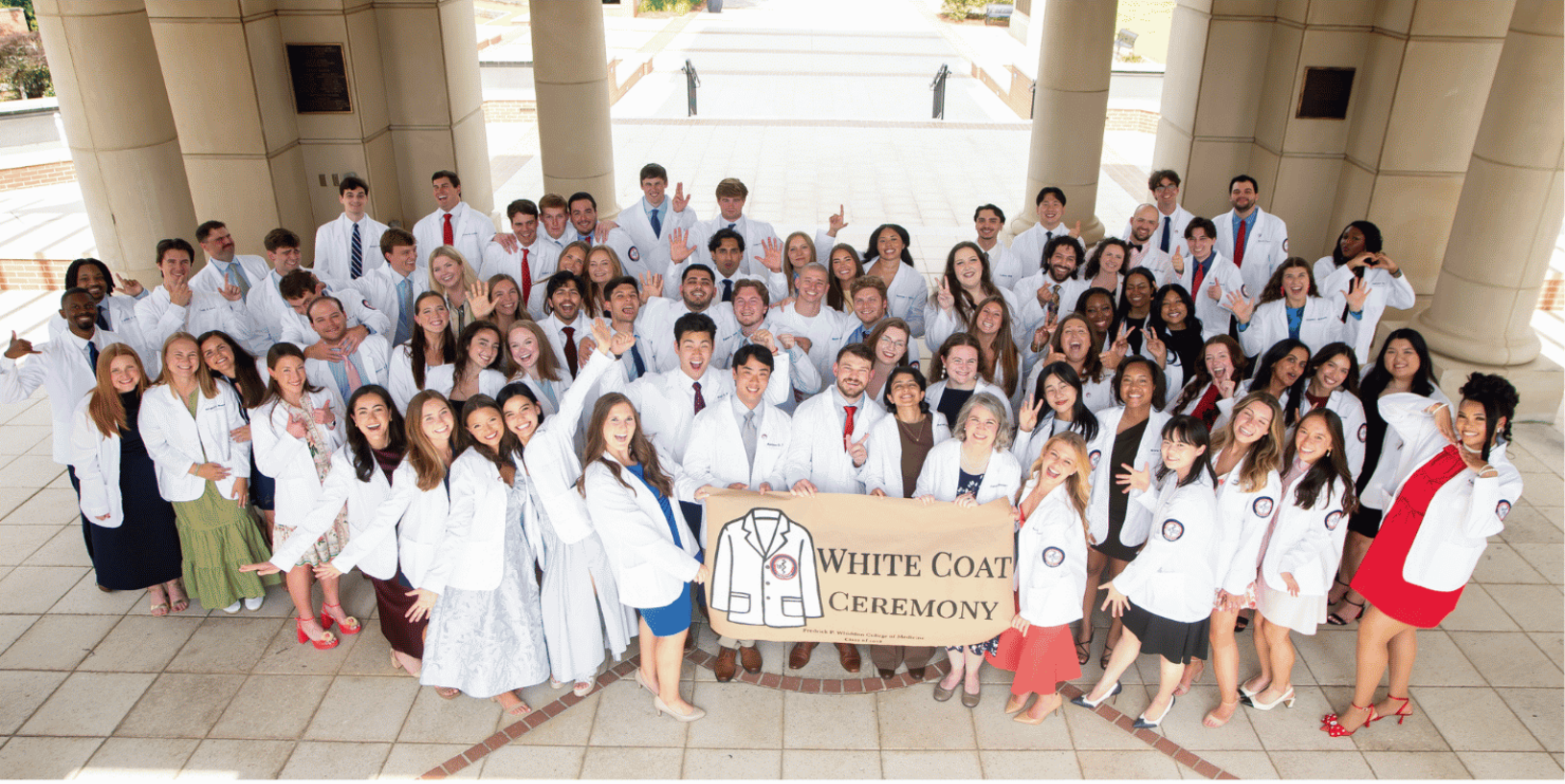
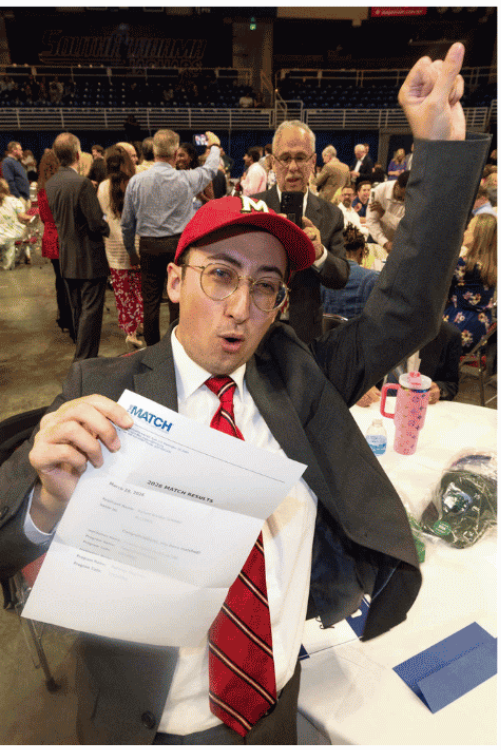
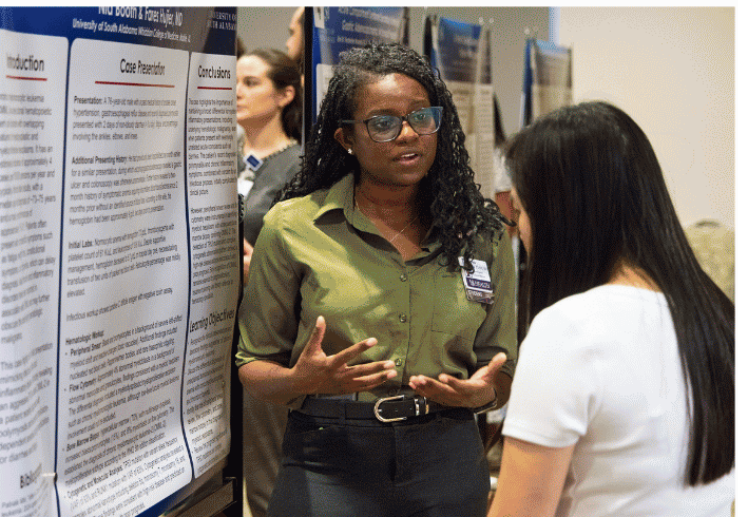








2026-2027 Student Handbook

FREDERICK P. WHIDDON COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH ALABAMA

Student Handbook Disclaimer

University Of South Alabama

Mobile, Alabama 36688-0002
http://www.southalabama.edu

The University of South Alabama reserves the right to make changes in course offerings, curricula, academic policies, tuition and fee schedules and other rules and regulations affecting students in order to correct errors, omissions, inconsistencies or changes required by regulatory, accrediting and/or other governing bodies as necessary. Date of effectiveness and interpretation of said rules, regulations and policies are within the sole discretion of the University. These changes will apply to students who are enrolled at the time of the change, as well as those who will become enrolled in the future.

The University of South Alabama is an EO/AA employer and does not discriminate on the basis of race, color, national origin, sex (including pregnancy, sexual orientation, gender identity and gender expression), religion, age, genetic information, disability or protected veteran status.

While this College of Medicine Student handbook governs medical students in the College of Medicine, for any policies or procedures not addressed herein, the College of Medicine will follow the applicable policies and procedures of the University of South Alabama, including but not limited to The Lowdown.

Table Of Contents

Student Handbook Disclaimer..... ii
INTRODUCTION..... 1
Staff Directory..... 1

HONOR SYSTEM..... 4

STANDARDS OF CONDUCT..... 6

SEXUAL HARASSMENT AND SEXUAL VIOLENCE..... 9

NONDISCRIMINATION POLICY..... 10

DISCIPLINARY AND GRIEVANCE ACTIONS..... 11

GRADUATION REQUIREMENTS..... 15
Time to Graduate..... 15

ACADEMIC STANDARDS..... 17

ACADEMIC POLICY..... 18

PROMOTION, PROBATION AND DISMISSAL..... 32
Promotion..... 34
Probation..... 35
Dismissal..... 36
Academic Remediation..... 37
Rules Specific for a Given Year..... 38
Leave of Absence..... 40

PROFESSIONALISM..... 44
Electronic, Digital and Internet Communication..... 44
Professionalism Assessments..... 46

CAREER-EXPLORATION..... 48

COMMUNITY SERVICE..... 49

STUDENT RECORDS..... 50

STUDENT HEALTH..... 55

STUDENT LIFE..... 61

ACADEMIC STANDARDS..... 63

INDEX..... 65

Introduction

Welcome to the College of Medicine! The Faculty and Staff are excited to have you here and hope to make your four-year journey from college student to physician an enjoyable as well as an intensely educational experience. The material found in this Handbook should help to smooth out the initial phases of this transition as well as provide useful information for the years ahead. Please read it carefully and refer to it often.

USA College Of Medicine Mission Statement

As a diverse community focused on the science and practice of medicine for Alabama, the Central Gulf Coast, and beyond:

We educate, We discover, We serve.

Staff Directory

College of Medicine	
R. Franklin Trimm, M.D. Interim Dean & Associate Dean of Health Advancement	

Student Affairs	Phone Number
Laventrice S. Ridgeway, Ed.D., L.P.C., N.C.C. Associate Dean of Student Affairs	(251) 460-7174

Medical Education	Phone Number
T.J. Hundley, M.D. Associate Dean of Medical Education	(251) 414-8166 (251) 471-7896
Benjamin Estrada, M.D. Assistant Dean of Medical Education (Faculty Development)	(251) 405-5126
Abu-Bakr Al-Mehdi, M.D., Ph.D. Assistant Dean of Medical Education (Assessment and Evaluation)	(251) 341-3891
Jeffrey Sosnowski, M.D., Ph.D. Assistant Dean of Medical Education (Curriculum Integration)	(251) 460-6190
David Weber, Ph.D. Assistant Dean of Medical Education	(251) 460-6840
Laura Boatright, MD, CHSE Assistant Dean for Medical Education; Director of Clinical Skills	(251) 460-7139

Staff	Phone Number
Becky Smith, Ph.D., LPC, NCC Director, Health & Wellness Counselor	(251) 460-7402

Frank Lucas, Ed.D., M.L.A. **Director, Student Records and Engagement**	**(251) 460-7402**
Stephanie Roote, M.L.A. **Senior Associate Director, Office of Financial Aid**	**(251) 460-7918**
Sierra Huff-Brown **Assistant Registrar, Office of Student Records**	**(251) 460-7180**
Gracie Overstreet, M.B.A. Senior Program Coordinator	**(251) 460-7174**
Stacey R. Parrish, M.S. Program Coordinator	**(251) 460-7174**
Shannon Brown **Assessment Specialist and Coordinator**	**(251) 460-1966**
Ashley Givens **Coordinator, Medical Education**	**(251) 461-1413**
Charissa Moore **Coordinator, Medical Education**	**(251) 414-8166**
Karen Braswell (202 Mastin – Student Affairs) **Supervisor COM Clinical Education**	**(251) 471-7145**
LaToya Gamble, M.B.A. (202 Mastin – Student Affairs) **Coordinator COM Clinical Education**	**(251) 471-7873**

Honor System

Principles Of The Honor Code

All academic work performed by a currently enrolled College of Medicine student at the University of South Alabama College of Medicine will be conducted under the Honor Code. The formal code consists of the mutual understanding between all students and instructors expressed as follows:

No student will receive or give aid for academic work in any form not expressly permitted within the policies of the University, department, and course in which the work is conducted.

Any student who observes an infraction of this rule must report the observed incident to one of the following: module director, test proctor, administrator in the Division of Medical Education, Associate Dean(s) of Student Affairs or Medical Education, or a student representative of the Honor Council. If a student representative of the Honor Council receives a report of the honor code violation, the representative has a duty to report to one of the COM administrators or staff persons previously listed. The Honor Council student representative cannot be compelled to divulge the identity of the reporting student. Violation of honor code in NBME exams should also be reported to the Assistant Dean of Assessment & Evaluation.

Reported violations of the Honor Code will be reviewed by the Student Promotions and Evaluations Committee following the policies and procedures set forth for said committee.

Purpose Of The Honor Code

The first purpose of an honor code is to formalize the ideal of honesty which must prevail for any educational system to perform its function. Honesty is important in the medical profession because trust is vital to not only the patient-physician relationship but also to collegial relationships. Trust is built on honesty, and honesty is practiced by following an honor code. Taken broadly, the idea of honor incorporates standards of responsibility expected of physicians and physicians-in-training in all aspects of life.

Secondly, the honor code confers fairness and justice to the assessment process which prevents an undue advantage being gained by violators.

Thirdly, the boundaries within which the honor code is practiced provides for protection of the integrity of the test material.

Honor Pledge

The Honor Code is made explicit in situations of testing requesting all students to uphold that they have complied with the Honor Pledge. Each USA COM M1, M2 and M3 student will be asked to sign an Honor Pledge document at the beginning of each academic year. The document will attest to the following:

I will neither give nor receive aid from any unauthorized source during examinations nor will I copy questions from examinations degrading the integrity of the test. Additionally, I will report any incident I witness where someone appears to receive aid from an unauthorized source or copy questions from the examinations.

An assignment will be prepared in each courses' Canvas site for courses and clerkships (M1-M3), correlating with each exam a College of Medicine student undertakes inclusive of the NBME exams administered at the completion of the preclinical modules and the clinical clerkships. Students who need to report an honor code violation will complete the assignment on the calendar day on which the test is administered. The responses will be routed to the College of Medicine Assessment Coordinator or the College of Medicine Medical Education Coordinator and the Associate Dean of Student Affairs.

It must be understood that while the Honor Code assignment is only required for examinations, the integrity of the code is in effect for all graded assessments, including quizzes. While a student's compliance with the Honor Code is reasonably assumed, it must also be observable during graded assessments by fellow students and proctors unless the Division of Medical Education as in the case of Independent Learning Self-Assessments grants specific exceptions.

Standards Of Conduct For The Appropriate Treatment Of Medical Students In The Educational Setting

1. Purpose:

The University of South Alabama Frederick P. Whiddon College of Medicine (Whiddon COM) has a commitment and a responsibility to foster the development of professional and collegial attitudes and behaviors among teachers, learners, staff, and patients needed to provide a safe and effective learning environment which in turn fosters compassionate healthcare delivered by all members of the Whiddon COM community. The Whiddon COM believes that all medical students, residents, faculty, and staff have the right to learn and work in an environment of safety and respect. Mistreatment of medical students will not be tolerated.

2. Applicability:

The policy applies to all Whiddon COM medical students and faculty, residents, and staff at all USA Health facilities.

3. Definitions:

Conflict Resolution Council—**an [insert number]-member, diverse ad hoc committee of students, preclinical, clinical, and administrative personnel.**

Consultation—**a fact-finding meeting to gather information and determine outcome strategies.**

Fundamental—**any factor that serves as an essential component considered vital to understanding a moment or occurrence.**

Mistreatment—**behaviors exhibited, whether intentional or unintentional, that show disrespect for the dignity of others and unreasonably interfere with the learning process (American Association of Medical Colleges).**

4. Policy Guidelines:

This policy protects medical students from mistreatment by any Whiddon COM or USA Health faculty or adjunct faculty, residents, staff, and other medical students.

4.1 Examples of Mistreatment (include but are not limited to):

- **Verbal attacks or speaking insultingly to or about a person**
- **Public belittlement or humiliation**
- **Threat of physical harm or being physically attacked**
- **Request or requirement to perform personal services**
- **Intentional neglect, intentional lack of communication, or other instances that cause unwarranted exclusion from reasonable learning**
- **Disregard for student safety**
- **Denigrating comments about a student's field of choice or other healthcare professionals**
- **Threat of grading and other forms of assessment as a reward or punishment other than for course/clinical performance**
- **Assigning duties as punishment rather than education**
- **Being subjected to racially or ethnically offensive remarks.**
- **Being subjected to offensive remarks about one's sexual orientation**
- **Actions which result in the creation of a hostile environment**
- **Other behaviors that are contrary to the spirit of learning and/or violate trust between parties in the learning environment**

4.2 Feedback

Medical students are reminded that training is a rigorous process; thus, seeking and receiving feedback in the learning environment may occasionally be uncomfortable for the medical student but should not result in a report of mistreatment unless the delivery of the feedback crosses the boundaries mentioned as examples in section 4.1 of this policy.

5. Procedures

5.1 Reporting mistreatment

Reporting is the initial step that triggers subsequent investigation, consultation, and follow-up. Reports of mistreatment can be filed anonymously or non-anonymously with any of the following: course director, clerkship director, ombudspersons, or associate/assistant deans in the
Offices of Student Affairs
and
Medical Education
. Additionally, the Whiddon COM website has a link to
anonymous reporting
, which results in a report to the
Office of Student Affairs
. If a student is subjected to sexual harassment or discrimination, the student can report directly to the
University Title IX Coordinator
or Whiddon COM Title IX Deputy Coordinator. Maintaining confidentiality of reports, especially those reported non-anonymously, is strived for. However, the Whiddon COM Health and Wellness counselor serves as the Whiddon COM's only strict confidential report.

5.2 Resolution after reporting

5.2.1. The Whiddon COM acknowledges that all mistreatment reports are investigated to provide resolution, response, and improvement within the educational setting and clinical learning environment.

5.2.2. Students should be aware that anonymous reports may not be able to be fully investigated due to a lack of ability to confirm the report.

5.2.3. Resolution of the complaint involves collecting information through consultation followed by informal or formal resolution.

5.2.4. Consultation procedure:

The consultation procedure consists of meetings among the complainant, parties receiving the report, and the associate/assistant deans of Student Affairs and Medical Education. These discussions aim to gather information to assess potential strategies for outcomes. At this juncture, the complainant may agree that no further action is necessary. If further action is warranted, the process moves to the informal resolution procedure.

5.2.5. Informal Resolution Procedure:

The informal resolution procedure is initiated when the complainant files a written factual account of the alleged mistreatment with either the associate/assistant deans of Student Affairs or Medical Education. The party receiving the report will, in turn, notify the person accused of the allegation (hereafter known as "the respondent") as well as the respondent's direct report (e.g., program director for the resident). The details provided in the factual account must be sufficient to allow the respondent to make an informed response. At this juncture, the associate/assistant dean(s) may inform the Dean of the Whiddon COM, who may, in turn, recommend that others in the Whiddon COM or the healthcare system be notified of the investigation of the allegation. These notifications are meant to keep all parties who could be involved in recommending corrective or disciplinary action informed. After an investigation by the associate/assistant dean(s) and a response from the respondent is reviewed with the complainant, if adequate resolution is not achieved, which might involve corrective action imposed by the respondent's direct report, the matter can be forwarded to the Conflict Resolution Council for formal resolution.

5.2.6. Formal Resolution through the Conflict Resolution Council:

When informal measures cannot resolve a complaint, the Dean and the Associate Deans of Student Affairs and Medical Education or designees, in conjunction with the ombudsperson, will select a five-member Conflict Resolution Council (CRC). These members should be diverse and selected among pre-clinical students, clinical students, pre-clinical faculty, clinical faculty, and administration. The ombudsperson is not a member of the CRC but may be present at council meetings. The CRC will then select its chair to preside over deliberation. Minutes will be recorded with transcribed correspondence.

The CRC will meet within fourteen (14) days of being selected. They will consider the investigative report of the associate/assistant dean(s) or their designee and the written submission of both the complainant and respondent. After reviewing all pertinent information, the CRC may dismiss the complaint at this point if the CRC determines the complaint to be frivolous, incredulous, or without merit.

If not dismissed, the CRC will prepare a written report of its findings, conclusions, and recommended course of action. This report is forwarded to the associate/assistant deans of Student Affairs and Medical Education, who will review it with the

complainant, the respondent, and the respondent's direct report. If warranted, the report can include recommended steps to initiate corrective action.

If either party wishes to appeal the decision of the CRC, the following process is followed:

The appeal must be submitted in writing to the Chair of the CRC within five (5) business days of the initial notification.

1. a. 1. **The basis of the written appeal can only be based on one of the following criteria:**

1. Occurrence of a substantial mistake of fact in rendering the decision.

2. Evidence of a fundamental misinterpretation of official policy.

3. Occurrence of a significant procedural defect.

The written appeal will be considered by an ad hoc appeals committee comprised of three (3) members appointed by the Dean of the Whiddon COM from the voting members of the Whiddon COM Executive Council. No member appointed will have been involved in the investigation of the allegation, consultation process, or the informal or formal review.

The appeals committee will convene within seven (7) business days of being appointed to consider the written document prepared by the appellant. The appeals committee will also have access to the written report prepared by the CRC. The complainant and respondent (hereafter known as "the parties") will be notified of the meeting. The parties will be invited to attend the meeting and provide a statement or answer questions for clarification but cannot present new evidence. The Chair of the CRC will be invited to address any questions related to policy or process. The appeals committee may either accept or deny the appeal.

If the appeals committee denies the appeal, the CRC's recommendation is forwarded to the Dean of the Whiddon College of Medicine. The decision of the Dean is final, and there is no appeal.

If the appeals committee accepts the appeal, the decision is returned to the CRC, which will reconvene to consider whether there was a factual error, misinterpretation of policy, or procedural error in arriving at their original decision. After reconvening and arriving at a final decision, the CRC will forward its final recommendation to the Dean of the College of Medicine. The decision of the Dean is final, and there will be no further appeal.

6. Enforcement

This policy is managed through the Whiddon College of Medicine Offices of Student Affairs and Medical Education.

7. Retaliation

The University of South Alabama strictly prohibits retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding. Examples of retaliation included, but are not limited to, assigning a lower grade, describing the reporting individual as a "snitch," or making comments that the reporting individual is not to be trusted. Alleged retaliation will be subject to investigation and may result in disciplinary action.

Whiddon College of Medicine Ombudsperson

- **Ron Balczon, Ph.D. -**
  rbalczon@southalabama.edu
  - 251-460-6776
- **Lynn Batten, M.D. -**
  lbatten@health.southalabama.edu
  - 251-434-3432
- **Sarah Sayner, Ph.D. -**
  ssayner@southalabama.edu
  - 251-460-6959
- **Jon Simmons, M.D. -**
  jdsimmons@health.southalabama.edu
  - 251-471-7971

Sexual Misconduct Policy

University of South Alabama Sexual Misconduct Policy & Complaint Resolution Procedures SEXUAL MISCONDUCT POLICY Revised & Approved August 2020

The University of South Alabama (the "University") is committed to establishing and maintaining an environment where individuals, regardless of gender, gender identity, gender expression, or sexual orientation, are free from sex discrimination, sexual harassment, sexual violence, domestic violence, dating violence, stalking, and retaliation (collectively "sexual misconduct").

The University considers sexual misconduct to be a serious offense because it undermines the atmosphere of trust and respect that is essential to a healthy University Community. As such, sexual misconduct violates the standards of our University Community and constitutes a violation of this policy.

This policy is outlined in the complete form on the USA Title IX website.

https://www.southalabama.edu/departments/studentaffairs/titlenine/

Nondiscrimination Policy

Policy Of Nondiscrimination

The University of South Alabama and its colleges and subdivisions follow a policy of nondiscrimination on the basis of race, color, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, religion, age, genetic information, disability, protected veteran status or any other applicable legally protected basis.

The University of South Alabama does not discriminate in its student and employment practices in violation of any applicable laws. The University of South Alabama is an Equal Opportunity/Equal Access educational institution. The University of South Alabama does not discriminate on the basis of disability. No otherwise qualified person with a disability, solely on the basis of such disability, will be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the administration of any educational program or activity including admission or access thereto or in treatment or employment therein by the University of South Alabama.

Compliance With 1973 Rehabilitation Act And The ADA Of 1990

The University of South Alabama complies with Section 504 of the Rehabilitation ACT of 1973 and the ADA of 1990 as amended. Any questions relating to the accessibility should be directed to the Manager, Special Student Services, Student Center, Room 270, (251) 460-7212.

University of South Alabama College of Medicine Division of Medical Education

Medical Sciences Building 5795 USA Drive North

Mobile, Alabama 36688-0002

(251) 461-1413

www.southalabama.edu/colleges/com

The University of South Alabama reserves the right to make changes in course offerings, curricula, academic policies, tuition and fee schedules and other rules and regulations affecting students in order to correct errors, omissions, inconsistencies or changes required by regulatory, accrediting and/or other governing bodies as necessary. Date of effectiveness and interpretation of said rules, regulations and policies are within the sole discretion of the University. These changes will apply to students who are enrolled at the time of the change, as well as those who will become enrolled in the future.

The University of South Alabama is an EO/AA employer and does not discriminate on the basis of race, color, national origin, sex, pregnancy, sexual orientation, gender identity, gender expression, religion, age, genetic information, disability, protected veteran status or any other applicable legally protected basis.

Disciplinary And Grievance Actions

The vast majority of medical students will pass through the medical education system without any difficulty. Most students never become known to the Student Promotions and Evaluation Committee (SPEC) except as they are routinely promoted to the next level of study. A few students, however, will have problems that bring them before the Honor Council or SPEC. These problems consist of (1) academic difficulties (deficient academic grades), (2) unprofessional behavior and (3) Honor System violations.

Students who believe that a rule, procedure or policy was applied to them in an unfair or inequitable manner, or that they have been treated unfairly by a faculty member or administrator, can submit a grievance.

Reasons For Disciplinary Action

1. Academic

- **Cases arise from marginal or unsatisfactory academic performance.**

2. Unprofessional Behavior

- **Cases arise from PEC notes, any other reports deemed by the Associate Deans of Medical Education and Student Affairs to merit SPEC review, and/or a breach of Professionalism Contracts designed to remediate unprofessional behavior.**

3. Clinical Skills Deficiency

- **Cases arise from failure of OSCE, remediation, or performance in any clinical setting that is deemed unacceptable.**

4. Honor Code Violations

- **Cases arise from alleged incidents.**

Academic Procedures

The SPEC meets regularly to review the records of all students as soon as possible after final grades are assigned by the faculty. When a student does not meet cognitive or non- cognitive standards as defined in the Academic Standards, the SPEC will review that student's record in detail and make a recommendation to the Dean. The SPEC may meet anytime during the calendar year upon receipt of a finding by the Honor Council that a student has violated the Honor Code, or for other reasons described in the Academic Standards.

The members of the SPEC and student(s) whose situation(s) will be considered in detail and upon whom action may be warranted will be notified orally and/or in writing of the meeting.

Please refer to the Student Promotions and Evaluation Committee, Composition, General Policies, and SPEC appeals process.

Disciplinary Procedures

Procedures for SPEC review of students for alleged Honors Code violations and breach of ethical or professional behavior.

Cases involving disciplinary actions can arise from alleged infractions of the Honor Constitution or an alleged serious and significant breach of ethical or professional behavior. Examples – by way of illustration, not by way of limitation – of possible actions which would lead to initiation of disciplinary procedures include accusations of:

- **Cheating**
- **Stealing**
- **Fraud**
- **Discrimination**

- **Other violations of the law**

After receipt of an allegation of infraction of the Honor Constitution, a hearing before the Honor Council will be conducted to determine the facts. The Chairman or a member of the Investigation Committee shall prepare and present the case against the student. If the student is found guilty of a violation of the Honor Code by the Honor Council, any disciplinary action becomes an academic matter. If the student is found innocent by the Honor Council, all records will be destroyed. If a student is found to have committed a violation by the Honor Council, an account of the investigation and hearing will be submitted to the Associate Deans of Medical Education and Student Affairs. The case shall be referred to the SPEC for determination of subsequent action.

If it is alleged that a student has failed to meet minimal scholastic non-cognitive performance standards as defined in the Academic Standards, the SPEC will review the student's record in detail according to the SPEC General Policies. However, if in the opinion of the Associate Deans of Medical Education and Student Affairs a serious and significant breach of appropriate behavior is alleged or documented the SPEC may hold a disciplinary hearing to evaluate the allegations and make a determination.

The SPEC will follow the General Policies process with the student maintaining the right to appear.

(See SPEC appeals process)

Grievance Procedure

1. Purpose

This policy details internal procedures for filing different types of complaints, including General Complaints, Sexual Harassment and Sexual Violence Complaints and Grade Grievances. College of Medicine (COM) Students are encouraged to follow these procedures. In the event a student complaint cannot be resolved internally, contact information is provided for the Alabama Commission on Higher Education and the Southern Association of Colleges and Schools Commission on Colleges.

2. Applicability

This policy applies to all USA COM Medical Students, who feel that based on facts; there has been a misinterpretation, misapplication, discriminatory application, or violation of a University policy or procedure.

3. Definitions

Not applicable.

4. Policy Guidelines

4.1 General Complaints

4.1.1 If a student has a complaint, they must provide a written description of the complaint, including the date and time of the event, the person or group with whom the student has the complaint, and the names of any witnesses. The written complaint must be submitted to the Office of the Vice President for Student Affairs and Dean of Students within 30 days of the event.

4.1.2 The Vice President for Student Affairs and Dean of Students or their designee will then meet with the grievant to review the complaint, after which the Vice President for Student Affairs and Dean of Students will determine if the complaint can be handled by that office or needs to be referred to other university officials. Examples of grievances that will be referred to other University officials include discrimination or sexual harassment complaints against faculty, which are referred to the Provost and Senior Vice President of Academic Affairs or Vice President for Medical Affairs and Dean of the College of Medicine, as appropriate, and complaints against University staff, including but not limited to discrimination or sexual harassment, which are referred to Human Resources.

4.1.3 Once it is determined that the Office of Vice President for Student Affairs and Dean of Students is the appropriate forum for the resolution of the grievance, the Vice President for Student Affairs and Dean of Students will contact the accused. At this point, every effort will be made to resolve the complaint through informal discussion with the parties.

4.1.4 Should informal discussion with the parties fail, and the grievant desires a hearing, the Vice President for Student Affairs and Dean of Students will appoint an ad hoc group with two administrators, two faculty, and one student to hear the case and render a decision and recommend a remedy to the complaint. Members of the University Disciplinary Committee may be used on the committee. The ad hoc committee will meet within five (5) working days of the request for a hearing.

4.1.5 Should the grievance be determined by the committee to have merit, an appropriate remedy will be decided upon by the Vice President for Student Affairs and Dean of Students and the accused's supervisor. The accused shall have the right to appeal the decision to an administrator appointed by the Vice President for Student Affairs and Dean of Students within seven (7) working days of the decision. The appointed administrator will render a decision on the appeal within seven (7) working days from receipt of the appeal. The decision is final.

4.1.6 For those complaints related to violations of the Code of Student Conduct, which are taken to the Vice President for Student Affairs and Dean of Students, please refer to the policy in The Lowdown Code of Student Conduct for procedural steps that will be followed. If such a violation is not the basis of the complaint, the Vice President for Student Affairs and Dean of Students will work with the complainant toward a resolution of the complainant's issue, which may include Aid, referral to the Office of Special Student Services, etc.

4.2 Sexual Harassment and Sexual Violence Complaints

4.2.1 Students are protected by the University of South Alabama's Sexual Misconduct Policy. Students may submit a written complaint to the compliance officer as described above or to the Vice President for Student Affairs and Dean of Students. Again, please refer to the specific procedures outlined in The Lowdown, The Faculty Handbook, Staff Employee Handbook, or the College of Medicine (COM) Student handbook for complaints regarding sexual harassment or sexual violence.

4.3 Grade Grievances

4.3.1 A grade grievance is defined as a student complaint regarding an academic action taken by instructional personnel in assigning a final course grade, temporary course grade resulting in activation of the remediation process, or an academic evaluation for any COM course.

4.3.2 For a grade grievance to be considered, the complaint must be based on one or more of the following grounds and upon allegation that the ground(s) cited influenced the grade assignment to the student's detriment:

- **Arithmetical or clerical error;**
- **Arbitrary or capricious evaluation on the part of the instructor;**
- **Substantial failure on the part of an instructor to follow the course syllabus or other announced grading policies;**

4.3.3 This procedure may not be used to complain about a grading policy, assignments, the difficulty of a course, decisions of previous grievances, or other comparable matters. Finally, students may notfile a grievance about a course grade that was assigned as the result of an academic misconduct procedure.

4.3.4 A Grade Grievance must be filed no later than twenty (20) weekdays excluding holidays after the grade is posted by the Senior Associate Registrar, College of Medicine.

5. Procedures

5.1 Filing the Grade Grievance Form

5.1.1 A COM Grade Grievance Form must be filed by the student no later than twenty (20) weekdays after the grade is posted by the Senior Associate Registrar, COM. Blank COM Grade Grievance Forms may be obtained on the USACOM website in the Policies and Forms folder (
https://www.southalabama.edu/colleges/com/currentstudents/
). Page One of the COM Grade Grievance Form must be completed and turned into the Associate Dean of Student Affairs or designee.

5.1.2 The Associate Dean of Student Affairs will meet with the student and provide counsel regarding available options and the procedures of the grade grievance process. At the conclusion of this meeting, the student may decide to withdraw the complaint or proceed with the grade grievance process. The student's decision must be noted on the COM Grade Grievance Form. If the student accepts the grade at that point, the process ends, and the signed form will serve as a record of that acceptance. If the student proceeds with the Grievance, then the form will be dated and signed by both the Associate Dean and the student and a copy given to the student.

5.2 Grievance for Arithmetical or Clerical Error (Form A)

5.2.1 The Associate Dean of Student Affairs will forward the grievance to the Medical Education Office for grade recalculation and verification. If the posted grade is found in error, it will be corrected and reported to the Senior Associate Registrar, COM. If no error in grade posting is found this will be recorded on the COM Grade Grievance Form A and the grievance will be considered closed and no further grievances may be made regarding this grade.

5.3 Grievances other than for Arithmetical or Clerical Error (Form B)

5.3.1 COM Grade Grievance Review by Student Promotion and Evaluation Committee (SPEC)

5.3.1.1 The Associate Dean of Student Affairs will forward the Grade Grievance to the Chair of the SPEC within five (5) weekdays excluding holidays of the completed COM Grade Grievance Form B. The Chair of the SPEC will review the membership prior to a hearing to determine members who may have a conflict of interest. The chair may exclude instructional faculty that have a conflict of interest related to the specific grievance. Majority rule will apply to decisions, with the student members having full voice and vote.

5.3.2 SPEC Grade Grievance Hearing

5.3.2.1 Upon receipt of the materials and request for a hearing, the SPEC will conduct a hearing within ten (10) weekdays excluding holidays of receipt of the request or pending availability of a quorum. The Committee hearing process will afford all parties the right to submit any documentation, supporting witnesses, or relevant information 48 hours prior the hearing. Legal representation at the hearing is prohibited. The Committee will review the evidence presented by all parties, and make a decision in the grade grievance.

5.3.2.2 Decision possibilities include: uphold the grade given or academic action taken or find the grievance is valid and make recommendations regarding a remediation plan. The student, all parties involved, and the Dean of the COM will be notified in writing of the Committee's decision within three (3) weekdays excluding holidays of the conclusion of the hearing.

5.3.3 Appeal

5.3.3.1 An appeal must follow the established SPEC appeal procedure.

5.4 Summary

The following summarizes the timeline and procedures for a Final Grade Grievance:

5.4.1 A COM course grade grievance cannot be filed until a final or temporary grade has been received in a pre-clerkship module, clinical clerkship or M4 course. The appropriate COM Grade Grievance Form must be filed by the student no later than twenty (20) weekdays excluding holidays after the final grade has been posted by the Senior Associate Registrar, COM.

5.4.2 The student completes a COM Grade Grievance Form, files the form with the Associate Dean of Student Affairs or designee who refers the form to the appropriate destination within the required time frame.

5.4.3 The decisions of the grade verification or the SPEC Committee will be final.

6. Enforcement

6.1.1 Implementation of Grievance Outcome

6.1.1.1 The Associate Dean of Medical Education will implement the outcome(s) of the grievance committee or appeal, as required, at the conclusion of the grievance procedure.

6.1.2 Confidentiality

6.1.2.1 Throughout the entire procedure, from filing of a formal complaint to final resolution, all information related to the grievance must be kept confidential. Once a final decision has been made and implemented, the original copy of the completed COM Grade Grievance Form and related Grievance documentation will be placed in the official confidential Grievance File within the Offices of Student Affairs for a minimum of five (5) years.

7. Related Documents

7.1 COM Grade Grievance Forms A and Form B.
https://www.southalabama.edu/colleges/com/currentstudents/

Graduation Requirements

Graduation Eligibility

To be eligible for graduation, a Senior student must have:

1. **Completed at least 32 credit hours of courses in the Senior year and passed all courses taken in the senior year.**
2. **A passing score on USMLE Step 1 exam on file in the Office of Student Records.**
3. **A passing score on USMLE Step 2 CK.**
4. **Completed an ACLS course, with documentation on file in the Office of Student Records.**
5. **Grades from all senior course work received in the Office of Student Records.**
6. **Be cleared of all holds and/or fines from the student's record.**
7. **Completed an Exit Interview with the Office of Student Records. This meeting will cover issues pertaining to residency, licensure, USMLE Step 3, applications for fellowships, and other necessary information needed once the student has left the University.**
8. **Completed an Exit Interview with the Senior Associate Director of Financial Aid.**

Graduation And Honors Convocation

These events are the culmination of the joint efforts of the students and the faculty. Students who are eligible to graduate and participate in the Academic Hooding Ceremony and University Commencement are expected to be present at both ceremonies unless prior approval has been granted by the Associate Dean of Student Affairs. Students who have not completed the requirements for graduation will not be permitted to participate in the Honors Convocation or the Graduation ceremonies.

Posthumous Degrees

In the event that an enrolled medical student at the University of South Alabama Whiddon College of Medicine dies, the Executive Council shall be charged with the decision to award a posthumous degree. In recognition of the dedication and hard work required of all medical students, there shall be no rigid cut off for the percentage of the total medical curriculum completed. The Executive Council shall consider the entirety of the circumstances, on a case by case basis, including, but not limited to, the deceased student's academic standing and when (in the course of the medical curriculum) the death occurs.

Time To Graduate

Time To Graduate

University of South Alabama College of Medicine Time to Graduation Policy for Students enrolled in the Medical Doctor degree earning program.

1. **Purpose: It is recognized that some students due to academic disruptions or leaves of absence may require more than four (4) academic years to successfully complete the curricular elements necessary to be awarded the Medical Doctor degree (M.D.). This policy establishes the maximum number of academic years for a student enrolled in the Medical Doctor (M.D.) degree earning program to complete the degree as tracked from matriculation to graduation.**
2. **Applicability: This policy applies to all University of South Alabama College of Medicine (USACOM) students pursuing the M.D. degree after matriculation.**

3. Definitions:
    a. Academic year: The annual period of a student's education. The length of the academic year in months and weeks varies in the COM dependent upon the student's curricular/clinical responsibilities for a given year and is posted on the academic calendar published on the COM website.
    b. Academic Calendar: Calendar defining the beginning and end dates for each cohort class.
    c. Base time to graduation: This refers to the four academic years from a student's initial matriculation date to the anticipated date of graduation.
    d. Time to graduation: The length of time between a student's recorded matriculation and the recorded date of graduation.
4. Policy Guidelines:
    a. Normal progression through the COM core M.D. curriculum requires that a student demonstrate a consistently satisfactory level of performance. Module, clerkship, and course grades generally serve as indicators of performance. The curriculum is designed with the expectation that students will complete the curriculum successfully within four (4) academic years from the initial date of matriculation ie the base time to graduation.
    b. The COM recognizes that each student has unique capabilities and life experiences, and therefore, some students may need to extend their time from matriculation to graduation due to but not limited to a leave of absence or as the result of academic disruptions which necessitate a repeat or remediation of academic work or a component of the USMLE licensing exams. For these reasons, the USA COM has decided upon two years of additional flexibility which can be added to the base time to graduate which would therefore allow the student a maximum of six (6) academic years to successfully complete the M.D. curriculum including specific licensing exams as tracked from initial matriculation.
    c. In framing the time to graduation policy, the USA COM needs to adhere to the COM's Satisfactory Academic Progress (SAP) policy enforced through the COM Office of Financial Aid. Within the SAP policy is found the following verbiage: Based on federal regulations, maximum time frame is defined as the maximum number of years after first enrollment that a student may complete COM courses in the full-time pursuit of a degree and receive federal financial aid funding. For federal student aid purposes, the maximum time frame to complete a medical degree in the COM is six (6) years after which a student is no longer eligible to receive federal student aid.
    d. All leaves of absence count toward the student's time to graduation.
    e. If a student withdraws from the COM and is not on probation at the time of withdrawal, the time between withdrawal and readmission does not count toward the student's time to graduation.
5. Procedures
    a. The student's time to graduation is tracked from the initial date of matriculation.
    b. A student whose pace of progress precludes completion of all required coursework including success on the USMLE licensure exams for the M.D. degree within the stated and defined six (6) academic years will have their academic record reviewed by the Student Promotions and Evaluation Committee (SPEC). Pending the outcome of this meeting, the student could be subject to dismissal.
        1. SPEC's review of the student's academic record will occur at the first juncture when it becomes apparent that the student will be unable to complete all required coursework in the given six (6) academic year timeframe.
        2. The SPEC policies and procedures as delineated in the COM Student handbook will govern the proceedings.
    c. Any student has the right to petition SPEC requesting a meeting to present documentation in support of an extension of the maximum six (6) academic year time frame by no more than one academic year. The committee meeting would follow the SPEC policies and procedures outlined in the COM Student Handbook.
    d. Applies to all students who matriculate in 2022 and thereafter.
6. Enforcement: All infractions of this policy will be referred to the SPEC as soon as the student has exceeded the limits of time available to successfully complete the curriculum. Once referred to SPEC, the policies and procedures which govern SPEC will be enforced.
7. Related documents
    a. Leave of Absence
    b. Satisfactory Academic Progress policy

Academic Standards

Performance Standards And Core Competencies

Grading of academic performance across modules and clerkships is standardized to comply with guidelines established by the College's Curriculum Committee and will determine acceptable academic performance in a module or clerkship. The assessment of academic performance will measure students' progress toward the six core competencies of medical practice defined by the Accreditation Council for Graduate Medical Education (ACGME). These include:

Patient Care

Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

Medical Knowledge

Acquire a fundamental understanding of the established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

Interpersonal And Communication Skills

Engage in effective information exchange and teaming with patients, their families and other health professionals.

Professionalism

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Practice-based Learning And Improvement

Critically evaluate, reflect, and enhance one's own performance level of knowledge and skill as it relates to patient care, appraisal and assimilation of scientific evidence, and a lifelong goal of improving patient care, through self-improvement.

System-based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide optimal care.

Milestones Of Achievement Toward Competency

The professional goals of meeting educational objectives for each year of training are expressed as a series of milestones to be achieved along the pathway to each core competency. These milestones are published on the Student Affairs' website.

Academic Policy

M1 & M2 Grades

M1 & M2 Student Grades

All pre-clerkship modules use the following standard grading scale based on percentage of possible points earned.

H (Honors)* ≥94% or top 10% of the class; performance exceeds expected standard

P (Pass) 70#93%; performance meets standard

F (Fail) <70%; performance does not meet standard

The same cutoffs for H/P/F apply to Clinical Skills course which includes the OSCE. Each grade is based on the percent of combined points earned for all stations comprising an OSCE.

***A student earning ≥94% automatically earns Honors. If less than 10% of the class scores ≥94% for a module or OSCE, the Honors cutoff is lowered to the next whole number until this is achieved. For example, consider the case where only 7 students in a class of 77 score ≥94%, and dropping the cutoff to 93% results in several additional students being eligible for Honors in excess of 10% of the class. All such students would receive Honors.**

Final course scores are rounded by 0.5 pts to the nearest whole number. For example, 93.49 rounds to 93, and 93.50 rounds to 94.

Only H/P/F or a designated remediation grade (see below) appear on the student's official transcript. Numeric course scores do not but are maintained by the Whiddon COM Office of Student Records and Division Of Medical Education for the purpose of calculating class rank and review by the SPEC.

Module grade formation. Each M1/M2 module is graded by the same weighted formula:

60% Institutionally authored exams
30% Comprehensive final examination, the Customized NBME Assessment (Miniboard)
10% Quizzes
100

M3 & M4 Grades

M3 Grades

The same H/P/F grading scale used for modules and OSCEs applies to clerkships. The final grade formulation is composed of clinical, NBME, and active learning subscores. The clinical, NBME, and active learning subscores represent 50%, 30%, and 20% of the final grade respectively. Please refer to the respective clerkship's syllabus for further details on specific grade components within each area.

The Clinical subscore is the score from the M3 Competency-based Evaluation (CBE), which is adjusted for experience by academic quarter, and assesses student performance across sub competencies using a scoring rubric for each. The NBME subscore is determined by a student's score on the NBME miniboard given at the end of each clerkship. The national percentile for the score is determined by tabulating the student's raw equated % correct score against the most current table of national norms established for each clerkship by academic quarter of testing. The student's percentile score is in turn applied to one of four formulas to derive the final subscore used toward grade, depending on whether the student's percentile falls within the 1st, 2nd 3rd or 4th quartile of the percentile scale. For a detailed explanation of scoring for the CBE and NBME exam, refer to the clerkship homepages. Small group activities include assessments for guided and independent

Self-Directed Learning Activities. The Family Medicine clerkship factors in addition a scored OSCE for the musculoskeletal system and other small assessments into the final grade.

Optional 4-week "selectives" taken in year 3 are graded P/F.

M4 Grades

Grades for the M4 course, Transition to Residency, and all M4 electives, acting internships and externships are determined as P/F at the discretion of the director.

During the M4 year, the student may choose to participate in senior year coursework at another institution. This opportunity allows the student not only to evaluate the practice of medicine at another institution but also to evaluate these programs as potential sites for graduate medical education training. The M4 COM student is allowed to take up to three (3) different four week audition electives at approved institutions. The process for obtaining these positions is largely through the Visiting Student Learning Opportunities (VSLO) program. The link to this program is included in the COM Senior Manual.

Evaluation forms for the audition elective must be completed in order for the student to receive a grade and course credit. The Senior Performance Evaluation form and a postage paid envelope must be obtained from the Office of Student Affairs in Mastin 202 prior to departure for the elective. The student will deliver these to the Audition course director. Prior to completing the elective, the student should ask the Physician assigned as their attending/course director to complete and return the form to the Office of Student Affairs, as addressed.

Because of the volume of visiting students that an institution processes and hosts, some institutions will only complete their internal grade or performance evaluation form. If this is the case, the University of South Alabama Whiddon College of Medicine will accept the evaluation form from the allopathic institution where the student has rotated provided when received, the evaluation is reviewed either by the Associate Dean for Student Affairs or Medical Education and is deemed similar to the internal Senior Performance Evaluation form. Once the evaluation has been internally reviewed, if the submitted grade is listed as a PASS or higher, the grade will be translated internally to a PASS which will therefore appear as a P on the student's official transcript. This step must be in place as some institutions will assign an HONORS designation to M4 coursework, and our official transcript lacks that designation for the M4 courses. The Grades for all M4 courses should be received within two (2) weeks of the completion of the course.

M4 coursework is not included in the class rank.

Incomplete Grades

Incomplete (I) Grade

An I grade signifies incomplete coursework that must be completed to receive academic credit. An (I) is usually given under circumstances beyond the control of the student, such as illness. It is a temporary grade and must be removed by a date set by the appropriate course director and the Associate Dean of Medical Education and Student Affairs in consultation with the student. If required coursework has not been remediated within the set date or, in the absence of a set date, within six months of its recording by the Whiddon COM Office of Student Records, the matter will be referred to the Student Promotions and Evaluation Committee for a hearing under the Academic Procedures section of the handbook. An I grade may be converted to F at that time.

Deficient Grades Of U, UF, And F

Deficient Grades Of U, UF, And F

A U (Unsuccessful) grade is temporary, requires remediation, and is assigned in the event that a student does not achieve the minimum passing standard of ≥ 8th percentile on a clerkship miniboard but earns ≥70% for the overall clerkship score. Upon successful retake of the clerkship miniboard, the U converts to a UP. In the case of failing the miniboard upon the first retake, the U converts to a UF. U grades are also assigned when a student does not achieve the minimum passing standard for one or more testing stations that comprise a gateway Objective-Structured Clinical Examination (OSCE). A U grade assigned for an OSCE converts to a UP pending successful remediation of the failed station(s). A U grade that is not successfully remediated on first retake converts to a UF. Any assignment of a UF grade will trigger a meeting of the SPEC.

A U grade must be remediated after its recording by the Whiddon COM Office of Student Records prior to promotion to the next academic year level. If remediation does not occur within this time frame, the matter will be referred to SPEC.

A fail (F) grade is automatically assigned when a student does not achieve the minimum overall passing score of 70% in a module, clerkship, or gateway OSCE. An F can also be assigned to any student who fails to complete course requirements, who fails to demonstrate appropriate professional behaviors, or who fails to attend or participate in required course activities (for simplicity, course is defined as any module, clerkship, elective, or M4 level course).

Refer to subsequent sections for additional information on the detailed remediation process for modules, OSCEs and clerkships.

All deficient grades of UF and F are reviewed yearly by the Student Promotion and Evaluation Committee.

Deficient Grades M1 Year

Remediation is required when a student receives a deficient grade of F for failing a module numerically with an overall score <70%. The student will be expected to complete remediation as outlined in the section on Academic Remediation. If the deficient grade is successfully remediated, the student can return to the normal module sequence to begin Year 2. This applies only in the event that a single module requires remediation.

Deficient Grades M2 Year

The same provisions described for remediation of M1 modules applies to a student who receives a deficient module grade in the M2 year. At the discretion of the Associate Dean of Medical Education, the student may sit for the practice STEP 1 exams held by the COM. However, the student will defer taking STEP 1, and may not begin a M3 clerkship rotation until module remediation is successfully completed and STEP 1 has been taken.

Deficient Grades M3 Year

Deficient grades (U or F) received in the M3 year must be successfully remediated before a student can be promoted into the M4 year. All M3 clerkships must be taken at USA. Therefore, a student who receives an F grade in a clerkship must repeat that clerkship at USA. Remediation is required for a clerkship score <70% or for a U grade resulting from failing the miniboard but otherwise earning a passing score for the clerkship. Every attempt will be made to provide the student with the option to complete all requirements within a time frame that does not delay his/her anticipated date of graduation. However, if more than one clerkship must be repeated, the student may not have sufficient time to complete all requirements of the M4 year. Therefore, that student's graduation may be delayed.

Deficient Grades M4 Year

If a student fails a M4-level course, he/she must successfully repeat that course in order to graduate (SPEC has discretion to require certain acting internships in the M4 year to enhance learning in areas of weak academic performance in the M3 year). A second failure of any M4 course, or a newly reported episode of unprofessional behavior or violation of the Honor Code occurring in the M4 year, may result in dismissal from medical school.

Clinical Skills Deficiency

Remediation of OSCEs is described in sections pertaining to Objective Structured Clinical Examination, Remediation for inadequate performance in other clinical encounters will be determined by consultation with the Clerkship or Elective Director, or at the direction of the SPEC. Any student who refrains from remediating final OSCE or additional specified clinical skills that are brought to the attention of SPEC is subject to dismissal.

Objective-Structured Clinical Examination (OSCE)

Objective-Structured Clinical Examination (OSCE)

A gateway OSCE is graded separately from modules and is a comprehensive examination of a student's development in all the competencies as measured in a series of mock clinical encounters. Students must successfully pass a gateway OSCE to move forward to the next level of training. OSCE 1 is given following the first year, OSCEs 2 and 3 are given in the fall and spring semester of the second year respectively, and the Final OSCE is given at the end of the third year. They consist of several stations, each representing a different patient case or scenario. Stations are typically represented by trained,

"standardized" patients. A point value is assessed for each station, and the points earned for each station are summed for an overall %score on the exam. The total %score earned for each gateway OSCE counts toward class rank as detailed in another section.

For student transcripts, OSCE's are graded H/P/U/F. To earn a passing P grade, a student must earn at least 70% of attainable points at each station comprising the OSCE. A student will earn a U grade for the OSCE if a subscore <70% is made on one or more stations, but an overall score of ≥70% is maintained. A student will have two chances to remediate a U grade. If successful on first attempt, the U grade will convert to a UP, and the student will earn a maximum of 50% of the points originally assigned to the remediated station(s), while retaining the scores on the originally passed stations for the purpose of class rank. If a second attempt is required and passed, the UP grade will also be earned, although the remediated station will count only 25% of the points originally assigned for the purpose of rank determination. If unsuccessful on second attempt to remediate, the grade of U converts to UF and the student will be referred to SPEC for further action.

An F grade for an OSCE results if the total cumulative score for all stations is below 70%. To successfully remediate an F grade for an OSCE, a total score of ≥70% on the exam must be achieved and a subscore ≥70% earned on each station. Two chances are allowed to remediate an F grade. Successful remediation of a U or F grade must occur within 60 days of the initial exam. For a remediated F grade, the student's original score will be used for the purpose of class rank determination, and a new transcript entry will designate the remediated status of OSCE. For remediation purposes, the failed OSCE course will be added to the student's transcript by the Whiddon COM Office of Student Records as a repeated course.

Class Rank

Class Rank

Class rank is determined for students through the completion of the M3 year. Class rank can be a determining factor for students who seek competitive residencies, election into Alpha Omega Alpha, and other scholarships or awards. Rank points earned are calculated at the end of each academic year for all M1 and M2 modules and comprehensive OSCEs. Class rank carries through the end of the third year, incorporating all clerkships and the M3 year OSCE. Cumulative class rank is based on performance in all courses and OSCEs for all years completed to date of computation. No rank#in#class is computed for the M4 year.

Contribution Of Remediated Courses And OSCEs

For a student who successfully remediates an F grade for a module or clerkship (i.e. total score <70%), only the original numeric score will count toward class rank.

For a student who successfully remediates an U grade for failing a single clerkship's miniboard on first take, a numeric score 65 for the miniboard will calculate toward final grade; other scored components of the clerkship are unaffected by the remediation. In the event that a student fails the first retake, subsequently repeats the clerkship successfully and passes the miniboard, the score assigned for class rank will be the minimum passing score of 70. For a student assigned a UP grade for failing and successfully remediating a second clerkship miniboard, the original score for the clerkship inclusive of a 65 for the remediated NBME score will count toward class rank. For a student who fails a clerkship outright, the original score summed from all graded components will count toward class rank. For the policy on remediated OSCEs, refer to the preceding section on Objective#Structured Clinical Examinations.

Methods Of Class Rank Calculation

Module Rank Points (MRP). These are earned for each module and calculated on the basis of module duration in weeks and performance (student's score). For example, the maximum possible MRP for a 6 week module = 6 x 100(%), or 600. A student whose final score in this module is 84 earns 6 x 84, or 504 MRP. Total rank points earned for completed modules are summed at the end of the M1 and M2 years.

Clerkship rank points (CRP). These are earned for each clerkship and calculated on the basis of clerkship duration in weeks and performance (student's final score). For example, the maximum possible CRP for the Pediatrics clerkship of 8 weeks = 8 x 100, or 800. For example, a final score in Pediatrics of 92%, earns 736 CRP. Total rank points earned for all completed clerkships are summed at the end of the M3 year.

Clinical Skills Rank Points (CSRP). Clinical Skills graded components together will cumulatively count 20% of class rank by the conclusion of the M3 year, with M1 and M2 clinical skills each counting 6.66% and Final OSCE counting 6.66%.

Class rank is calculated at the end of year 1 as follows:
(MRPY1 earned/possible)(93.34%) + (CSRP earned/possible)(6.66%)
where MRPY1=summed module rank points for year 1; CSRP = summed points for Clinical Skills.

Class rank is calculated at the end of year 2 as follows:
MRPY1 + MRPY2 (earned/possible)(86.68%) + (CSRP earned/possible)(13.32%) where MRPY2=summed module rank points for year 2; CSRP = summed Clinical Skills points for Clinical Skills 1 and 2.

Class rank is calculated at the end of year 3 as follows:
MRPY1 + MRPY2 + MRPY3 + (CRP earned/possible)(80%) + (CSRP earned/possible)(13.32%) + ORP earned/possible) (6.66%)

where CRP is summed for all clerkships; CSRP = summed Clinical Skills points for Clinical Skills and ORP = Final OSCE points where CRP is summed for all clerkships; CSRP = summed points for Clinical Skills 1#2 and ORP = OSCE points for Final OSCE.

Missed Exam Policy

Missed Exam Policy

All exams, including OSCEs, must be taken at the scheduled time and date unless a student has a valid excuse. Acceptable excuses are limited to personal illness, and death or grave illness of an immediate family member. Extenuating circumstances will be considered. Students unable to take an exam must inform the (1) Course Director prior to the original scheduled date to allow for a rescheduled makeup, and (2) Associate Dean for Medical Education prior to the scheduled start of the test. If the Associate Dean of Medical Education cannot be reached, the student will inform the Assistant Dean for Assessment and Evaluation. In the event of personal illness, the student must provide, as soon as possible, a signed justification by an attending physician stating that he or she is deemed unable to sit for the exam. Only students with a valid excuse will be allowed to take a make-up exam; absent students without a valid excuse will receive no credit for the missed exam.

Attendance Policy

Attendance Policy

Download the USA COM Attendance Policy [PDF]

Clinical Skills (CLN Course)

Clinical Skills (CLN Course)

This course consists of formative instruction and interaction with simulated patients, as well as small group instruction and large group panel sessions. Learners are instructed on how to (1) conduct a patient encounter, (2) take a patient history, (3) perform the essential elements of physical examinations, and (4) formulate a prioritized differential diagnosis and workup, (5) orally present their findings to colleagues, and (6) document their findings in the form of a patient note. The course content is coordinated to follow the sequence of pre-clerkship modules. The Clinical Skills course grade has three components:

1. Observer-structured Clinical Examinations (OSCEs), which consists of multiple stations, each representing a different clinical encounter.

2. Competency Based Evaluations (CBE), a rubric based assessment that reflects observable knowledge, skills, and attitudes in categories identified by the AAMC as core competencies.

3. Completion of required assignments of the CLINIC program (outlined below)

In the M1 year, the CLN course grade will consist of OSCE 1 (60%), average of CBEs (30%), and CLINIC (10%).

In the M2 year, the CLN = course grade will consist of the average OSCE performance (60%), average of CBEs (30%), and CLINIC (10%).

Course grades are determined by point totals for the above components as follows,

H ≥94%**
P 70-93%
F <70%
U A temporary grade of Unsatisfactory is given when a student achieves ≥70% on the entire exam but earns less than 70% on one or more individual stations. If remediation of the failed station(s) occurs within the allowable time frame and is successful, the U converts to a UP. If not, the U converts to a UF.

****In the event that 10% of the class does not achieve 94% for a given module, H grades will be extended to the next lowest whole percent score until 10% of students are included. If extending the cutoff to the next whole % results in the inclusion of more than 10% of the class, all affected students will receive Honors**

CLINIC Course

CLINIC Course

The Clinically Integrated Introductory Course (CLINIC) is a required component of the Clinical Skills course, taken during each semester of the M1 and M2 years. Each student is assigned to attend clinical duties with a preceptor in either the primary care setting (M1 year), or specialty setting (M2 year). Students have specific assignments to document in a logbook issued by the CLINIC Coordinator and turned in for review at the end of each semester. Students are also required to submit a reflective writing on their CLINIC experiences each semester, and to complete an assignment on Evidence-Based Medicine prompted by a patient they encounter in their CLINIC visits.

Clerkships

Clerkships

M3 students rotate through seven clerkships over the course of the M3 year. The rotation grade is determined from the score submitted by the Clerkship Director to the Whiddon COM Office of Student Records in the Final Clerkship Report. The final clerkship numeric score on this report is determined for clerkships with subscores for (1) competency evaluation, (2) NBME shelf exam, and (3) self-directed learning. Clerkships may factor additional elements into the final grade with the approval of the Curriculum Committee. All clerkships are graded by the following scale:

H >94
P 70-93
F <70
U Please refer to the section "Deficient grades of U, UF, and F" under Academic Policy for information on assignment of these temporary grades

Scheduling: M3 Year

Rotation Process: In the M3 year, medical students rotate through the various clerkships in groups. At USA, students are assigned to groups by a randomization process. The rationale for adopting this policy was that student groups with heterogeneous membership (randomization system) could be expected to provide a better learning experience for more students than could groups with more nearly homogeneous membership (a system where students choose their own groups).

Selectives are 4-week elective experiences for students who intend to pursue one of the specialty areas for residency. These are designed to offer students clinical experiences in their chosen field in advance of the M4 year. In addition to the specialty selectives, the COM offers a research selective for those students with an on-going research project such as those participating in the Research with Honors program. The research selective is not intended for students to start a new research project.

Student may choose to schedule a selective in the place of the Neurology clerkship in the M3 year. If a student chooses to enroll in a Selective, then it is required that the Neurology clerkship be completed in the M4 year during one of the available course offerings.

In order to best inform the preparation of student schedules, students considering a selective in a specialty are required to meet with the respective selective director to discuss the specialty, review the residency application process, and receive career advising as appropriate. The format of these meetings will be at the discretion of the Selective director.

Those students interested in a research selective require the pre-approval of the research selective director. This is to ensure that a student has a reasonable research project, can accomplish the necessary activities during the course, and has an available research mentor.

This policy shall be executed by the Whiddon COM Office of Student Records's office and the Associate Dean of Student Affairs, or their designee, using the following procedure:

A class meeting will be held in the beginning of the M2 spring semester each academic year to review the clerkships, selectives, and scheduling process for students. Students will be given a period of time to consider their scheduling options. Those students interested in a Selective will notify the Whiddon COM Office of Student Records. These names will be provided to the respective Selective director in order to schedule the advising meeting or approval. A student will notify the Whiddon COM Office of Student Records's office of their final decision.

Once completed, all students shall be randomly assigned, except those granted either a personal hardship or an administrative exception:

- Hardship. Students who wish to request a specific order of rotations based on a physical or family hardship must submit a written request with justification to the Associate Dean of Student Affairs, or their designee. An example would be a temporary physical impairment (such as being on crutches) which would make some rotations more difficult than others, or similar problems.
- Administrative. Individual students may be granted exceptions by the Associate Dean of Student Affairs, or their designee, for administrative reasons such as need to repeat a clerkship, or to minimize problems associated with a formally granted leave of absence.

The Whiddon COM Office of Student Records office shall communicate the results of the random assignment process to the faculty and students at the earliest opportunity. Once the rotations are set, changes can be made only with the approval of the Associate Dean of Student Affairs, or their designee.

Excused Absences For Clinical Experience.

Please refer to the "
Attendance Policy
" for further information on excused absences. Failure to comply with this policy will be deemed unprofessional behavior.

M4 Courses

M4 Courses

Grades for all M4 electives, acting internships and externships are determined as P/F at the discretion of the director. For 4-week externships, grading is determined by the externship director at the host institution in accordance with performance criteria communicated from the Whiddon College of Medicine. M4coursework is not included in the class rank.

Scheduling: M4 Year

The fourth year curriculum has been designed to aid in the advancement of the student's professional education. While there is flexibility in scheduling within the M4 year, there are required rotations. These include one acting internships, one Basic Science course, Transition to Residency course, one subspecialties in Medicine, Pediatrics, OB/GYN, or Surgery,.

Board Exams

Board Exams

Professional educational institutions must offer curricula that allow students to meet stated educational objectives, and they must be sure that these objectives are appropriately designed to produce graduates who can meet the demands society places on a profession. Societal demands are reflected by accreditation standards and individual licensure requirements

that are imposed on professional schools and their graduates by external organizations. The University of South Alabama Frederick P. Whiddon College of Medicine, like the vast majority of U.S. medical Schools, offers assurance that its students are fulfilling their professional obligation by requiring graduates pass the examinations developed by the National Board of Medical Examiners (NBME). Oversight of compliance with policies for board exam registration, security, administration and construction (where applicable) is the responsibility of the institution's Executive Chief Proctor designated by the NBME, which is the Assistant Dean for Curriculum Assessment and Evaluation.

Requirement And Registration Of STEP Exams

All states require successful completion of the sequence of United States Medical Licensing Examinations (USMLE STEPS 1, 2, and 3) in order to obtain a license to practice medicine. Registration of students for STEP 1 and STEP 2 exams is facilitated by the Office of Student Student Affairs. Currently enrolled students are not permitted to register for STEP exams independently. STEP exams are taken at designated secure testing centers authorized for test administration by the NBME.

STEP 1

This is the first licensure exam covering the basic medical sciences and related topics. Questions are formatted as clinical vignettes of patient cases in narrative, tabular, or graphic style and followed by a series of questions designed to determine the examinee's knowledge and comprehension of the situation described. Patient data, including laboratory findings and diagnostic imaging, are often presented, prompting questions on the analysis and interpretation of results. Questions pertinent to structure, function and dysfunction of organ systems, anatomy, behavioral sciences, biochemistry, microbiology, neurosciences, pathology, pharmacology, and physiology as well as interdisciplinary topics such as aging, biostatistics, epidemiology, genetics and nutrition are represented. The questions have been devised to test the examinee's knowledge, problem solving skills, and subtler qualities of discrimination, judgment and reasoning. More detailed information concerning exam content is available on the NBME or USMLE websites. Students must sit for STEP 1 before the start of the M3 year unless given permission to delay the exam by the Associate Deans of Medical Education and Student Affairs. Students may begin the clerkship with a pending score.

All students in the Whiddon College of Medicine are required to take and pass the United States Medical Licensure Exam (USMLE) STEP 1 in order to graduate. After successful completion of the M2 year and in preparation for STEP 1, students are required to take two practice exams authored by the NBME and offered at designated times by the school prior to the M3 year. A performance comparison on the two exams will be analyzed in conjunction with other student metrics to predict success on the STEP 1 exam. Students are recommended to work with faculty advisors and/or student support services to determine the best study plan and testing date based on the practice exam results.

If a student's predicted STEP 1 performance falls below determined passing metrics, the COM will offer additional support at a frequency determined by the Whiddon College of Medicine until a student achieves the minimal passing metrics. If a students does not achieve the minimum passing metrics, then the Associate Deans of Medical Education and Student Affairs may recommend that the student take additional preparation time and delay the exam. Any delay will also delay the course delivery of the M3 year which will also result in delays of the delivery of curriculum n the M4 year for the student. Any delay in the start of the M3 year will also delay disbursement of financial aid in the M4 year.

For students who receive permission to the delay the exam, they will enroll in ASA 311, a 4-week course designed to assist the student in achieving a successful study plan at the beginning of the M3 year. The student must sit for Step 1 prior to the last day of the course. This course will delay the start of the first clerkship and subsequently delay the start date of the student's M4 year. Any delay may necessitate changes to the student's M3 schedule. If a student delays STEP 1 longer than four weeks, they will need to meet with the Associate Deans of Medical Education and Student Affairs to discuss a leave of absence.

A student who receives a failing score on STEP 1 on the first attempt prior to the beginning of the M3 year will not be allowed to enroll in clerkships until they sit for a retake of the examination. The Associate Deans of Medical Education and Student Affairs may recommend delaying the retake of the examination and re-enrolling the student in the aforementioned 4- week course, ASA 311, to ensure adequate preparation. This delay may also result in alteration in the order of the student's M3 clerkships.

A student who receives a failing score on STEP 1 on the first attempt and who is currently enrolled in a clerkship will meet with the Associate Deans of Medical Education and Student Affairs. A student will need to suspend their participation in clerkships at a time determined by the Associate Deans that will be no later than the conclusion of their currently enrolled clerkship. The timing decision will take into consideration the student's preferences, the rigors and length of the current clerkship, the student's areas of improvement as all of these factors impact on the student's chance of passing STEP 1 on a second attempt. Once a clerkship is suspended, a student will be enrolled in the 4-week designated course to assist in preparation for the retake of STEP 1 if they have not yet enrolled and completed this course. If a student has already taken the designated course, ASA 311, or a student needs longer than four weeks of additional preparation, then they will need to discuss an administrative leave of absence. A student will be able to resume clerkships once they have retaken the exam. This delay will result in delay to the start of the M4 year, and it may also result in alteration in the order of the student's M3 clerkships.

A student who fails STEP 1 a second time will be withdrawn from the clerkship year, placed on administrative leave, and referred to the Student Promotions and Evaluation Committee (SPEC). The student must consult with the Associate Deans of Medical Education and Student Affairs and present a course of study designed to remediate areas of deficiency to the SPEC. SPEC will take into consideration the student's plan and recommend a date upon which the exam must be taken. The retake must occur before the student enrolls in the next academic year. Failure to pass STEP 1 on the third attempt will result in dismissal from the Whiddon College of Medicine.

STEP 2 CK "Clinical Knowledge"

Step 2 is the second licensure examination in the series designed to test the student's knowledge of clinical medicine and the ability to integrate clinical and basic science information to solve clinical problems in the areas of internal medicine, obstetrics and gynecology, pediatrics, family medicine, neurology, psychiatry, surgery, and related subspecialties. Like STEP 1, questions in STEP 2 are formatted as clinical vignettes of patient cases but place greater emphasis on clinical knowledge and problem-solving skills. Clinical problems are presented in the form of case histories, charts, images (radiologic, gross, and microscopic), tables of laboratory results, and other graphic or tabular data. More detailed information concerning exam content is available from the National Board of Medical Examiners. The student must pass STEP 2 prior to graduation.

All students in the Whiddon College of Medicine are required to take and pass STEP 2 in their M4 year in order to graduate. The exam must be taken by November 1 unless special permission is obtained from the Associate Deans of Medical Education and Student Affairs. If an M4 student does not take the examination by this date or does not have permission to delay the exam, then the student will be referred to the SPEC. If a student fails STEP 2, the Associate Deans of Medical Education and Student Affairs will meet with the student to evaluate specific deficiencies and determine a course of action.

A student who fails STEP 2 a second time will be referred to the Student Promotions and Evaluations Committee (SPEC). The student must consult with the Associate Deans of Medical Education and Student Affairs and present a course of study designed to remediate areas of deficiency to the SPEC. SPEC will take into consideration the student's plan and recommend a date upon which the exam must be taken. Failure to pass STEP 2 on the third attempt will result in dismissal from the Whiddon College of Medicine.

Customized NBME Assessments, A.K.A. "Miniboards" (Pre-clerkship)

These are secure, web-based exams, which serve as the final examination for each of the pre- clerkship modules. Their content follows the same format as STEP 1 and consists of multidisciplinary, organ-specific questions pre-selected by the NBME for schools using an organ-based curriculum. The teaching faculty develop the exam by selecting representative questions from a general pool of questions, also provided by the NBME. All pre-clerkship miniboards are termed "customized" because medical schools have the option of changing the content categories as well as the number and formats of questions contained therein. Miniboards are secure exams and administered at the USA main campus.

The NBME does not percentile the results of pre-clerkship miniboards because their customized nature precludes uniformity across institutions. Results are provided as %correct raw scores.

Comprehensive Basic Sciences Examination And Comprehensive Basic Science Self-Assessment

Following the last pre-clerkship module in the M2 year, students are given two web-based NBME practice exams. The COM will determine the best exams to offer based on those provided by the NBME. Typically the NBME provides Comprehensive Basic Sciences Examination (CBSE) and the non-secure Comprehensive Basic Science Self-Assessment (CBSSA). If the CBSE is offered, then students are required to take the exam in a method consistent to meet NBME exam security protocols. All practice exams are formative, required, used to predict STEP 1 performance, and serve to identify areas for improvement for STEP 1 preparation.

Miniboards (Clerkship)

The final exam for each M3 year clerkship is a clerkship-specific miniboard authored by the NBME. These are secure exams administered at the USA main campus in the COM testing center. Individual raw scores are percentile against the national pool of students by academic quarter. The quarter is defined by the date of testing: quarter 1 (July-September), 2 (October-December), 3 (January-March) and 4 (April-June). The minimum passing percentile for each clerkship miniboard is the 8th percentile. Miniboard scores typically count for 30-40% of the clerkship grade, depending on the clerkship as specified in every clerkship syllabus.

Depending on the percentile score, the student's score is adjusted by one of four formulas used (below) to calculate a scaled score for the purpose of clerkship grade determination. A score of less than the 8th percentile converts to a grade of 65.

Percentile Range Formula

75-100* # 90 + [(%tile -75) x 0.4] = adjusted score for top quartile performance

50-74 # 80 + [(%tile -50) x 0.4] = adjusted score for 2nd quartile performance
25-49 # 75 + [(%tile -25) x 0.2] = adjusted score for 3rd quartile performance
8-24 # 70 + [(%tile - 8) x 0.3] = adjusted score for 4th quartile performance ≥8%tile
< 8 # student receives adjusted score of 65 for any score <8%tile

Secure Testing Policy

Secure Testing Policy

All exams toward grade are administered on COM computers in the COM testing center, which meets the specifications for delivering secure NBME exams. Every student has assigned seating. For NBME exams, student log onto a secure testing platform to take their tests online. Student progress and exam activity is monitored at the Chief Proctor station and in real time at the NBME. Licensure exams are administered off site at Prometric centers.

Non-NBME exams are taken offline. Students are given a de-encryption key to view exams preloaded onto their computer.

Proctors

Every exam is run by a Chief Proctor and staffed with an IT person. For pre-clerkship exams, the Chief Proctor is the Assessment Specialist in the Division of Medical Education. For Clerkship NBME exams the Chief Proctor will be designated by the Executive Chief Proctor. IT support is provided for all exams delivered in the testing center. Proctors are authorized to deliver exams by an Executive Chief Proctor designated for the NBME (the Assistant Dean for Assessment and Evaluation) who will advise the Chief Proctor or consult the NBME should problems arise. In addition, each exam requires a hall proctor stationed outside the testing room at the table where students sign in and out for allowed restroom breaks, and to sign the Honor Pledge after finishing each exam.

The following items are prohibited from the USA COM testing center:

- **Electronic devices of any kind, including cell phones; personal digital assistants; pagers; watches with alarms, computer or memory capability; calculators**
- **Recording and film devices**
- **Reference materials, including texts, notes, notebooks**
- **Non#essential apparel, e.g. headwear, coats, sunglasses (pullovers are acceptable)**
- **Bags, purses, or backpacks**
- **Beverages or food of any type**
- **Writing devices of any kind**

Cellphone basket

Phones that are turned off can be deposited with a proctor in the cell phone basket, which will be kept by the hall proctor.

Medications

Any prescription medication that a student might require during an exam is to be kept with the Chief Proctor.

Items provided in the testing center

An erasable white board and marker are provided for every student. These items are not to be used until the exam has started.

Policy on noise reduction devices

Only foam earplugs are acceptable. They must be disconnected (cut if necessary) from each other. Headphones and ear buds of any type are not allowed. Foam earplugs are provided at the proctor's station and must be reused by students on multiple exams.

Late arrivals

Examinees arriving late will not be given extra time for biweekly exams or NBME exams. The NBME will be notified of an examinee arriving more than 30 minutes late for an NBME exam, and can be refused admission to the exam by the Chief Proctor.

Internet disruption

In the event that a student experiences an interruption of internet service during an NBME exam, or a freeze while using SofTest™ to upload their answers to institutionally authored exams, the student will notify a proctor who will direct them to perform a restart protocol. After the restart, the student may resume the exam without loss of time allowed. Spare computers will be available if needed.

Finishing the exam

NBME exams are self#timed according to the student's precise start time and download rate of the student's computer. The results of NBME exams are automatically uploaded if the student runs out of time. For institutionally authored exams, the overhead monitors will display the stop time for everyone and indicate when 10 minutes remains in the exam. Students who finish after the 10 minute warning are not allowed to leave the Testing Center until the stop time in order to minimize activity that might disturb late finishers. Students may exit only through the door by the proctor's station.

Honor Pledge

After finishing an exam, students are required to sign an Honor Pledge indicating they have neither cheated nor witnessed anyone else cheating during the assessment. Students who do not sign the Pledge will be contacted to investigate the reason.

Restroom breaks

Students are allowed to leave the testing center one at a time to use the restroom. Students must sign out and sign back into the testing center. The overhead monitors indicate the restroom status.

Misconduct

Disruptive behavior. If the conduct of a student interferes with the testing conditions for others, the student will be warned. If the disruptive student fails to respond to the warning, that student's test session will be ended, and the student will be escorted from the testing center.

Copying, giving or receiving information. If two proctors observe or are made aware of behavior that indicates a student is copying answers from another student, permitting his/her answers to be copied, or providing or receiving unauthorized information about the content of the examination, the misconduct will be referred to the Honor Council. and Office of Student Affairs for further action.

If misconduct occurs during a miniboard, the institution is required to report the incident, including the names of examinees involved, to the NBME. This includes any violation of the policy on items forbidden in the test site, e.g. cell phones.

Evaluations

Evaluations By Students

Students are prompted periodically to submit time-sensitive course evaluations. Compliance is essential, considered a measure of professionalism, and required of the COM by the Liaison Committee on Medical Education (LCME), which serves as the accrediting body for medical schools in the U.S. and Canada. The COM uses an electronic evaluation platform for online evaluations during years 1-4. These evaluations include prompts requesting numeric ratings as well as optional narrative comments. It is expected that narrative comments are to be constructively worded, commensurate with the professional expectations of a formative physician.

Evaluations submitted for pre-clerkship courses, clerkships, selectives and electives are anonymous. Readers cannot associate a student with their ratings or comments, which are pooled without identifiers by the electronic evaluation platform at the end of the course/rotation. Evaluation results are inaccessible to course/clerkship directors and their faculty until after the grades are released to students by the Senior Associate Whiddon COM Office of Student Records.

The results provide valuable feedback about the (a) success of course objectives and learning outcomes; (b) strengths and weakness of educational approaches; (c) quality of the learning environment, (d) quality of faculty teaching performance; and (e) alignment of course content with standardized outcome measures. Student feedback is considered integral to the annual review of clerkship/clerkship performance and essential for continuous quality improvement of the educational program. Students must pay close attention to the deadlines posted for submitting all evaluations. A pattern of non#responsiveness by a student constitutes an accreditation risk to the College of Medicine and a professionalism concern, and may trigger issuance of a Physicianship Early Concern to a student for administrative action.

Module and Clinical Skills Program Evaluations

Students are also notified by email to complete evaluations in the electronic evaluation platform opened at the end of each of the first four semesters in the Clinical Skills Program. Notification occurs after grades are submitted at the conclusion of each semester. Questions on these evaluations address the quality of the learning experience, the learning environment, and the instructors.

Student-authored Module Evaluations

The Student Subcommittee of the Curriculum Committee (SSCCUSA) gathers feedback, in addition to that collected from module program evaluations, from a class after completion of each module. Compiled results and analysis of the additional feedback is submitted to the Division of Medical Education and the Curriculum Committee and/or its applicable subcommittees. The results complement the electronic evaluation platform surveys developed by the COM and are considered in the annual review of each module by the Curriculum Committee. Although the COM does not hold students accountable for completing the student-authored surveys, compliance is encouraged and important to generate meaningful data.

CLINIC course evaluations

Students receive email notifications from the electronic evaluation platform at the end of each pre-clerkship semester to complete an evaluation of the CLINIC 1 or CLINIC 2 program. Students rate the quality of the learning experience provided at their clinical site and the interaction with preceptors.

Peer Evaluations

The College uses peer evaluation in years 1 and 2 as a primary method to train students to provide and receive honest, constructive feedback from each other as a formative experience toward effective teamwork and continuous improvement as future physicians. Students complete electronic peer evaluations for each member of their small group teams. The first is a practice run scheduled during mid#semester of year 1 to familiarize new students with the process. The next two evaluations occur near the end of year 1 and midway through year 2.

For each round of peer evaluation, a student submits a separate electronic evaluation for every teammate using the template provided. Students numerically rate each peer by a set of traits and are directed to provide constructive comments in a narrative section to highlight attributes and challenges for each peer. Students can review the de-identified evaluations they receive from their peers. These evaluations are formative and do not enter the student's official record.

Clerkship evaluations

Students are notified by email to evaluate the quality of every clerkship after they complete each rotation and receive the results of their NBME shelf exam score. These evaluations include general questions about clerkship quality and the learning environment. Another component asks the student to evaluate their faculty and resident physician instructors. Students must comply when prompted by email to submit clerkship evaluations by the indicated due dates.

Third year “Selectives”

For the "selective" rotations offered in year 3, the evaluations follow the design and process used for clerkships.

M4 courses and electives

Students will receive an email notification to complete their evaluation of each 4th year courses using a standardized template delivered on the Oasis platform. Because only one or two students might enroll in an elective during a block in the senior year, the evaluations are not released to the directors of senior courses until the end of April during the academic year.

Evaluations of attending physicians, adjunct instructors and residents. Students are prompted at the end of each clerkship to submit electronic evaluations of their individual clinical instructors.

Evaluations By Faculty

Mid-module Report

Students are provided with comprehensive mid-module feedback reports showing their CAP skill marks as defined above. Students receiving M (marginal) or U (unsatisfactory) marks for any skill category are required to meet with the Module Director and the Associate Dean for Medical Education. Skill marks, scores-to-date, and professional deficiencies noted in mid-module reports are intended only for formative feedback. The report is kept on record with the Module Director and in the Division of Medical Education but is not entered in the student’s official transcript.

Final Module Report

Similar to the mid-module report, the final report also includes the module grade, raw and adjusted miniboard scores. The cognitive skill mark reflects only miniboard performance. The marks for attitude and psychomotor skills pertain only to the second half of the module. Uncorrected deficiencies and attitude noted in the mid-module report will be scored as U.

Competency-based Evaluation of Students in the Junior Year. During each clerkship rotation a student is evaluated at the conclusion of a sub-rotation by their preceptors for level of performance achieved in each of nine equally weighted categories aligned with ACGME core competencies. For each category, e.g. taking a patient history, a student is rated at any one of nine performance levels. Each level is keyed to a point valuation determined by the Division of Medical Education. The competency evaluation score is averaged across the clerkship and determines the Competency Evaluation portion of the student's clerkship grade.

Mid-clerkship Evaluations. Students are provided with formative feedback midway through each clerkship. This consists of an electronic rating by preceptors as well as optional narrative commentary. Clerkship Directors are also expected to meet with each rotating student to discuss their progress at this time.

Final Clerkship Report. Students will be able to access a final online report for their performance in each clerkship. This document will include the sub-scores for each graded element contributing to the final score and grade. It will also contain the narrative critique of the student written of student written by the Clerkship Director. This official grade report is recorded with Whiddon COM Office of Student Records, and the commentary provided is incorporated into the Dean's letter for residency application.

Physicianship Early Concern (PEC) Note

A PEC note is a serious incident report filed for a student in any year of training that is observed to engage in unprofessional behavior in any pre-clerkship, clinical or non-clinical setting by any member of the faculty, administration, or staff. A PEC note is submitted to the Associate Deans of Medical Education and Student Affairs. A submitted PEC note will trigger an immediate meeting of the reported student with the Associate Deans of Medical Education and Student Affairs to discuss the incident and further course of action, which will include an acknowledgement of the incident with the reporter and can include a convened meeting of the SPEC. Information submitted on this form may become a part of the student's permanent record. A sample PEC note is found on the Student Affairs website.

Consequences Of Receiving A PEC Note

Receiving a PEC note is a serious matter. At the discretion of the Associate Deans of Medical Education and Student Affairs, the consequence for a student receiving a first PEC note can be limited and student acknowledgement and reconciliation of the behavior through counseling described in the aforementioned section. In the event that a flagrant act of unprofessional conduct occurs, the Associate Deans can forward the incident to the Student Promotion and Evaluation Committee (SPEC) for action. A second PEC note received by a student will go to the SPEC for discussion.

The SPEC May Elect To Do One Or More Of The Following:

- Interview and counsel the student before taking any further action
- Place the student on Non-Academic Probation, which will require the student to agree to the terms of a Professionalism Contract for a probationary period determined by SPEC.
- Recommend dismissal of the student, pending a formal disciplinary hearing

Professionalism Contract

A vote of the SPEC will place a student on Non-Academic Probation period to remediate the unprofessional behavior. The conditions for being removed from probation will be specified in a Professionalism Contract signed by the student, SPEC Chair and Associate Deans of Medical Education and Student Affairs. Contract terms will be specified to correct the deficiencies identified in the PEC note(s). If the student complies with the terms of the contract, he or she will be removed from probation and restored to good standing on its anniversary date. A student who does not satisfy the terms of his or her professionalism contract will be subject to dismissal.

A student who is currently on Probation for professionalism and receives an additional PEC note or any other evaluation of unprofessional behavior is subject to dismissal at the recommendation of the SPEC.

Physicianship Praise Card

When a student exhibits an episode or pattern of exemplary professional behavior, the observing faculty member, staff or administrator can submit a Physicianship Praise Card to acknowledge the student and document the behavior. The card is

submitted to the Associate Dean of Student Affairs and will become part of the student's medical performance evaluation. A sample of the Physicianship Praise Card is found on the College of Medicine Current Students website.

Academic Assistance And Advisement

Academic Assistance And Advisement

Any student seeking academic assistance, advice regarding program selection, placement within residency programs or any other special information, etc. should contact the Associate Deans of Medical Education and Student Affairs or one of the Assistant Deans. They may refer students to other academic or personal services available on campus. The USA Counseling and Testing Services provide several academic services for students. Some of these services include sessions to improve academic performance:

- **Test-taking strategies**
- **Increasing visual perception and discrimination**
- **Critical and logical thinking and questioning**
- **Study techniques, time management, note taking**
- **Interpersonal communication**

Student Promotions And Evaluation (SPE) Committee

I. Purpose

The Student Promotions and Evaluation (SPE) Committee of the University of South Alabama (USA) Frederick P. Whiddon College of Medicine (COM) is charged with the responsibility for ensuring that each student in the Whiddon COM meets the requirements for promotion and graduation with the degree of Doctor of Medicine. The SPE Committee is also entrusted with the duty of rendering decisions regarding probation and potential dismissal of Whiddon COM students. The USA Whiddon COM provides every qualified student the opportunity to successfully complete the curriculum and graduate; however, the Whiddon COM reserves the right through the workings of the Committee to make judgments about who has or has not demonstrated the necessary qualifications to earn a degree and to practice medicine competently.

2. Applicability

The Committee's policies and guidelines apply to all Doctor of Medicine degree-seeking students admitted to the Whiddon COM.

3. Definitions

Family Educational Rights and Privacy Act (FERPA): Federal law that protects the privacy of student education records, granting parents and eligible students access to and control over those records.

Whiddon COM Executive Leadership Team (COM ELT): The COM ELT will be charged with carrying out functions related to the governance of the COM as required by the institutional bylaws and by the LCME.

Quorum: As related to meeting attendance, is established when one-half of the voting members plus one are present.

4. Policy Guidelines

Family Educational Rights and Privacy Act (FERPA): Federal law that protects the privacy of student education records, granting parents and eligible students access to and control over those records.

Whiddon COM Executive Leadership Team (COM ELT): The COM ELT will be charged with carrying out functions related to the governance of the COM as required by the institutional bylaws and by the LCME.

Quorum: As related to meeting attendance, is established when one-half of the voting members plus one are present.

4.1 Name And Mission

This committee, composed of basic science faculty, clinical faculty, ad hoc members, and student representatives, will be known as the Student Promotions and Evaluation Committee. In addition to standing monthly meetings, the Committee will convene at least twice each academic year and as necessary to evaluate academic and/or professionalism issues as they relate to specific Whiddon COM students. The Committee is charged with recommending promotion, remediation, probation, or dismissal based on scholastic performance, professional behavior, and adherence to the Honor Code. After reviewing the academic records of the M4 Whiddon COM students and certifying that those eligible have met the requirements for the Degree of Doctor of Medicine, the Committee is charged with making the appropriate recommendations to the COM ELT for graduation.

This certification serves as the validation presented by the Dean of the Whiddon College of Medicine to the University President and the Chairman of the Board of Trustees during the Commencement Ceremony.

4.2 Composition

The voting members of the Committee consist of faculty members from basic science departments and USA Health clinical departments, as well as students appointed from the Whiddon COM's M2, M3, and M4 classes. Non-voting members include the following from the Whiddon COM: Associate Dean of Medical Education, Associate and Assistant Deans of Student Affairs, Associate Dean for Health Advancement, Assistant Dean of Assessment and Evaluation, Director of Student Records and Engagement, and the Senior Associate Director of Financial Aid. Several ad hoc members are appointed from the faculty at large and are called upon emergently, if necessary, for a quorum. In the event that a voting member of the Committee leaves the university, resigns from the Committee, or fails to fulfill his/her responsibilities by being absent from meetings, the Committee Chair may request that another voting member be appointed.

4.3 General Policies

1. **Quorum is defined as one-half of the voting members plus one. If a quorum cannot be achieved, the Chair of the Committee may defer the meeting until a quorum is reached.**
2. **The Chair of the Committee is appointed through the Dean of the College of Medicine's office and has served previously as a sitting member of the Committee.**
3. **Administrative support to the Committee and its Chair is provided by the Whiddon COM's Director of Student Records and Engagement (hereinafter referred to as the Committee Coordinator) and by the Office of Student Affairs staff in preparing the agenda materials and sending meeting reminders.**
4. **The materials presented at the meetings are prepared by the Committee Coordinator and, as such, are FERPA-protected; members are reminded of the confidentiality of these materials.**
5. **Copies of correspondence to the student(s) regarding the Committee deliberations and recommendations are maintained in the student's official academic record housed in the Whiddon COM's Office of Student Records.**
6. **The Committee Coordinator, or their designee, is responsible for taking minutes during the meeting, which are therefore transcribed after the meeting and retained by said party.**
7. **If the Committee is meeting to review a specific academic or professionalism issue as it relates to a specific student, the student is notified in writing (via JagMail) and verbally, when possible, by the Associate Dean of Student Affairs or designee of the date, time, and place of the meeting, as well as the matter to be discussed.**
8. **Prior to the meeting, the notified student will have the opportunity to meet with the Associate Dean of Student Affairs or designee, the Associate Dean of Medical Education, and/or the Chair of the Committee to discuss the matter being called into question in an effort to prepare the student for potential questions. At this meeting, if specifically asked, the student can be informed of the potential outcomes of the Committee deliberations.**
9. **The student is invited and encouraged to attend the Committee meeting, although the Associate Dean of Student Affairs or designee will be present to discuss the matter regarding the student.**
10. **Regarding the meeting proceedings, the student may submit a written statement prepared in advance to the Chair of the Committee, may be present to read the statement, may present statements from others on his/her behalf, may appear in person to answer questions from Committee members, or may address the committee with an oral statement.**
11. **With prior consent of the Chair of the Committee and the Associate Dean of Student Affairs or the Associate Dean of Medical Affairs, the student may bring an advocate to the meeting who may appear with the student for support. The advocate must be approved by either the Chair or one of the aforementioned Associate Deans at least one business day in advance of the meeting. The advocate may answer questions from the Committee in the presence of the student if the student agrees. The advocate may not present written or oral statements on his/her own volition. Since these proceedings are those of an official Whiddon COM committee, not formal legal proceedings, no counsel representing the student is permitted.**
12. **The student whose record is being officially discussed is excused prior to the Committee's deliberations.**
13. **Once the Committee has rendered its decision, the determination is entered into the minutes. The formal decisions of the Committee are communicated to the student in a timely fashion and, if possible, verbally by the Chair and at least one of the aforementioned Associate Deans. If time permits, every effort is made to verbally inform the student of the**

Committee's determination on the same day. Additionally, within two business days of the meeting, the Associate Dean of Student Affairs will prepare a written notification of the Committee's decision and recommendations, and will scan and email it to the student's university-issued JagMail account.

14. Guidelines and policies written in advance cannot possibly cover all scenarios that could be presented to the Committee. In its deliberations, however, the Committee should be guided by the following principles: fairness to the student, balancing the student's best interests with obligations to the Whiddon COM faculty, USA Health patients, physicians, and society at large; and confidentiality of proceedings.

4.4 SPEC Appeals Process

1. A Whiddon COM student has the right to appeal a decision of the Committee.
2. All appeals must be submitted to the Chair of the Committee in writing and within seven (7) business days of the initial notification. The Committee Chair will provide instruction and guidance to the student.
3. The basis of the written appeal can only be based on one of the following criteria: I. Occurrence of a substantial mistake of fact. II. Evidence of a fundamental misinterpretation of official policy. III. Occurrence of a significant procedural defect.
4. The student's written appeal will be considered by an ad hoc appeals committee comprised of three (3) members appointed by the Dean of the Whiddon COM from the voting members of the Whiddon COM ELT. No member appointed will have been involved in the initial Committee review, nor will the member be in a current evaluative role regarding the student.
5. The appeals committee will convene within seven (7) business days of being appointed to consider the written document prepared by the student. The student will be notified of the meeting. The student will be invited to attend the meeting and provide a statement or answer questions for clarification, but cannot present new evidence. The Chair of the Committee will be invited to address any questions related to policy or process. The appeals committee may either accept or deny the appeal.
6. If the appeals committee denies the appeal, the original Committee recommendation is forwarded to the Dean of the Whiddon COM. The Dean's decision is final, and there is no appeal.
7. If the appeals committee accepts the appeal, the committee's decision and outcome recommendations are forwarded to the Dean of the Whiddon COM. The Dean's decision is final, and there is no appeal.

4.5 Procedures

Cases For Referral To SPE Committee

1. V. Cases for referral to SPE Committee
   Marginal or unsatisfactory academic performance that falls below thresholds set for the given academic year (as set forth in rules for a given academic year, which may encompass USMLE Board Examinations, OSCE or Clinical skills deficiencies).
   Lapses in professionalism or breaches of conduct that may be reported through the Physicianship Early Concern (PEC) Notes or any other egregious behavior deemed by the Associate Deans of Student Affairs or Medical Education to warrant Committee review.
   Violations that are referred by the Honor Council.

Student Promotions and Evaluations (SPE) Committee policy

Promotion

Students who receive a passing P grade in all modules in a given year, and who receive a P or UP grade on both OSCEs prior to the end of the academic year (when SPEC convenes), and who exhibit satisfactory professional behavior in a given year shall be promoted to the next year in good academic standing unless otherwise recommended by SPEC. The SPEC will review for promotion each student who receives a failing grade (F or U) in the preceding academic year and may elect to promote

or withhold that student. The SPEC can also elect to promote a student it places on academic or non- academic probation. A student who receives an F or U grade in two modules will not be promoted until successfully repeating the academic year.

Probation

Probation is a status assigned to a USA College of Medicine student who fails to meet the minimum academic or non-academic requirements of a COM student as delineated in the College of Medicine Student Handbook. Probation is meant to be in effect for a defined period of time within which a student will have the opportunity to address the deficiency for which this status was assigned. A student can be placed on probation for deficiencies in either academic performance or professional behaviors. The start date, reason for and end date of a probation period are noted in the student's permanent file housed in the College of Medicine (COM) Office of Student Records. Probationary periods are also disclosed on the medical student performance evaluation completed during the M4 year.

Prior to being placed on academic probation, the student will meet with the Associate Deans of Medical Education and Student Affairs to discuss the circumstances which resulted in probationary status. The student is thereafter notified of the dates of the probationary period by the Associate Dean of Student Affairs via a letter sent to the address on record as well as emailed to the University issued JagMail account. If while on probation, a student is unsuccessful academically in any course which results in a deficient, temporary or F grade being assigned or the student on non-academic probation falls outside the outlined parameters designated by the Student Promotions and Evaluation Committee (SPEC), the student's record will be reviewed by SPEC with potential outcomes including recommendation for dismissal from the College of Medicine.

Academic Probation

A student can be placed on Academic Probation for the following reasons:

- **A deficient grade of F earned in any preclinical module/course or M3 clinical clerkship.**
- **A combination of two temporary or deficient grades earned in a given academic year.**
- **Unsuccessful remediation of a deficient or temporary grade earned in a module/course/clerkship within the specific timeframe documented.**
- **Requirement by the Student Promotions and Evaluation Committee (SPEC) to repeat an academic year.**

A student will be notified that an academic probationary status is removed if the following criteria are met:

The failed course or deficient grades are successfully remediated with a recorded grade of P or UP during the specified timeframe. Specific to the preclinical modules:

- **Remediation must occur upon completion of the academic year during which the module was failed or the deficiencies earned.**
- **Remediation of M2 coursework must be successfully completed prior to taking the USMLE Step 1 licensure examination.**
- **If the student repeats the year due to lack of success in graded work in more than one module, the student is removed from academic probation when the module(s)/course(s) which triggered the academic probation is successfully passed.**

The following consideration is given though to students who are on a leave of absence. As remediation cannot be scheduled during an approved leave of absence, the failed course or deficient grade must be remediated upon return of the student from leave as scheduling permits within the academic cycle. The student returning from a leave of absence will remain on probation until successful completion of remediation.

Non-Academic Probation

Placing a student on Non-Academic probation is a decision rendered by the Student Promotions and Evaluation Committee (SPEC).

A student can be placed on Non#Academic Probation by SPEC for unprofessional behavior documented by the PEC note mechanism, an Honor Code violation, or actions communicated to the Associate Deans of Student Affairs and/or Medical Education by any faculty or staff member, fellow student, or by public disclosure. Students placed on non-academic probation will be allowed to appear before SPEC following the SPEC procedures as outlined in the COM Student Handbook. Following the decision of SPEC, written notification of non-academic probationary status will be sent to the student by the Associate Dean of Student Affairs and will include guidelines of professional behavior being monitored and length of probationary period. SPEC may ask the student to sign a professionalism contract documenting the student's understanding of the behaviors to

be monitored. Violation of the contract could lead to further consequences, including but not limited to the possibility of recommendation for dismissal from the College of Medicine.

Remediation Restricts Activities

Academic remediation resulting in a passing grade is required for successful promotion into the next year of studies for the student. Since the student's success in the core curriculum should take precedence over participation in any other program or activity, the student who is remediating cannot participate in USA College of Medicine sponsored research or USA affiliated sponsored research. Additionally, the student cannot participate in external activities such as mission trips associated with the COM until remediation is complete. Failure to successfully remediate in the designated timeframe will result in a referral to the SPEC for evaluation of the student's academic record and most likely will result in the student repeating the academic year.

If a student is remediating any coursework and is also choosing to participate in employment outside of the COM, the student should meet with the Associate Deans for Student Affairs and Medical Education prior to beginning the employment. These meetings are so that the student is aware of the responsibilities of remediation and the potential outcomes for lack of success.

Dismissal

Purpose: Establish guidance for faculty and students regarding student academic and conduct scenarios referred to the Student Promotions and Evaluations Committee (SPEC) for consideration of dismissal.
Applicability: This policy applies to all Whiddon College of Medicine (Whiddon COM) medical students upon matriculation.

Policy Guidelines:

At the Whiddon College of Medicine, academic scenarios regarding progression through the curriculum are evaluated annually with respect to promotion and regularly on a case by case basis as the need arises in conjunction with the Academic Policy. Cases for referral to SPEC not only include those which arise from academic difficulties but also can include those cases wherein there has been a reported lapse in professional behavior by Whiddon COM students.

Whiddon COM students are subject to dismissal including but not limited to any of the following scenarios:

1. An F grade is received for more than two (2) courses/modules in the M1 or M2 years.
2. An F, UF, or temporary grade is received for more than two (2) clerkships.
3. An F or UF grade is received in any module or clerkship while on academic probation.
4. A clerkship NBME is failed for the third time.
5. The final OSCE is not successfully remediated within the timeframe designated by the Division of Medical Education.
6. USMLE Step 1 or Step 2 is failed on the third attempt.
7. One or more terms of a professionalism contract is violated.
8. Participating in illegal or unprofessional activities or displaying actions that endanger the safety and wellbeing of others.

Once SPEC has recommended the dismissal of a student, the recommendation is forwarded to the Dean of the Whiddon College of Medicine. As with any SPEC decision, the student has the right to appeal the decision following the policies and procedures outlined for
SPEC.
Depending on the specific scenario, the SPEC can also recommend that the student be temporarily removed from the learning environment during the timeframe which coincides with the appeal process. When either the timeframe has lapsed for the appeal to be filed or the ad hoc appeals committee convenes and renders a decision, the Dean is once again notified of these outcomes.

Any student whose dismissal is recommended by the SPEC and accepted by the Dean will be informed of the action in writing by the Dean or the Associate Deans for Medical Education and Student Affairs. Should a student choose to voluntarily withdraw from the Whiddon COM prior to the Dean rendering a decision, the SPEC can accept the student's voluntary withdrawal. However, if the Dean accepts SPEC's recommendation for dismissal and renders a decision, the decision of the Dean is final and there is no other appeal or possibility of voluntary withdrawal.

A student dismissed from the Whiddon College of Medicine is required to complete exit interviews with the Offices of Student Records and Financial Aid, pay any outstanding emergency loans and fines owed to the University, and return any University property including badges, dosimeters and fobs.

Academic Remediation

Students must receive a passing grade in every course to be recommended for yearly promotion. Any student with a deficient grade must complete the required remedial coursework with a passing grade and within the specified timeframe. Detailed remediation requirements by academic year and with reference to class rank are provided in the preceding sections. All remediation will be customized to address the specific course deficiencies identified by the appropriate course director, comply with remediation guidelines established by the Curriculum Committee and SPEC, and be approved by the Associate Deans for Medical Education and Student Affairs, or their designee(s), as appropriate. Remediation must be completed prior to progression to the next academic year unless the submitted plan for remediation is approved for continuation into the first months of the next academic year.

Remediation Requirements By Year

M1 Year

Failing an OSCE station with a final OSCE score of ≥70%. In the event that a student earns a total score of ≥70% for OSCE 1, but does not achieve the minimum passing score of 70% on one or more stations in the exam, the student will receive a provisional U grade until the station(s) is(are) successfully remediated with a score of ≥70%. This must occur within 60 days of the original exam. If the remediation is successful the U grade will convert to a UP in the student record. If the remediation is unsuccessful the student is given additional chances to remediate the station until the 60 day mark has passed. If remediation is not successful by 60 days the U grade converts to an UF, and the matter is reviewed by the SPEC.

Failing OSCE 1 or 2 with a total score of <70%. The student is required to remediate the entire exam within 60 days of the original take. Successful remediation of the exam will be entered as a new grade in the student's official record.

Failing any course with the grade of F. Remediation is required when a student receives a deficient grade of F for failing a module numerically with an overall score <70%.

The student should plan the course of remediation for a single failed course as soon as he or she receives written notification from the Division of Medical Education of the requirement for remediation. This notice will come from the Assistant Dean for Assessment and Evaluation. The length of time for remediating a single module should not exceed 6 weeks and is best started as soon as classes end in the spring semester. Remediation should typically be completed no later than the start of the next academic year. The student will schedule the remediation with the Assistant Dean of Curriculum Integration, in consultation with the director for the module to be remediated.

Failing more than one module. The student is automatically referred to SPEC.

Probationary status. Please refer to the section on "Probation" for more information on when probation would be applicable for a student.

M2 Year

The same provisions described for remediation of M1 courses or OSCEs apply to an M2 student who receives a grade of F in any M2 course. At the discretion of the Associate Dean of Medical Education, the student may sit for the practice Step 1 exams held by the COM. However, the student will defer taking Step 1, and may not begin a M3 clerkship rotation until module remediation is successfully completed and Step 1 has been taken.

When the conditions for remediation of M2 courses are met the student will be promoted to the M3 year.

M3 Year

Failing a clerkship miniboard with a clerkship score of ≥70%. A deficient grade received in the M3 year must be successfully remediated before a student can be promoted to the M4 year. All M3 clerkships must be taken and remediated as needed at USACOM. Students are notified in writing by the Division of Medical Education of the need to remediate a clerkship due to a deficient grade. For a student who fails only the miniboard by scoring <8%tile but otherwise scores ≥70% for the total clerkship,

the provisional grade of U is assigned for a first-time miniboard fail. The recommended time for remediation of a miniboard for clerkships taken in the first semester is the first week of January, pending express permission of the January clerkship director. Remediation of a miniboard failed during the second semester should typically occur following completion of the clerkship rotation sequence.

Successful remediation will convert the U grade to a UP for the affected clerkships in the student's record.

In the event that a student again fails a miniboard for a clerkship designated with a provisional U grade, the official grade for that clerkship converts to a UF.

The Final Clerkship Report of a student who successfully remediates a clerkship miniboard will indicate a miniboard subscore of 65 toward the final grade.

Failing a clerkship with the grade of F or UF. If a student scores <70% for the clerkship, or if a student earns a UF due to an unsuccessful miniboard remediation, the student's record will be reviewed by the SPEC to schedule a remediation of the affected clerkship.

Failing 2 clerkships. Permission for a student to remediate 2 failed clerkships, including a UF grade, will require a review of the student's progress and potential to succeed in medical school by the SPEC. If the SPEC determines that remediation is warranted, the student may be required to repeat the M3 year.

Failing more than 2 clerkships. The student is subject to dismissal pending review of the SPEC.

Every attempt will be made to provide the student with the option to complete all requirements for remediation within a time frame that does not delay his/her anticipated date of graduation. However, if more than one clerkship must be repeated, the student will not have sufficient time to complete all requirements of the M4 year. Therefore, that student's graduation will be delayed. When the conditions for remediation of M3 courses are met the student will be promoted to the M4 year.

Failing the Final OSCE. A student who does not earn a score of ≥70% on the Final OSCE is required to remediate any or all stations of the exam as determined by the Director of Clinical Skills. The student must successfully remediate for promotion to the M4 year. A student who refrains from remediating the Final OSCE as needed is subject to dismissal.

M4 Year

If a student fails a M4 level course, he/she must successfully repeat that course in order to graduate (SPEC has discretion to require certain acting internships in the M4 year to enhance learning in areas of weak academic performance in the M3 year). A second failure of any M4 course, or a newly reported episode of unprofessional behavior or violation of the Honor Code occurring in the M4 year, may result in dismissal from medical school.

Rules Specific For A Given Year

Remediation Of Modules And Miniboards In M1 And M2 Years

Students who receive a deficient grade for a single module during an academic year shall remediate the module in which that grade was received. Remediation will occur at the end of academic year schedule and is scheduled in consultation with and supervised by the Assistant Dean for Curriculum Integration. The Assistant Dean of Assessment and Evaluation, or designee, will provide the performance profile of the students under remediation to assist in determining the weak areas of the student.

The Assistant Dean for Curriculum Integration will generate the customized plan for remediation. The overall goal of the plan is to help the learner exceed the minimum standards of knowledge, skills, and attitudes of each area of weakness. Timing and duration of remediation will be determined by the Assistant Dean of Curriculum Integration on a case-by-case basis. This should not exceed 6 weeks if remediating the entire module.

The plan will be customized for each student based on the student performance data. The customized plan may include all or part of the following:

1. **Completion of learning materials and practice questions from educational resources (e.g. textbooks, journal articles, recorded lectures, etc.) or educational platforms (e.g. Osmosis, Aquifer, etc.) within a prescribed time frame**

2. **Attendance of any learning sessions with individual faculty**
3. **Completion of any writing assignments**
4. **Achieving the minimum passing score on any customized test that is put together**
5. **Completion of any form of assessment found suitable for the remediation content**

Successful remediation requires a student successfully complete the customized remediation plan's assessment outcomes. Success will be determined by the Assistant Dean of Curriculum Integration. For a student remediating an F grade for a single module, the original F grade remains on the official transcript. Successful remediation of module during the summer will earn a P grade as a separate course recorded in the official transcript.

A student who receives a deficient grade for failing two modules, will not be allowed to remediate in the summer of the academic year and will repeat the year or be subject to dismissal pending decision of the SPEC. If the year is repeated successfully, only the % scores earned for the original module(s) are used to determine class rank.

Failure to successfully remediate a deficient module grade(s) on first attempt will trigger an automatic review by the SPEC.

M3 Year

Policy For Students Who Fail A Miniboard

Students in all clerkships will be required to pass each clerkship miniboard, with a minimum passing score set at the 8th percentile nationally.

Conversion of a raw 2-digit NBME scores to national percentile is determined by an NBME conversion table, which is provided with the official test scores for each clerkship and organized

according to academic quarter. For USA clerkships, quarter 1 is July- September, quarter 2 is October-December, quarter 3 is January-March and quarter 4 is April-June. Percentile scores are based on the academic quarter during which an exam is taken. In the event that a student is sufficiently delayed in beginning the junior year, the academic quarter will be adjusted to correspond to time of delay.

A student who makes a failing percentile score on the miniboard but otherwise receives a numerically passing score for the clerkship will receive a temporary grade of U. If the failed miniboard occurs during the first semester, the student will be allowed to retake the exam the first week of January pending approval by the clerkship director. If the failed miniboard occurs during the spring semester, the student will be allowed to retake the exam during the period after the final rotation and before the beginning of M4 year electives. A successful retake requires a score ≥8%tile tabulated for the original quarter the exam was taken. If the miniboard retake is successful the U grade converts to a UP; however, the original numeric score of the failed miniboard (65) is used to determine the final clerkship score and class ranking.

An unsuccessful first retake of the miniboard will be recorded as a UF and require the student to repeat the clerkship as a 4-week, individually customized course, culminating with a second retake of the miniboard for which the 8%tile remains the minimum passing score. This will occur during the time frame scheduled for the first block in the senior year. If the student successfully remediates the miniboard on the second retake, and performs satisfactorily in the clinical portion of the clerkship, a grade no higher than P will be earned and entered as a new course in the student's transcript. If a student fails the NBME on the second retake, then a grade of F will be assigned. Failure of the miniboard on the second retake will require a referral of the student to SPEC, which can require the student to repeat the entire clerkship, repeat the year, or recommend dismissal.

Failing two different clerkship miniboards or failing the same clerkship miniboard twice will trigger a meeting of the SPEC. If a student receives a grade of U on more than one clerkship due to failure to pass the miniboard, there will be an automatic review by SPEC. SPEC may:

- **Require the student to repeat both miniboards**
- **Require the student to repeat both clerkships in their entirety, delaying graduation**
- **Require the student to repeat the entire third year**
- **Take other action as deemed necessary, up to and including dismissal.**

Policy For Students Who Receive A Deficient Grades For Final OSCE

A M3 student who scores <70% on any one or more stations in Final OSCE gets a U grade and two chances to remediate all failed stations. If successfully remediated within 60 days of the first attempt, the U converts to a UP. Please refer to the section entitled Objective-Structured Clinical Examinations for the remediation process and various outcomes.

Students are promoted to the 4th year contingent upon passing, or successful remediation, of Final OSCE. For a student who does not remediate Final OSCE within 60 days, the U grade converts to an UF, and the student is referred to SPEC with a recommendation for dismissal.

Policy For M3 Students Who Have Failed One Clerkship In The M3 Year

Students who receive an F grade in a clerkship, regardless of passing the miniboard, shall be required to repeat the clerkship. Repeating the clerkship in its entirety will require a passing score (refer to cutoffs above) on the retaken miniboard. Upon successful remediation, the student shall be promoted into the senior year in good standing. Failure to successfully remediate will could result in dismissal. Students who successfully remediate a clinical clerkship may be required by SPEC to take an Acting Internship on that subject in the M4 year.

Policy For Dismissal In The M3 Year

A student is subject to dismissal from medical school for the following reasons:

- **An F or UF grade is received for two or more different clerkships**
- **An F or UF grade is received for the same clerkship twice**
- **Failing a clerkship miniboard for the third time**
- **Failing to successfully remediate the Final OSCE**

M4 Year

The M4 Year officially begins when the student has been promoted into that year by SPEC. Credit for courses begun following the end of classes in the Junior year, but before the regular end-of-year meeting of SPEC, will be officially transferred into the senior year following promotion as described.

In the event that a senior receives an (I), the course director and student will arrange for a timely fulfillment of the required performance. If the Incomplete remains on the record for 6 months, the matter will be referred to SPEC for a hearing under the Academic Standards section.

International Electives

Students who wish to take international electives for credit must have the elective approved by the Associate Dean for Medical Education. In addition, the student must contact the University's Office of International Programs and Development, which coordinates international studies for faculty and students. Students are required to purchase special insurance offered through that office to cover a variety of situations that may occur during international travel.

Off-Campus Courses

Senior students must take 20 weeks of their senior course requirements at USA. The remaining 12 weeks of course work may be taken off-campus (in-state or out-of-state) with approval of the student's advisor, the appropriate departmental chair, and the Associate Dean for Medical Education or designee. M1, M2, and M3 students must take all required courses at the University Of South Alabama College Of Medicine.

Leave Of Absence

Leave Of Absence

1. **Purpose: It is recognized that at times after matriculation, a University of South Alabama College of Medicine (USACOM) student may be administratively assigned or request a leave of absence. This policy will outline the different types of leave, address timelines and link to the documents which are necessary to complete and file in the Office of Student Records.**
2. **Applicability: This policy applies to all USA COM students in the M.D. degree earning program.**

3. **Definitions:**
    a. **Administrative leave of absence: A leave of absence assigned to a student by the administration when a student must be removed from the regular academic cycle. This can also be referred to as an academic leave of absence. These scenarios can include but are not limited to the following: failure to take the USMLE licensure examinations (Step 1 and Step 2CK) in the timeframe as defined by the COM Student Handbook, failure of the USMLE Step 1 licensure examination once or twice while currently active in a M3 clinical clerkship, failure to maintain proof of health insurance, failure to adhere to professional responsibilities in a timely manner (ie registration for courses, adherence to immunization requirements).**
    b. **Leave of absence requested by the student.**
        1. **Medical leave of absence: This is a requested leave of absence by a student wherein the student has documentation from a licensed healthcare provider of an injury, or illness which precludes the student from being able to satisfy the rigors of medical education.**
        2. **Personal leave of absence: This is a requested leave of absence by a student which allows the student time away from the COM to address matters of a personal nature which can include but are not limited to the following: overall holistic health not determined to meet criteria of a medical leave, maternity or paternity leave, caring for a family member or family obligation, military obligation, or pursuing an educational opportunity such as a research year.**
4. **Policy Guidelines:**
    a. **A leave of absence is not intended as a mechanism to withdraw from classes in order to preclude failure for a student experiencing academic difficulty. Leaves of absence also do not alter grades which have been recorded as part of the official academic transcript.**
    b. **Leaves of absence are granted for finite periods of time, not to exceed twelve calendar months.**
        1. **Administrative LOA, granted in increments of 4 and 8 weeks only.**
        2. **Personal and medical, granted up to one calendar year, allowing for re-entry when academic scheduling permits.**
    c. **An extension of a requested leave (personal or medical) can be submitted for consideration after discussion with the Associate Dean, Student Affairs.**
    d. **All leaves of absence count against the total year limitation for the posting of the M.D. Degree which is six (6) academic years for class of 2026 and after, seven (7) years for class of 2025 and before.**
    e. **All leaves of absence are recorded on the student's academic transcript and in the student's Medical Student Performance Evaluation.**
5. **Procedures:**
    a. **Administrative Leave:**
        1. **A student is notified by the Associate Deans of Student Affairs and/or Medical Education that they are placed on administrative leave when the student falls within the previously defined parameters.**
        2. **After consultation among the student and the Associate Deans of Student Affairs and Medical Education, the student signs the Administrative Leave of Absence document which stipulates the timeframe determined. At this time, if the student is a loan borrower, the student must meet with the Associate Director of Financial Aid to sign the LOA financial aid documents.**
        3. **Seven (7) days prior to the termination of the administrative leave, the student must either notify the Associate Dean, Student Affairs, or designee of their compliance and readiness to return or petition for a leave conversion. Failure to notify of return or petition will be referred to Student Promotions and Evaluation Committee (SPEC).**
        4. **If the student cannot complete the task which rendered the student's administrative leave within the agreed timeframe, the student must petition the SPEC for approval of a conversion of administrative leave to a requested leave. This petition may take the form of a written communication to the Associate Dean which is then forwarded to the SPEC chair and the LOA subcommittee of SPEC.**
        5. **If the conversion of the leave is denied by the LOA subcommittee of SPEC, the matter is turned over to the SPEC at large for recommendations for the student which could include dismissal. If the matter is turned over to SPEC for recommendations, the student should return their fob and badge(s) and thus remain on administrative leave pending the outcome of the SPEC meeting.**
        6. **If the leave is converted, the student must sign the LOA document, return their fob and badge(s), and meet with the Associate Director for Financial Aid for any clarification on the changes to the status of leave.**
    b. **Medical or Personal leave of absence:**
        1. **Both of these leave types are requested leaves of absence on behalf of the student. These requests are presented to the Chair of the SPEC, on behalf of the student by the Associate Dean, Student Affairs, or**

designee. The Chair of the SPEC corresponds with the LOA subcommittee of SPEC. Once a decision has been rendered, the Chair notifies the Associate Dean, or designee who in turn notifies the student.

2. When making the initial request, the student meets with the Associate Dean, or designee to briefly summarize the request. After discussion, the student submits a written request to the Associate Dean, or designee which addresses the reasons for the requested leave, student goals during the leave, and proposed length of time for the leave. The written request can take the form of an email from the student's JagMail account.
3. If the requested leave is medical, then the written request must be accompanied by documentation from a licensed healthcare provider substantiating the student's request.
4. If the requested leave is personal and is to pursue research, other professional development or active military duty, any additional documentation substantiating the aforementioned should accompany the written request.
5. Once a requested leave is approved, the student must complete the LOA document, return their fob and badge(s), and meet with the Associate Director of Financial Aid. If the requested leave is not approved, the student can appeal this decision to the SPEC committee at large.

c. Return from a leave:
   1. Administrative leave: Seven (7) calendar days prior to the termination of the administrative leave, the student must submit a written request to the Associate Dean, Student Affairs, or designee of their compliance and readiness to return or petition for a leave conversion. This correspondence can be in the form of an email to the Associate Dean, or designee from the student's University issued email account which is forwarded to the SPEC Chair and presented to the LOA subcommittee. Failure to notify of return or petition within this timeframe will be referred to SPEC.
   2. For Medical or Personal leaves lasting longer than 30 calendar days, the student must submit a written request to the Associate Dean Student Affairs, or designee at least 30 calendar days prior to the return date. This correspondence can be in the form of an email to the Associate Dean, or designee from the student's University issued email account. The petition and any accompanying documentation will be forwarded to the SPEC Chair for presentation to the LOA Subcommittee of the SPEC for review. Failure to notify of return or petition within this timeframe will be referred to SPEC.
   3. For Medical or Personal leaves shorter than 30 calendar days, seven (7) calendar days prior to the termination of the leave, the student must submit a written request to the Associate Dean, Student Affairs, or designee. This correspondence can be in the form of an email to the Associate Dean, or designee from the student's University issued email account. The petition and any accompanying documentation will be forwarded to the SPEC Chair for presentation to the LOA Subcommittee of the SPEC for review. Failure to notify of return or petition within this timeframe will be referred to SPEC.

d. Supporting documentation: In both making a request for and returning from a medical leave, a student will be asked to provide documentation from a licensed healthcare provider. Prior to returning, the student on a medical leave should attach to their request, documentation from their provider which addresses the student's readiness to return and reintegrate into the rigors of medical education.
e. Financial Aid: All students on a leave of absence except those listed as cash payers must meet with the Associate Director of Financial Aid upon completion of the LOA document. At this meeting, if the student is a recipient of Title IV funds, the student will also be required to sign the Financial Aid Leave of Absence document.

6. Enforcement: All infractions of this policy will be referred to the SPEC for recommendations. Once the student is referred to SPEC, the policies and procedures which govern SPEC will be enforced.
7. Recording of leaves of absence: All leaves of absences are recorded on the official academic transcript and in the student's Medical Student Performance Evaluation.
8. Related documents:
   Personal or Medical Leave of Absence Form
   Administrative Leave of Absence form

Professionalism

Medical Student Dress Code

https://www.southalabama.edu/colleges/com/currentstudents/resources/dress-code.pdf

Electronic, Digital And Internet Communication

Purpose And Scope

Acknowledging the benefits to patients when healthcare providers are readily accessible, healthcare providers must consider protection of confidential information, loss of personal interactions and the possibility of misunderstanding of communications when interacting with patients via non-verbal mechanisms. Inappropriate use of communication tools, such as posting patient personal health information (PHI) or patient photographs/videos on social media sites, blogs, or discussion boards can violate federal, state, and/or local laws, resulting in the posting healthcare provider facing the possibilities of civil liability, employment related discipline including job loss, disciplinary actions by licensing and credentialing authorities, and criminal investigations and sanctions.

The ever evolving world of communication tools, and in particular the area of the digital, electronic, and Internet communication platforms, represents a challenge to individuals and groups to be engaged and relevant in their community while maintaining professional standards of comport. With the advent of social media outlets and advancing capabilities of mobile devices, employees, faculty, residents, students, staff, and associates (henceforth "healthcare providers") must be cognizant and respectful of patient privacy and confidentiality as protected by the Health Information Portability and Accountability Act of 1996, as amended from time to time (collectively referred to as "HIPAA").

The purpose of this policy is to ensure the proper and uniform use of digital and electronic communication tools in the University of South Alabama ("USA") healthcare, education, and associated settings to reduce the risk of inappropriate or unlawful disclosures of protected health information ("PHI"). It is the intent of this policy statement to establish procedures and provide guidelines for the professional use of digital, electronic and Internet communication tools.

This policy addresses activities that (1) affiliate or identify a healthcare provider with USA or any members of its organized healthcare arrangements (OHCA) as delineated in the privacy notice, (2) use USA-provided communication tools, including but not limited to web pages, text messaging, email correspondence, and current or future social media websites, or (3) appear to represent the interests of USA. This policy is not intended to impact activities that do not represent USA and are purely related to personal matters not involving patients, including legally protected free speech.

Policy Applies To The Following:

1. **Activities that would fall under the jurisdiction of HIPAA, such as handling of protected health information by USA healthcare providers via digital, electronic, and Internet communication tools, including remote access into USA medical records of PHI.**
2. **Digital and electronic communications between healthcare providers in the process of carrying out their professional responsibilities.**
3. **Activities on electronic media and user-created web content. Common communication platforms and web content include email; text and instant messaging; cell phones, tablets and other mobile devices; blogs and journaling; internet posts and comments; and social media networks, including, but not limited to, Doximity, Facebook, Flickr, Foursquare, Google +, LinkedIn, MySpace, Pinterest, Tumblr, Twitter, and YouTube.**

Policy

1. **Protected Health Information**

   With very limited exceptions and only as authorized by the HIPAA Compliance Office, identifiable PHI, including identifiable case descriptions, must never be published, on the Internet or otherwise, without the patient's expressed and documented permission. This applies even if no one other than a patient is able to identify him/herself from the posted information. Healthcare providers must adhere to all HIPAA principles, including the reporting of HIPAA violations. PHI should be accessed and transmitted only in accordance with USA HIPAA privacy and security policies.
2. **Representation of USA or USA Hospitals**
3. **Unauthorized use of institutional information or logos is prohibited as is creation of any social media site that is branded to represent USA, and authorization must be obtained from the USA Public Relations Department. Only individuals authorized by the University are permitted to represent USA online. Management of any USA webpage or social media site will be the responsibility of the authorized creating division/department/section/office. Official posts must respect copyright, fair use, and financial disclosure laws. Posting of institutional phone numbers, email addresses, web addresses, photographs or videos to the Internet must be done in accordance with USA policy.**
4. **Communication Using E-mail, Texting, and Instant Messaging**
5. **Secure platforms for communicating PHI by healthcare providers are (1) Safebox (2) USA provided Microsoft Exchange/Outlook, and (3) secure portal communication systems (e.g. NextGen, Sorian). USA healthcare providers are fully responsible for their communications whether on USA-owned or personally-owned communication devices. Digital communication tools may supplement, but not replace, face-to-face interaction. Text messaging and email communication should not be used unless documented HIPAA-compliant authorization is made by the patient. Publicly available email (Hotmail, Gmail, Yahoo, etc.), texting, and instant messaging systems are not secure, do not guarantee confidential communication, and cannot be used for communicating PHI. Furthermore, healthcare providers cannot be certain that no other party has access to the patient's communications.**
6. **Offering Medical Advice**
7. **It is never appropriate to provide medical advice on a social networking site. Interactions between patients and healthcare providers should occur within an established healthcare relationship. Initial assessment of a patient's condition and development of a care plan must be performed in an appropriate clinical setting.**
8. **Privacy Settings**
9. **Healthcare providers should consider setting privacy at the highest level on all social networking sites.**
10. **This policy is not meant to discourage the use of innovative technologies, but to provide guidance and heighten the awareness of healthcare providers at USA to the potential risks and consequences.**
11. **Violations of this or any USA computer or information privacy policies or laws, including, but not limited to, those regarding student and patient information, may lead to disciplinary action, up to and including termination and/or legal action.**

Procedures

USA recognizes the rapidly changing landscape of communication tools. Healthcare providers will adhere to professional standards in their use of digital, electronic, and Internet communication tools by acknowledging and observing the following:

1. **USA institutional resources are provided to healthcare providers for the primary purpose of timely completion of their educational and clinical/work duties, including the access and transmission of PHI. Personal use of USA resources should not interfere with these duties.**
2. **USA healthcare providers should not expect privacy when using institutional computers.**
3. **Privacy and confidentiality between the healthcare provider and the patient are of the utmost importance. All healthcare providers have an obligation to maintain their personal access authorization through their supervisory personnel/ leadership.**
4. **Be aware that photographs taken in the healthcare environment may contain PHI, including the presence of patients in the background or foreground of the photograph.**
5. **Remote access into any USA system containing PHI should be performed in a secure environment. Remote access into any USA medical record system in public venues or via open Wifi connections should not be considered secure or HIPAA compliant. Passwords to USA medical record systems should not be stored in an unprotected repository.**

6. **All material published on the Internet via email, social media, or otherwise, should be considered public and permanent; published information cannot be recovered. Be aware that your relationship to USA can be discovered on the Internet without including a specific reference to your USA affiliation in any specific post. Healthcare providers must consider the content to be posted and the message it sends about them, their profession, and USA. USA reserves the right to request that certain subjects be avoided and that individuals withdraw certain posts as well as remove inappropriate comments.**
7. **The healthcare provider is owner of and responsible for the content of his/her own Internet and social media blogs/posts, pictures, etc., including but not limited to any legal liability incurred (defamation, harassment, obscenity, libel, slander, privacy issues regarding students or patients, etc.).**
8. **Misrepresentation of professional credentials or failure to reveal conflicts of interest via electronic, digital, or Internet platforms may result in disciplinary action by USA or credentialing authorities.**
9. **The tone and content of all USA-related electronic communications should remain professional. Respect among healthcare providers must occur in a multidisciplinary environment.**
10. **Healthcare providers should use separate personal and professional social networking accounts. For personal activity, the use of a non-USA email address as your primary means of contact is encouraged.**
11. **Do not post any material that is obscene, pornographic, defamatory, libelous or unlawfully threatening to another person or any other entity.**
12. **Healthcare providers are discouraged from interacting with any current or former patient on any social networking site or checking patient profiles on social networking sites.**
13. **Only reputable sites and sources should be used as medical education resources, including for patient education. Any referral made by a USA healthcare provider represents a tacit endorsement of that site by our institution.**
14. **Internet repository accounts, such as Dropbox and Google Docs, shall be utilized solely for the purposes of posting documents available in the public domain. Under no circumstances will non-public documents, particularly those containing PHI, be posted to any Internet repository account. USA-affiliated Internet repository accounts will be audited monthly with quarterly reports provided to the appropriate supervisory personnel/leadership. USA provides Safebox as a secure and safe method for sharing sensitive data with other USA faculty and staff. Note: Refer to the Computer Services Center for guidance on setup and use of Safebox.**
15. **Personal calls should not be initiated and/or received in patient care areas, public service areas, within view of patients or visitors. Ring tones and alerts should be set to vibrate or silent mode. Wireless headsets may not be used.**
16. **The use of personal entertainment devices (E.G., MP3 players, DVD players, cell phone entertainment features, cell phone texting, employee personal laptop, etc.) are not allowed in patient care areas, public service areas, or within view of patients or visitors unless being used for USA business.**
17. **Devices must not produce electromagnetic interference (EMI) with biomedical equipment.**
18. **Healthcare providers will be provided with training in the use of electronic, digital, and Internet communication platforms by their department. This training must be documented.**

Professionalism Assessments

Freshmen And Sophomores

Routine professionalism assessments included in the mid- and final module reports will take into consideration the aforementioned traits and, in addition, any reports of exceptional behavior or incidents of unprofessional behavior reported during the evaluation period. A copy of the routine professionalism assessment and any incident report will be kept on file with the Associate Dean for Medical Education in the Office of the Division of Medical Education.

It is assumed that any student enrolled in the University of South Alabama College of Medicine exhibits Satisfactory performance in all professional behaviors commensurate with level of training unless otherwise observed and documented.

Juniors And Seniors

Students will be assessed for professionalism by clinical faculty, staff and residents as an element of grading for clerkships and senior electives. Each student will receive from the Clerkship Director of each rotation an Interim Clerkship Report of performance in clinical skills, communication skills, judgment, professional skills, initiative, problem-solving, and teamwork. Students will be assessed as either (a) Satisfactory and Appropriate for Level of Education, or (b) Unsatisfactory. The report will also document suggestions for improvement relayed to the Clerkship Director from residents and attending physicians.

All Years

In addition to providing periodic feedback, the College provides a mechanism for rapid reporting of an incident that involves a student, in any year of training, observed to engage in either unprofessional behavior or exemplary behavior.

Career Exploration

Choosing a medical specialty is one of the most significant decisions a medical student must make. Finding a specialty that fits one's interests, values, personality, and skills can be not only challenging but also time consuming. The College of Medicine wants to facilitate this exploration, as long as the opportunity allows students to adhere to HIPAA compliance and to function within the confines of the student's professional liability insurance.

- **As a College of Medicine student, professional liability insurance is provided for career exploration if it contributes to your educational experience and is performed under the guidance and supervision of a USA Health physician. For the purposes of this policy, USA Health physicians are defined as those that either have a regular or adjunct faculty appointment in the USA College of Medicine.**
- **If you choose to operate outside these guidelines in performing career exploration, you will NOT be covered by USA's professional liability insurance. You must inform the outside supervising physician that you carry no liability coverage for this activity. That physician should have the ability to then decide whether or not to accept you within the confines of his/her professional liability.**
- **Regardless, the Associate Dean for Student Affairs in the College of Medicine must be notified of career exploration experiences PRIOR to any start date, including: your name and year in school, name of the physician preceptor, the physical location of the experience (name and address of the clinic, hospital, operating room, emergency department, etc.), inclusive dates of the experience, and type of experience (i.e., rounds, clinic visits, attendance in the operating room, etc.). This information will be tracked through the Office of Student Affairs and communicated to the USA Office of Risk Management.**
- **When interacting with patients or physicians, you must always introduce yourself as a "student physician" or "medical student".**
- **If you choose to conduct a career exploration experience outside the USA Health System, you may NOT wear your USA badge or your white coat which displays the imprinted USA Student Physician logo.**
- **The duties and/or tasks to be performed or observed during the exploration experience are those delegated to the student by the prearranged physician preceptor. The preceptor is encouraged to familiarize himself/herself with the approved College of Medicine Policy on Standards for Medical Student Supervision and be in accordance with said policy.**

In summary, we in the College of Medicine want to be able to provide COM students with the most comprehensive education possible. Additionally, however, we also want the students, as future physicians, to be aware of the importance of professional liability and to practice within the framework of that awareness.

Career Exploration Form
(JagMail required for access.)

Community Service

Students in the freshman and sophomore years are required to participate in community service. The details of the requirement will be outlined in a fall mandatory class meeting. Failure to meet this requirement will prevent promotion to the subsequent year.

Student Records

The Whiddon College of Medicine (COM) Office of Student Records is responsible for all records of students who are currently, or have previously been, enrolled in the University of South Alabama College of Medicine (Doctor of Medicine program only). Records for Ph.D. students, and all undergraduate and other graduate programs, are handled through the University of South Alabama Registrar's Office. The Whiddon COM follows the University of South Alabama policy which complies with the rights of privacy and access to the education records of the student as set forth in the Family Educational Rights and Privacy Act (FERPA) of 1974. University policy concerning student records which is found on the University website (
http://www.southalabama.edu/bulletin/current/academic-policy/records.html
). The specifics of the policy are found in the
University Lowdown
under "Student Record Policy".

FERPA & Your Privacy

What is FERPA?
FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to educational records. The law, also known as the Buckley Amendment, applies to all schools that receive funds under an applicable program of the US Department of Education.

To which information does FERPA apply?
FERPA applies to personally identifiable information in educational records. This includes items such as the student's name, names of family members, addresses, personal identifiers such as social security numbers, and personal characteristics or other information that make the student's identity easily traceable.

What are educational records?
An educational record is any record in any medium which is maintained by the University of South Alabama or an agent acting on behalf of USA, and which is directly related to a student and contains personally identifiable information.

Some types of information are not considered education records and are not protected by FERPA. These include:

Campus law enforcement unit records;
Employment records, except for those whose employment at USA is tied to their status as a student;
USA student medical records
USA alumni records

Does FERPA apply to everyone?
FERPA rights apply to qualifying students. You are a qualifying student if you are currently attending USA, or have attended USA in the past. Applicants to the University or prospective students are not guaranteed rights under FERPA.

What are a student's rights under FERPA?
Under FERPA, a student has a right to:

- **Inspect and review their education records.**
- **Exert some control over the disclosure of information from their education records.**
- **Seek the amendment of any of their education records that they believe are inaccurate, misleading, or in violation of privacy rights.**
- **File a complaint with the U.S. Department of Education's Family Policy Compliance Office.**

The University of South Alabama's FERPA policy is published every year in The Lowdown, the USA student handbook. The Lowdown is available from the USA Student Government Association Office, located in the Student Center, room 214.

Do students have a right to see their educational records?
Students have the right to inspect and review their education records. Follow the procedures below.

Students must submit a signed request to the Whiddon COM Student Records office specifying which records need to be reviewed.

A Whiddon COM Student Records staff member will arrange for access to the file and will notify you when and where the inspection may take place. Access will be granted as soon as possible, but no later than 10 days after the request was received in the Whiddon COM Student Records office.

Students are entitled to an explanation of any of the information contained in their file. If you are unsure of something, please ask us.

How do I correct inaccurate information?
You have the right to seek to amend any of your USA education records that you believe to be inaccurate, misleading, or that violates your right to privacy or any other of your rights.

Contact the Whiddon COM Student Records Office first. You may need to complete a form specifying which information you believe needs to be amended, and why.

If a Whiddon COM Student Records staff member cannot informally resolve the problem, you may request a formal hearing.

If the result of the formal hearing is to deny the request to change the information, you will be given the opportunity to attach a statement of explanation of disagreement, which will remain with that record.

What is directory information?
FERPA identifies certain information, called directory information, that may be disclosed without the student's permission. The university has designated the following information as directory information:

- **Student's name**
- **Local, permanent, and email addresses**
- **Photograph**
- **Major fields of study**
- **Dates of attendance**
- **Enrollment status**
- **Degrees, awards, and honors received, including selection criteria**
- **Classification**
- **Participation in officially recognized activities and sports**
- **Weight and height, if a member of an athletic team**

Who has access to student educational records?
FERPA grants USA the right to disclose information from your education records without your approval to the following:

- **University officials with a legitimate educational interest.**
- **Federal or state agencies, or organizations performing audits or official studies.**
- **Financial Aid Officers.**
- **Accrediting Agencies.**
- **Officials of other institutions in which you seek to enroll.**
- **Appropriate authorities in an emergency situation.**
- **Parties to legal actions through subpoenas and/or court orders.**

What is legitimate educational interest?
Legitimate educational interest means that a university official has a justifiable need to view an education record in order to complete his or her job responsibilities, as defined by the university. At USA, only faculty, administrators, and staff who individually or collectively have a legitimate educational interest in the student records and are acting within the limitations of their need to know may access student educational records without prior consent of the student. This would include personnel in academic offices as well as student support offices (Admissions, Student Accounting, Financial Aid, University Registrar, etc.). This is true even if the student has been granted a non-disclosure agreement.

Whom should I contact with questions or concerns?
Direct general questions to the Whiddon COM Student Records Office.

FERPA For Students

What are my rights under FERPA?

Under FERPA, you have a right to

- **Inspect and review your education records.**
- **Exert some control over the disclosure of information from your education records.**
  Seek the amendment of any of your education records that you believe to be inaccurate, misleading, or in violation of privacy rights.
- **File a complaint with the U.S. Department of Education's Family Policy Compliance Office.**

When do FERPA rights begin?
Your FERPA rights begin when you enroll; that is, when you have registered and paid and classes have begun.

Who can access my educational records?
FERPA grants USA the right to disclose information from your education records without your approval to the following:

- **University officials with a legitimate educational interest.**
- **Federal or state agencies, or organizations performing audits or official studies.**
- **Financial Aid Officers.**
- **Accrediting Agencies.**
- **Officials of other institutions in which you seek to enroll.**
- **Appropriate authorities in an emergency situation.**
- **Parties to legal actions through subpoenas and/or court orders.**

Whom should I contact with questions or concerns?
Direct general questions to the Whiddon COM Office of Student Records.

FERPA For Faculty & Staff

Who are the Designated Records Officials within the College of Medicine?
The University has designated the Whiddon COM Office of Student Records as the records official for the Whiddon COM student academic records and transcripts. The Associate Dean of Student Affairs is the record official responsible for medical student records.

Who on campus may access student records?
School officials with a legitimate educational interest are granted permission by the Associate Deans for Medical Education and Student Affairs to review a medical student's file. A school official is defined as a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Examples of official needs include IRB approved educational research. In this case, a Whiddon COM Student Records staff member will de-identify the information before providing it to the school official. In the event that the school official requires information for a specific student, such as to write a letter of recommendation, the student must first contact the Whiddon COM Office of Student Records to grant permission for the school official to view his/her records.

How do I know if a student has signed a Request for Non-disclosure?
When using Banner to access information on a student who has been granted non-disclosure, an alert box will display the message, "Warning: Information about this person is confidential." The user must click "OK" to view the record. The word "Confidential" will appear in the top left-hand corner of every subsequent screen on Banner for that student. Faculty or advisors using PAWS will see the message, "Confidential," on class rosters and degree audits for that student.

The only proper response to inquiries from third parties for any information about such a student must be "Federal Law prevents me from answering this question."

How does FERPA apply to faculty and staff?
Faculty and staff are required by law to handle students' education records in a legally specified manner. The following list should help clarify what is expected.

Do not post grades by name, Jag Number, or any portion of social security number. The University discourages public posting of grades, even if identity codes are used. The University does not permit the emailing of grades. The Office of the Registrar will post final grades on PAWS at the end of the term and students use a secure website to retrieve that information.

- **Do lock desks, file cabinets and rooms that contain student records before leaving them unattended.**
- **Do guard student records on your computer.**
- **Do not put transcripts, degree audits, grades, etc. in the trashcan. Shred any paper containing personally identifiable information.**
- **Do not leave graded papers with student names or Jag Numbers on a table for students to collect. You must not allow students access to other students' grades or personal information.**
- **Do keep your personal professional notes regarding students separate from education records. These "sole possession" notes must be kept private, not accessible by any other person except for a designated substitute.**
- **Do procure a written release from a student if you are accessing an education record to write a recommendation. If you will make reference to grade point average, or a particular grade in a course, etc., you must have a written release.**
- **Do not discuss student daily attendance, academic progress, or grades with a student's parent or guardian. Refer all such inquiries to the proper records official.**
- **Do refer all other third party requests for information from education records to the proper records official.**

When in doubt, err on the side of caution and do not release the requested information. Contact the Whiddon COM Student Records office if you require clarification of any portion of FERPA regulations.

Whom should I contact with questions or concerns?
Direct general questions to the Whiddon COM Student Records office.

FERPA For Parents

FERPA For Parents

May I access my child's student records?
At the post-secondary level, parents have no inherent right to access or inspect their son's or daughter's educational records. The right of access is limited solely to the student.

May I view my child's grades, exams, or academic progress?
Final grades, grades on exams, and other information about academic progress are examples of the confidential information that makes up part of a student's educational record. This information is protected under FERPA and parents do not have access to it.

What about crisis or emergency situations?
If nondirectory information is needed to resolve a crisis or emergency situation, an educational institution may release that information if the institution determines that the information is necessary to protect the health or safety of the student or other individuals.

Whom should I contact with questions or concerns?
Direct general questions to the Whiddon COM Student Records office.

Address/Name Change

All medical students must provide the Whiddon COM Office of Student Records with their address and phone number. University-based email addresses will be provided to each student and email is the primary modality for communication between the Whiddon COM and each student.

A student who wishes to change his/her address or name should contact the Whiddon COM Office of Student Records.

Registration For Courses

All medical students are required by University policy to register prior to each semester. Registration (making course selections and enrolling in classes) is a process that is handled on the web at http://paws.southalabama.edu. Students will need their "J" or "Jag" number as well as their PIN. Students can check their registration appointment time on line at the above listed web site. Once registration is processed, the student is responsible for paying all applicable tuition and fees by the published deadline. Registration is not considered complete until all money owed to the University has been paid and all admissions documents and examinations are furnished. Failure to satisfy any of the admission or registration requirements is sufficient cause for dropping a student from all classes and voiding their registration.

Students can access their account via the web to view charges, make payment for tuition and fees owed, or view their financial aid award status.

Residency Requirements

Students who were accepted as out-of-state students and wish to change to an in-state status should view the current residency reclassification policy found on the
University Registrar's webpage
. While the policy remains the same for all University students, residency reclassification paperwork for medical students should be processed exclusively through the Whiddon COM Office of Student Records.

University of South Alabama Whiddon COM Office of Student Records
5851 USA Drive North, MSB 1005 Mobile, AL 36688 Phone: (251)460-7180

Non-Resident Fee Policy

A non-resident tuition and fee policy has been adopted for students enrolled at the University of South Alabama who are non-residents. All non-resident students, including undergraduate, graduate, and medical students, will be required to pay non-resident tuition and fees.

Reporting And Releasing Of Grades

For modules, final grades are submitted no later than 14 days after the conclusion of the module. For clerkships and electives, including externships, grades are submitted no later than 30 days after the conclusion of the course. Grades are submitted to the Office of Student Records to be entered on the student's official transcript and used for the determination of promotion, probation, or dismissal. Grades are submitted by the appropriate course directors. Grades for comprehensive OSCEs are submitted by the Director of Clinical Skills.

Concurrent with the submission of grades to the Whiddon COM Office of the Student Records, the final grades for modules and OSCEs are provided to the student. Grades for M3 and M4 are released to students from the Whiddon COM Office of Student Records.

1. Grade Change by Faculty

Once a grade of H, P, or F is received by the Whiddon COM Office of Student Records, it can only be changed by the course director and only if it was assigned in error or as the result of an academic, disciplinary, or grievance hearing that prompts a change. A temporary grade of U or X changes to a permanent grade pending successful or unsuccessful remediation by the student and notification of the results to the Whiddon COM Office of Student Records.

Student Health

Policies Related To Hazardous Exposures

Exposure To Infectious Diseases

Students will be instructed in the fundamentals of the spread of infectious diseases and isolation techniques during Freshman orientation.

Prior to the start of their junior year, the students will receive orientation from the Infection Control Office at the USA Hospitals and Clinics where at least the following topics will be covered:

- **Types of isolation procedures.**
- **The student's right to the availability of protective equipment (gowns, gloves, face masks, etc.).**
- **Protocols for students who sustain needle sticks.**
- **The availability of personnel of the Infection Control Office and Employee Health to provide information regarding infectious disease exposure.**

Policy Statement On AIDS And Other Infectious Diseases

Acquired Immune Deficiency Syndrome (AIDS) has confronted the health professions with numerous issues of an ethical and moral nature related to the care and treatment of patients infected with the Human Immunodeficiency Virus (HIV) and other infectious diseases.

AIDS and HIV-related disorders have focused attention on the basic obligations of health professions and the responsibilities of practitioners to patients. In this context, it is recognized that AIDS patients and HIV-infected individuals are entitled to competent medical service that reflects compassion and respect for their human dignity, as well as concern for safeguarding their confidence within the constraints of the law.

One of the objectives of the College of Medicine is the development of professional men and women aspiring to practice medicine. These future practitioners should be prepared for a lifetime of service to the ill, which demands adherence to the highest standards of professional conduct and behavior. AIDS has brought attention to these objectives. In this regard:

Faculty, medical students, graduate medical students, and practitioners within the College of Medicine have a fundamental responsibility to provide care to patients, regardless of the patient's diagnosis. Failure to accept such responsibility is contrary to the ethics inherent in the philosophies of the medical professions.

Faculty members have a special responsibility to set an example for the standards of ethical behavior and attitudes of the practice of medicine.

Faculty, students, and practitioners within the College of Medicine who pose a risk of transmitting an infectious agent should consult with knowledgeable physicians to determine whether continuing to provide professional services represents any material risk to the patient and, if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.

It is necessary that faculty, students, and other personnel of the College of Medicine help and be helped to address any fears and prejudices about treating HIV-infected patients. Thus, the responsibilities of the College of Medicine include the following:

1. a. **Providing accurate information to applicants to the College of Medicine of the personal risks involved in the practice of their selected profession.**
   b. **Providing up-to-date information on the modes of acquiring and transmitting HIV and other infectious agents in the clinical activities of the College.**
   c. **Providing training in the accepted measures to prevent exposure to or transmission of HIV or other infectious agents in the healthcare setting.**
   d. **Ensuring that policies exist to monitor adherence to institutional guidelines for prevention and infection control.**
   e. **Ensuring that procedures are established in the event of accidental exposure or violations of guidelines.**
   f. **Providing appropriate equipment and supplies to minimize the risk of infection with HIV or other infectious agents.**
   g. **Providing education and counseling to those individuals who are apprehensive or reluctant to participate in educational programs or patient care activities involving HIV- infected individuals or individuals with other infectious diseases.**

Approved by USAMC Hospital Board and COM Executive Council, August, 1990.

(This policy statement was adapted from a policy statement developed by the Association of Academic Health Centers Board of Directors Statement on Professional Responsibility in Treating AIDS Patients, April, 1988. Also used as reference was the American Association of Medical Colleges Statement on Professional Responsibility in Treating AIDS Patients, February 25, 1988).

Infectious Disease Reporting

Alabama's Infected Health Care Worker Management Act was signed into law in August, 1993. The law provides for mandatory reporting of HIV and Hepatitis B infection in healthcare workers, including medical students, and defines how the reported information is to be used. The State Board of Health has approved rules related to implementation of this Act. A copy of the rules is on file in the Office of Student Affairs and copies may be requested from that office or from the Alabama Department of Public Health, 434 Monroe Street, Montgomery, Alabama, 36130-3017. In addition, if there are specific questions with regard to such Act, you may contact Dr. John VandeWaa at 471-7895. A summary of the requirements that would be placed on medical students that relate to reporting include:

- **Any infected medical student shall notify the State Health Officer by sending a letter marked "Personal and Confidential" to the Director of the Division of Infection Control within 30 days of the time he or she is aware of his or her infection. The letter shall include at a minimum the infected healthcare worker's name and diagnosis and information as to how he or she can be contacted. The infected healthcare worker shall subsequently make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation.**

- **Any physician providing care to any infected healthcare worker shall notify the State Health Officer of the infected status of his patient within seven (7) days of the time he or she diagnoses or provides such care. Such notification shall be on forms as designated by the Department and sent to the designee of the State Health Officer by marking the envelope "Personal and Confidential" and sending it to the Director of the Division of Infection Control. Further, the physician shall make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation.**

- **After reporting to the State Health Officer, no infected healthcare worker shall perform or assist in performance of an invasive procedure until after an internal Department review by Department staff and written notification regarding conditions of practice from the State Health Officer.**

Preventing Transmission Of HIV And HBV

Policy And Guidelines For Preventing Transmission Of Human Immunodeficiency Virus (HIV) And Hepatitis B Virus (HBV) By Medical Students To Individuals During Exposure Prone Invasive Procedures And Otherwise

The policy statements outlined herein are based upon the updated CDC recommendations for the management of Hepatitis B-infected healthcare providers and students dated July 6, 2012:

- **Infected healthcare workers who adhere to standard (formerly universal) Precautions and who do not perform "exposure prone procedures" (Category I per CDC) are deemed to pose no risk of transmitting HIV or HBV to patients. Students do not ordinarily perform such procedures.**
- **All students shall be vaccinated against Hepatitis B (series of standard three vaccinations followed by a titer).**
- **All students are responsible for knowing their Hepatitis B/HIV status and must report seroconversions to the College of Medicine Office of Student Affairs or to Student Health or to one of the Employee Health Nurses at USA Health University Hospital or Children's & Women's Hospital.**
- **Depending on the circumstances, an Expert Panel (CDC-defined) may be convened and HPV/HIV viral loads may be required.**

The University of South Alabama Hospitals and Clinics comply with standard Precautions and recommendations for disinfection and sterilization of medical devices. These precautions will be appropriately monitored in all healthcare settings. Established procedures are provided for the monitoring of compliance with infection control policies.

Health Insurance

Health Insurance

Health Insurance

Students who matriculate to the University Of South Alabama College Of Medicine are required to be covered by health insurance throughout medical school. Acceptable coverage can be in the form of a spouse's plan, a parent's plan, an individual plan, or a group plan. Group coverage is available through Student Health. Students are considered to be adults and are expected to be able to assess appropriate parameters for health insurance keeping in mind that unexpected hospital expenses can easily delay or terminate a student's academic career.

Documentation Of Coverage

The following procedure is used to ensure proper health insurance coverage for all students with the least amount of follow-up. Prior to registering for any semester of coursework in the College of Medicine, each student shall present proof of coverage to the Office of Student Records. Proof of coverage is strictly limited to a copy of the student's current health insurance card. No other documentation is acceptable. Any student failing to submit the proper documentation of current health insurance coverage will not be allowed to register. Any student who allows their health insurance coverage to lapse may not participate in patient care and will be placed on administrative leave until proof of current coverage is provided. This administrative leave shall be noted on the student's academic transcript.

Any student who knowingly submits false documentation will be brought before the SPEC.

Disability Insurance

The USA COM Student Assembly voted that disability insurance be mandatory for all medical students. The annual fee for this coverage is collected with fall quarter registration. The coverage is provided through the AMA Insurance Agency, Inc. A complete description of all coverage provisions is available in the Office of Student Affairs on the main campus and at Mastin.

Required Immunizations And Examinations

Required Immunizations And Physical Examinations Immunizations For Communicable Diseases

Medical students are frequently exposed to infectious diseases during their clinical experience. They are, therefore, at risk of contracting several illnesses that are easily preventable by immunization. The students are also potential carriers of these illnesses and may infect other patients who may be immune-compromised. To protect both the students and patients, all students in the USA COM must present proof of immunity to the following diseases and are strongly urged to receive an annual influenza vaccine during the two clinical years.

- **Measles (Rubeola): All students born after 1956 are required to provide documentation that they have received two doses of live measles vaccine prior to their matriculation. The first dose of the vaccine should have been administered after 15 months of age. If documentation cannot be provided then the student is required to receive immunization for measles from his/her personal physician or the Board of Health or provide evidence of a protective titer. Pregnancy is a contraindication to this vaccine. If necessary, pregnant students should be vaccinated in the post-partum period.**

- **Mumps and Rubella: All students born after 1956 will be required to provide documentation that they have received one dose of live Mumps/Rubella vaccine after 15 months of age or produce the results of serologic studies showing a protective titer of Mumps and Rubella antibodies. Without this documentation the student is required to receive immunization for Rubella/Mumps prior to matriculation from a personal physician or the Board of Health. Pregnancy is a contraindication to this vaccine. If necessary, pregnant students should be immunized in the post-partum period.**
- **Tetanus – Diphtheria – Pertussis: All students are required to document that they have received the primary series and a booster dose of adult Tetanus-Diphtheria-Pertussis (Tdap) vaccine within ten years of the beginning of the academic year. Without this documentation the student is required to receive the Td vaccine from his/her personal physician or the Board of Health.**

- **Polio: All students are required to document that they have received the primary series of Polio vaccine. If documentation cannot be produced the student will be required to receive the primary series of inactivated polio vaccine from their personal physician or the Board of Health or provide serologic evidence of immunity.**

- **Varicella: All students must certify that they have had varicella or they must have a varicella titer determined. If the titer is undetectable, they must receive two doses of varicella vaccine 4-8 weeks apart.**

- **Hepatitis B: All students must be immunized against infection from hepatitis B virus. A Hepatitis B titer must be submitted following the series to assure immunity.**

- **Influenza: All students are required to receive an annual influenza vaccine during the fall of each academic year. Failure to provide proof of a flu vaccine will result in a hold being placed against the student's spring registration until proper documentation is submitted.**

- **Tuberculosis: In light of the significant incidence of multiple drug-resistant tuberculosis and the need for effective infection control measures, pre-matriculation and annual testing for tuberculosis is required for all students in the College. Failure to provide proof of current PPD will result in a hold being placed against the student's spring registration until proper documentation is submitted.**

  Sophomore, junior and senior students must provide proof of tuberculosis testing (PPD) prior to November of each year. Students Health Services will administer these tests for students for a nominal fee. Each student is responsible for having the tuberculosis test placed and read, then providing the results to the Student Health Services no later than the first of November. That office will provide a list of students in non-compliance and a "hold" will be placed on those students' registration until the test is completed.

  Any student who is positive due to a childhood or other exposure must provide a statement from his/her physician that the student is not contagious. The statement should also include that the student has a clear chest x-ray on file and whether they have been counseled about INH treatment. These students may additionally be required to meet with the Infectious Disease faculty at the University of South Alabama Medical Center.

- **Exceptions: In the event that a student has a problem that he/she believes would be a contraindication to a specific vaccination, the pertinent information should be provided to the Associate Dean of Student Affairs. The student may be required to sign a Release of Liability holding the College of Medicine harmless.**

Implementation Of Student Immunization Policy

Implementation Of Student Immunization Policy

In order to facilitate the collection and processing of immunization information for students entering the College of Medicine, the following protocol will be followed:

- **The Health Data Record form and AAMC Standard Immunization form will be sent to each entering freshman in the early summer prior to matriculation.**
- **The forms will be returned to the Student Health Center no later than the assigned date prior to orientation.**
- **The Student Health Center will review the Health Data Records to assure that all immunization requirements have been met.**
- **Any entering student who has not completed all requirements for immunizations by matriculation will meet with the Associate Dean of Student Affairs to discuss the need for documentation or possibility for an exemption.**
- **Any student who has not provided all necessary documentation by October 1 will be placed on a Leave of Absence until the College requirement has been met.**
- **If a student has started, but not completed, a series of required vaccinations by the beginning of the academic year, he/she will be given an appropriate amount of time to complete the series. Failure to provide all necessary documentation by the deadline will result in placement of the student on a Leave of Absence until the College requirement has been met.**

Physical Examination

The College requires students to undergo a complete history and physical examination after admission to school, but prior to matriculation. The completed Health Data forms are reviewed for completeness and placed in the students' files if complete. If not complete, the Associate Dean of Student Affairs will follow policy to assure that the form and immunizations are completed. The required Physical Examination/Health Data form must be submitted NO LATER THAN THE FIRST WEEK OF AUGUST.

The College requires documentation that visiting students meet the AAMC Standard Immunization requirements. Records pertaining to visiting students are handled through the Student Affairs office in the USA Medical Center Mastin office.

Policy On Healthcare Providers

No provider of healthcare, psychiatric, and/or psychological services to a medical student may be involved in the academic assessment of that student or in decisions about the promotion of that student.

Post-Exposure Prophylaxis Program

Safety is a priority for the University of South Alabama College of Medicine medical students. All medical students undergo initial training on post-exposure prophylaxis during orientation for their M1 year with a subsequent refresher module during their M3 orientation. During this training, procedural guidelines are discussed with emphasis on the reporting mechanisms, timeliness of testing, and treatment. Each student is provided a card to carry at all times with these guidelines and phone numbers to facilitate the testing and reporting process. Additionally, these
post-exposure prophylaxis guidelines
are published on the College of Medicine website under the Current Students policies and forms.

The cost for any laboratory clinical services associated with post-exposure testing should be billed to the student's health insurance company. After payment from the insurance company, any remaining billed expenses should be presented to the Associate Dean of Student Affairs. As long as the student has filed in a timely manner with their insurance, the remaining balance will be paid by the Dean's office in the College of Medicine. In order to ensure payment from the College of Medicine, the student should present all pertinent paperwork including that which documents the amount reconciled by their insurance carrier.

If the filing on the student's insurance and the presentation of the remaining billed services are not handled in a timely fashion, the College of Medicine will not pay the difference and the student will be responsible for the balance.

Student Life

Student Travel

Pending availability of funds and advance approval of the Associate Dean of Student Affairs, the College or other organizations will support travel for students in good academic standing as follows:

1. **a. AAMC Organization of Student Representatives (OSR)**
   Sophomore Member:
   The sophomore may attend the Regional Spring Meeting after finishing his/her sophomore year. The previous fall meeting may be attended when financially feasible and approved by the Associate Dean of Student Affairs.
   Junior Member:
   The junior may attend both the fall National and Spring Regional Meetings.
   Senior Member:
   The senior may attend the fall National Meeting, the last time to serve as a voting member. If he/she holds a national or regional elected office, the senior should plan to attend both the fall and spring Meetings. The spring Regional Meeting may be attended when financially feasible and approved by the Associate Dean of Student Affairs.

   b. AMA – Medical Student Section
   Travel and expenses for one or two students to attend each of two meetings (Annual Meeting in June and Interim Meeting in December) will be paid by the College (1/2 of total) and the Medical Association of the State of Alabama (1/2 of total).

   c. American Medical Women's Association (AMWA)
   If the USA branch can demonstrate that regular meetings have been held in which there was participation by members of each class and the faculty sponsor(s), then the College may support the travel of a representative to the fall Annual Meeting.

   d. Student National Medical Association (SNMA)
   The College may pay travel, hotel, and registration expenses for one student to attend the SNMA Region III Annual Meeting. The student will be recommended by the USA SNMA and by the Assistant Dean of Educational Enrichment. Additional students may be supported if funds allow.

Vacation Time

Preclinical Students:

Classes are not scheduled on official University holidays. Spring break may or may not coincide with spring vacation for the rest of the University.

Junior Students:

In addition to Spring and Christmas vacations, junior students receive the same official holidays given to USA faculty and staff (Martin Luther King Day, Mardi Gras, Memorial Day, Independence Day, Labor Day, and Thanksgiving holidays). The students' holiday begins at the end of their clinical responsibilities on the day prior to the official holiday. Students return at the usual reporting time on the day following the holiday. Occasionally, additional holidays are approved and are noted on the USACOM Academic calendar.

Senior Students:

Time off on holidays is at the discretion of the supervisor of the elective, or may be delegated to the responsible Resident on the service. The student is expected to assume in many respects the role of a physician, and in so doing to recognize the needs of patients for attention and the need of the service for coverage, regardless of weekend and holidays.

Employment And Work Hours Outside

Employment

The medical curriculum requires the major portion of a student's time and concentration. It is suggested that all students arrange their finances in a sound way before entering medical school in order that employment during the regular academic year will not be necessary. If a real need develops, it is possible that permission would be forthcoming for the student to work on a part-time basis. It should be remembered, however, that (1) school assignments cannot be changed to accommodate the work schedule and (2) any money earned may affect the amount or type of financial aid that the student is eligible to receive. In any case, if a medical student desires to work during the academic year, the Associate Deans of Medical Education and Student Affairs must be consulted; failure to do so may result in a meeting of SPEC.

Student Duty Hour Limitations

Duty hours are defined as all clinical and educational activities related to the educational experience. This includes direct patient care, administrative duties of patient care, transfer of patient care, in-house call, and educational conferences, meetings, didactics, simulation, or active learning sessions. Examples of activities that are excluded are (1) Reading, studying, and preparation time occurring separate from rotational assignments, (2) At-home call, and (3) Volunteer clinical activities.

Required student duty hours, for the third year clerkships and the senior electives (including acting internships), shall not exceed 80 hours in a given work week when averaged over 4 weeks. Consecutive hours worked cannot exceed 16 hours. There must be a minimum of 8 hours off between shifts. There must be an average of a least 1 day off per week when averaged over 4 weeks. It will be the student's responsibility to log duty hours into E*Value on a weekly basis.

Technology Use And Access

Computers

All students entering the University Of South Alabama College Of Medicine as first year students are required to purchase a laptop computer configured to meet the minimum requirements set out by the College of Medicine. COM Students are subject to the USA policy regarding use of computers which can be found on the University's web site.

Copy Card

The COPICARD is a sturdy plastic credit card with a magnetic strip on the back. The strip carries the magnetically encoded data which controls the photocopiers located in the Biomedical Library or Campus Library and in the USAMC Library. As copies are made, the reader senses the copy pulse and registers the copy count in memory and also on the magnetic card as a deduction from the card's previous value. After the user has completed the copy run, the LED display indicates the number of copies remaining on the user's COPICARD. When the user pushes the return button, the card is returned.

At the beginning of each academic year, during registration, each medical student is given a preprogrammed COPICARD allowing 200 copies. Each student is responsible for his/her card and must keep it secure; lost cards will not be replaced. Staff in the Biomedical Library will replace damaged cards, if the number of copies remaining can be determined. Students wishing more than their allotted 200 copies per year may purchase additional cards at 10¢ per copy.

Communication

E-mail is the official method of communication between University of South Alabama College of Medicine faculty, administration, staff and all students. It is the student's responsibility to check your official USA jagmail account correspondence daily. Do not assume that any university email message is automatically forwarded to a non-university email account. Check your spam folder, accordingly. You are obligated to respond in a timely manner to all e-mail requests, including time-sensitive evaluations.

Index

A

Academic Assistance and Advisement..... 18
Academic Policy..... 18
Academic Remediation..... 37
Address..... 50
Appropriate Treatment of Medical Students..... 6

B

Board Exams..... 18
By-laws..... 4

C

Career Exploration..... 48
Class Rank..... 50
Clerkships..... 18
Clinic Course..... 18
Clinical Skills..... 18
College of Medicine Directory..... 1
Communication..... 17, 63
Community Service..... 49
Conflict Resolution Council..... 6

D

Dean..... 1
Directory Information..... 50
Disciplinary Actions and Procedures..... 11
Disclaimer..... ii
Dismissal..... 36
Dress Code..... 44

E

Electronic Digital and Internet Communication..... 44
Employment..... 61
Evaluations..... 18

G

Graduation..... 15
Graduation and Honors Convocation..... 15
Graduation Eligibility..... 15
Graduation Requirements..... 15
Grievance Actions and Procedures. 11

H

Honor Code..... 4
Honor Pledge..... 4

L

Leave of Absence..... 40

M

Medical Education and Student Affairs Directory..... 1
Milestones of Achievement..... 17
Missed Exam Policy..... 18
Modules..... 18

N

Nondiscrimination Policy..... 10

O

OSCES..... 18

P

Performance Standards and Core Competencies..... 17
Posthumous Degrees..... 15
Probation..... 35
Professionalism..... 44
Professionalism Assessments..... 46
Promotion..... 34

R

Report and Release Grades..... 50
Residency Requirements..... 50
Rules Specific for a Given Year..... 38

S

Senior Courses..... 18
Sexual Harassment..... 9
Sexual Violence..... 9
Staff Directory..... 1
Standards of Conduct..... 6
Student Health..... 55
Student Life..... 61
Student Promotions and Evaluation (SPE) Committee..... 32
Student Records..... 50

T

Technology Use and Access..... 61
Time to Graduate..... 15
Travel..... 61

U

USA College of Medicine Mission Statement..... 1

V

Vacation..... 61
Victims Rights..... 9

W

Welcome..... 1
Work Hours..... 61