

# Marshall University Joan C. Edwards School of Medicine Honor System & Policy Regarding Academic and Professionalism Standards, Leaves and Appeals

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## **SECTION 1. HONOR CODE & SYSTEM**

- 1.1. HONOR CODE:  
As a member of the Marshall University Joan C. Edwards School of Medicine community, I pledge to conduct myself academically, professionally, and personally with honor, integrity, and respect. I will abide by these virtues as they pertain to all aspects of medical education and patient care. I acknowledge that as a future member of a health care team, I am entrusted with great personal responsibility for both others and myself. I pledge to uphold these standards and always strive to foster an academic and professional environment built upon the mutual respect and integrity of all members. I will hold my peers accountable for the same.
- 1.2 The Honor System at the Marshall University Joan C. Edwards School of Medicine 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 Joan C. Edwards School of Medicine 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 office of Medical Education and Student Affairs will educate the Joan C. Edwards School of Medicine community regarding the Honor Code & System.
- 1.5 Should a student witness a violation of the Honor Code, it is their duty to consult the Deans of Academic and Student Affairs who shall hold a joint investigation.

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

- 2.1 It is the responsibility of the APSC to set the overall academic and professionalism progress standards and policy statements for the Marshall University Joan C. Edwards School of Medicine (MUJCESOM). 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 Committee 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.

- 2.2 The Committee consists of basic science and clinical faculty and one student from each class. Faculty members are appointed by the Chair and the Office 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 have their membership status evaluated.

2.2.b The Chair shall be appointed by the Office of Medical Education upon consultation with the Dean. The Chair's position does not expire and is not limited.

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 Office of Medical Education will provide member(s) who are ex-officio, non-voting members of the Committee.

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.

2.3 The meetings are closed, except for invitees.

2.4 All deliberations are confidential.

### **SECTION 3. ACADEMIC STANDING**

3.1 Good Academic Standing - Students are considered in good academic standing if they maintain at least a 2.0 grade point average each semester, are making satisfactory academic progress, 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 his/her 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 block, course, or clerkship.

3.2.a Students in their first and second year who are placed under Academic Probation will be required to meet with the Student Affairs Dean and the Office of Academic Support to review the concern(s) and develop a remediation plan.

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 Students on academic probation who do not earn at least a "C" or "P" in all classes are subject to immediate dismissal from the School of Medicine.
  - 3.2.d 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.
- 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.
- 3.4 Students on academic or administrative probation are not eligible for personal leave.
- 3.5 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 physicianhood. 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 following Components of Professional Standards that are based upon, but not limited to, the American Board of Internal Medicine's Project on Professionalism. These standards include: Altruism, Accountability, Excellence, Duty, Honor and Dignity.
- 4.2 Violations of standards of professionalism may include, but are not limited to:
- 4.2.a Abuse of Power including but not limited to bias, sexual harassment and breach of confidentiality
  - 4.2.b Arrogance including but not limited to displays of superiority and self-importance and failure to accept and utilize constructive feedback

- 4.2.c Conflicts of Interest/Greed including but not limited to putting one's own needs above those of one's patient and/or the health care team, allowing outside agencies/interests to have undue influence over provision of care and violations of the Vendor Relations Policy
- 4.2.d Misrepresentation including but not limited to lying, cheating and commission of fraud
- 4.2.e Impairment and failure to report any condition/situation which might compromise one's ability to care for a patient and participate on the health care team
- 4.2.f Lack of conscientiousness including but not limited to failure to arrive on time and prepared for class and/or clinical duties.
- 4.3 Students are considered in good professional standing if they are rated as Meeting or Exceeding Expectations by their faculty and course/clerkship directors.
- 4.4 Students will be provided with feedback regarding their professional standing twice a semester in their first and second years, at the midpoint of and following each required clerkship and following each elective in their third and fourth years.
- 4.5 Students in their first and second year who are rated as "Not Meeting Expectations" will be asked to meet with the Student Affairs Dean to review the concern and develop a remediation plan.
- 4.6 Students in their third and fourth years who are rated as "Not Meeting Expectations" will be asked to meet with their clerkship/course director and if deemed necessary, the Medical Education Dean to develop a remediation plan.
- 4.7 Failure to meet with required faculty or administration will result in possible referral to the APSC.
- 4.8 Students who are rated as Not Meeting Expectations multiple times and who do not show active efforts to utilize feedback to improve performance will be referred to the APSC.

## **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 violation of Academic and 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 his/her 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 his/her 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 his/her 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 or to the Deans of Academic or Student Affairs.
- 5.3.a Upon receipt of the accusation, the Course Director and/or the Associate Deans are charged with joint investigation. All reports will be held in confidence.
  - 5.3.b Should a Course Director or his/her designee observe a student in violation of this policy, the Course Director shall consult the Academic and Student Affairs Deans who shall hold a joint investigation.
- 5.4 Upon consultation with the Academic and Student Affairs Deans, the Course Director may impose, but is not limited to: a lower or failing project/paper/test grade, a lower final grade or failure of the course/clerkship.
- 5.5 Should additional action be warranted, a petition may be filed by the Course Director or Department Chair with the Academic and Student Affairs Deans. The petitioner may recommend additional sanctions. The Deans will review the petition and shall refer it to the APSC. The Deans may also jointly originate the petition. Upon review of the petition, the APSC may impose, but not be limited to, academic probation, academic suspension or dismissal from the School of Medicine.
- 5.6 In those cases in which the offense is particularly flagrant or where there are other aggravating circumstances, additional non-academic sanctions may be pursued through the APSC.
- 5.7 Sanctions for academic dishonesty or unprofessional behavior may be imposed even if a student withdraws from an individual course or the Medical School entirely.
- 5.8 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 his/her staff, the APSC, and the General Faculty at the end of each academic year. All reports are held in confidence.

- 5.9 Appeals regarding sanctions imposed by the APSC will be processed in accordance with the Policy Section 11.

## **SECTION 6. SATISFACTORY ACADEMIC AND PROFESSIONAL PROGRESS**

- 6.1 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 USMLE Steps 1 and 2.
- 6.2 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.
- 6.3 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.
- 6.4 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 Student 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.
- 7.4 Should an attempt at correcting a deficiency be unsuccessful, the student will automatically 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.
- 8.4 Appeals are to be made in accordance with Section 11 of this policy.

## **SECTION 9. NBME SUBJECT EXAMINATION DEFICIENCY POLICY/ THIRD YEAR REQUIREMENTS**

- 9.1 For those clerkships that require passage of the appropriate NBME Subject Examination to pass the course, the minimal percentile required for passage shall be determined by the clerkship in conjunction with the Office of Medical Education.
- 9.2 Any Year 3 student who has a "P" or better prior to the administration of the NBME Subject Exam, and who fails to achieve the minimal passing percentile on the first attempt of the NBME Subject Exam, will automatically be assigned a grade of Incomplete. As a result of this initial failure, the student's final grade will be automatically lowered by a letter. The student will be required to retake and pass on a second attempt. Should the student fail the NBME Subject Exam on the second attempt, a grade of "F" will be assigned and the student will be automatically referred to the APSC for action, including, but not limited to, the possibility of repeating all or part of the third year, referral to a learning specialist, and/or participation in a skill development program(s), or dismissal.
  - 9.2.a Students who fail their clerkship subject exams must follow the timetable below to retake their exams or otherwise be placed on academic probation. If the student feels that they will not have adequate time to study, they can appeal for an extension with the clerkship director. If denied by the clerkship director, they may appeal to the Academic Standards Committee.



Failed Rotation	Time to Make up
Rotation 1	Before start of Rotation 4
Rotation 2	Before start of Rotation 4
Rotation 3	Before start of Rotation 6
Rotation 4	Before start of Rotation 6
Rotation 5	Before start of MS4 year
Rotation 6	Before start of MS4 year

- 9.2.b Students will retake their failed clerkship exam on the second, fourth, or sixth Friday of an upcoming rotation, while adhering to the above timetable. Students will schedule the exam with the Program Assistant to the Office of Medical Education or the Registrar of the School of Medicine.
- 9.3 Any student whose composite performance in the clerkship is at the grade level of "P" or less and who fails the NBME Subject Exam will also fail the course. The student will automatically be referred to APSC for action, including but not limited to, the possibility of repeating all or part of the third year, and/or referral to a learning specialist, participation in a skill development program(s), or dismissal.
- 9.4 Any Year 3 student who has one or more Incompletes will automatically be referred to the APSC for action, including but not limited to, the possibility of repeating all or part of the third year, referral to a learning specialist, participation in a skill development program(s), or dismissal.
- 9.5 Any Year 3 student who has previously been brought before the APSC and who registers an Incomplete or who has an unsuccessful attempt at passage of a clerkship, regardless of reason, will automatically be referred to the APSC for additional action.
- 9.6 Students registering Incompletes for failing to comply with procedure and patient log requirements will also be automatically referred to the APSC for review and possible action.

## **SECTION 10.                   ADVANCEMENT/PROMOTION REQUIREMENTS**

- 10.1 For promotion, students must pass all courses with a grade of "C", "P" or higher. Any student who receives a deficiency, defined as a grade of "F" or an "Incomplete" in any block/course or clerkship must successfully complete the course/clerkship before being eligible for promotion. In addition, the following promotion/advancement requirements also apply:
- 10.1.a For promotion to Year 3, students must pass the USMLE Step 1. Failure of Step 1 will result in the student being immediately placed under academic probation. Should a student not successfully pass the USMLE Step 1 after three attempts, the student will be automatically dismissed.
- 10.1.b Students who fail Step 1 or who are predicted to fail Step 1 may delay taking or retaking the USMLE exam prior to rotation 3 of their clinical clerkships. The student will also be asked to sit out of clinical rotations for the year if they fail their Step 1 exam. Delay in Step1 will only be granted in consultation with the Dean of Student Affairs. Any students who delays their Step 1 exam past rotation 3 will experience a delay in graduation.

- 10.1.c Students who do not pass their first attempt at Step 1 or those who are predicted to fail Step 1 will be referred to Student Affairs where they will be placed on an individualized plan of study.
- 10.1.b At the end of Year 3, students must pass the Clinical Competency Examination (CCE). Failure to pass the CCE will result in remediation or other actions as deemed necessary and appropriate by the Clinical Skills Director or his/her designee. Students may not begin Year 4 electives until required remediation has been completed.
- 10.2 Once matriculated, only approved Year 4 electives and Certification programs such as the Basic Life Support and Advanced Cardiac Life Support courses may be completed outside the purview of MUJCESOM. All other required courses must be originally completed at MUJCESOM. Remedial courses may be taken from another LCME institution, but only with the advance permission of both the Course Director and the Office of Academic Affairs on behalf of the APSC.
- 10.3 Students must successfully complete all coursework in their appropriate course level prior to registering for any course in an advanced year.

## **SECTION 11. APPEAL PROCESS**

- 11.1 Appeals for Academic or Professional Reasons
- 11.1.a Any student may appeal actions of the APSC. The intent to appeal must be submitted in writing to the Office of Medical Education within ten (10) calendar days of receipt of the APSC's action.
- 11.1.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 Office of Medical Education. 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.
- 11.1.a.2 The APSC will act on the appeal within thirty (30) calendar days.
- 11.1.a.3 The student shall be notified of the APSC's action within three (3) calendar days.
- 11.1.b Further appeal may be submitted to the Second Level Appeals Committee. Appeal requests must be in writing to the Office of Medical Education and submitted within ten (10) calendar days of receipt of the previous action.
- 11.1.b.1 The Second Level Appeals Committee shall consist of basic science chairs and section heads, clinical chairs, and deans from the Offices of Medical Education and Student Affairs; substitutes for these members cannot serve on the Second Level Appeals Committee. The deans of the Office of Medical Education and Student Affairs are ex-officio, non-voting members. The Vice Dean of Medical Education will serve as the chair of the Second Level Appeals Committee. The Dean of the Medical School may be in attendance at the presentation of the student appeal and deliberations of the Second Level Appeals Committee; the Dean shall not participate in the deliberations nor vote

on the appeal. A quorum shall consist of at least 5 voting members. The meetings are closed, except for invitees.

11.1.b.2. In general, the Second Level Appeals Committee will not consider factual information that could have previously come to the attention of the APSC but did not. The student's original written statement declaring his/her 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 (30) calendar days. The student will be notified of the action within ten (10) calendar days.

11.1.c Final appeal may be submitted to the Dean of the School of Medicine who shall serve as the President's designee. Appeal requests must be submitted in writing to the Office of the Dean within ten (10) calendar days of receipt of the previous action.

11.1.c.1. In general, the Dean will not consider factual information that could have previously come to the attention of the APSC or the Second Level Appeals Committee but did not. The student's original written statement declaring his/her 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 (14) calendar days. The student will then be notified of the Dean's final decision within ten (10) calendar days. All decisions of the Dean are final. There are no further levels of appeal.

## 11.2 Appeal of a Grade.

11.2.a Should a student feel an individual exam grade, final block/course /clerkship grade, or end of Year 3 Clinical Competency Examination grade is unsatisfactory, the student may appeal his/her dissatisfaction to the Course Director. In the case of courses where no Course Director is available, the student may appeal to the Office of Medical Education who shall serve in the capacity as Course Director.

11.2.b The student will have thirty (30) days after official notification of the grade to submit an appeal. Official notice of the grades will be via posting on the University reporting system. In recognition of the unique scheduling of the clerkships and fourth year rotations, Year 3 and 4 students will have thirty (30) days after receipt of a grade (via posting on the Student Scheduler) to appeal their grade to the Course Director.

11.2.c If dissatisfied with the Course Director's action, the student may appeal to the Department Chair. In the case of an Interdepartmental Course or the Clinical Competency Examination, appeals must be made directly to the Vice Dean of Education (Office of Medical Education) who shall serve in the capacity of the Department Chair.

11.2.d The student will have ten (10) calendar days after official notice of the Course Director's/Vice Dean's decision to submit further appeal. The appeal must be submitted in writing to the Office of Medical Education.

- 11.2.e If dissatisfied with the Vice Dean's action, the student may appeal to the APSC. The appeal must be submitted in writing to the APSC within 72 hours of the decision of the Vice Dean.
- 11.2.f Further appeals will be heard in the order as outlined in Section 11.1.
- 11.2.g All grade appeals must be exhausted before appealing dismissal from MUJCESOM.
- 11.3 Appeals for Dismissal Due to Failure of USMLE Exams.
  - 11.3.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. The Dean shall render a decision regarding the appeal within ten (10) days of receipt.
  - 11.3.b The Dean's decision will be final.
- 11.4. Every level of appeal may accept, modify, or reject the previous level decision.
- 11.5 Every level of appeal may recommend that the student be immediately removed from course 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.
- 11.6 Unless otherwise determined, the student shall remain enrolled in required courses or electives until the appeal process is exhausted.
- 11.7. Students shall be responsible for providing the Office of Medical Education with a current address where certified letters may be sent.
  - 11.7.a Unclaimed, returned letters shall result in the Office of Medical Education notifying the student via the student's Marshall E-mail address of the letter's contents.
  - 11.7.b The Office of Medical Education shall also stipulate that the student must contact their office within ten (10) calendar days of the e-mail notice or the actions stipulated in the letter shall be considered final.
- 11.8 Any other appeals not previously addressed shall be made in accordance with the APSC appeal process outlined in Section 11.1.
- 11.9 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.
- 11.10 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.).
- 11.11 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 12. PERSONAL LEAVES OF ABSENCE- STUDENTS WITH GOOD STANDING STATUS**

- 12.1 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 (12) months throughout their undergraduate medical education.
- 12.2 After receiving the student's written request, the Office of Medical Education may consult the Office of Student Affairs to place the student on a leave of absence. The leave will be granted only if deemed to be in the student's best interest.
- 12.3 A grade of "W" or "Incomplete" may be awarded by determination of the Office of Medical Education.
- 12.4 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 Office of Medical Education.
- 12.5 During 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.
- 12.6 The Offices of Medical Education in consultation with Student Affairs 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.
- 12.7 The student must note that timing of re-entry to the medical school is not guaranteed following any leave of absence.
- 12.8 The student must apprise the Office of Medical Education in writing of her/his wish to return to the Medical School at least thirty (30) calendar days prior to re-entry.
- 12.9 Upon return to active student status, any subsequent leave request that exceeds the original maximum of twelve (12) cumulative months would automatically be referred to the APSC.
  - 12.9.a The APSC will then make a decision regarding the student's leave request, including any re-entry conditions.
  - 12.9.b Appeal of the APSC decision may be made in accordance with the appeal process outlined in Section 11.1.
- 12.10 For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.

**SECTION 13. VOLUNTARY MEDICAL LEAVE**

- 13.1 Any student may request to be placed on a leave of absence for medical reasons if the request is supported by certification from the health care provider.
- 13.2 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.

- 13.3 In applying for a medical leave, the student in good standing must also note that:
- 13.3.a Courses in which the student is currently enrolled will be assigned either a grade of "W" or "Incomplete";
  - 13.3.b The timing of re-entry to the medical school is not guaranteed following any medical leave of absence;
  - 13.3.c The Office of Medical Education must be notified in writing (either by certified mail, email or personally delivered) of the student's desire to return to the Medical School at least thirty (30) calendar days prior to the anticipated date of re-entry; and
  - 13.3.d A letter and supporting documentation from the health care provider must be provided to the Offices of Medical Education indicating that the student is able to return.
- 13.4 Subsequent requests for a medical leave that exceed the maximum twelve (12) cumulative months will require the student to appeal to the APSC.
- 13.4.a Appeal of the APSC recommendations must be made in accordance with the appeal process outlined in the appeal Section 11.1.
- 13.5 For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.
- 13.6 Confidentiality will be maintained at all times except on a need-to-know basis.

#### **SECTION 14. MANDATORY MEDICAL LEAVE**

- 14.1 A student may be placed on a mandatory medical leave if the Office of Medical Education, upon consultation with the Dean, determine that the student is endangering him/herself, other members of the university community, or patients by continuation as a medical student.
- 14.2 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, who will meet with the Dean to determine if the medical leave shall be continued.
- 14.3 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 18.
- 14.4 To return after the mandatory medical leave, the attending health care professional must provide written documentation to the Office Student Affairs indicating that the student is mentally and/or physically able to return.
- 14.5 The timing of the return from mandatory medical leave shall be specified by the Office Student Affairs, and is contingent upon space available.
- 14.6 Confidentiality will be maintained at all times except on a need-to-know basis.

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

**SECTION 15. ADMINISTRATIVE LEAVE**

- 15.1 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.
- 15.2 A student placed on Administrative Leave may be removed from classes or clinical rotation assignments and/or duties.
- 15.3 The Office of Medical Education or the APSC may also recommend that the student be prohibited from any academic facility or institutional event.
- 15.4 Violations of the prohibitions will result in the student's forfeiture of remaining appeal processes or rights.
- 15.5 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.
- 15.6 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.
- 15.7 Students who are not permitted to return to the curriculum by the APSC may reapply for admission through the Admissions Committee.
- 15.8 For the purposes of calculating the cumulative total, the leave is effective from the beginning of the course if a "W" is granted.

**SECTION 16. MILITARY LEAVE**

- 16.1 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/reservist due to service obligations.
- 16.2 The Office of Medical Education or the APSC will determine the time and clerkship, rotation, or class group assigned upon return to active student status from a military leave.
- 16.3 Students may be withdrawn from enrolled courses or given an "Incomplete" depending on the effective date and duration of the military leave.

**SECTION 17. SUSPENSION**

- 17.1 The APSC may suspend any student who has academic or professional deficiencies.
- 17.2 Any student placed on suspension will be immediately removed from classes or clinical rotation assignments and/or duties.

- 17.3 The APSC may define conditions and tailor remedial programs to meet the specific student's needs and circumstances.
- 17.4 The APSC may also restrict the student from any academic facility or institutional event.
- 17.5 Students placed on suspension may be returned to student status contingent upon satisfactorily meeting the conditions set forth by the APSC.
- 17.6 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.
- 17.7 Students who are not permitted to return to medical school by the APSC may reapply for admission through the Admissions Committee.
- 17.8 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 18. WITHDRAWAL**

- 18.1 A student may voluntarily withdraw from MUJCESOM at any time upon written application to the Office of Student Affairs or the Office of Medical Education.
- 18.2 Withdrawal notification will be sent to the Office of Financial Aid and the Registrar's Office.
- 18.3 A student who is completely withdrawing from MUJCESOM will receive a grade of "W".
- 18.4 A student who withdraws from MUJCESOM and who later seeks re-entry must reapply via regular procedures through the Admissions Committee.
- 18.5 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 his/her admissions new application.
- 18.6 A student who withdraws from MUJCESOM is not guaranteed re-admission to any School of Medicine.
- 18.7 The student's transcript will also note that the student was withdrawn from MUJCESOM.

**SECTION 19. MANDATORY MEDICAL WITHDRAWAL**

- 19.1 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.
- 19.2 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.
- 19.3 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.
- 19.4 The student's transcript will also note that the student was withdrawn from MUJCESOM.
- 19.5 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 20. WITHDRAWAL IMPACT UPON FINANCIAL AID**

- 20.1 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.
- 20.2 The student will be billed for the amount due.

## **SECTION 21. DEGREE COMPLETION TIME FRAME**

- 21.1 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.
- 21.2 The failure to meet graduation requirements by the sixth year following initial matriculation in the medical curriculum, excluding students in double degree programs or periods of an approved leave of absence, will result in review by the APSC.
- 21.3 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 22. GRADUATION**

- 22.1 The M.D. degree may be conferred by MUJCESOM upon persons who have complied with the each of the following requirements:
  - 22.1.a Acceptable passing grades in all required courses and clerkships;
  - 22.1.b Acceptable passing grades in at least twenty-eight (28) approved weeks of fourth year electives;
  - 22.1.c Successful completion of the mentoring requirements as defined and described in the Mentorship Policy;
  - 22.1.e Passing scores on MUJCESOM required Year 4 examinations, the USMLE Step 1, Step 2 Clinical Knowledge and Step 2 Clinical Skills;
  - 22.1.f Acceptable academic and professional behavior and ethical standards;
  - 22.1.g Satisfactory completion of the required academic, professional and curriculum competencies (including medical career development, and patient encounters and procedures) set forth by MUJCESOM and/or any of its components, including the APSC, Curriculum Committees or other Committees and/or departments;
  - 22.1.h Timely completion of required certifications and training.
  - 22.1.i Affirmation by a majority vote of the faculty of MUJCESOM in accordance with the School's by-laws;
  - 22.1.j Satisfactorily compliance with the provisions and stipulations of the Policy and Procedure for Criminal Background Checks.

22.2 MUJCESOM may recognize graduation dates in concert with those offered by the Main Campus as official graduation dates.

### **SECTION 23. 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.

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