall 2024 will not be held to these eligibility terms.

FINANCIAL LITERACY AND DEBT MANAGEMENT PROGRAM/H\$RD MD PROGRAM

The Marshall University Joan C. Edwards School of Medicine (JCESOM) Office of Student Affairs (OSA) is committed to providing comprehensive financial literacy and debt management education to all medical students. The mission of Helping Residents and Doctors Manage Debt (H\$RD MD) is to ensure our medical students have financial access to their education through federal and institutional financial aid, assist them in making sound financial decisions throughout their medical school years, and provide strategies for managing student loan debt and other forms of debt during their career.

The overall structure of the program will be implemented across all academic levels, as defined by three educational components: (1) Student Federal Financial Aid, (2) Personal Finance, and (3) Debt Management. The three components will provide a progressive financial planning education relative to each student's educational and personal financial needs. The delivery method of education will consist of individual counseling, presentations and workshops, online courses, email, and newsletters. Emphasis will be placed on individual counseling and strongly promoted to effectively assist students with their specific financial needs.

Each educational component has four (4) topics of basic and progressive education of in-school and post-graduate financial planning incorporating a variety of tools and resources for the method of delivery of education.

Educational Components

1. Student Federal Financial Aid
 - a. Basic federal and institutional financial aid programs and processes
 - b. Federal and institutional student eligibility requirements
 - c. Monitoring of federal loan debt
 - d. Postgraduate & Residency responsibilities related to student loan debt
2. Personal Finance
 - a. Maintaining a personal budget
 - b. Credit counseling
 - c. Residency and paycheck planning
 - d. Investing in your future
3. Debt Management
 - a. Medical student loan borrower responsibilities
 - b. Loan forgiveness, forgivable loans, and service contract opportunities
 - c. Institutional and non-institutional scholarship opportunities
 - d. Additional debt management (mortgages, auto loans, credit cards, etc.)

Learning Outcomes:

1. Identify personal financial values and spending habits that shape your relationship with money
2. Understand the Federal Student Financial Aid and lending methodology

3. Apply personal financial values to an individual spending budget that includes a debt management component
4. Outline your goals for your financial future
5. Plan a debt management strategy for student loan repayment and other debt obligations (i.e., credit cards, mortgages)
6. Evaluate your financial well-being to prepare for personal finances in residency and beyond

Programs:

M1

In the first year of medical school, students will receive basic education of financial aid processes and personal finances.

1. FAFSA and Federal Student Aid Eligibility (1-a; 2-c; 3-a)

One-on-One Meeting with Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine

- a. Personal meeting with financial aid administrator to discuss the Free Application for Federal Student Aid (FAFSA) and the student's financial aid award in relation to loan limits, Graduate PLUS loans, and additional funding
- b. Complete Federal Entrance Counseling and Master Promissory Note (if necessary)
- c. Navigating myMU and studentaid.gov
- d. What to expect with medical school relocation and expenses

2. Orientation Week (1-a, b, c; 3-a, c)

Presentation during orientation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine

- a. Marshall University Office of Student Financial Assistance processes
- b. Cost of Attendance and Budget Appeals
- c. Understanding Satisfactory Academic Progress
- d. Total withdrawal from the medical school policies
- e. Scholarship Program overview
- f. Refund check information

3. BYOB: Build your own Budget: Financial Fitness in Medical School (2-a)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine

- a. Evaluating your way of living to create a refund check budget
- b. Introduction to AAMC's FIRST Financial Wellness online learning toolkit

M2

In the second year of medical school, students will be provided education on the positive and negative impact of non-educational personal expenses and debt.

1. Scholarship 411 (3-b, c)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine.

- a. Scholarship opportunities offered by sources outside of the university
 - i. Health Plan Scholarship
 - ii. Health Professional Scholarship Program (HPSP)
 - iii. Outside scholarship resources
- b. Introduction to AAMC's MedLoans and Organizer Calculator (MLOC)

2. Are you Credit Worthy? (2-b, d; 3-d)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine in collaboration with (someone from outside of organization).

- a. Understanding credit reports and credit scores and their importance for borrowing, advice for credit card usage

M3

In the third year of medical school, students will be provided education on forgivable loans and service contract opportunities and planning for away rotations and residency interviews.

1. MS3 Orientation (1-c; 3-b, c)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine in collaboration with WV State Office of Rural Health, WV Higher Education Policy Commission, HRSA, and more.

- a. Planning for your Financial Future: Forgivable loan and service contract opportunities. Representatives from WV State Office of Rural Health, WV Higher Education Policy Commission, Health Resources and Service Administration, Robert C. Byrd Center for Rural Health, and Assistant Director of Financial Aid, Joan C. Edwards School of Medicine

2. Planning for MS4 Expenses: Away Rotations and Residency Interviews (2-a; c)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine, and Associate Dean of Student Affairs, Joan C. Edwards School of Medicine

- a. We will discuss financial aid numbers for the 4th year and budgeting for MS4 expenses

M4

In the fourth year of medical school, students will be provided education on the responsibilities and expectations of federal loan repayment and post graduate financial planning through senior loan exit counseling.

1. AAMC Loan Repayment Strategies Presentation (1-c, d; 2-a, c; 3-a)

Presentation and Case Study presented by a member of the AAMC FIRST team

- a. AAMC visits campus to review loan repayment options, followed by a live demonstration on how to use MLOC and a workshop where students will determine the best repayment plan based on various scenarios.

1. Financial Fitness as a Resident (1-d; 2-a, c; 3-a)

Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine in collaboration with (someone from an outside organization).

- a. Residency and Relocation Loans
- b. How to budget a resident paycheck
- c. Transitioning into life:
 - i. How to pay for life (home, car, children)
- d. Investing in your Future

Additional Educational Resources:

1. Students are required to register with AAMC's Financial Wellness. The program is designed to improve financial capability in ways that are relevant to your life. The online platform includes courses, informational articles, budget sheets, exercises, and calculators. The curriculum includes:
 - a. Budget Basics (2-a, c, d; 3-d)
 - b. Buying a car (2-d)
 - c. Financial Basics (2-a-d; 3-d)
 - d. Financial Planning (2-d; 3-d)
 - e. Financial Trouble (2-b; 3-d)
 - f. Having a Baby (2-a; 3-d)
 - g. Identity Theft (2-b)
 - h. Managing Credit (2-b)
 - i. Saving and Investing (2-a, d; 3-d)
 - j. Understanding Insurance (2-d)
2. AAMC FIRST webinars regarding a variety of financial subjects. Students are notified of webinars via emails from AAMC or the Office of Student Financial Assistance (1, 2, 3)
3. Annual Loan Indebtedness Reports emailed to students including their medical and overall student loan debt (1-c)
4. One-on-One Financial Assistance meetings and counseling session with Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine at the student's convenience (1, 2, 3)
5. Optional presentations and discussions with faculty members
6. Financial Aid Newsletters (1-a, b)
 - a. New Student
 - b. Returning Student
7. Informational brochures available in Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine's office (LSH Student Wellness Center) (1, 2, 3)

Assessment:

1. Students will be asked to complete an online survey after every program to provide feedback for program improvement
2. Guest speakers will be asked to complete an online survey after programs to provide feedback for program improvement
3. Evaluate attendance rates for required and optional programs
4. Evaluate survey completion rates
5. Facilitator will complete a reflection activity after each program
6. Graduating seniors will be asked to complete an overall program evaluation after their last required program (starting with the Class of 2027)
7. Comprehensive program review will occur after the first class completes the entire program (Spring/Summer 2027)

M1					
In the first year of medical school, students will receive basic education of financial aid processes and personal finances.					
PROGRAM	INDIVIDUAL/GROUPS RESPONSIBLE	DELIVERY	EDUCATIONAL COMPONENT	LEARNING GOAL	EXPECTED DATE
FAFSA and Federal Student Aid Eligibility	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one meeting; virtual or in-person	1-a- Basic federal and institutional financial aid programs and processes 1-c- Monitoring federal student loan debt 3-a- Medical student loan borrower responsibilities	Discuss student specific financial aid award, complete federal entrance counseling and MPN (if necessary), how to navigate myMU and studentaid.gov, what to expect by starting medical school	Before first day of orientation for M1
M1 Orientation	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Presentation	1-a- Basic federal and institutional financial aid programs and processes 1-b- Federal and institutional student eligibility requirements 1-c- Monitoring federal loan debt 3-a- Medical student loan borrower responsibilities 3-c- Institutional and non-institutional scholarship opportunities	Learn Marshall University financial aid processes, understand Cost of Attendance and how to submit a budget appeal, understand Satisfactory Academic Progress, withdrawal and LOA policies, scholarship program review, refund check information	M1 Orientation Week
BYOB: Build Your Own Budget; Financial Fitness in Medical School	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Presentation and workshop	2-a- Maintaining a personal budget	Evaluate financial lifestyle in medical school, introduction to AAMC's FIRST Financial Wellness online learning toolkit	August of M1 year
AAMC FIRST Financial Wellness curriculum	AAMC FIRST Financial Wellness online toolkit	Online module	2-a-d- Personal Finance	Recommended modules to complete: Budget Basics Financial Basics Financial Planning Financial Trouble	All year

FAFSA Completion Assistance	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one session	1-a- Basic federal and institutional financial aid program and processes 1-b- Federal and institutional student eligibility requirements	Complete Free Application for Federal Student Aid	All year
New Student Financial Aid Newsletter	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Newsletter	1-a- Basic federal and institutional financial aid programs and processes 2-b- Federal and institutional student eligibility requirements	Newsletter for all housekeeping items and information before beginning medical school	Before M1 Orientation
Financial Assistance and Debt Management appointments at the student's request	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one appointment	All	Meet the student's needs and goal of the appointment	All year

M2					
In the second year of medical school, students will be provided education on the positive and negative impact of non-educational personal expenses and debt.					
PROGRAM	INDIVIDUAL/GROUPS RESPONSIBLE	DELIVERY	EDUCATIONAL COMPONENT	LEARNING GOAL	EXPECTED DATE
Scholarship 411	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Presentati on	3-b- Loan forgiveness, forgivable loans, and service contract opportunities 3-c- Institutional and non-institutional scholarship opportunities	Present scholarship opportunities offered by sources outside of the university and introduce AAMC's MedLoans and Organizer Calculator (MLOC)	September of M2 year
Are You Credit Worthy?	Assistance Director of Student Financial Assistance in collaboration with outside partner	Presentati on	2-b- Credit counseling 2-d- Investing in your future 3-d- Additional debt management	Understanding credit reports and credit scores and their importance for borrowing	January of M2 year
AAMC FIRST Financial Wellness curriculum	AAMC FIRST Financial Wellness online toolkit	Online module	2-b- Credit Counseling	Recommended modules to complete: Managing Credit Identity Theft	All year
FAFSA Completion Assistance	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one session	1-a- Basic federal and institutional financial aid program and processes 1-b- Federal and institutional student eligibility requirements	Complete Free Application for Federal Student Aid	All year
Returning Student Tasks and Timeline	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Newsletter	1-a- Basic federal and institutional financial aid programs and processes 1-b- Federal and institutional student eligibility requirements	Housekeeping items before start of next financial aid academic year	Summer of M2
Financial Assistance and Debt Management appointments at the student's request	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one appointment	All	Meet the student's needs and goal of the appointment	All year

M3					
In the third year of medical school, students will be provided education on forgivable loans and service contract opportunities and planning for away rotations and residency interviews.					
PROGRAM	INDIVIDUAL/GROUPS RESPONSIBLE	DELIVERY	EDUCATIONAL COMPONENT	LEARNING GOAL	EXPECTED DATE
MS3 Orientation	Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine in collaboration with WV State Office of Rural Health, WV Higher Education Policy Commission, HRSA, and more	Panel Discussion	1-c- Monitoring of federal loan debt 3-b- Loan forgiveness, forgivable loans, and service contract responsibilities 3-c- Institutional and non-institutional scholarship opportunities	Planning for your Financial Future: Forgivable loan and service contract opportunities. Representatives from WV State Office of Rural Health, WV Higher Education Policy Commission, Health Resources and Service Administration, Robert C. Byrd Center for Rural Health, and Assistant Director of Financial Aid, Joan C. Edwards School of Medicine	March of M3 year
Planning for MS4 Expenses: Away Rotations and Residency Interviews	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Presentation	2-a- Maintaining a personal budget 2-c- Residency and paycheck planning	We will discuss financial aid numbers for the 4 th year and budgeting for MS4 expenses	October of M3 year
AAMC FIRST Financial Wellness curriculum	AAMC FIRST Financial Wellness online toolkit	Online module	2-a- Maintaining a personal budget 2-d- Investing in your future 3-d- Additional debt management	Recommended modules to complete: Buying a car Saving and investing	All year

FAFSA Completion Assistance	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one session	1-a- Basic federal and institutional financial aid program and processes 1-b- Federal and institutional student eligibility requirements	Complete Free Application for Federal Student Aid	All year
Returning Student Tasks and Timeline	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Newsletter	1-a- basic federal and institutional financial aid programs and processes 2-b- Federal and institutional student eligibility requirements	Housekeeping items before start of next financial aid academic year	Summer of M3
Financial Assistance and Debt Management appointments at the student's request	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one appointment	All	Meet the student's needs and goal of the appointment	All year

M4					
In the fourth year of medical school, students will be provided education on the responsibilities and expectations of federal loan repayment and post graduate financial planning through senior loan exit counseling.					
PROGRAM	INDIVIDUAL/GROUPS RESPONSIBLE	DELIVERY	EDUCATIONAL COMPONENT	LEARNING GOAL	EXPECTED DATE
AAMC Loan Repayment Strategies Presentation	Presentation and Case Study presented by a member of the AAMC FIRST team	Presentation	1-c- Monitoring of federal loan debt 1-d- Postgraduate & residency responsibilities related to student loan debt 2-a- Maintaining a personal budget 2-c- Residency and paycheck planning 3-a- Medical student loan borrower responsibilities 3-b- Institutional and non-institutional scholarship opportunities	AAMC visits campus to review loan repayment options, followed by a live demonstration on how to use MLOC and a workshop where students will determine the best repayment plan based on various scenarios.	November of M4 year
Financial Fitness as a Resident	Presentation by Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine in collaboration with (someone from an outside organization).	Presentation and workshop	1-d- Postgraduate & residency responsibilities related to student loan debt 2-a- Maintaining a personal budget 2-c- Residency and paycheck planning 2-d- Investing in your future 3-d- Additional debt management	Residency and Relocation Loans How to budget a resident paycheck Transitioning into life: How to pay for life (home, car, children) Investing in your Future	February of M4 year
AAMC FIRST Financial Wellness curriculum	AAMC FIRST Financial Wellness online toolkit	Online module	2-a-d- Personal Finance 3-d- Additional debt management	Recommended modules to complete: Having a baby Understanding insurance	All year

Federal Student Aid Exit Counseling	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	Online module	1-d- Postgraduate & residency responsibilities related to student loan debt 3-a- Medical student loan borrower responsibilities 3-b- Loan forgiveness, forgivable loans, and service contract opportunities	Complete online exit counseling required for federal loan borrowers	January-April of M4 year
FAFSA Completion Assistance	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one session	1-a- Basic federal and institutional financial aid program and processes 1-b- Federal and institutional student eligibility requirements	Complete Free Application for Federal Student Aid	All year
Returning Student Tasks and Timeline	Assistance Director of Student Financial Assistance in collaboration with outside partner	Newsletter	1-a- basic federal and institutional financial aid programs and processes 2-b- Federal and institutional student eligibility requirements	Housekeeping items before start of next financial aid academic year	Summer of M4
Financial Assistance and Debt Management appointments at the student's request	Assistant Director of Student Financial Assistance, Joan C. Edwards School of Medicine	One-on-one appointment	All	Meet the student's needs and goal of the appointment	All year

LEARNING COMMUNITIES

Learning communities strengthen the medical student experience through dynamic, engaged and relationship-centered communities for curricular and co-curricular learning and development. At Marshall, learning communities are divided into seven houses that act as student-led networks that:

- Provide medical students with a familiar cohort for the duration of their medical school experience.
- Facilitate the development of trust and collaboration among the medical student body.
- Support student efforts to adapt to and succeed in the culture of medicine in general and medical education in particular.
- Provide students with a broad range of resources for learning, advising, support, teamwork and community engagement.

For additional details, please go to the webpage for [Learning Communities](#)

HOUSE CAMPBELL

This house honors the accomplishments of Shelvy L. Campbell-Monroe, PhD, in heightening the level of diversity and inclusion programming, community outreach, and partnerships with the Marshall University schools of medicine and pharmacy. She continues to ensure a quality and inclusive environment for all students, faculty and staff.

About Dr. Shelvy Campbell–

Dr. Campbell is the Associate Dean for Diversity & Inclusion. A veteran of higher education administration, she has served in human resources, equity compliance, admissions, student financial assistance and student service positions at Marshall University for the past 25 years. She also served for many years as the Civil Rights and Equity Compliance Administrator at West Virginia State University Gus R. Douglass Land Grant Institute. Dr. Campbell directs two summer residential pipeline programs designed to attract minority and underrepresented students to the medical and other health care fields. She serves as an advisor for the school of medicine's Health Spectrum Alliance (LGBT student organization) and chairs the school's Multicultural Advisor Committee. Dr. Campbell also serves on the university's Women of Color Committee and as a Title IV Investigator. Dr. Campbell is a member of several community, state, and national organizational boards and councils including: Kanawha Valley Bureau of Senior Services, Charleston Family Resource Center, the National Office of Minority Health Regional Health Equity Council (RHEC), and the West Virginia Department of Health & Human Resources Newborn Hearing and Screening Advisory Board. She currently serves as the national program chair for the National Association of Medical Minority Educators (NAMME). Dr. Campbell holds a bachelor's degree in business administration from West Virginia State University, a master's degree in industrial and employee relations and an education specialist degree from Marshall University as well as a doctorate in education from Capella University. Dr. Campbell is married to Lloyd Monroe, has one adult son, Jordan, and one granddaughter, Jocelyn.

HOUSE FERGUSON

The Learning Communities believe that Dr. Ferguson embodies the spirit and beliefs of the Joan C. Edwards School of Medicine at Marshall University. On behalf of the Learning Communities and the rest of the medical school students, we would like to honor him as our next House namesake.

About Dr. Ferguson—

Dr. Paul B. Ferguson is a born and raised West Virginia native who graduated from the Joan C. Edwards School of Medicine at Marshall University in 2007. After completing his Neurology residency at Wake Forest University, he returned to Marshall University in 2011. He is currently the Department Chair of Neurology and oversees the Multiple Sclerosis clinic at Marshall Health. Dr. Ferguson has a passion for educating medical students, as is seen in his lectures that span across the pre-clerkship and clerkship years. He is one of the first physician faculty that medical students encounter during their pre-clerkship education. Dr. Ferguson's enthusiasm for Neurology and Medical Education inspires students to pursue their dreams in any specialty they desire.

HOUSE MILLER

This house recognizes Bobby L. Miller, MD, for his dedication in caring for our tiniest patients as well as for his leadership in medical education, heightening the curriculum and scholarship expectations of our medical students. He makes it his mission for every student to succeed.

About Dr. Bobby Miller—

Dr. Miller has served as the Interim Dean (2022-23) and the Vice Dean for Medical Education at the Marshall University Joan C. Edwards School of Medicine since 2016. He was born and raised in Ashland, Kentucky. He graduated magna cum laude with a Bachelor of Science in Biology from Marshall University. Dr. Miller also earned his medical degree from Marshall University, where he completed a combined internal medicine/pediatrics residency, during which he served as chief resident. After completing fellowship training in neonatal-perinatal medicine at Baylor College of Medicine/Texas Children's Hospital in Houston, Texas, Dr. Miller returned to join the Department of Pediatrics at Marshall. Prior to his role as vice dean, he served as Pediatric Residency Program Director for seven years. In addition to his role as vice dean of the medical school, Dr. Miller is a professor of pediatrics and medical director of the Neonatal Intensive Care Unit at Cabell Huntington Hospital/Hoops Family Children's Hospital. He also maintains an active clinical practice. Dr. Miller is married to Eric Hardin-Miller.

HOUSE RICHARDSON

This house is named in memory of the late Laura L. Richardson, PhD, for her commitment and dedication to medical students' successes during their preclinical education. She was highly respected by each student and always supported them throughout their schooling.

About Dr. Laura Richardson—

Dr. Richardson served as Assistant Dean of Academic Affairs and Director of Pre-Clinical Education at Marshall University until her sudden passing in 2018. Dr. Richardson received a B.A. degree in biology

from Newton College of the Sacred Heart, followed by a Master of Science in Biology from the University of Virginia. She then worked at Georgetown University as a research instructor prior to entering their PhD program and receiving her doctoral degree in cell biology. She received postdoctoral training at The Burnham Institute and the University of Tennessee before joining the Department of Anatomy at the Marshall University Joan C. Edwards School of Medicine. Dr. Richardson was very enthusiastic about teaching both graduate and medical students, educating the students in the areas of cell biology and microscopic anatomy. She was instrumental in the education programs of first-year medical students at Marshall. She conducted research in the area of testicular cancer and received funding from the National Institutes of Health for her work. She was also a member of the American Society for Cell Biology, Society for the Study of Reproduction, and the American Society of Andrology. Dr. Richardson was particularly proud of her leadership in the establishment of the Anatomy Outreach Program that brought Huntington-area high school students to the anatomy labs at Marshall, where they learned about career paths by spending time with medical students and faculty. The program has grown every year since it was created and supports efforts by the Marshall University Admissions Office to attract minority students and students from rural West Virginia to the medical school. She was equally as proud of her role as the director of the Human Gift Registry, a program that encouraged donation of human bodies for medical student education. Under Dr. Richardson's leadership, donations for the Human Gift Registry more than doubled in recent years. To honor donors and their families, she organized an annual memorial service that has become an emotional touchstone for all who are involved.

HOUSE WARREN

This house is named in honor of Ms. Cindy A. Warren, a legend and beloved fixture of the Marshall University Joan C. Edwards. She is the first voice each accepted student hears and from that point on she continues to enrich their lives.

About Ms. Cindy Warren—

Ms. Cindy Warren is the Assistant Dean of Admissions at Marshall University Joan C. Edwards School of Medicine, holding this position for more than 40 years. Cindy was born and raised in Logan, West Virginia. She earned her bachelor's degree in consumer science from Marshall University, followed by a master's degree in counseling and rehabilitation. In 1977, Cindy began working in the Admissions Department at the Marshall School of Medicine, and she has informed every student of their acceptance into the school since that time. When Cindy is not working, she enjoys rescuing animals, especially kittens and cats. Additionally, she is passionate about auctions and works part-time at a local auction house.

HOUSE YINGLING

A pharmacist and physician, Kevin W. Yingling, RPh, MD, is the namesake of Yingling House. He has devoted his 30+ year career to the training of medical and pharmacy students while setting a standard of quality patient care as an internal medicine physician.

About Dr. Kevin Yingling—

Dr. Yingling has been a registered pharmacist since 1981, a licensed physician since 1990 and a consultant pharmacist since 1995. Dr. Yingling received his B.S. degree in pharmacy from West Virginia University and his M.D. degree from Marshall University. He completed his residency and fellowship at the University of Cincinnati Medical Center. He has served as an honorary visiting academic fellow in clinical pharmacology at the University of Southampton in Southampton, England. He served as chairman of the Department of Internal Medicine at the Joan C. Edwards School of Medicine for more than 10 years before stepping into the role of founding dean of the Marshall University School of Pharmacy, a position he held until his retirement in 2016. Dr. Yingling continues to serve as an associate professor of medicine and pharmacology at Marshall University and maintains an active base of patients. He volunteers his time as chairman of the board of directors for Cabell Huntington Hospital, and as a member of the board of directors for the Cabell-Huntington Health Department. He has also participated in faith-based and humanitarian medical missions to Russia, Bolivia, Honduras, Nicaragua and Haiti. In 2010, Yingling was honored with the Laureate Award from the West Virginia Chapter of the American College of Physicians, recognizing excellence in medical care, education or research. He is a member of the Rho Chi Society and the Alpha Omega Society, pharmacy and medical honoraries, respectively. Dr. Yingling received the 2015 Distinguished Alumnus Award from the Joan C. Edwards School of Medicine and the 2017 Bowl of Hygeia award from West Virginia Pharmacy Association, the association's most prestigious award.

HOUSE ZILL

This house is named for Sasha Zill, Ph.D., a gross anatomy, neuroscience and surgical anatomy professor and researcher who has dedicated himself to anatomy education and has set high standard for scholarly research at Marshall.

About Dr. Sasha Zill–

Dr. Zill received a bachelor's degree in zoology from Columbia University and a doctoral degree in anatomy from the University of Colorado. He has served on the faculty of Marshall University since 1987, earning the rank of full professor in 1994. Dr. Zill has been recognized by the Joan C. Edwards School of Medicine for his teaching, receiving countless awards for Instructor of the Year, the Golden Apple Teaching Award, and the Innovation in Teaching Award. He was inducted into the Alpha Omega Alpha Medical Honor Society in 2009 and named an Honorary Alumnus by the Marshall School of Medicine Alumni Association in 2016. Medical students have selected Dr. Zill numerous times to hood them at graduation. However, teaching is just one of his loves. His research is what he calls his labor of love. He has dedicated his life's work to understanding how the nervous system generates motor behaviors. Dr. Zill was on the cutting-edge of bio-robotics. He collaborates with scientists across the globe and continues to produce fascinating research in neurobiology, which has been funded continuously since 1976, including grants from the National Institutes of Health, National Science Foundation and Office of Naval Research. With hundreds of publications, he embodies the type of scientist he encourages his students to be.

STUDY SPACES

The Joan C. Edwards School of Medicine provides dedicated space for focus and study in each of the facilities utilized throughout all four of years of medical education. To maintain security, the following rules apply at all times in all facilities:

- Students must wear their ID badge.
- Students cannot leave doors propped open under any circumstance.
- Students cannot open the door for anyone seeking access. All individuals approved for access have swipe cards that allow them to do so.
- Students are not to loan their swipe card to anyone.
- Students are not permitted to access clinical areas before or after business hours

Robert W. Coon Education Building

1542 Spring Valley Drive

Access: Medical Students have swipe card access to the CEB 24 hours a day, seven days a week.

Study Space: On the third floor of this building, there are three small group rooms that seat up to 4 students each (with computers and whiteboards) and four small round tables. In the computer lab across the hall are ten computer stations, 29 study carrels, and five couches. In the adjacent library of the VAMC are an additional four study carrels and two large tables. Medical students also have access to the second floor lecture room when class is not in session. Study rooms on the main floor of the Coon Educational Building (Rooms 105 and 106) are available to reserve for in 2-hour increments. To reserve a room, a student may email Ms. Rebecca Huff at huffr@marshall.edu.

Parking: During business hours, students must park in the student lot adjacent to and below the employee parking lot. After 4pm on weekdays, vehicles can be moved closer to the CEB (under the water tower), but on weekdays, students cannot park on the main level in front of the CEB or in the parking garage. On weekends and holidays, parking is available at all locations. The exception is the 24-hour handicap parking spots.

Security: The Veterans Affairs Police Department can be reached at (304) 429-6755 ext. 2855. They are available to assist you while on the grounds of the Veterans Affairs Medical Center which includes the MEB.

Byrd Biotechnology Sciences Center (BBSC)

Third Avenue across from the Marshall University Science Building

Access: Medical students have swipe card access to the BBSC 24 hours a day, seven days a week.

Study Space: There are three small group rooms (Rooms 204, 205, 206) and a computer lab with 10 computer stations (Room 203) on the second floor near the bridge that connects to main campus. There is a lounge space and six study cubicles in the lobby area in front of the elevators on the second

floor as well. This is available all day, does not get a lot of traffic, has lots of natural light with large windows, and comfortable seating with floor outlets for laptops. It has a capacity of about 15 students. On the third floor, students have access via their swipe ID to the small conference room in the administrative suite after 4 pm (301A). On the fourth floor, there is a large conference room (Room 433) at the east end of the building available via swipe ID after hours.

Parking: As assigned by Marshall University.

Security: A security officer is present in the building or on the grounds at all times and is available by cell phone at (304) 696-3718 to address non-emergent or less serious security concerns.

Byrd Clinical Center (BCC)

1249 15th Street

Access: Medical students have 24/7 swipe card access to the BCC (ground floor only). Swipe access before or after regular business hours is through the single door to the right of the main BCC entrance.

Study Space: There are four small group rooms that can accommodate about 4 students each (group study) and in the computer lab, there are 19 computer/study carrels. The large auditorium/classroom is available for study space as is the Clinical Skills Laboratory (swipe card access) which can accommodate about 15 students. The students have access to the Clinical Skills area Monday – Friday from 7am until 6pm. Space is not available during any clinical skill events that are posted on the iPad calendars. The lobby of the BCC has 4 individual study carrels and 3 tables for the students to use as viable study locations.

****Note-during the Spring term, these study locations are to be used only by second year students in preparation for the Step 1 Examination.****

Parking: Parking on the street level parking deck is restricted to patients only between the hours of 7:00am -5pm Monday through Friday. The ground floor level is to be used by the occupants of The Landing apartment complex. Students are to park in the Marshall Health Parking Garage located directly across the street from the Byrd Clinical Center. Shuttle Bus: A shuttle bus is available to transport students from the BCC to the Medical Center. This service is offered 24 hours a day, 7 days a week. To schedule transportation, contact the shuttle bus driver at (304) 544-7433.

Security: A security officer is present in the building or on the grounds at all times and is available by cell phone (304-634-5166) to address non-emergent or less serious security concerns.

Linda Holmes Wellness Center

1320 Hal Greer Boulevard

Access: All medical students have swipe card access to the Linda Holmes Wellness Center 24 hours a day, seven days a week.

Study Space: This 4,200-square-foot center features five study rooms, group meeting space and a large gathering room. The center also houses the school's student affairs and financial aid offices. The center is designed to provide a safe, convenient relaxation space for medical students when they need to take a break from studying to relax and decompress. The large gathering room is a great hangout space where students can shoot pool, play board games or watch a movie.

Parking: Students and staff are permitted to park in the lot behind the building. Alternatively, students may park in general parking available at the Byrd Clinical Center and/or Cabell Huntington Hospital and

be shuttled over. Parking lots to the north and south of the building belong to private businesses and are not permissible options.

Security: This facility remains locked at all times and is accessible only via ID swipe card.

Marshall University-Main Campus- Drinko Library

Access:

Located on the western side of campus near Old Main is the Drinko Library that has 20 small group study rooms for 2 students (first come, first serve) and 4 conference collaboration rooms for group study (reservations required). There is a 24 hour Study Center on the first floor of the library which includes 56 individual computer carrels, print and copy center, scanners and a digital sender. For more information, and to make reservations for conference collaboration rooms, see <https://marshall.libcal.com/reserve/drinko>

Parking: Students should park in designated lots or in pay as you go parking spots.

Security: MUPD can be reached at (304) 696-4357 (HELP) from any University phone, or using any one of the distinctively marked emergency/service phones

Cabell Huntington Hospital Student Lounge

3rd Floor, CHH

In addition to the Linda Holmes Wellness Center, third- and fourth-year medical students have access to a student lounge located beside the CHH Human Resources satellite office on the ground floor of Cabell Huntington Hospital. Students are able to relax during their down time during their clinical rotations. The students have access to a TV, couch and snacks 24/7.

Security: The student lounge is accessible only via ID swipe card.

Marshall University Medical Center

1600 Medical Center Drive

Health Sciences Library (HSL) in the MUMC

Access: All medical students have swipe card access to the Health Sciences library 24 hours a day, seven days a week.

Study Space: The HSL is located on the second floor of the MUMC. In the HSL outer atrium area there are 3 round tables that can seat 5 people apiece and 1 single table. There are also 2 small study rooms available in the outer area. There is a small enclosed computer room that 4 students can use at one time and computer stations along the way of the HSL and 2 computer stations to the right of the entrance of the HSL. Towards the back of the HSL office area, there are 3 study rooms available to students. Note- these study areas may not be always be available during the SOM interview season, which usually is from October to February

Parking: Due to the construction of the Cabell Huntington Hospital parking garage, it is recommended that students park on the lower level of the Byrd Clinical Center and use the shuttle bus to be transported to CHH and to the MUMC. This service is offered 24 hours a day, 7 days a week. To schedule transportation, contact the shuttle bus driver at (304) 544-7433.

Security: Cabell Huntington Hospital Security is present in the building or on the grounds. They can be contacted by calling (304) 526-2223.

Lewis Technology Center in the Marshall University Medical Center

The Lewis Technology Center is a computer lab on the second floor of the MUMC (to the left of the stairwell) that includes 17 study carrels. This is a shared space and students will have access during the day according to a calendar that will be posted. Students will have swipe access after business hours.



Marshall University
Joan C. Edwards School of Medicine
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