
UNIVERSITY OF MINNESOTA

BOARD OF REGENTS POLICY STUDENT ACADEMIC GRIEVANCE

Section I. Scope and Purpose.

Subd. 1. Violation of Policy. This policy addresses academic grievances only. Academic grievances are complaints brought by students regarding the University's provision of education and academic services affecting their role as students. Academic grievances must be based on a claimed violation of a University rule, policy, or established procedure. This policy does not limit the University's right to change rules, policies or procedures.

Subd. 2. Not applicable. This policy does not apply to conflicts connected with student employment or actions taken under the Student Conduct Code. Also, complaints alleging violation of the University's policies of sexual harassment and academic misconduct are not grievances under this policy. Such claims shall be referred to the appropriate office for investigation and review. Any complaint alleging discrimination in the University/student relationship, other than sexual harassment, may be filed either under this policy or with the Office of Equal Opportunity and Affirmative Action, but not both.

Subd. 3. Qualified Students. Students enrolled at any campus of the University of Minnesota may file academic grievances under this policy.

Subd. 4. Policy Goal. It is the goal of this policy to provide a simple and expeditious process, allowing for both informal and formal resolutions of conflicts. Resolutions may include student reinstatement or other corrective action for the benefit of the student, but may not award monetary compensation or take disciplinary action against any employee of the University.

Section II. Informal Resolution.

Subd. 1. Lowest Unit Level. The first step of any resolution should be at the lowest unit level, between the parties involved or the parties and an appropriate administrator. Students may wish to consult the Student Dispute Resolution Center or similar support services for advice and possible mediation. If no informal resolution can be found at the lowest unit level, informal resolution may be sought at the collegiate level with the parties and higher level administrators. If the issue cannot be resolved informally, the complainant may move the case to the formal level.

Subd. 2. Judgments on Academic Performance. Grievances involving an instructor's judgment in assigning a grade based on academic performance may be resolved only through the informal resolution procedures.

Section III. Formal Resolution.

Subd. 1. Establishment of an Academic Grievance Officer and Committee. Each collegiate unit and the Office of Student Affairs will have an Academic Grievance Officer and an Academic Grievance Committee. Members will be drawn from faculty, students and academic staff, as provided by the committee structure of that unit. The Academic Grievance Officer of each collegiate unit will be a faculty member who holds no other administrative appointment. In the case of Student Affairs or other involved units without an established faculty, the Grievance Officer will be a member of that staff, with academic staff members drawn from the unit's professional staff and with students and faculty drawn from throughout the University.

Subd. 2. Establishment of a University Academic Grievance Officer and Committee. There also will be a University Academic Grievance Committee and a University Academic Grievance Officer for grievances arising from the actions of College Deans or the Vice Presidents/Chancellors of Student Affairs. The University Academic Grievance Officer will serve as Grievance Officer for these matters. The University Academic Grievance Officer and the University Academic Grievance Committee will be appointed by the President in consultation with the appropriate appointing agencies and will be drawn from faculty, students and academic staff.

Subd. 3. Filing a Complaint. A complaint must be submitted in writing to the appropriate College Grievance Officer, identifying the student grieving, the respondent individual(s) involved, the incident, the rule/policy/established practice claimed to be violated, and a brief statement of the redress sought.

Subd. 4. Collegiate Unit. The grievance should be filed in the collegiate unit in which the incident is alleged to have occurred, which may not necessarily be the student's own college. For graduate students, the appropriate unit is the Graduate School.

Subd. 5. Preliminary Resolution Procedure. The College Academic Grievance Officer will meet with the student and individual(s) involved to determine whether a satisfactory resolution can be reached. If this cannot be achieved, the Grievance Officer shall obtain a written answer from the respondent(s) and refer the matter to a hearing panel of the Academic Grievance Committee.

Subd. 6. Hearing Panel. Hearing panels will be chaired by a faculty member and will have a minimum of three and, if determined necessary by the College Grievance Officer, a maximum of five members. On a panel of three, one will be a student. If membership exceeds three, it may include more than one student. In the case of a graduate/professional school complaint, the student member(s) will be a graduate/professional school student(s). In the case of an undergraduate complaint, the student member(s) will be an undergraduate(s).

Subd. 7. Hearing Panel Responsibilities. Hearing panels will review the evidence and hold hearings as necessary. The panel will not substitute its judgment for that of those most closely acquainted with the field, but will base its recommendations on whether a rule, policy, or established practice was violated. The panel will prepare a written report recommending a

resolution of the matter and will send the report to the parties and to the dean of the collegiate unit for review and action. If the dean does not accept the recommendation, the dean will provide a written explanation of any non-concurrence.

Subd. 8. Appeals. If any of the parties are not satisfied with the Dean's resolution of the grievance, they may appeal to the University Academic Grievance Committee. Based on the written appeal and response, this Committee will determine whether there are sufficient grounds to hold an appeal hearing. The University Academic Grievance Committee will not hear a case *de novo*, but rather will determine whether the parties have been afforded due process. The University Academic Grievance Committee will report its recommendation to the appropriate Vice President, Provost, or Chancellor for review and action. If the recommendation is not accepted, the Vice President, Provost, or Chancellor will provide a written explanation of any non-concurrence.

The decision of the appropriate Vice President, Provost, or Chancellor is final and cannot be appealed.

SECTION IV. TIMELINESS.

- (a) All complaints must be filed within 30 calendar days after the incident being grieved occurred. A response to the complaint must be filed within 15 working days.
- (b) Deans and Vice Presidents must act upon the recommendations of the Committees within 30 calendar days. Appeals must be filed within 15 working days.
- (c) Timeliness may be adjusted if there are compelling reasons for delay offered by any of the parties.

UNIVERSITY OF MINNESOTA - BOARD OF REGENTS POLICY

DISABILITY SERVICES

Subd. 1. Commitment to Service. The Board of Regents of the University of Minnesota is committed to provide for the needs of faculty, staff and enrolled or admitted students who have disabilities as prescribed under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA).

Subd. 2. Student with Disabilities. Each campus shall make services available for any student who, through a recent assessment, can document a disability. The administration is directed to provide appropriate services, and included among them shall be:

- (1) support, counseling, and information;
- (2) academic assistance services; and
- (3) advocacy services.

Disability Services (DS) works to ensure access to courses, services, activities, employment and facilities for all students, faculty and staff with disabilities. Any student with a documented disability (e.g., physical, learning, psychiatric, vision, or hearing) who needs to arrange reasonable accommodations must contact Disability Services to be eligible for services.

The DS Health Science Liaison, Barbara Blacklock, will assist eligible students with: documentation of disability conditions, determination and implementation of reasonable accommodations, information, referral, consultation, and training. All services are confidential. The Health Science Liaison is located in 30 Nicholson and can be reached by calling 626-1333 (voice or TDD).

EDUCATION COUNCIL STATEMENT OF POLICY ON MEDICAL STUDENTS WITH LEARNING DISABILITIES

EDUCATION COUNCIL STATEMENT OF POLICY ON MEDICAL STUDENTS WITH DISABILITIES

The Education Council recognizes that the Medical School has an ethical and legal responsibility to provide equal opportunities for qualified medical students with disabilities. This includes providing equal access and reasonable accommodations for both prospective and admitted medical students. Disability Services, on the Twin Cities Campus, is the designated office that obtains and files disability-related documents, certifies eligibility for services, determines reasonable accommodations, and develops plans for the provision of such accommodations for prospective and enrolled students. The council has developed the following statement with regard to prospective and enrolled medical students with disabilities at the University of Minnesota.

Policy

1. The Medical School values diversity, and is committed to matriculating a diverse and accomplished student body.
2. The Medical School will work collaboratively with Disability Services to provide reasonable accommodations for qualified medical students, with documented disability conditions.
3. Disability determination will be made or confirmed through Disability Services, prior to the determination and identification of reasonable accommodations.
4. The Medical school will expect students with disabilities to meet the same essential elements of all courses, including clinical clerkships, with or without accommodations, as nondisabled students.

Procedures

1. Medical Students who report or suspect they have a disability condition will be referred to the Health Sciences Liaison at Disability Services (DS), Suite 180 University Gateway, 612/626-1333. The DS Health Science Liaison will assist eligible students with documentation of disability conditions, and will work with the students and the medical school to identify and implement reasonable accommodations.
2. The DS Health Sciences Liaison will communicate to the Dean of Students, in writing, the requested and agreed upon accommodations, which will be maintained in a separate student file.
3. In Years 1 and 2, accommodations will be arranged through the Year One and Two Educational Development Specialist and will follow Disability Accommodations for Year 1 and 2 Medical Students (Appendix A). The Education Development Specialist will notify course directors of students' needs for accommodations, and work with course directors and Disability Services to implement accommodations. For InMd courses in years 1 and 2, the Educational Development Specialist will be responsible for implementing accommodations, in cooperation with Disability Services.
4. Medical students requesting accommodations during clinical clerkships in year 3 and 4 will follow the "Accommodation Process for Year 3 and 4 Medical Students involved in Clinical Training" (Appendix B).
5. Faculty who have questions or concerns related to this policy should contact the Associate Dean of Student Affairs.

Appendix A

Disability Accommodations for Year 1 and 2 Medical Students

1. Students meet with Barbara Blacklock at Disability Services at the beginning of each academic year. Ms. Blacklock gives a letter to the student, outlining their reasonable accommodations,

and sends a copy to Helene Horwitz.

2. Helene Horwitz forwards to Sara Axtell schedule information for any students using accommodations who are on split schedules.
3. Student brings letter to Sara Axtell.
4. Sara Axtell emails course directors at the beginning of each term, notifying them of accommodations and reminding them of accommodation procedures. Sara Axtell will send to an exam schedule and course director contact information to Lara Class at Disability Services at the beginning of each academic year. Disability Services must be informed of all testing needs 48 hours prior to the administration of exams.
5. For departmental courses, course directors send copies of exams to Lara Class at least 24 hours in advance. For InMd courses, Sara Axtell will forward the exam to Lara Class at least 24 hours in advance.
6. Students are responsible for notifying Lara Class if they will not be using accommodations for a particular exam, or if they will start the exam before the scheduled time.
7. All course directors are responsible for contacting Disability Services with any changes to the exam during the exam period.
8. Disability Services will courier exams back to the Medical School, either to course directors (departmental) or to Sara Axtell (InMd).

Appendix B

Accommodation Process for Year 3 and 4 Medical Students involved in Clinical Training

Part 1: Medical Student Responsibilities

The medical student will be responsible for the following:

1. Provide documentation of condition(s) that may be disabling to the Disability Service Health Science Liaison (disability specialist) at the University of Minnesota. The disability specialist determines if the student's condition(s) is a disability condition and maintains documentation in a confidential manner.
 - a. If the student has been receiving academic accommodations through the Medical School during Years 1 and 2, the student needs to contact his/her disability specialist at least six weeks prior to the beginning of Year 3 clinical rotations to update documentation and to begin the process of identifying reasonable accommodations for the clinical rotations.
 - b. The medical student should also contact his/her Year 3/4 clinical program advisor to serve as a mentor/advocate at any time when his/her condition is considered to be a disability condition requiring clinical accommodations.

2. The disability specialist, in collaboration with the medical student, will identify reasonable clinical accommodations for the student with an awareness that the accommodations may need to be modified for each rotation. The accommodations will be transmitted in writing to the Year 3/4 Director of Education and Advising (Year 3/4 Director), with copies to the student and the Associate Dean of Student Affairs.
3. Contact the Year 3/4 Director or his/her designee in the Medical School Administration/ Education office (curriculum office) at least six weeks before his/her first clinical rotation to initiate the process of arranging accommodations at the clinical site.
4. After the first rotation, the student is responsible for contacting the curriculum office prior to each listed add/change date to arrange accommodations for the next clinical rotation.
 - a. If the administrative course coordinator and the physician course director are unable to place the student at one of three requested sites or if accommodations cannot be provided at one of three sites selected by the student, the Year 3/4 Director will be notified and will work with an individual in the curriculum office to notify the student.
5. Help arrange and participate in a meeting with the physician site director (may include the attending physician) prior to or at the start of the clinical rotation to outline specific expectations of the rotation and to ensure recommended accommodations have been addressed.
6. Immediately request assistance from the Year 3/4 Director and/or the disability specialist if the physician site director has not received the accommodations letter or if the accommodations cannot be met at the clinical site.
 - a. The disability specialist will contact the Year 3/4 Director whenever accommodations are not being provided in a timely manner.
7. Contact the disability specialist if a change in his/her condition or accommodation needs occurs, who in turn will notify the Year 3/4 Director in writing of any new accommodations, with copies to the student and Associate Dean of Student Affairs.

The medical student may seek the assistance of the disability specialist or the Year 3/4 Director to clarify and/or problem-solve any accommodation issues.

Part II: Faculty Medical Education Office Responsibilities

Medical student provides documentation of a condition(s) that may be disabling to the Disability Services Health Science Liaison at the University of Minnesota.

1. The disability specialist determines if the student's condition(s) is a disability condition and maintains documentation in a confidential manner.
2. If the medical student has been receiving academic accommodations during Years 1 and/or 2, the student should contact the disability specialist working with him/her at least six weeks prior to the beginning of clinical rotations in Year 3. This contact serves the following:
 - a. Documentation of the student's condition.

- b. Determination if additional reasonable accommodations are necessary in the clinical setting and identification of such accommodations.
3. The medical student should contact his/her clinical program advisor to serve as a mentor/advocate at any time when his/her condition is considered to be a disability condition requiring clinical accommodations.
4. The disability specialist, in collaboration with the medical student, will identify reasonable clinical accommodations needed for the student and inform, in writing (“accommodations letter”), the Year 3 and 4 Director of Education and Advising (Year 3/4 Director), with copies to the student and the Associate Dean of the Office of Student Affairs.
5. These accommodations may need to be modified for each rotation.
6. The medical student will be responsible for contacting the Year 3/4 Director or his/her designee in the Medical School Administration/Education office (curriculum office) at least six weeks before his/her first clinical rotation to initiate the process of arranging clinical accommodations at the site of each clinical clerkship/rotation.
7. After the first rotation, the medical student is responsible for contacting the curriculum office prior to each listed add/change date to arrange accommodations for the next clinical clerkship/rotation.
8. The Year 3/4 Director will work with an appropriate individual within the curriculum office to confidentially transmit the “accommodations letter” to both the administrative course coordinator and the physician course director of the student’s next clerkship/rotation and subsequent rotations. These latter individuals will determine which site will be most able to provide reasonable accommodations for the students, taking into consideration the student’s first three preferences for site rotation.
9. If the administrative course coordinator and the physician course director are unable to place the student at one of the three requested sites, or if reasonable accommodations cannot be provided at one of these three sites selected by the student, the Year 3/4 Director will be notified and will work with an individual in the curriculum office to notify the student.
10. All information being shared with anyone, including the administrative course coordinator, physician course directors and physician site directors, will be confidential.
11. Once a specific site is agreed upon and accommodations can be provided, the physician site director will be responsible for implementing the student’s accommodation needs. Information may need to be shared in a confidential manner with others at the site who will need to know the information in order to provide necessary accommodations [e.g., attending physician(s), resident(s)].
12. The physician site director will be responsible for arranging a meeting with the medical student (attending physician may be included) prior to or at the start of the rotation to outline specific

expectations of the rotation and to discuss how recommended accommodations will be provided.

13. If the accommodation letter has not reached the physician site director by the time of the start of the rotation (preferably before the start of the rotation), or if accommodation needs are not being met, the medical student should immediately request assistance from the disability specialist.
14. The disability specialist will contact the Year 3/4 Director to resolve the problem or work out alternative arrangements.
15. The student's clinical advisor, the physician course director and the administrative course director may also need to be involved in discussions to resolve the problems.
16. If the student has a change in his/her condition(s) or accommodation needs, he/she will contact the disability specialist. After evaluation of changes, and if new accommodations are recommended, the disability specialist will notify, in writing, the Year 3/4 Director of the revisions, with copies to the student and Associate Dean of Student Affairs.
17. The Year 3/4 Director will work with the appropriate individual within the curriculum office to transmit the new "accommodations letter" to the administrative course director and the physician course director of the next rotation and each subsequent rotation (see above).

The medical student may seek the assistance of the disability specialist or the Year 3/4 Director to clarify and/or problem-solve accommodation issues.

UNIVERSITY POLICY ON RACIAL OR ETHNIC HARASSMENT

The University of Minnesota is committed to providing equal educational access and opportunity to all persons without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. The following constitute racial or ethnic harassment and will not be tolerated at the University of Minnesota:

- Using racial or ethnic slurs against a student, University employee or visitor to a University facility.
- Posting written or graphic material that is intended to be derogatory of a racial or ethnic group.
- Defacing signs or other property in a way that is intended to be derogatory of a racial or ethnic group.
- Making mail or telephone communications that harass an individual because of the individual's racial or ethnic identity.

Actions can be taken against persons committing racial or ethnic harassment under the Student Conduct Code, the University Grievance Policy, and/or State and Federal Law. If you are a victim of or a witness to racial or ethnic harassment, you should contact:

University Police	624-3550
Medical School EEO Officer, Mary Tate.....	625-1494
Office of Equal Employment Opportunity and Affirmative Action.....	624-9547
Student Judicial Affairs	624-6073

TO GET IMMEDIATE POLICE ASSISTANCE, CALL 911.

UNIVERSITY OF MINNESOTA - BOARD OF REGENTS POLICY SEXUAL HARASSMENT

SECTION I. DEFINITION

Subd. 1. Sexual Harassment. “Sexual Harassment” means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:

- (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement in any University activity or program;

- (2) submission to or rejection of such conduct by an individual is used as the basis of employment or academic decisions affecting this individual in any University activity or program; or
- (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program.

Subd. 1. Member of the University Community. “Member of the University community” or “University members” means any University of Minnesota faculty member, student, or staff member, or other individual engaged in any University activity or program.

SECTION II. Policy

Subd. 1. Prohibition. Sexual harassment by or toward a member of the University community is prohibited.

Subd. 2. Responsibility to Report. Department heads, deans, provosts, chancellors, vice presidents, and other supervisors and managers must take timely and appropriate action when they know or should know of the existence of sexual harassment. Other persons who suspect sexual harassment should report it to an appropriate person in their unit or to the University equal opportunity officer.

Subd. 3. Administrative Responsibility. Each campus must adopt procedures for investigating and resolving complaints of sexual harassment in coordination with the director of equal opportunity and affirmative action.

Subd. 4. Disciplinary Action. A violation of this policy may lead to disciplinary action up to and including termination of employment or academic dismissal.

If you believe you have been harassed in any of these ways, please call the Medical School Equal Opportunity Officer, Mary Tate at (612) 625-1494 or the Office of Equal Opportunity on the Twin Cities campus, (612) 624-9547, or write Julie Sweitzer, Director, Office of Equal Opportunity and Affirmative Action, 419 Morrill Hall, 100 Church St. S.E., Minneapolis, MN 55455. *They want to help.* All initial discussions are completely confidential, and no action will be taken unless you agree to it.

Policy Statement Against Sexual Assault

The Regents have NOT yet formally adopted this policy.

Sec. 486c (Higher Education Amendments) of Federal Public Law No. 102-325 sec. 485f (The Higher Education Reauthorization Act) requires colleges and universities to report crime statistics, develop a campus security policy, and establish a campus sexual assault policy. The University of Minnesota establishes this policy in compliance with the requirements of the Higher Education Reauthorization Act.

Sexual assault is a criminal act defined by Minnesota State Law for Criminal Sexual Conduct as sexual contact achieved

- ◆ without consent, or
- ◆ with use of physical force, coercion, deception, threat, and/or
- ◆ the victim is
 - mentally incapacitated or impaired,
 - physically impaired (due to alcohol or drug consumption),
 - asleep or unconscious.

The University of Minnesota is committed to the policy that violence of all forms is prohibited at this University. Violence is defined as including but not limited to physical assaults and bias-motivated actions based on gender, race, sexual orientation, or disability. Sexual violence, including sexual assault, is an attack not only on a person's body but also on their dignity and will not be tolerated.

The University's commitments to a community free from violence and sexual assault includes the following:

The University commits itself to providing a variety of educational programs and services to all members in the University community. As an educational institution we must not neglect the importance of education as it pertains to sexual violence;

The University shall provide an array of services to both the survivors and the offenders of sexual assault. The University's responsibility in relation to sexual assault includes but is not limited to the adjudication process. The survivor, the accused, and the community all have needs that must be addressed;

The University recognizes that the decision to report a sexual assault of any member of the University community by another member of the University community rests with the survivor (the person who was assaulted). Because reporting is the only way that action can be taken against an alleged attacker, however, the University strongly encourages the reporting of sexual assaults to appropriate officials;

As a University and as a community, we strive to ensure the safety and respect the dignity of each student, staff, or faculty member. The commitment of the entire University community to this policy contributes to our goal of creating a campus free from sexual violence;

The University will provide an appropriate judicial process that is sensitive, supportive, fair, expedient, and respectful of the individual needs and rights of all involved. This process will allow for interim measures to be taken when necessary to ensure the well being of the survivor, the accused, and/or the witnesses. This process will not be prejudiced by any actions that may be taken in the criminal or civil courts at the county, state, or federal level;

The University will act promptly and appropriately in cases where the judicial process discussed in the previous paragraph has found the accused party or parties guilty of sexual assault.

POLICIES AND PROCEDURES OF THE COMMITTEE ON STUDENT SCHOLASTIC STANDING

Revised as of April 1996

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POLICIES AND PROCEDURES OF THE COMMITTEE ON STUDENT SCHOLASTIC STANDING

I. INTRODUCTION

These are the policies and procedures followed by the Committee on Student Scholastic Standing (COSSS) when evaluating medical students' academic performance and related issues. The role of the Committee is to monitor each student's progress through Medical School and to ensure that each student is qualified to receive the Doctor of Medicine degree. These policies and procedures will be applied taking into account the unique circumstances of each student's situation.

The policies of the Committee are developed to conform to broader University policies on academic performance and ethics. Insofar as student behavior reflects on any student's qualifications or potential to become a competent and ethical professional, such conduct will be within the jurisdiction of this Committee.

The responsibilities of the Committee on Student Scholastic Standing (COSSS) are: to ensure that the students of the Medical School have met the requirements for awarding the M.D. degree; to monitor each student's progress through Medical School; and to ensure that the work of the Committee has been conducted properly, providing fairness to each student.

The responsibility of the Committee on Student Scholastic Standing is expressed in the following statement:

"The COSSS is a standing committee of the Executive Faculty and reports to the Executive Faculty and the Faculty Assembly. The Faculty Assembly was established by the Executive Faculty (tenured and tenure-track faculty) and charged with responsibility for the academic affairs and internal policies of the school, including entrance requirements, curricula, instruction, examinations, grading, degrees and disciplinary matters. The Faculty Assembly is composed of members of the various Medical School Departments with appointment designated as 94XX in the University Professorial ranks with the exception of volunteer community-based faculty."

This was taken from the Constitution and By-laws.

The Committee is composed of faculty members nominated by the Committee on Committees and elected by the Faculty Assembly; two student representatives (one voting representative and one alternate); and non-voting ex-officio members from the Education Office.

II. POLICIES OF THE FACULTY ASSEMBLY OF THE MEDICAL SCHOOL

A. COURSE REQUIREMENTS

Medical students must complete all required courses satisfactorily and the credit requirements for the M.D. degree as outlined in the current Medical School Bulletin, or as stated by the Office of Curriculum Affairs, the course director, and/or the COSSS; complete all regularly scheduled assignments; and take all scheduled examinations follow the established procedures outlined in the Student Handbook when there is a problem in taking an examination at the scheduled time. Failure to follow this procedure could result in the forfeiture of the student's opportunity to take an examination at another date. Not following this procedure also could result in a failure for the course.

It is each student's responsibility to be aware of any grades and/or evaluations received in each course. Any student with questions about examinations or grading procedures is encouraged to consult a dean in the Office of Student Affairs.

All basic science coursework and Step 1 of the United States Medical Licensing Examination (USMLE) must be successfully completed within four years from the student's beginning date of enrollment, and the Years Three and Four curriculum and USMLE Step 2 within a three year period, not to exceed seven years total from the beginning date of enrollment, with the exception of those enrolled in the MD/PhD program or other dual degree programs (i.e., MD/MPh and MD/MBA). These students must be in good academic standing in the medical school while pursuing a second degree in order to receive an extension of any time limit.

B. EXAMINATION AND GRADING POLICY

The following is the examination and grading policy as approved by the Medical School. Final decisions on student progress and promotions in the curriculum are made by the COSSS.

1. GRADES USED

In Years 1 and 2 the grades used are **P** (Pass), **N** (Fail), and **I** (Incomplete). See section II D for Year 1 grading policy.

In Years 3 and 4, the grades used by the Medical School are as follows: **H** (Honors), **E** (Excellent), **S** (Satisfactory), **P** (Pass), **I** (Incomplete), and **N** (Failing). An H represents achievement that is in the top 15 - 30%. An E represents achievement that is significantly greater than the level required to satisfy course requirements but not judged to be at honors level. An S represents achievement that satisfies basic course requirements.

2. I (INCOMPLETE) GRADE

An I (Incomplete) grade is given when work in a course has not been completed, either through an excused absence from course activities or delay in completion

of requirements (permitted by the Course Director or Year Coordinator). The Course Director should be contacted to see what must be done to remove the Incomplete.

3. N (FAILING) GRADE

An N (Failing) grade is given after the final course examination, when a student's performance in the course fails to meet minimum passing standards. It may also be given when, through an unexcused absence, a student fails to meet course requirements. (See II E).

C. RE-EXAMINATIONS

Students who receive a grade of N (Failing) in Years One and Two after taking the course for the first time will have the opportunity to pass the course through a re-examination, except for those students who have failed two courses in Year One or Year Two will not be eligible to take re-examinations without the express approval of the Committee.

After the conclusion of scheduled courses in Year One and Year Two, a time shall be set aside which students shall use for independent review of course material. This time shall be followed by a scheduled period used for re-examination of students with N grades. There will be only one scheduled re-examination offered for any Medical School course during any given year. In clinical courses, an N grade can be changed to an S by successful repetition and completion of the course in its entirety. Passage of a re-examination or accepted completion of repeated clinical work shall result in a change of an N grade to an S grade but no higher regardless of the scores achieved. Standards set for the re-examination shall reflect the standards of the regular course examinations.

Students may not begin any Year Three clinical courses until they have completed all outstanding makeup examinations.

D. REPEATING COURSES

1. Years One and Two

After taking the re-examination(s), students who have not achieved a passing grade(s) may repeat the course(s) the following year. The repeat of any Medical School course takes precedence over any other coursework, includes attendance at all lectures and laboratory exercises, and requires taking all examinations. It is the student's responsibility (in consultation with the Education Office) to register and integrate the course into the schedule during the following year. Students may not enroll in a full time class schedule if they have more than one N or I grade from the previous year.

Any student with an N or I grade in any First or Second year course will be required to get permission from the COSSS to enroll in or continue in any Year Three clinical courses.

A student is permitted to take a course twice, but is only permitted one re-examination in that course. Failure to pass the course the second time will result in a hearing for dismissal.

2. YEARS THREE AND FOUR

Students who receive an N (Failing) grade in a clinical course will be required to appear before the COSSS to request permission to repeat that course. If permission to repeat the course is denied by the COSSS, the student will be subject to a hearing for dismissal. If permission is granted to re-take that course and the student fails again or fails any other clinical course, a hearing for dismissal will be held.

Students must complete a course once it has been started. In the case of students who begin a rotation and cannot complete it during that period, a grade of I (Incomplete) will be given. This will be changed to a performance grade (H, E, S, P, or N) when the work is completed.

At the discretion of the Committee, a student who has not completed a clinical rotation on schedule, or who has failed to make satisfactory academic progress in completing the clinical curriculum within two years, may be required to appear before the COSSS. On that occasion, the Committee will have a number of options including, but not limited to:

- a. Allowing the student to complete the course,
- b. Granting a leave of absence, or
- c. Recommending a hearing for dismissal.

E. FAILURE IN THE SAME ACADEMIC YEAR

Students who, at any time during each of the first two years, have failed two courses must appear-before the COSSS or meet with a Committee representative, who will then report to the full Committee. The Committee will then determine whether the student:

1. shall be allowed to take more classes, but possibly at a reduced academic load,
2. shall be required to stop their academic progress in Medical School,
3. shall be given the opportunity to take re-examinations, or
4. shall be subject to a hearing for dismissal.

III. HALF-TIME STATUS

Requests for half-time programs must be approved by the COSSS which may also require a student with academic difficulties or other problems to be placed on half time.

IV. ACADEMIC STANDING AND SATISFACTORY ACADEMIC PROGRESS

Students are in good academic standing when they obtain a passing grade in each course in the curriculum and make satisfactory academic progress toward degree completion. In order to make satisfactory academic progress, students must adhere to the established Medical School schedule for degree completion within four years of the beginning date of enrollment, including satisfactory completion of the established curriculum in each successive term. The COSSS may modify this schedule by giving a student permission for a leave of absence, part-time status or other modified program. Even with modifications approved by the COSSS, students will be expected to complete Years One and Two curriculum and USMLE Step 1 within four years of the beginning date of enrollment, and the Years Three and Four curriculum and USMLE Step 2 within a three-year period, not to exceed seven years total from the beginning date of enrollment, with the exception of those enrolled in the MD/PhD or other dual degree program.

V. ACADEMIC DIFFICULTIES: AT-RISK STATUS

An important function of the Committee is to help the student attain satisfactory academic performance. If a student has one failing grade (N) or an incomplete (I) in course work, or has failed the USMLE Step 1 or 2 once, the student is notified by letter from the Education Office, and placed on “At-Risk” status. The student may be asked to meet with the COSSS. If the failing grade is in a Year Three or Four clinical course, the student will be required to appear before the COSSS to request permission to repeat the course. (*See* Section II.D.2.) Students with an N in a course must obtain a passing grade in the course through reexamination or repeating the course in order to return to good academic standing. Any student who has questions concerning overall academic progress in Medical School, is encouraged to make an appointment to discuss the matter with a Dean or Director in the Education Office and/or the appropriate Course Director.

VI. ACADEMIC PROBATION

Students in At-Risk status with continuing and/or serious academic deficiencies may be placed on academic probation. Students who experience the following academic difficulties will be required to appear before the COSSS: two failing or incomplete grades (N or I) in Years One and Two coursework; one failing grade in the Years Three and Four clinical curriculum; two failures on USMLE Step 1; one failure on USMLE Step 2; and/or failure to make satisfactory academic progress toward degree completion. At the conclusion of the student’s meeting with the COSSS, the Committee will determine whether to continue the student in At-Risk status, place the student on academic probation or hold a hearing for dismissal. Students who are placed on academic probation must satisfy the probationary criteria established by the COSSS in order to return to good standing.

VII. GRADUATION

Graduation from Medical School requires successful completion of all basic science coursework, completion of the required number of clinical credits and passing both Steps 1 and 2 of the United States Medical Licensure Examination.

VIII. LEAVES OF ABSENCE

Leaves of absence are granted to students at the sole discretion of the Committee on Student Scholastic Standing. Students must submit adequate reasons and / or documentation in support of a leave of absence request. Reasons for leaves include, but are not restricted to, the pursuit of academic research and study, academic difficulties and personal problems. A student desiring a leave of absence must submit a completed and signed "Request for Leave of Absence" form (available in the Education Office) or letter stating the purpose for the leave and its anticipated duration, to the Committee on Student Scholastic Standing at least two months prior to the requested effective date. The Committee may also require a student to take such a leave. Leaves are granted for a specific period of time. Two months prior to the end of that period of time, the student must either request permission to return from the leave or file for an extension. If the student fails to contact the Committee when the leave expires, the COSSS will consider that he/she has resigned from Medical School.

IX. UNITED STATES MEDICAL LICENSURE EXAMINATIONS

It is the policy of the Medical School, as approved by the Executive Faculty, that each student must pass Steps 1 and 2 of the United States Medical Licensure Examination (USMLE) before receiving the M.D. degree. Passing standards are those established by the NBME. Year Two students on the Minneapolis campus and transfer students from Duluth taking the Step 1 Examination for the first or second time may enroll in the clinical phase of the Medical School curriculum pending notification of the results. Under no circumstances will such a student be permitted more than 18 weeks of clinical work before receiving notification of passing Step 1. Students receiving a failing Step 1 score for the second time may not enroll in any additional clinical work. Students accepted on transfer from all other medical schools must provide evidence of having passed Step I before commencing clinical work.

The Committee on Student Scholastic Standing has established the following policies with regard to the United States Medical Licensing Examinations:

- A. Failure to pass either Step 1 after two attempts, or Step 2 after one attempt may result in a hearing before the Committee on Student Scholastic Standing at which time courses of remedial action may be recommended.
- B. Failure to pass either Step 1 after three attempts or Step 2 after two attempts will result in a hearing for dismissal at which time the student's entire academic record will be reviewed.

X. DISMISSAL

A hearing will be held by the Committee prior to dismissal. The hearing is intended to allow presentation of relevant facts and arguments to the Committee before a decision is reached. At that time the student's entire overall performance in medical school and other pertinent information about that individual's qualifications to become a physician will be reviewed. Based on that review and on evidence presented at the hearing, the Committee will render its decision. As an alternative to dismissal, the Committee may require successful completion of remedial course work modifying the standard curriculum.

A. GROUNDS FOR DISMISSAL OR OTHER ACTION

Grounds for dismissal from the University of Minnesota Medical School by the Committee on Student Scholastic Standing include, but are not limited to:

1. ACADEMIC DEFICIENCIES

A student may be required to take remedial work or may be dismissed for failure to demonstrate satisfactory academic performance including but not limited to any one of the following:

- a. One or more failures in Medical School coursework (As defined in II D & E)
- b. Three failures on USMLE Step 1 or two failures on Step 2. (See IX A and B)
- c. Failure to satisfactorily complete any required Medical School course. (See II D 1 and 2).
- d. Failure to make satisfactory academic progress. (*See IV.*)

2. BEHAVIORAL VIOLATIONS

A student will be subject to Committee recommendations, sanctions or dismissal for the following behaviors:

- a. Conduct which violates any of these behavior codes: Medical School Statement of Intellectual Responsibility; University of Minnesota Statement of Student Conduct; policies/rules of affiliated sites which apply to students in a clinical experience.
- b. Conduct which violates professional and/or ethical standards of the medical professions; disrupts the operations of the University, Medical School or clinical

training sites; or disregards the rights or welfare of patients, fellow students, college/clinical staff or other individuals.

c. Unlawful conduct or improper behavior within or outside the University of Minnesota community which impairs the student's capacity to function as a medical student/prospective physician.

B. PROCEDURES FOR HEARING TO CONSIDER DISMISSAL

1. While considering dismissal, the Committee will be guided by considerations of fairness to the student and other persons involved. Any formal hearing to consider dismissal will be held with the student present before the Committee, and the hearing will be recorded. The transcript of such a recording (or the tapes) will be available to the student within one month.

2. Students will be sent written notice of such a hearing at least ten (10) days before the hearing date. The notice will include a statement of the grounds for possible dismissal.

3. The Committee will consider as evidence in a case all material contained in the student's file in the Education Office: grades and examination scores, documents submitted at the hearing, and the statements of all witnesses appearing before the Committee.

4. Students who are the subject to a hearing may:

a. Examine their student file prior to or at the hearing.

b. Examine witnesses appearing before the Committee and present their own statement and/or the statements of their witnesses.

c. Have an advisor appear at the hearing. The advisor may be a faculty member, fellow student, attorney, or any other person. If students intend to have an advisor present they must notify the Committee of the advisor's name and status two days prior to the scheduled hearing date.

5. At the beginning of the hearing, students have the right to challenge any member of the Committee whose objectivity they feel is in question. Likewise, Committee members are permitted to voluntarily remove themselves from a hearing. The Committee will rule on all challenges.

6. All witnesses will be advised that the proceedings will be recorded.

7. In an executive session after the hearing, the Committee members hearing the evidence will reach a decision by simple majority vote.

8. For students subject to dismissal on academic grounds, the Committee may:
 - a. Continue the student's present enrollment in the curriculum on either a full-time or part-time basis.
 - b. Place the student on academic probation with specific criteria to satisfy in order to return to good academic standing and/or remain in the Medical School.
 - c. Require the student to stop academic progress in order to receive appropriate help before being allowed to proceed in the full curriculum. Re-entry in the full curriculum is contingent upon successful completion of the designated remedial program.
 - d. Interrupt the student's curriculum for a specified period. At the end of the stipulated time, the student may petition for permission to resume the full curriculum. Failure to contact the COSSS at that time will be interpreted as a resignation from Medical School.
 - e. Dismiss the student from Medical School.
9. For students found to have committed non-academic behavioral violations, the Committee may impose disciplinary sanctions, including but not limited to: warning, required compliance, probation, suspension and/or dismissal.
10. The Committee will notify the student of its decision and provide the student with a statement of the reasons for the decision.
11. Students may request reconsideration of the decision of the Committee within ten (10) days of the hearing but only upon the basis of new information not reasonably available at the time of the hearing.
12. Following reconsideration, decisions of the Committee are final, subject to the student's right to appeal findings of behavioral violations to the President's Student Behavior Review Panel.

IX. STUDENTS WITH PERSONAL, MEDICAL OR EMOTIONAL PROBLEMS

The Committee considers the student as a whole person and realizes a student may have personal, medical or emotional problems which contribute to the student's academic deficiencies and/or behavioral violations. These problems may be recognized by the student, faculty members, fellow students, or the Committee.

When a student appears before the Committee based on academic deficiencies or alleged behavioral violations, the Committee may recommend evaluation and/or counseling for the student if it determines that personal, medical or emotional difficulties have contributed to the

student's situation. The student's progress in addressing these difficulties may be a factor in the Committee's decision regarding the student's status in the Medical School. If a student with academic deficiencies or behavioral violations is placed on a mandatory leave of absence, the student may be required to demonstrate progress in treatment or counseling as a condition of re-entry into the Medical School. Any evaluation or treatment information transmitted to the Committee is private and will not be released outside the Committee without the written consent of the student, except as legally required.

Policy for Prevention of and Response to Educational Exposures to Blood Borne Pathogens and Tuberculosis

I. Purpose

The purpose of this document is to (1) list the required and recommended immunizations for University of Minnesota Academic Health Center (AHC) students; (2) prevent/manage blood borne and respiratory infections; (3) delineate the management if exposure to blood-borne pathogens should occur to AHC students while they are in the educational setting; and (4) describe the procedure for fit tested mask requirements for AHC students who rotate through areas at high-risk for tuberculosis.

II. Definitions

For the purpose of this policy, *AHC students* are defined as those current and visiting students who are required in their academic program to have responsibilities in clinical settings and/or community environments with significant exposure to human patients/clients.

An *educational exposure to blood-borne pathogens* is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other potentially infectious body fluids, which occurs in the educational setting.

The dean of the school, in consultation with Boynton Health Service, will determine whether the school's students are at risk of *significant educational exposure* to blood-borne pathogens or tuberculosis. Significant exposure to patients with blood borne pathogens is defined as actual contact with blood or other potentially infectious body fluids. Significant exposure to patients with tuberculosis is defined as five-minute face-to-face contact with patients who could have active pulmonary tuberculosis disease.

III. Health Insurance Coverage

It is expected that AHC students carry health insurance coverage to cover emergency medical situations. It is recommended that the AHC students carry the Blue Cross/Blue Shield student insurance policy because of its scope of coverage or other personal, spousal or parental policy that is equivalent to the current student insurance. Each AHC student should carry insurance information at all times on clinical and community educational rotations to have available in emergency situations.

IV. Immunizations

Required student immunizations and vaccinations are to comply with Minnesota State law and Occupational Safety and Health Administration regulations. Students may be expected to have other requirements by individual schools.

Upon admission to the AHC academic programs, students are required to submit proof of the following immunizations and vaccinations:

Required

- Measles/mumps/rubella documentation or positive titre
- Polio
- Tuberculosis Skin Test (Mantoux) A student who cannot provide documentation that he/she has had a yearly Mantoux is required to have a two-step Mantoux. A student with a positive Mantoux must show documentation of a negative chest x-ray.
- Hepatitis B series or documented immunity
- Past DTP or diphtheria/tetanus within the last 10 years should be recorded. If the student has not had a diphtheria/tetanus immunization within the last ten years, an immunization at the time of admission is not required because of the current shortage of diphtheria/tetanus vaccines. This policy will be reviewed in 2004.
- Varicella Zoster, positive history, or positive titre

AHC students are required to document an annual Mantoux test. An annual influenza immunization is strongly recommended.

If contraindicated for medical reasons, some of these vaccine requirements will be waived. Students will be required to file a waiver documenting medical contraindication.

If a student declines an immunization for conscientiously held beliefs (*e.g.*, religious or cultural), he/she must submit a vaccine declination form.

Students who have a positive Mantoux test will be required to complete a chest x-ray. For students not followed by Boynton Health Service, a documented treatment plan will need to be submitted to Boynton Health Service to assure that there is not a risk of transmission to students, faculty or patients.

Boynton Health Services is designated as the central data repository for AHC student immunization data and annual Mantoux testing. Students who are noncompliant will not be able to register for an academic year without the appropriate immunizations. Students must carry documentation of immunizations to early practice/shadowing experience, service-learning and clinical rotation sites.

A student's failure to have all required immunizations and vaccinations may influence the University's ability to place the student in clinical rotations.

V. General Information Regarding Prevention and Exposure to Blood Borne Pathogens During Educational Experiences

All AHC students in contact with patients or potentially infectious bodily fluids will receive information annually about standards precautions, blood borne pathogens, appropriate basic first aid, and the response procedure portion of this policy. This information will be appropriate to the student's educational level and the area of professional education. The educational office of the colleges and programs, or a designee will provide the required training.

Effective management of educational exposure to blood-borne pathogens requires coordination among multiple units of the University, Academic Health Center, and rotation sites. It requires training in prevention of injury and in the management of injuries when they occur. While students are not covered by OSHA regulations, the AHC policy is that OSHA regulations will serve to guide decisions regarding students during clinical and community rotations. Therefore, directives will be the same as those provided to employees with occupational injuries and will be developed by the AHC Student Educational Exposure to Blood-Borne Pathogens Task Force.

Experiential educational coordinators of each college and program will assure with the rotation site that students have access to care and first-response prophylactic medication by becoming familiar with facilities and pharmacies in the area of experiential rotations. Students and the BHS will be informed of the access to treatment and prophylactic medications. Preceptors should be familiar with this information and the AHC policies.

Upon arrival at a rotation site, AHC students will seek the information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the AHC protocols for managing education exposure to blood borne pathogens.

AHC students should following the current protocol for response to educational exposure to blood borne pathogens, attached to this document.

VI. Prevention of Tuberculosis During Educational Rotations

In accordance with OSHA regulations for health care workers, AHC students will be required to complete mask fit testing. Students will carry documentation of testing and the mask requirements during rotations.

Protocol for Exposure to Blood Borne Pathogens During Educational Experiences

1. Perform basic first aid immediately as instructed in the student orientations prior to rotations. These instructions are:
 - Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or “milk” blood from the wound.
 - If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.

2. All students on an educational rotation in the State of Minnesota will contact the Boynton Health Service (BHS) 24-Hour Triage Nurse immediately at calling (612) 625-7900 and notify his/her preceptor at the site. **The student will identify him/herself as having a blood-borne pathogen exposure.**
 - The BHS Triage Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment.
 - Students will be expected to contact BHS immediately because of the need for rapid assessment about prophylactic medications, rapid prescribing of medications, if indicated, and the limited capacity of a student to assess his/her own injury.
 - With assistance of the BHS 24-Hour Triage Nurse and the student’s preceptor or other designated person, the student will attempt to secure pertinent information about the source patient information for discussion during the risk assessment.

3. Standard employee procedures of institution where exposure occurs will be used for initial assessment of the source patient. (permission form, what blood assays to draw, etc.) The standard procedures typically include the following information:
 - When: Approximate time of exposure
 - Where: Location of exposure (*e.g.*, hospital, office, clinic, etc.)
 - What: Source of the exposure (*e.g.*, blood, contaminated instrument, etc.)
 - How and How Long: Skin, mucous membrane, percutaneous; and how long (*e.g.*, seconds/minutes/hours), exposure time
 - Type of device
 - Status of the patient: negative, positive, unknown HIV/Hepatitis B/Hepatitis C status
 - a. Whether or not patient is at risk for HIV, Hepatitis B or Hepatitis C infection
 - b. Multiple blood transfusions (1978-1985)
 - c. IV Drug User
 - d. Multiple sexual partners, homosexual activity
 - e. Known HIV positive/and/or have symptoms of AIDS
 - f. Significant blood or body fluid exposure

4. If the student is assessed at high risk for HIV infection following rapid assessment, the student should seek prophylactic medication treatment immediately. HIV post-exposure prophylactic medication should ideally be instituted, (i.e., first dose swallowed), within two hours. During the evaluation, the BHS Triage Nurse will assist students in selecting the most appropriate location for initial treatment.
5. All students (high risk and low risk) with an exposure should complete a follow-up assessment at Boynton Health Services within 72 hours of exposure. This appointment can be scheduled during the initial assessment with the BHS Triage Nurse (612) 625-7900. The costs of prophylactic medications and follow-up treatment will be covered at Boynton Health Services by student fees. Off-campus treatment will be the student's personal responsibility or covered by the student's insurance coverage.
6. All students will complete a Boynton Health Service Reportable Educational Exposure Form and Occupational Exposure Form and mail or carry these completed forms to the BHS for their scheduled follow-up appointment. These forms will be available from the BHS Triage Nurse. **Students must know that blood-borne pathogen exposure and the possible subsequent treatment are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.**
7. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling and follow-up on the exposure.