Wright State University
Boonshoft School of Medicine
Medical Student Handbook

Policy and Procedure Guide

2017-2018

Office of Student Affairs & Admissions
190 White Hall

Office of Medical Education
290 White Hall

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Preamble

The Medical Student Policy and Procedure Guide has been prepared and updated by the Wright State University Boonshoft School of Medicine (School) Offices of Student Affairs and Admissions and Medical Education. Any revisions, edits, updates, or alterations to this document or the corresponding website are prohibited without the permission of the Associate Dean of Student Affairs.

The Wright State University Boonshoft School of Medicine reserves the right to change these and other policies at any time. Final interpretation of these policies remains with the Boonshoft School of Medicine. Every effort is made to keep the web version of these policies updated. All students will be notified via email of any updates or changes to the Medical Student Policy and Procedure Guide. It is the responsibility of the student to read, understand, and adhere to all School policies and procedures.

Links are provided throughout the document to guide the reader to more detailed clarification of policies or procedures as they pertain to the Wright State University campus, affiliated clinical institutions, or faculty responsibilities.

As a student of Wright State University, you are subject to the rules and regulations governing all students on campus. These rules and regulations are detailed in the Wright State University Student Handbook.

Vision

To progress as a preeminent community-based medical school that advances new models of academic excellence and community health care.

Mission

To educate culturally diverse students to become excellent physicians by focusing on generalist training that is integrated, supported, and strengthened by specialists and researchers, all of whom value patient-focused care, community service, and research, and have passion for improving health in their communities.
Diversity and Inclusion Policy

The mission of the Wright State University Boonshoft School of Medicine is to educate culturally diverse students to become excellent physicians, by focusing on generalist training that is integrated, supported, and strengthened by specialists and researchers, all of whom value patient-focused care, community service, and research and have passion for improving health in their communities.

We are an institution that desires to be nationally recognized and admired for our diversity. We boldly acknowledge that as global citizens diverse social interactions are an essential element of our student’s intellectual development. Our students are expected to explore the full spectrum of their human potential as medical professionals who will live, work and interact within a global community of people and therefore we:

“.... Have effective policies and practices in place, and engage in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes." - LCME Element 3.3:

Our commitment to maintaining a culturally diverse student environment will be accomplished by designing and implementing innovative and effective strategies, systems, and standards to create and sustain a model educational setting that is measurably open, fair and inclusive for the all Boonshoft School of Medicine students. Furthermore, we will maintain an educational environment where our students are admonished not to infringe upon the civil rights or privileges of others, but are encouraged to express their thoughts without threat of reprisal.

As an institution, we will invest the necessary time, finances, and collective talents of our faculty and staff to ensure that all students, regardless of their race, sex (including gender identity/expression), color, religion, ancestry, national origin, age, disability, genetic (DNA) information, veteran status, military status, or sexual orientation are valued.

For additional questions regarding the Wright State University Policies regarding diversity contact either the Office for Multicultural Affairs and Community Engagement or the Office of Equity and Inclusion as a resource.

Policy 22: Diversity and Inclusion for Admissions
Professionalism
Approved by FCC 6/28/17

Policy
Professionalism is one of the core dimensions of the WrightCurriculum (Dimension 5) and LCME Standard 3.5. The BSOM learning environment is

“...conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences and promptly correct violations of professional standards.” – LCME Standard 3.5

Students must meet or exceed all of the identified BSOM milestones related to professionalism (Dimension 5) in each module, clerkship or rotation to pass the module, clerkship, or rotation. Students may fail a module, clerkship, or rotation for professionalism violations regardless of their academic and/or clinical performance.

Using a professionalism rubric and professionalism accolade/concern reports, we will monitor our learning environment to enhance positive and mitigate negative influences on professionalism and correct professionalism violations.

Professionalism Attributes
At BSOM, we understand that physicians and medical professionals must have many attributes to value and behave in a manner consistent with the highest ethical standards of the profession. These attributes include, but are not limited to: honesty, respect, integrity, responsibility, adherence to ethical standards, reliability, accountability, punctuality, maintenance of confidentiality, clear communication, compassion, attitude, teamwork, sound judgment, appropriate professional relationships, respectful language, maturity, self-care, humility, initiative, social responsibility, altruism, professional appearance, promotion of diversity, and self-confidence.

For assessment purposes at BSOM, we will focus on the professional attributes of:

- Respect
- Honesty
- Responsibility
- Punctuality
- Compassion
- Clear and respectful communication
- Maintenance of confidentiality
- Maturity
- Appropriate professional relationships
- Professional appearance
- Self-confidence

**Respect**
Respect for others is at the very core of the ethics of the medical profession. It is because of their respect for patients that physicians and students honor decisions of their patients, protect patient privacy, maintain confidentiality, and avoid sexual misconduct. Respect for medical colleagues and all co-workers is a central professional value, important for its own sake and because it promotes better patient care. Regard for the dignity of others is at the root of the professional qualities for courtesy, which involves general qualities (such as a respectful tone in communication and appropriate professional attire and demeanor) and specific actions (such as a concern for punctuality). Diversity and inclusion, such as understanding that physicians serve patients with multicultural backgrounds and being sensitive to diverse lifestyles and cultural norms, is also a key component of respect. Mutual respect between faculty and students is essential in establishing a positive learning environment. Respect for oneself is a precondition to genuine respect for others.

**Honesty**
Honesty is another core attribute of professionalism. All medical professionals (physicians, students, medical colleagues, co-workers) must be honest in actions and not lie, cheat, steal, or plagiarize. Dishonesty puts patients and students at risk.

**Responsibility**
Responsibility is an attitude that involves insight into one’s own behavior and a willingness to admit errors and be responsible for one’s own actions. Physicians and students are responsible for their individual patients and responsible to society for addressing the health needs of the public. Faculty and students are responsible for maintaining a positive, collegial learning environment where respect for knowledge and one another are valued.

**Punctuality**
Punctuality involves being on-time and well-prepared, meeting deadlines, and following through. Medical professionals must be punctual to meet the needs of their patients. Faculty and students must be punctual for a positive learning environment and to be respectful of colleagues’ time.

**Compassion**
Compassion is an attitude desirable in all professional relationships and is especially important in the doctor/patient relationship. Students develop compassion by learning empathetic skills that allow them to sense the patient’s experience with illness, including suffering and fear, and discovering how to respond in a humane and supportive way.
Clear and Respectful Communication
It is important for all medical professionals and faculty to use clear and respectful communication, effectively using oral, written, and non-verbal communication skills to communicate with others. Doctor/patient interactions especially should use communication at the appropriate level so that both parties understand the diagnosis, treatment, and other medically relevant information.

Maintenance of Confidentiality
Maintenance of confidentiality is an attribute that medical professionals must exhibit. Medical professionals and faculty are privy to confidential information from patients and students. Federal laws and regulations exist to protect patient and student privacy and those who have access to confidential information must act in accordance with these guidelines.

Maturity
Maturity is an attitude that involves making sound decisions, recognizing gaps in knowledge, improving one’s self, accepting feedback, and showing personal growth. Intellectual curiosity, enthusiasm for life-long learning, and desire to master necessary skills and knowledge are qualities important for a physician.

Appropriate Professional Relationships
Managing appropriate professional relationships is an attribute necessary for all medical professionals and faculty, but is especially important in the doctor/patient relationship. Patients entrust doctors with confidential and sensitive information and appropriate professional boundaries must be maintained. Doctors must be compassionate, and mindful of the patient as a person, without having inappropriate relationships with patients or others.

Professional Appearance
Appropriate professional appearance is being groomed and clean in the dress appropriate for the situation. Provocative, inappropriate, or sloppy and unkempt dress sends the wrong message to patients, faculty, and other medical professionals.

Self-Confidence
Self-confidence is being appropriately confident of one’s abilities, recognizing one’s own limitations and asking for help when necessary. Students will gain self-confidence through teaching and learning activities as well clinical experiences.
Medical Student Professional Honor Code

Policy

Students who fail to adhere to the procedures outlined in this Medical Student Honor Code will be referred to the Associate Dean of Student Affairs for additional investigation and determination of whether the matter warrants referral for adjudication to the Medical Student Honors Council, the Student Promotions Committee, or the School’s Deans’ Council. Each council/committee will provide the student alleged of violations an opportunity to appeal adverse actions, up to and including recommendations of dismissal, through due process procedures outlined in this Medical Student Policy and Procedure Guide.

Rationale

The heritage of a physician's social conduct emerged from acknowledged community standards dating back to the Oath of Hippocrates. A critical aspect of medical students' professional development is to assign one's self to a life guided by a code of ethics, endorsing a commitment to moral, ethical, and professional fidelity. Therefore, all students of the School are expected to pledge their allegiance to upholding a professional honor code. This honor code was designed to foster a culture of personal integrity, collaborative teamwork, and intellectual development during students' quest to become licensed doctors of medicine.

Student Responsibilities

- The student will recite and sign the medical student honor code pledge. This signed pledge documents students’ commitment to the values, attitudes, and behaviors that are fundamental to medical professionalism and will become a permanent part of the student's academic file.
- The student will read, understand and adhere to the Wright State University Boonshoft School of Medicine Medical Student Policy and Procedure Guide that addresses attributes of professionalism.
- The student must adhere to all established federal, state, and local laws and follow all regulations established by Wright State University and the affiliated institutions.
- The student will treat patients with respect without regard to race, personal beliefs, religion, ethnicity, gender, sexual orientation, socioeconomic status, physical or mental disability, and any other discriminating factor.

The student will use mature judgment when addressing honor code violations or other concerns.
Medical Student Honor Code Pledge

At the Convocation and White Coat ceremony, the class recites the Medical Student Honor Code Pledge:

I publicly acknowledge and accept the privileges and responsibilities given to me today as a physician in training and dedicate myself to provide care to those in need.

I will approach all aspects of my education with honesty and integrity, embracing opportunities to learn from patients, teachers, and colleagues.

I will value and respect the knowledge and wisdom of the physicians who have preceded me.

I will maintain the highest standards of professional conduct academically, clinically, and socially.

I will certify only that which I have personally verified, and I will neither receive nor give unauthorized assistance on examinations.

I will recognize my weaknesses and strengths and strive to develop those qualities that will earn the respect of my patients, my colleagues, my family, and myself. I will continue to value my relations with those who have supported me in the past and those who will share in my future.

I will strive to earn the trust my patients place in me and the respect that society places upon my profession. I will respect the humanity, rights, and decisions of all patients and will attend to them, with compassion and without bias, maintaining patient confidentiality, remaining tactful in my words and actions.

I will value the diversity of patients’ experiences, cultures, and beliefs because it enhances my ability to care for them and enriches my education. I will remember that medicine is an art as well as a science and that warmth, sympathy, and understanding are integral to patient care.

I will recognize the privileges afforded to me as a physician-in-training and promise not to abuse them. As a student, I will remain aware of my responsibilities to improve the standard of health in my community, to increase access to care for the underserved, and to advance medical knowledge.

By accepting these new responsibilities, I will remember the importance of my own health and well-being, as well as those of my colleagues.

Knowing my own limitations and those of medicine, I commit myself to a lifelong journey of learning how to cure, relieve, and provide comfort with humility and compassion.

I make this pledge solemnly, freely, and upon my honor.
The Medical Student Honor Code Council (hereinafter referred to as the Council) will conduct fair and impartial hearings regarding honor code violation complaints referred to the Council by the Associate Dean for Student Affairs. The Council will consist of nine members:

- three faculty members (appointed for two-year term by the Dean of Wright State University Boonshoft School of Medicine, hereinafter referred to as the Dean of Medicine)
- four students (elected annually by each medical school class, one delegate and one alternate per class)
- the Associate Dean for Student Affairs (hereinafter referred to in this section as the Associate Dean) or his/her administrative appointee
- the chair (an impartial administrator or faculty member appointed by the Associate Dean)
- a quorum is defined as the majority of the voting committee members

Violations

Since it is not possible to predict all conceivable instances of honor code violations, students have the responsibility always to act in a professional manner and to seek clarification from appropriate sources if they suspect their or that of another student's actions may be in conflict with the goals and intended spirit of the honor code.

Violations of the code, include, but are not limited to:

- Breech of patient confidentiality. Confidentiality violations include sharing or posting of patient information or photos from any clinical setting anywhere in the world.
- Plagiarism of material or misrepresenting submitted work as being a product of a student's own personal creative effort. When written sources of information are used, whether from the medical literature or the internet, students must reference them appropriately.
- Sharing, reproducing, and/or removing secure assessment materials. Such violations are grounds for immediate dismissal.
- Cheating for personal advantage or giving unauthorized academic aid to other students by any method in order to leverage grades, meet deadlines, or complete assigned clinical tasks.
- Falsifying clinical reports, patient records, university materials or experimental research data.
- Conducting research involving human subjects anywhere in the world without assuring it has met requirements for ethics review.
- Restricting access to reference materials used by students to prepare for examinations or clinical assignments.
• Fraudulently assisting or knowingly misleading another student in order to place one in academic jeopardy.
• Sexual, physical, mental, and any form of verbal abuse/harassment of patients, peers, faculty, staff, or any others.
• Theft or malicious damage of property, including computer hacking.
• The use, possession, theft, or sale of illicit drugs or inappropriate use of prescription drugs (e.g. narcotics).
• Participating in any clinical or academic activities while impaired as a result of ingesting alcohol or mood-altering drugs on school, hospital, or clinical premises.
• Misrepresentation of a student's status as a physician or resident.
• Failure to personally fulfill mandatory clinical duties, responsibilities and/or assignments, or to leave clinical placements during assigned hours without permission.

Reporting Violations of the Honor Code

For concerns about unprofessional or self-destructive behaviors of peers, including substance abuse, addictions, on- or off-campus or on the internet, concerned observers should use mature judgment when addressing honor code violations or other concerns.

If this self-regulating person-to-person interaction does not resolve the concern, the observer should report it as soon as possible, with specific details to the most relevant person in authority, whether an examination proctor, faculty member, preceptor, course director, ombudsperson or follow the University policy found at Wright State Raider Cares.

If concerns remain, the observer should speak with the Associate Dean and provide all available material evidence or documentation that substantiates the alleged violation.
• Academic dishonesty: copies of the student's work with a written explanation should be provided.
• Misconduct on an examination: a copy of the examination and details regarding the process of discovery should be provided.
• Plagiarism: copies of the original source with the plagiarized text highlighted should be provided.

Administrative Responsibilities

1. The Associate Dean assesses the evidence supporting the alleged violation (to protect the student from slander and/or libel, defamation of character or unsubstantiated allegations) and determines if sufficient cause for investigation exists. The Associate Dean attempts to resolve the concern when the evidence is judged insufficient to warrant formal investigation by the Council.
2. The Associate Dean will be circumspect in reviewing allegations and in interacting with faculty and students and will maintain strict confidentiality while investigating allegations of improper behavior.
3. The Associate Dean will notify the chair of the Council within seven working days when referring a reported violation and schedule a meeting of the Council within 30 days of the filing of the report, unless the academic schedule precludes convening the Council. If the Council cannot be convened because of breaks in the academic calendar, honor code violations may be referred to the Student Promotion Committee or the Deans’ Council.

4. If in the course of investigating student misconduct the Associate Dean observes conduct by a student that requires immediate intervention, he/she may do so to protect the welfare of the student or of others. If indicated a formal hearing by the Council will be scheduled as soon as possible following such action.

5. The Associate Dean, at his or her discretion, may elect to refer complaints involving professionalism, including alleged honor code violations, to the Deans’ Council or the Student Promotion Committee, rather than the Honor Code Council.
Honor Code Council Procedures

1. At least seven days in advance of the Honor Code Council meeting, the student charged with a violation will be given written notification in person, via electronic mail (request delivery and read receipts), and/or by certified mail of the date, time, and location of the hearing. This written notification will include a description of the alleged violation, a copy of the Medical Student Professional Honor Code, a list of the Council members, and the names of any witnesses who will give testimony at the hearing. If the student chooses not to appear before the Council as notified, the hearing will be conducted in the student's absence.

2. Prior to the hearing, the student has the right to challenge the objectivity of a member by communicating to the Council chair or the Associate Dean in writing. The chair may consult with the Associate Dean and the Council member in question to determine if the Council member should be disqualified. Members of the Council who believe they have a conflict of interest may disqualify themselves. If a student member of the Council is disqualified, the designated alternate will replace the disqualified member.

3. The student may select a faculty or administrative advisor to assist prior to and during the hearing.

4. The student's appearance before the Council is a confidential academic hearing and not a legal proceeding. Therefore, an attorney may not accompany the student.

5. In order to preserve the integrity of the testimony presented at the Council hearing, the Office of Student Affairs will audio tape the sessions and archive the printed summary.

6. The student is encouraged to present a written and/or verbal rebuttal to the allegations and may ask witnesses to be present. Evidence supporting the allegation(s) will be presented at the hearing.

7. The student or assistant may question witnesses.

8. At the conclusion, Council members will deliberate in private and make a recommendation by majority vote. The chair will not vote except in the event of a tie.

9. The Council may consider previous infractions of the Honor Code, including infractions determined by the Student Promotions Committee or other relevant academic committees, in arriving at a recommendation.

10. The Council may take one of the following actions:

   - No corrective action when there is insufficient evidence to support the allegation of an Honor Code violation.
   - A sealed written reprimand to be placed in the student's academic file that chronicles the violation. The reprimand will remain sealed and will be destroyed after the student's graduation if there are no further honor code violations.
   - A written reprimand to be placed in the student's academic file that chronicles the violation. This information can be included in the student's Medical Student Performance Evaluation (Dean's letter) at the discretion of the Council and remain a permanent component of the student's file.
• Require the student to seek professional assistance at the student’s expense.
• Require specific conditions that must be fulfilled to continue as a student.
• Require the student's examination/report/product or experience to be discarded, that an incomplete be assigned to the academic record, and that the student be required to satisfactorily complete compensatory work or be re-evaluated on relevant facts to demonstrate a mastery of the material.
• Require that a course/clerkship grade of F or “No Pass” be assigned. The student's remedy for the failing grade will be to repeat the entire course with a notation of "Failed Course Due to Academic Dishonesty" appearing on the transcript. The Council has the option of expunging this notation from the student's transcript at a later date or upon graduation.
• Require a temporary suspension with the notation of "Suspended for Violation of Honor Code" permanently placed on the student’s transcript.
• Recommend to the Dean of Medicine permanent dismissal with the notation of "Dismissed for Violation of Honor Code" placed on the student’s transcript.
• The student will be notified verbally and/or in writing of the final decision of the Medical Student Honor Code Council.

**Appeal of a Non-Dismissal Decision by the Council**

Students may request a formal appeal of all or part of a decision of the Council after receiving written notification of the Council's recommendation and consulting with the Associate Dean. The request for an appeal should be submitted in writing to the Associate Dean within seven working days of the receipt of the Council’s recommendation. The written request should describe the specific reasons for the appeal, including any special or mitigating circumstances, and additional relevant information that was not available for consideration at the initial hearing.

An Honor Code violation that the student alleges to have been an error in judgment is not an appropriate basis for requesting an appeal. Claims that policies are unclear will be reviewed at the discretion of the Council.

Requests for an appeal will be considered for the following reasons:
• Procedural error during the investigation and/or the hearing.
• Clear evidence of a Council member's bias against the student due to discrimination on the basis of race, gender, religion, national origin, physical handicap, age, sexual orientation, or political affiliation or belief.
• Previously unreported mitigating circumstances or evidence that is newly discovered.

The appeal will be heard at the next meeting of the Council or within 30 days of receiving the written request. The student will be given written notification in person, by electronic mail (request delivery and read receipts), or by certified mail of the date, time, and location of the appeal at least seven days in advance of the meeting. The student may request to appear
before the Council and may be accompanied and assisted by a member of the university faculty or administration. The student's appeal appearance before the Council is a confidential academic hearing and not a legal proceeding; therefore, an attorney may not accompany the student.

The Council's recommendation regarding the appeal will be final.

**Appeal of a Recommendation for Dismissal**

When requested by the Dean of Medicine the Student Appeals Committee will consider student appeals of dismissal recommendations made by the Student Promotions Committee, the Honor Council, the School's Deans’ Council, or other relevant committees empowered to make such recommendations.

The Student Appeals Committee consists of four faculty appointed for a four-year term and one student appointed for a one-year term by the Dean of Medicine. The members cannot simultaneously serve on the Student Promotion Committee, Honor Council, or Deans’ Council. The Associate Dean of Student Affairs and Admissions or designee is an ex-officio member of the committee. The Dean of Medicine designates one member of the Student Appeals Committee to serve as chair. The Dean of Medicine may, with the concurrence of the majority of the committee members, appoint an additional faculty member for a one-year term.

1. The Office of Student Affairs and Admissions will notify the student in writing of a recommendation for dismissal. The notification will indicate the reasons for the recommendation and provide the student with an opportunity to request an appeal in writing within seven working days of receipt of the notice. Failure to request an appeal within the allotted time renders the recommendation final.

2. The Associate Dean of Student Affairs and Admissions will convene the Student Appeals Committee within 20 working days of receiving the request for an appeal. After reviewing all relevant evidence, the Student Appeals Committee will give the student an opportunity to present information warranting reconsideration of the recommendation. The student may be accompanied and assisted by a member of the university faculty or administration at the appeal. The student's appearance before the Student Appeals Committee is a confidential academic hearing and not a legal proceeding; therefore, an attorney may not accompany the student.

3. The Student Appeals Committee will deliberate and by majority vote confirm or reject the recommendation for dismissal. The committee chair will not vote except in the event of a tie. If the committee is unable to reach consensus, a verdict of “no recommendation” will be forwarded to the Dean of Medicine with a detailed explanation of the deliberations. The committee’s decision and all relevant evidence will be forwarded in writing to the Dean of Medicine.

4. The Dean of Medicine will review the evidence and notify the student by certified letter of the Dean’s decision.
5. A student may appeal the Dean of Medicine’s decision to the Provost of the University. The student’s written appeal must be submitted to the Provost within seven working days of receiving the Dean of Medicine’s written decision. The Provost’s decision is final. Failure to appeal within the allotted time renders the Dean of Medicine’s decision final.
Standards for Admission and Matriculation

Policy

The School endeavors to provide creative ways of opening its curriculum to competitive, qualified individuals with disabilities. In doing so, however, the school must maintain the integrity of its curriculum and preserve those elements deemed essential to the education of physicians. The School cannot compromise the health and safety of current or future patients. It is inevitable that adherence to minimum requirements will disqualify some applicants and students, including some who are classified as disabled. Exclusion of such an individual, however, does not constitute unlawful discrimination. The Rehabilitation Act of 1973 prohibits discrimination against an "otherwise qualified" person with a disability. Applicants or students who are unable to meet the minimum academic and technical standards are not qualified for the practice of medicine. The School's Admissions Committee grants admission or conditional acceptances to applicants pending consideration of their abilities to meet these requirements and any accommodations that may be needed. The Deans’ Council will review applicants' needs for accommodation and make a recommendation to the Dean of the Wright State University Boonshoft School of Medicine (hereinafter referred to as the Dean of Medicine). Should applicants be unable to meet these requirements without reasonable accommodations, the school will rescind its offer of acceptance. This decision may not be appealed. The School reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time. Students who are later discovered to be unable to meet the technical standards will have their situation(s) assessed on a case-by-case basis.

Minimum Academic & Technical Standards, Personal Attributes & Capabilities Essential for Admission & Matriculation

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794) prohibits a recipient of federal financial assistance from denying benefits to an "otherwise qualified" person with a physical disability solely because of his or her disability. Wright State University is a recipient of federal financial assistance and also, on principle, opposes discrimination. No qualified person with a disability shall be excluded from participation, admission, matriculation, or denied benefits or subjected to discrimination solely by reason of his or her disability. Pursuant to federal regulations for post-secondary education institutions, a person with a disability can be required to meet the institution's "academic and technical standards." The Admissions Committee does not discriminate against qualified individual with a physical disability but will expect applicants and students to meet certain minimum technical standards. In carrying out its function, the committee will be guided by the academic and technical standards set forth in this document and in accordance with LCME Element 10.5 which states:

"A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students with disabilities, in accordance with legal requirements."
The holder of the M.D. degree must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. In order to carry out the activities described below, candidates for the M.D. degree must be able to consistently, quickly, and accurately integrate all information received and they must have the ability to learn, integrate, analyze, and synthesize data.

Technological compensation can be made for physical disabilities in some of these areas, but a candidate must be able to perform in a reasonably independent manner.

The following standards describe the academic abilities and non-academic qualifications considered essential for successful completion of the curriculum.

**Intellectual, Conceptual, Integrative, and Quantitative Abilities**

Applicants and students must be able to memorize, reason, perform scientific measurements and calculations, comprehend three dimensional and spatial relationships, and analyze and synthesize information from a variety of sources. Ultimately, they must be able to think critically, analytically, and intuitively to solve complex, multifactorial problems that include making diagnostic and therapeutic decisions.

**Attitudinal, Behavioral, Interpersonal, and Emotional Attributes**

Applicants and students must be able demonstrate the exercise of good clinical and moral judgment, the prompt completion of all responsibilities necessary for the diagnosis and care of patients, and the development of mature, compassionate and effective relationships with patients, families and colleagues. They must be able to maintain and display emotional health while engaged in stressful work, changing environments, and clinical uncertainties. Applicants and students must be able to accept and modify their personal and professional behavior in response to constructive criticism. They must be open to examining personal attitudes, perceptions, and stereotypes that may negatively affect patient care and professional relationships.

**Communication**

Applicants and students must be able to communicate effectively with patients, their families, and other members of the health care team. They must be able to listen carefully to patients in order to elicit information and perform appropriate examinations; observe patients attentively, able to perceive changes in mood, activity and posture; and interpret non-verbal communication such as facial expressions, affects, and body language.
Visual, Auditory, Tactile, & Motor Competencies

Applicants and students must be able to gather data from written and illustrated reference material, oral presentations, demonstrations and experiments, observations of patients and clinical procedures, digital and analog representations of physiologic phenomena, and physical examinations of patients.
Supervision of Medical Students Policy
Approved by FCC 5/24/17

Background

The purpose of this Wright State University BSOM policy is to define the appropriate levels of supervision of medical students on clinical services and sites as they progress during their education in the School of Medicine. This document also describes the expectations that are to be followed by supervising physicians to ensure that the school protects patient and student safety in accordance with our BSOM goals in the area of Patient Care (Goals 2.1, 2.2 and 2.3) and Interpersonal Skills and Communication (Goals 4.4, 4.5 and 4.6), as well as LCME Element 9.3:

“A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional."

It is also expected that supervising faculty will provide for a learning environment LCME Element 3.5.

“That is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect.”

Additionally, the learning environment must be free from mistreatment, including, but not limited to, exploitation of the power differential in the faculty-student relationship; intimidation; harassment (i.e., physical, emotional, or sexual); and humiliation, as outlined in LCME Element 3.6. (See Fair Treatment of Students Policy)

Supervision Overview

Medical students participating in patient care must be supervised at all times, where the supervisor is present in the same location as the learner and is able to provide direct instructions and feedback to the learner. It is understood that the primary supervising physician will be an attending faculty physician of BSOM, practicing within the scope of his/her discipline. During instances in which a medical student is participating in a clinical setting where resident/fellow physicians or other healthcare professionals are actively involved in medical student education, it is the responsibility of the supervising faculty physician to assure all personnel are appropriately prepared for their roles for teaching and supervision of medical students within the scope of their practices.
Clinical supervision is designed to foster progressive responsibility. Supervision will be based on the medical student’s level of training, demonstrated competence, and the objectives for the clinical experience. Module directors and clerkship directors will provide specific guidance for each clinical experience, including the student’s level of responsibility and scope of approved activities and procedures that are permitted and/or expected during the rotation. This information will be shared with all teaching faculty and residents on an annual basis.

**Expectations of Faculty and Clerkship Directors**

- Model professional behavior in interactions with patients, learners, staff and all other individuals in the health care team.
- Provide opportunities for students to demonstrate responsibility and ownership for patient care responsibilities. These opportunities include, but are not limited to taking patient histories; performing complete and/or focused physical examinations; and reporting and entering findings in the patient’s medical record with the explicit approval of the patient’s supervising attending physician. The supervising physician will be responsible for reviewing student documentation and countersigning progress notes.
- Provide students with regular feedback, both positive and constructive. The clerkship or module director should be notified immediately if serious academic or professional gaps in student performance exist.
- Complete student assessments in a timely manner, with all assessments completed in time for calculation of final grades.

**Expectations of Students**

- Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians other health professionals, members of the staff, patients and any other individuals encountered in the clinical setting.
- Maintain self-awareness of own competence and seek assistance/advice when clarification is needed.
- Inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.
- Proactively inform the supervising physician or clerkship director concerns about levels of supervision (excessive or sub-standard).
Educational Objectives
Approved by Faculty of Medicine 1/19/06

Knowledge & Lifelong Learning
1. The graduate will demonstrate knowledge of the basic medical sciences, mastery of clinical skills and the ability to acquire, manage, and use current information for clinical decision-making and problem-solving in the care of individual patients, family members, populations, and systems of health care delivery.
2. The graduate will demonstrate knowledge of the ethical, social, economic, and cultural influences upon health care delivery systems and the health of patients and patient populations and will be able to propose realistic approaches to improving the health of both individual patients and patient populations.
3. The graduate will be able to identify the diverse factors that influence the health of the individual and the community, including the socio-cultural, familial, psychological, economic, environmental, legal, political and spiritual factors impacting health care and health care delivery and be able to incorporate these factors when planning and advocating interventions for individuals and communities.

Interpersonal Relations & Communication
1. The graduate will demonstrate the ability to establish a professional relationship with a patient, build a comprehensive medical and social/personal history, conduct either a focused or comprehensive physical examination as indicated, construct a differential diagnosis, and recommend a course of treatment consistent with current standards of care.
2. The graduate will demonstrate the ability to communicate clearly (both oral and written), professionally and effectively with patients, their family members, health care team members, and peers.
3. The graduate will demonstrate the capacity to listen to and respond appropriately to constructive feedback from peers and teachers, as well as give constructive feedback and evaluation to peers and faculty as requested.

Professionalism, Advocacy & Personal Growth
1. The graduate will be able to identify personal strengths and weaknesses when caring for patients and working with colleagues and allied health professionals, and if indicated, demonstrate the ability to make changes in behavior that facilitate collaborative relationships.
2. The graduate will have demonstrated throughout the period of undergraduate medical education a pattern of responsible behaviors consistent with the highest ethical standards of the profession: honesty, confidentiality, reliability, dependability, civility, and punctuality.
3. The graduate will demonstrate a commitment to leadership and the advancement of new knowledge.
Foundational Knowledge — Medical Knowledge
   1.1 Master fundamental biomedical concepts, terms, processes, and system interactions
   1.2 Describe the determinants of health
   1.3 Utilize evidence in making clinical decisions

Application — Patient Care (Clinical Skills)
   2.1 Conduct patient interviews and physical examinations
   2.2 Diagnose patient health problems
   2.3 Propose evidence-based health maintenance and therapeutic options

Integration — Systems-Based Practice
   3.1 Connect knowledge of patient populations and health delivery processes in making diagnoses and therapeutic recommendations
   3.2 Advocate for the humane, just, safe and prudent care of persons
   3.3 Adapt to the complex economic and social structure of health care delivery

Human Dimension — Personal and Interpersonal Development
A. Learning about and working with ONESELF — Personal Growth and Professional Development
   4.1 Reflect upon one’s personal strengths and weaknesses to make positive changes in one’s behavior
   4.2 Find one’s own meaning in medicine
   4.3 Take care of oneself

B. Learning how to interact with OTHERS — Interpersonal Skills and Communication
   4.4 Deliver effective patient presentations and document accurately in the medical record
   4.5 Communicate and work effectively with others
   4.6 Demonstrate leadership skills in a variety of settings

Caring/Valuing — Professionalism
   5.1 Care deeply about becoming an excellent physician through a life of service
   5.2 Care about and support others in the profession
   5.3 Value and behave in a manner consistent with the highest ethical standards of the profession

Learning How to Learn — Practice-Based Learning
   6.1 Develop a personal plan to become a better medical professional
   6.2 Stimulate intellectual curiosity to question and advance knowledge through scholarship
6.3 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills

For the WrightCurriculum Educational Objectives listed above, there are **phase-specific milestones** that students must satisfactorily meet within the curriculum to advance to subsequent phases and to graduate. (See [Student Success Policy](#)).
The WrightCurriculum is a Pass/Fail curriculum, with a possibility of earning additional Honors designations in the Doctoring Phase requirements and the Emergency Medicine Clerkship in Advanced Doctoring

- Pass (>=70%)
- Fail (<70%)

In the following sections are the milestones, policies for successful completion, appealing and repeating each component of the curriculum in accordance with LCME Element 10.3:

"The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters."

**BSOM Milestones in Foundations, Doctoring, and Advanced Doctoring**

Students must meet or exceed all of the identified BSOM milestones in each module, clerkship, or rotation to pass the module, clerkship, or rotation.

- Students may fail a module, clerkship, or rotation for professionalism violations regardless of their academic and/or clinical performance
- Students who fail a module, clerkship, or rotation due to professionalism violations will be referred to Student Promotion Committee (SPC)

**Policy for Pass/Failure of Module in Foundations Phase**

For modules with final exams:

- Students must have a cumulative passing score in the module to be eligible to sit for the final exam
  - Students who pass the final exam pass the module, and move on to the next module
  - Students who fail the final exam have one (1) opportunity to retake the final exam at a time to be determined by the Office of Medical Education (OME)
    - Students will move on to the next module while waiting to retake the final exam
    - Students will incur the cost of retaking an exam purchased from the NBME
    - Students who pass the retake final exam pass the module
      - Students who pass the retake final exam will receive the minimum passing grade on the exam, regardless of their actual score
• Students who fail the retake final exam fail the module, and will be referred to SPC
• Students who do not have a cumulative passing score in the module are not eligible to sit for the final exam, and therefore fail the module and will be referred to SPC

For modules without final exams, including longitudinal modules:
• Students who have a cumulative passing score in the module pass the module
• Students who do not have a cumulative passing score are eligible to address deficiencies as determined by the module director
  o Students who satisfactorily address the deficiencies pass the module
  o Students who fail to satisfactorily address the deficiencies fail the module, and will be referred to SPC

Due to their unique nature, there will be no option to complete repeat courses through other universities or colleges to replace modules in the WrightCurriculum.

Policy for Pass/Failure in Doctoring Phase
• Students who have a cumulative passing score in all components of the clerkship, including the clerkship specific subject examination, pass the clerkship
• Students who do not have a cumulative passing score in the clerkship fail the clerkship, and will be referred to SPC
• Students who do not meet the minimum score as set by OME for the clerkship specific subject examination will have one (1) opportunity for a retake at a time determined by OME
  o Students will move on to the next clerkship while waiting to retake the subject exam
  o Students will incur the cost of retaking any subject exam
  o Students who pass the retake subject exam pass the clerkship
    ▪ Students who pass the retake subject exam will receive the minimum passing grade on the exam, regardless of their actual score
  o Students who fail the retake subject exam fail the clerkship, and will be referred to SPC

For longitudinal modules within the phase:
• Students who have a cumulative passing score in all phase requirements for the longitudinal module pass the module
• Students who do not have a cumulative passing score are eligible to address deficiencies as determined by the module director
  o Students who satisfactorily address the deficiencies pass the module
  o Students who fail to satisfactorily address the deficiencies fail the module, and will be referred to SPC
Policy for Pass/Failure in Advanced Doctoring Phase

- Students who have a cumulative passing score in all components of the required or elective rotation pass the rotation
- Students who do not have a cumulative passing score in the required or elective rotation fail the rotation, and will be referred to SPC
- Any rotation with a required subject examination will follow the same policies as the Doctoring Phase for clerkship specific subject examinations

For longitudinal modules within the phase:

- Students who have a cumulative passing score in all phase requirements for the longitudinal module pass the module
- Students who do not have a cumulative passing score are eligible to address deficiencies as determined by the module director
  - Students who satisfactorily address the deficiencies pass the module
  - Students who fail to satisfactorily address the deficiencies fail the module, and will be referred to SPC

Appeal of Module, Clerkship, & Elective Grades

Grounds for appeal include: mathematical or clerical errors; arbitrariness, including discrimination based on race, gender, religion, age, physical disability, sexual orientation, national origin; and personal malice. An error in judgment by the student is not reason to be granted an appeal.

- The first level of appeal of a module/clerkship/elective grade and/or written evaluation is to the module/clerkship/elective director and must be submitted in writing and received within seven (7) business days of the grade distribution
- If evidence presented warrants a grade change, the module/clerkship/elective director will inform the student and OME of the change; if no change, the module/clerkship/elective director will inform the student in writing that the grade/evaluation stands
- The final level of appeal for Foundations is to the Associate Dean of OME and must be submitted in writing and received within seven (7) business days of the module director decision
- The final level of appeal for Doctoring/Advanced Doctoring is to the department chair of the clerkship/elective being appealed and must be submitted in writing and received within seven (7) business days of the clerkship/elective director decision
- After reviewing all relevant information, the Associate Dean of OME/department chair will notify the student of the decision; the decision is final

Policy for Repeating in the Foundations Phase

The Foundations phase consists of four (4) components:

- Component 1
  - Upstream Medicine (Introduction)
o Origins I/II
o Human Architecture

• Component 2
  o Host & Defense
  o Staying Alive

• Component 3
  o Beginning to End
  o Balance, Control & Repair

• Component 4 – Longitudinal Components
  o Clinical Medicine
  o Interprofessional Engagement (IPE)
  o Professional Identity: Answering the Call
  o Scholarship in Medicine
  o Upstream Medicine (Field Experience)

Students must pass all modules within a component to pass the component.

A student who fails a module will be referred to SPC. SPC may:
  • Allow a student to repeat the entire component containing the failed module, or
  • Recommend a student for dismissal

For repeating Foundations components:
  • Requires approval by SPC
  • Students will have a maximum of one (1) opportunity to repeat an entire component
  • Students who successfully repeat a component will receive the minimum passing grade in each module and final (if applicable), regardless of their actual scores

Students must complete all required Foundations components within three (3) academic calendar years
  • Students who are unable to meet this requirement will be referred to SPC

After successful completion of a repeat Foundations component:
  • Students who fail another module, necessitating a repeat of a second component, will be referred to SPC, as students would be unable to complete the required Foundations Phase in three academic calendar years

Due to the unique nature of each module, there will be no option to complete courses through other universities or colleges to replace modules in the WrightCurriculum.

Policy for Repeating in the Doctoring Phase

A student who fails a clerkship or longitudinal module phase requirements will be referred to SPC. SPC may:
  • Allow a student to repeat the clerkship or longitudinal module phase requirements, or
  • Recommend a student for dismissal
For repeating Doctoring clerkships and longitudinal modules phase requirements:
- Requires approval by SPC
- Students will have a maximum of one (1) opportunity to repeat an individual clerkship or longitudinal module phase requirements
- Students who successfully repeat an individual clerkship or longitudinal module phase requirements will receive the minimum passing grade in each clerkship or module and subject examination (if applicable), regardless of their actual scores

Policy for Repeating in the Advanced Doctoring Phase

A student who fails a rotation or longitudinal module phase requirements will be referred to SPC. SPC may:
- Allow a student to repeat the rotation or longitudinal module phase requirements, or
- Recommend a student for dismissal

For repeating Advanced Doctoring rotations and longitudinal modules phase requirements:
- Requires approval by SPC
- Students will have a maximum of one (1) opportunity to repeat an individual rotation or longitudinal module phase requirements
- Students who successfully repeat an individual rotation or longitudinal module phase requirements will receive the minimum passing grade in each rotation or module and subject examination (if applicable), regardless of their actual scores

Students must complete all required Doctoring and Advanced Doctoring components within three (3) academic calendar years.

Policy for Promotion

Students must receive a passing grade in all required modules, clerkships, rotations, and/or electives to be eligible for promotion to the subsequent phase.

Students must:
- Pass all Foundations components and BSOM Milestones before advancing to Doctoring clerkships
- Pass all Doctoring clerkships, longitudinal module phase requirements, and BSOM Milestones before advancing to Advanced Doctoring requirements and electives
- Pass all Advanced Doctoring requirements, longitudinal module phase requirements, and BSOM Milestones to be eligible for graduation

All non-dual degree medical student curricular/graduation requirements must be completed within six (6) years of the student’s date of matriculation.
- This timeframe includes any personal, academic or medical leaves of absence
• Failure to successfully complete curricular/graduation requirements within six years after matriculation will result in a referral to the Dean of BSOM

Students must take USMLE Step 1 before a date designated by BSOM to be eligible for promotion to the Doctoring Phase.
• If a student does not receive a passing score, the student will complete the clerkship currently enrolled, but will not be eligible to complete the remaining clerkships until the student passes Step 1
• If a student does not receive a passing score after two attempts, the student will be referred to SPC

Students must take the USMLE Step 2 CK and CS before a date designated by BSOM to be eligible for graduation.
• If a student does not receive a passing score after two attempts on either the Step 2 CK or CS, the student will be referred to SPC

To be eligible for graduation, students must pass all:
• Foundations components within three (3) academic calendar years
• Doctoring and Advanced Doctoring requirements within three (3) academic calendar years
• BSOM WrightCurriculum Milestones for each phase
• USMLE Step 1
• USMLE Step 2CK
• USMLE Step 2CS

The Doctor of Medicine (MD) degree is conferred on students who successfully complete all requirements for graduation.
Academics: Biennium I

Biennium I

The first two years are devoted to learning the basic science of medicine. Learning activities include presentations, small group case discussions, team-based learning modules, peer instruction and Problem-Based Learning (WrightQ), laboratory exercises, and standardized and volunteer patient interviews. Assessments include computer-administered multiple-choice and short essay examinations, laboratory and dissection practicals, essays, Team-Based Learning™ modules, peer evaluation, supervised interviews with volunteer patients and evaluation by standardized patients. All students must successfully complete the United States Medical Licensure Examination (USMLE) Step One prior to starting Biennium II. All courses in Years 1 and 2 are Pass/Fail with a final percent score.

Throughout the course of medical school students will be assigned to various small groups and rotation sites. Student preferences regarding rotation schedules and sites are taken into consideration, but due to limitations on site numbers, not all students will receive their preference. Students may discuss small group assignments, including TBL and WrightQ groups, or clerkship sites with the Associate Deans of Medical Education or Student Affairs. If a compelling reason exists for a change, then every effort will be made to accommodate such a request.

Year 2 is divided into two academic grading periods: Medical Systems Term I (July-December), and Medical Systems Term II (January-May). One grade is given for each term.

The Biennium I (BI) Electives Program is one of the unique features of the Boonshoft School of Medicine. Through the electives program, students are encouraged to immerse themselves in areas of particular interest which are relevant to their development as physicians.

Students are required to complete three electives during BI, one of which must be a service learning elective. Electives, whether two weeks in length or longitudinal, must be comprised of a minimum of 60 hours. The service learning elective requirement may be met through participation in one service learning faculty-directed or student initiated elective (SIE) experience or through a combination of service learning experiences with a minimum of 16 hours per service learning experience.

Both electives and service learning hours can be completed during the following periods:

- Between January and May of the MS1 academic year (students must be in “good academic standing,” while taking electives during these months—the student has received a passing grade in all classes and does not have any pending mandatory assignments to remediate)
- In the two-week elective period immediately following the MS1 year
- During the summer between the MS1 and MS2 years
• During the MS2 academic year

Both electives and service learning hours can be designated as either faculty directed or student initiated. Faculty directed electives and service learning hours have been developed by faculty members, and are typically offered annually. These electives are listed in the Bi Electives Catalog. Student-initiated electives and service learning hours are developed by students in conjunction with faculty and community partners. Both electives and service learning hours can be either domestic or international.

Electives are listed in the online Electives Catalog. Students rank order their preferences for electives.

Procedure for the Elective Selection Process

• Each student is given a random numerical assignment by computer scrambling, and priority for elective enrollment is determined accordingly.
• Students may design their own electives to meet specific needs or special opportunities. Student Initiated Elective proposals must be submitted to the Biennium I Electives Subcommittee of the Faculty Curriculum Committee for approval. (See the deadline dates in the Bi Electives Catalog.)

Student-Initiated Electives

A student may design his or her own elective experiences around a special medical interest, subject to departmental sponsorship and the routine approval process. Please consult the Bi Electives Catalog before preparing a proposal. (See deadline dates in the Bi Electives Catalog.)

Before granting final approval of student-initiated electives, the Bi Electives Subcommittee must receive forms from the faculty preceptor and from the chair of an appropriate department indicating approval and commitment. Students will be notified of approved Student Initiated Electives. Electives in which the preceptor/evaluator has a conflict of interest with the student will not be approved.
The concluding two years are almost entirely devoted to learning clinical medicine. In our region, there are many hospitals and clinics where our full time and voluntary faculty both practice and teach and supervise medical students and residents. All third-year and the required fourth-year clerkship must occur at our affiliated hospitals whereby the school’s faculty can supervise a student’s progress. Required clerkships cannot be taken at other medical schools. Duty hours will not exceed 80 hours per week averaged over a four-week period, and each student must attest compliance with this requirement at the end of each clerkship. (See Duty Hours policy for further information).

All clerkships have a set of learning objectives that are congruent with the School’s Educational Objectives and an assessment system. Faculty evaluate student performance in a standardized web-based format at the end of each clerkship; however, there is also a mid-clerkship formative evaluation process. All clerkships require the National Board of Medical Examiners (NBME) Shelf Exam as part of the final grade. All students must complete the School’s Fourth Year Objective Structured Clinical Examination (OSCE) within three months of finishing the third year. The USMLE Step 2 Clinical Knowledge and Clinical Skills examinations should be taken by the recommended date.

Year 3 begins the end of June and lasts 12 months. Students will receive four weeks of vacation during the year. By the end of the third year, all students are expected to have demonstrated the ability to:

- Establish rapport with patients, patient families, and co-workers
- Obtain a complete medical history using the appropriate departmental format
- Perform a complete physical exam using the appropriate departmental format
- Recommend appropriate diagnostic studies
- Interpret diagnostic studies
- Synthesize data from the medical history, physical exam, and diagnostic studies
- Develop a differential diagnosis
- Develop management plans

Requirements

In the fourth year, all students are required to take:

1. One block Emergency Medicine clerkship
2. A sub-internship in one of the eight core specialties.
   a. An intensive, PGY1 type experience. Must be within the eight core clerkship departments.
3. One block of Surgery (surgical sub-I does not fulfill this requirement)
4. One block of Non-Surgery (non-surgical sub-I does not fulfill this requirement)
5. Five blocks of electives
a. Minimum three blocks must be “clinically oriented” (direct patient contact is not required), e.g. radiology, anatomic pathology. Non-clinical electives include: research, GHI, medical education, or classroom-based academic electives. Required Sub-I does not fulfill this requirement.

Elective Parameters

a. Max of 4 blocks of extramural electives
b. Max of 4 blocks student Initiated Electives (SIEs)
c. Max of 4 blocks out of town electives
d. Max of 6 two-week blocks
e. Max of 1 block longitudinal elective (required a corresponding block in the schedule)
f. Max of 1 elective that is 8 weeks long – Must be taken as 2 consecutive blocks
g. Max of 3 identical electives
All core (non-elective) courses and clerkships are evaluated using a grade of Pass/Fail and a final percent score. Grades for Biennium I electives are reported as Pass/Fail with no percent score. Grades for Biennium II electives are reported as Pass/Fail with no percent score. Faculty may include narrative comments with year 3 & 4 clerkship/electives grades. Narrative comments are part of the student evaluation and included in the medical student permanent academic record.

The following abbreviations are used:

- **P** = **Pass.** The student has successfully completed the course/clerkship.
- **R** = **Remediation.** The student must remediate the course. Remediation is a temporary grade, indicating that the student has not met the course objectives but might meet them with additional effort during the remediation period established by the course director. Failure to meet the objectives within this period results in a final grade of F. Satisfactory improvement that fulfills the course objectives results in a change to P.
- **F** = **Fail.** The student has failed the course/clerkship and has not met the course objectives, and successful remediation is not academically feasible.
- **I** = **Incomplete.** The student has not completed the course. Incomplete is temporarily assigned if the student files a request for additional time to complete the work, and the course director approves the request. The student must sign a contract specifying the work to be completed and a completion date within the academic year. In special circumstances, extensions may be granted. Course/clerkship work not completed in the approved time frame results in a grade of F.
- **WP** = **Withdrawn Passing.** The student withdrew after being enrolled for more than 2/3 of the course/clerkship with an average of 70% or greater.
- **WF** = **Withdrawn Failing.** The student withdrew after being enrolled for more than 2/3 of the course/clerkship with an average of less than 70%.

Grades and narrative evaluations are submitted to the Office of Student Affairs and are placed in each student's permanent academic file. Class rank is determined by weighting the final percent score by the number of credit hours for each course. Transcripts include a Pass/Fail grade and a quintile designation (first, second, third, fourth, or fifth) for each course.

**Transcripts & Permanent Grades**

Students receive a grade of Pass/Fail and a percent score in each non-elective course. Final grades are permanently posted on official transcript.
Remediation

- The grade of R (Remediation required) is filed for internal use only. It does not appear on the official transcript.
- Students who do not meet the minimum score as set by OME for the clerkship specific subject examination will have one (1) opportunity for a retake at a time determined by OME
  - Students will move on to the next clerkship while waiting to retake the subject exam
  - Students who pass the retake subject exam will receive the minimum passing grade on the exam, regardless of their actual score on the retake subject exam
    - The minimum passing grade on the exam will be used to calculate their final percentage score for the clerkship
- After successful remediation of a course/clerkship, a final grade of Pass and the calculated percentage score will be posted on the transcript.
- If the remediation of a course/clerkship results in a failure, a final grade of Fail will be posted on the transcript.
- After remediation of a Year 4 elective, a final grade of Pass/Fail is posted on the transcript.
- Unremediated R grades default to F, or Fail, at the end of the academic year unless otherwise arranged.

Incomplete

The grade I (Incomplete) is posted on the transcript until it is replaced by a permanent grade. Incomplete grades default to F (Fail) at the end of the academic year unless otherwise arranged.

Interim

Interim grades are filed for internal use only. They do not appear on the transcript.

Fail

All final F (Fail) grades are permanently posted on the official transcript. When the student retakes the course/clerkship and passes, the transcript will be adjusted in the following ways:
- Course repeated at WSU-BSOM: The original F is labeled "Course Repeated."
  - Students who successfully repeat an individual clerkship will receive the minimum passing grade in each repeated clerkship
- LCME-approved makeup courses: The original F is labeled "Course Repeated." The new grade is entered as P (Pass) and labeled "Equivalent Course."
  - Students who successfully pass an LCME-approved makeup course will receive a percentage score of 70.0%
- Year repeated: The original F is labeled "Year Repeated."
• Students who successfully repeat an individual clerkship will receive the minimum passing grade in each repeated clerkship

Appeal of Course Grades & Written Evaluations

Appeal to the Course/Clerkship Director

The first level of appeal of a course/clerkship grade and/or written evaluation is to the course/clerkship or elective director. The appeal must be submitted and received within 30 days of the grade distribution. If determined that there is reason to change the grade or written evaluation, the course/clerkship director will inform the Office of Student Affairs of the change. If there is no sufficient reason to change the grade/written evaluation, the course/clerkship director will inform the student in writing that the grade/written evaluation stands.

Final Appeal of a Course/Clerkship Grade and/or Written Evaluation

In Biennium I, a student may appeal the decision of a course director to the Associate Dean for Academic Affairs. In Biennium II, a student may appeal the decision of a clerkship director to the department chair. The student is given seven (7) business days from receipt of the letter from the course/clerkship director to submit a written notification of appeal. The Associate Dean for Academic Affairs or department chair may hear the appeal or appoint an ad hoc faculty committee as designee.

After reviewing all relevant documents and hearing the student's testimony and petition, the associate dean/chair will notify the student of the decision. The decision is final.

Grounds for appeal include: mathematical or clerical errors; arbitrariness, including discrimination based on race, gender, religion, age, physical disability, sexual orientation, national origin; and personal malice. An error in judgment by the student is not reason to be granted an appeal.

Student Success Policy

Approved by FCC 6-28-17  Updated by FCC 9-27-17

For information on the grading system in the WrightCurriculum please refer to the Student Success Policy.
Examination Policy
Approved by WSU BSOM 6/24/16
Updated by WSU BSOM 5/24/17

Purpose

Examination rules are in place to ensure that all students have consistent expectations for the administration of examinations. The examination rules apply to all examinations administered at BSOM—internally developed exams and National Board of Medical Examiners (NBME) exams. The examination rules established by BSOM have been adapted from those published by the NBME.

Examination Policy

1. The Boonshoft School of Medicine records video of all testing instances.
2. Timely arrival is expected.
   - Assigned randomized seating of testing students will be in effect for all testing instances.
   - Doors will close 10 minutes prior to the posted start time.
   - Each student will be seated, using a functional computer with downloaded examination at the appointed time.
   - The Office of Medical Education will track students who arrive late or have computer issues.
3. Students may not wear or bring into the testing room
   - Hats, hoods on head
   - Coats, outer jackets, or headwear
   - iPods
   - Cell Phones
   - Paging devices
   - Calculators
   - Recording/filming devices
   - Headphones/earbuds
   - Beverages or food of any type
   - Reference materials (books, notes, papers)
   - Smart glasses
   - Large jewelry and hair items
   - Watches with alarms, computer or memory capability
   - Backpacks, briefcases, or luggage

Bring only the device to be used for the exam, the power supply for that device if needed, and a pencil or pen.

   - The exam password will be withheld until ALL unnecessary items are out of the examination room.
• Earplugs may be worn only for noise reduction.

4. One sheet of scrap paper will be provided at a time. Student must put name on all scrap paper used. Students may not write anything on the scrap paper prior to the start of the exam other than name. If more than one sheet of scrap paper is needed, turn in the first used sheet and the proctor will provide another sheet. Erasable note boards and markers are provided for all NBME exams. Students must turn in all scrap paper or note boards prior to reviewing examination results or leaving the testing room with no review.

5. Calculators and normal laboratory reference values are included within the testing interface. Students may not use their own calculators.

6. The exam package must be uploaded prior to exiting the exam room. If a device leaves the room without uploading the exam package, the student will be required to report to the Office of Medical Education with the device and be referred to Honor Council.

7. In the event of a computer issue during an exam, the student shall seek immediate assistance from a test proctor.
   • If a student’s exam application or testing device freezes during a test, a proctor will assist the student in resuming the test.
   • If there is a subsequent freeze of the device, or a catastrophic device failure, the student will be escorted to another testing location.
   • A new exam may need to be downloaded on another device in order for the student to receive full testing time.
   • In rare instances, the test may need to be rescheduled to another time.

8. Restroom breaks will be limited to one person at a time, and a proctor will escort the student. If the proctor is not present at the main door, someone is already out of the room. No additional testing time is allowed to make up for time lost during a personal break from the testing room.
   • For NBME examinations, the time allowance for the exam will be posted.
     o No scheduled breaks are configured within the examination (except for the CBSE/CCSE exams).
     o The exam is self-timed and will end when the examinee ends the exam or the amount of time in the exam expires.

9. If an examinee needs to leave the room due to illness, a proctor will determine if immediate medical attention is needed. Approval of the subsequent absence and completion of the exam must be arranged by the student through the Office of Medical Education.

10. Students who are approved for testing accommodations will be tested in a separate area with a different proctor.

11. Dishonesty is a violation of the Medical Student Honor Code. Any student identified as cheating on a graded assessment will be referred to Honor Council and may receive a zero for that test.

12. Disruptive behavior that interferes with other students will not be tolerated. The examinee will be escorted from the testing room and will be referred to Honor Council.
In the event of a disruption that does not threaten the safety of students or testing personnel, students will be instructed to remain in their seats, observing the customary rules of testing behavior (e.g., no talking). Students will be permitted to continue with the examination, if they can, and a member of the testing staff will take steps to have the situation corrected.
Special Testing Accommodations
Approved by Executive Committee 9/17/15

Students who have prior documentation of a disability should:

1. Refer to the Office of Disability Services website.
2. Follow instructions on the Apply tab. Students do not need a referral from the School in order to use the services.
3. The Office of Disability Services will evaluate the student’s situation.

Student must follow this procedure in order to have accommodations provided.

Years 1 & 2

Once a disability has been determined:

1. Students must grant permission for the Office of Disability Services to send to the Associate Dean of Student Affairs a letter that includes any required special testing accommodations. In addition, students must notify the Office of Student Affairs and Admissions that they are registered with the Office of Disability Services.
2. The Office of Student Affairs will contact the Office of Medical Education with the student’s name and special testing accommodations required.
3. The Office of Medical Education will contact the student to make special testing arrangements.

The Clinical Clerkship Years

Students who require special testing accommodations must be evaluated by the Office of Disability Services and are responsible for the following steps:

1. The student must make an appointment with the Associate Dean of Student Affairs and Admissions to discuss special testing accommodations before going to disability services.
2. A description of special testing accommodations to be provided must be on file with the Office of Student Affairs and Admissions.
3. Students must notify the Clerkship Coordinator at the beginning of each clerkship of the special testing accommodations that are required. The Clerkship Coordinator will verify the requested accommodations with the Office of Student Affairs & Admissions.
4. The Office of Student Affairs will assist in making arrangements for the accommodation.

If a student does not notify the Clerkship Coordinator at the beginning of each clerkship, the student will NOT be permitted to have special testing accommodations. The student will be required to take the exam with the other students in the clerkship and will only be permitted the normal amount of time for the exam.
Class Quartile
Approved by Executive Committee 9/17/15

Legacy Curriculum Class Rank

Class rank is calculated at the end of each academic term and determined by calculating a weighted percent average. For example, the percent score for each course is multiplied by the number of credit hours to arrive at a multiple. Multiples for each course are first added and then divided by the total number of credit hours to arrive at a weighted percent average for all courses.

Wright Curriculum Class Quartile
Approved by WCSC 9/19/17, FCC by 9/27/17

- Class quartile will be calculated for scholarships and AOA purposes only
- Quartiles only released to students:
  o At end of Foundations Component 2
  o At end of Foundations Phase
  o Mid-way through Doctoring Phase
  o At end of Doctoring Phase

Class quartile will be determined by the following:

Foundations (35%)
- CBSE #1 10%
- CBSE #2 14%
- NBME finals 20%
  o Origins I/II (5%)
  o Staying Alive (5%)
  o Beginning to End (5%)
  o Balance, Control & Repair (5%)
- OSCE #1 (Interviewing) 18%
- OSCE #2 (Physical Exam) 18%
- Step 1 20%

Doctoring (65%)
- OSCE #3 (Clinical Skills/Bootcamp) 8%
- Clerkship specific subject exams (shelf) 21%
  o Pediatrics (3%)
  o Women’s Health (3%)
  o Surgery (3%)
  o Family Medicine (3%)
  o Internal Medicine (3%)
- Psychiatry (3%)
- Neurology (3%)
- Honors designations 32%
  - 7 “points” (1 “point” per honor)
- CCSE #1 10%
- CCSE #2 15%
- End of Doctoring OSCE 14%
Policy

In accordance with LCME Element 10.3:

"The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters."

The policy for satisfactory performance and advancement is as follows:

Students must receive a passing grade in all required courses, clerkships, and electives to be eligible for promotion to the subsequent academic year. A student must complete all required Biennium I courses and electives within three (3) academic years. Generally, students must pass all core third-year clerkships before enrolling in Year 4 electives. A student must complete all required Biennium II clerkships and electives within three (3) academic years.

All non-dual degree medical student curricular/graduation requirements must be completed within seven (7) years of the student’s date of matriculation. This timeframe includes any personal, academic or medical leaves of absence. Failure to successfully complete curricular/graduation requirements within a seven-year timeframe will result in a referral to the Dean of Medicine with a recommendation for dismissal.

Students must take the United States Medical Licensing Examination (USMLE) Step 1 to be eligible for promotion to Year 3 by designated date.

If a student does not receive a passing score, the student will complete clerkship currently enrolled, but will not be eligible to complete the remaining clerkships until successful passage of Step 1.

In order to graduate, students must meet all curriculum requirements including passing all courses and clerkships, passing the required number of electives in Bienniums I and II, and passing Steps 1, 2CK and 2CS of the United States Medical Licensing Examination.

The Doctor of Medicine (MD) degree is conferred on students who successfully complete all requirements for graduation including academic and non-cognitive areas of assessment. Student evaluations are based on academic performance in the basic sciences and clinical coursework, and on faculty's observation of student behavior and conduct. All students are
required to pass Steps 1 and 2 of the United States Medical Licensing Examinations (USMLE) as a requirement to receiving a medical degree from the Wright State University Boonshoft School of Medicine.

**Year 2**

This policy has been revised for Academic Year 2017-18 only, due to the transition between the legacy curriculum and new, WrightCurriculum. During the Fall Term 2017, students who receive any combination of two (2) course remediations (60-69.99%) and/or failures (<60%) will be reviewed by the Student Promotion Committee (SPC).

For students with three (3) remediations/failures during Fall Term 2017, SPC will decide if the student can move to the WrightCurriculum, joining Year One students for Staying Alive on February 19, 2018, or make a referral to the Dean of Medicine with a recommendation for dismissal.

Students with one (1) or two (2) remediations/failures in the Fall Term 2017 must pass the necessary examinations by January 3, 2018 to continue in Year Two.

**Biennium I Repeat Year**

If a student fails to successfully pass the necessary remediation exams by January 3, 2018, the student will need to repeat equivalent course content from Years One & Two in the WrightCurriculum, joining Year One students for Staying Alive on February 19, 2018. SPC may recommend that students work on an individual plan to target academic deficiencies in order to be successful in the new curriculum, or allow the repeating students to take the current Year Two Endocrine-Reproductive and Musculoskeletal & Integument courses, provided a course average of at least 55% is maintained in each. If a student fails to achieve a course average of 55% in either of these courses, the student will be referred to SPC. On February 19, 2018, the student will join the first-year students in taking the Staying Alive module, and then continue on with that cohort, also assuming any new WrightCurriculum requirements including, but not limited to, the Scholarly Project, IPE, and Physician as a Professional. All retake policies will then be assumed under the WrightCurriculum policies.

Course remediations and “failure make-ups” (successfully re-doing the failed course and summative examination) are scheduled by the Office of Medical Education in consultation with the Office of Medical Education Academic Advisor.

Students must successfully complete Foundation modules within three (3) academic years as enrolled students. Failure to do so will result in a referral from SPC to the Dean of Medicine with a recommendation for dismissal.
Biennium II

Students failing or remediating two clerkships or electives in the Biennium II must be reviewed by the SPC to determine if they should be recommended to the Dean of Medicine for dismissal or be allowed to repeat the whole or part of a year. If they are permitted to repeat, students must pass each clerkship and elective with no remediation option. If there is a repeat failure of a clerkship or elective, the Associate Dean of Student Affairs and Admissions will inform the student of their immediate recommendation for dismissal and appeal option.

If a student is permitted to repeat a clerkship of Biennium II, they must pass the end of clerkship examination on the first attempt. If there is failure to successfully repeat a clerkship or elective in Biennium II, the Associate Dean of Student Affairs and Admissions will submit a referral to the Dean of Medicine with a recommendation for dismissal.

Students must successfully complete Biennium II requirements within three (3) academic years as enrolled students. Failure to do so will result in a referral from SPC to the Dean of Medicine with a recommendation for dismissal.
Policy

Each medical student is assigned a clicker at the beginning of the first academic year. The student is responsible for this device for the duration of his/her tenure at BSOM. Student general fees pay for the clickers; therefore, a clicker becomes the property and sole responsibility of the student.

A clicker is identified by a unique device ID, which is imprinted on the back of the unit. It is imperative that students use their assigned clicker for all exercises. For a student to knowingly allow another student to use his or her clicker device to submit answers for graded assignments is an honors violation and is subject to the penalties outlined in the Medical Student Honor Code Policy.

Failure for a student to bring her/his assigned clicker for any required and/or graded activity will result in a recorded absence and be scored according to the Absence Policy guidelines.

Procedure

The student is responsible for replacing the clicker of the same model and must register the new clicker through their Turning Point Cloud account. The new registration must be done prior to a graded clicker session in order to receive credit. If a student purchases a clicker to replace a lost device, refunds will not be given if the old device is subsequently located. MedOPS has no loaner clicker available for one-time use.

If a clicker malfunctions, first check the channel setting and the batteries. Students should keep a spare set of batteries with the clicker. Channel assignment and reset instructions are covered at orientation by MedOPS.
Duty Hours Policy
Approved by FCC 4/27/16

Background

While students must learn that high quality patient care requires personal sacrifice including at times, loss of regular sleep patterns, erratic meal times, and absence from customary social events and personal recreation, they must strive to discover compensatory strategies to maintain physical and mental health, as well as appropriate social and personal relationships. Therefore, to protect medical students from excessive fatigue that may impair functioning, the following policy has been adopted in accordance with LCME Element 6.8 listed below:

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

Policy

- Medical students engaged in clinical activity will not be on duty more than 80 hours per week (averaged over a four-week period). For the purposes of this policy, “duty” hours are defined as time spent in the hospital or clinics directly related to patient care and on-call time (even if spent sleeping). Preparation for patient care and educational requirements, such as in-hospital conferences, required didactic sessions or exams are not considered “duty” time and may be done outside of the clinical settings.
- Medical students shall not spend beyond 28 consecutive hours in the clinical setting while on duty. This allows students to remain in the hospital post-call for a few hours in order to complete on-call notes, patient care, and for the educational experience related to their on-call activities that may take place during the morning post-call.
- Medical students will be provided with an average of 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical and educational activities.
- Medical students will not be required to take overnight “call” two evenings prior to the end of clerkship rotation written subject examination.
- Students must have adequate sleeping facilities at every teaching site in which 24-hour call activities occur. These facilities must be available to the student 24 hours a day.

Additional Information

1. If a student feels that she/he may be at risk when operating a motor vehicle because of fatigue or sleep deprivation, they should obtain sleep at the on-site call room before departing the premises or ask someone to take them home.
2. Faculty (and residents) should monitor students for symptoms and signs suggestive of impairment (including learning impairment) due to sleep deprivation and/or emotional fatigue. The faculty must advise the student appropriately if such observations are confirmed.

3. Faculty must notify the Clerkship Director of any student who suffers continued, persistent signs of sleep deprivation or emotional fatigue. If the situation persists, then faculty must notify the Associate Dean of Student Affairs.

4. Students should notify the Clerkship Director if they feel their learning is impaired due to sleep deprivation or emotional fatigue.
Clerkship Patient Logger Policy
Approved by FCC 1/28/15
Updated by FCC 5/24/17

Rationale

During the clinical clerkships, students focus on developing the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty observation during rotations, by examinations, by NBME Subject Examinations, and by the USMLE Step 2 Examinations. In order to develop many of these competencies and meet the objectives required for graduation, the Boonshoft School of Medicine needs to ensure that each student sees an appropriate mix of clinical encounters during their clerkships to achieve the learning objectives. For these reasons, as well as others discussed below and to meet accreditation standards, the school has developed this patient encounter log policy.

Part of our medical student learning objectives that students must achieve during their training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. Keeping this log becomes a student training exercise in documentation. The seriousness and accuracy with which students maintain and update their patient log will be part of their evaluation during the clerkships.

In compliance with LCME Standard 6.2, each clerkship steering committee, chaired by the clerkship director, will identify the types of patient encounters/procedures that each student must complete during that particular clerkship rotation. Clerkship steering committees can look to specialty-specific national curriculum to guide the selection of these required patient encounters/procedures, but they must be derived from the BSOM learning goals and milestones. Clerkship steering committees must identify the minimum level of participation, based on student role, for each required patient encounter/procedure, with no more than 50% of required patient encounters/procedures designated as “observation” only. Clerkship steering committees must also identify acceptable alternative experiences for a student to meet the requirements of the patient logger in the case that they are unable to satisfy the requirement during their clinical rotations. This may include, but is not limited to, online case-based modules and in-class didactic topics.

Student Responsibility and Requirements:

- Document all required patient encounters (and procedures if applicable). Students must log whether or not they were observed under the “Student Role” option in the logger. Students are encouraged to log live patient encounters before using simulated encounters.
- Document information in a timely manner. The student should develop a habit of logging patient encounters frequently, with evidence of logging prior to the mid-clerkship point. Completion of the encounter log is due the last day of each clerkship.
If an excused circumstance presents wherein the student is unable to complete the log during a specific clerkship, the student will be responsible to participate in a clinical elective or other remediation as determined by the clerkship, wherein the remaining items on the checklist will be completed.
Scheduling
Approved by Executive committee 9/17/15
Updated by FCC 5/25/16

Years 1 & 2 Courses

Students are automatically registered by the Office of Student Affairs and Admissions with the university registrar each semester. To complete registration:

- The School must have all transcripts for a student on file.
- For each subsequent term, students must clear any financial "holds" - such as the library, parking services, student loans, or the bursar - through the appropriate university division before they can be registered.

Tuition statements are available on Wings Express. Students will receive instructions to log in to their Wings Express account. For smooth processing, remember:

- Payments are due by the dates specified on the statement.
- A $100 per month fee is charged for late payment. Students who have loans and take a leave of absence should contact the director of financial aid in the Office of Student Affairs as soon as the leave is approved.

Year 3 Clerkships

Students’ preferences are considered using a computerized clerkship scheduling module. The Office of Student Affairs confirms all assignments to clerkships by May for the upcoming third year. Students are advised that changes may occur to an assignment after this date, depending upon facility or faculty load for a particular block of time.

Year 4 Clerkship & Electives

Approving and Modifying Schedules

Students may begin planning their fourth-year schedules in February of their third year. In order to accommodate preferences for specific courses, students are given eight priority points to attach to those electives that they most prefer. An interactive scheduling process is employed to accommodate student preferences. Students' fourth year schedules should be completed in March. Each elective has a deadline for adding or dropping, which are listed in the elective catalog or on the back of the form. Schedule changes must be submitted to the Office of Student Affairs and Admissions 30 to 60 days (see drop time in catalog) prior to the start of the elective.
Extramural Electives

Extramural electives are fourth-year course offerings listed at other institutions. BII students may take four extramural electives. If academic deficiencies are apparent, the Student Promotions Committee may mandate a lower limit on the number of extramural electives. Students who wish to take extramural electives are responsible for contacting external institutions for application materials.

Extramural approval forms are available on the website at extramural electives.

If students are planning an extramural elective, they must have the extramural elective approved by the School in order to receive credit for the elective. This is required even though they have been approved/accepted by the host institution or have submitted information through the Visiting Student Application Service (VSAS). The process is as follows:

1. The extramural form should be accompanied by a complete description of the elective as published by the approved institution.
2. The extramural form must be submitted to the Office of Student Affairs no later than 60 days before the start of the elective.
3. Extramural forms for international electives are due 90 days prior to the start of the elective.
4. If an extramural is approved, an updated copy of the schedule will be emailed to the student. If not approved, the student will be notified by email.
5. If an extramural elective is canceled after being added to a student’s schedule, the student must notify the Office of Student Affairs.
6. The extramural will be added to the student’s schedule. Students receive credit upon receipt of the preceptor’s evaluation with a grade of “Pass.”

Note: If the host institution requires a signed immunization form, your primary care physician or student health services can provide that service. No BSOM personnel are permitted to sign immunization verification forms per LCME requirements.

Student Initiated Electives

Developing or taking an elective that is not part of an approved program in the Association of American Medical Colleges or The Joint Commission may require approval from the BII Curriculum Subcommittee.

If students are planning a Student-Initiated Elective (SIE), they must have approval from the sponsoring School department and the members of the BII subcommittee in order to receive credit for the elective. The process is as follows:

1. Students prepare the SIE proposal. The format for a research or longitudinal elective proposal differs from a clinical SIE proposal. Students submit the completed SIE proposal to the Office of Student Affairs and Admissions using
2. The Office of Student Affairs and Admissions will submit the student’s proposal package to the BII Subcommittee for approval and will notify the student and the department of approval/non-approval. If approved, an updated copy of the schedule will be emailed to the student. If not approved, the Office of Student Affairs and Admissions will contact the student by email.

If an SIE is dropped after it has been added to the schedule, the student must notify the Office of Student Affairs and Admissions at least 30 days before the elective is to begin.

Electives will be offered in two- and four-week periods. Eight credit hours will be assigned to each monthly elective experience and four credit hours will be assigned to each two-week elective.

SIE proposals are due 60 days prior to the start of the elective, International SIE proposals are due 90 days prior to the start of the elective. The School’s website will not accept the students’ proposal if not submitted according to the deadlines required.

Electives in which the preceptor/evaluator has a conflict of interest with the student will not be approved. Students must notify the elective preceptor of any withdrawal or alteration of arrangements previously confirmed.

**International Electives**

**Policy**

Students requesting electives in an area listed on the U. S. State Department Warning List must seek approval from the WSU Provost.

International electives are subject to the policy governing student-initiated electives. Schedules may be changed at any time throughout the academic year with an advisor’s approval and sufficient notice. If a desired elective is not available, students may ask to be put on a waiting list to be notified if a vacancy occurs.
Conflict of Interest Policy
Approved by FCC 1/28/15
Updated by FCC 5/24/17

The purpose of the Wright State University BSoM policy is to define the dual relationships policy in order to avoid any potential conflict of interest to ensure the most constructive and supportive learning atmosphere for our student in accordance with LCME Element 1.2 listed below:

“A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.”

Conflicts of interest can pose problems for the student, as well as the learning environment for the entire team. These conflicts of interest include but are not limited to:

- consensual relationships
- familial relationships
- physician-patient (health care) relationships
- financial relationships

Therefore, faculty and residents must avoid, whenever possible, such dual relationships with students. If such a relationship does exist, faculty and residents will make arrangements with the clerkship director to avoid any conflict of interest during teaching and evaluation periods. At a minimum, they will not complete an evaluation of any student with whom a conflict does exist.

Procedure

Faculty and residents will be required to attest that they do not have a conflict of interest with the student they are evaluating. An attestation statement will be included at the top of the student evaluation. This attestation will be required to ensure that only evaluators without a conflict of interest will be included in the student’s grade.

The attestation statement reads, “I hereby attest that I do not have a conflict of interest with this student, including but not limited to a consensual relationship, familial relationship, physician-patient (health care) relationship, and/or financial relationship.”
Academic Support

Purpose

Early identification of problems begins with pre-matriculation performance, self-assessment academic evaluations, and optional diagnostic testing, supplemented by frequent course testing, and observations by faculty and staff. Designated staff persons in the Offices of Medical Education and Student Affairs and Admissions monitor student performance on all assessments throughout the academic year in accordance with LCME element 11.1 below. If indicated, these individuals will initiate discussions with at-risk students, course/module directors, Academic Advisor or other appropriate support personnel.

"A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them."

Types of Academic Support

The Academic Advisor in the Office of Medical Education will notify a student whose progress in a course/module/clerkship is not satisfactory. In such cases, the student is responsible for scheduling an appointment with the Academic Advisor. The Academic Advisor recommends a mutually agreed upon intervention or study plan for the student. The plan may include recommendations that the student seek group or private tutoring, evaluation of study and time management skills, financial assistance, professional counseling, or other measures that may assist the student in having successful academic outcomes. It is the responsibility of the student to implement the plan that is developed and to correct unsatisfactory performance.

The student may also contact the Office of Student Affairs and Admissions for guidance and to discuss school policies, including policies governing dropping a course, academic probation, dismissal, or withdrawal.

Individual and small group tutors are available to students who are at risk or experiencing difficulty with a course. Tutor assignments are made by contacting the Academic Advisor.

Academic Advisor: Laura M. Johnson, laura.johnson@wright.edu, 937-775-3392

Peer Tutoring

Students who request a tutor through the Academic Advisor are subsequently matched with certified tutor and notified by email. The tutor is also notified of the match/assignment. It is
the responsibility of the student (tutee) to contact the tutor to set up a meeting time. Most tutoring sessions take place weekly, although there may be some weeks in which the tutee or tutor is unavailable. All sessions are required to be done in person.

Within 24 hours of assignment notification tutees are expected to make an appointment with their assigned tutor. Appointments cannot be made more than 4 days in advance. Missing more than two appointments without 24-hour advanced cancellation will require the tutee to see the Academic Advisor in order to continue to be eligible to use the tutoring services. Canceling more than two appointments during a term will require the tutee to see the Academic Advisor in order to continue to use the services.

During the clinical phase of the curriculum, the following are additional types of academic support available to the students:

- Clerkship directors, preceptors, and residents are available to assist students throughout the clerkship experience. Students should take responsibility for seeking help as soon as they are aware of academic or other problems that may interfere with clinical performance. The clerkship director has a number of resources available to help students be successful. In some cases, the clerkship director, the Associate Dean for Office of Medical Education, and the student's advisor/mentor may consult to determine the best approach to helping a student.
- A student with an academic or behavioral problem may be assigned to a faculty academic mentor.
- Students may be placed in a non-graded clerkship to work on specific deficiencies. The Student Promotions Committee determines the objectives and monitors the student's progress through the clerkship.
- A student may need to take a leave of absence in order to resolve a problem (see Leave of Absence policy).
Advisors and Mentors

Advisors and Mentors play a very important role in guiding students toward making a specialty choice as well as providing guidance and advice while applying to residency. For this reason, WSU-BSOM provides you with a number of options in accordance with LCME element 11.2:

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

Online Mentors: Over 200 alumni and faculty have volunteered to become online mentors. Their names, specialties, contact information, state in which they live, residency training program and area of expertise are all available on Pilot organized by specialties. These mentors are available to students from day one of medical school. This relationship between mentees and mentors can vary from answering a single question to developing into a career-long relationship. Many of the faculty who are serving as mentors can be a mentor, a friend or an advocate for the student. Students who are appealing decisions of the Student Promotions Committee may have a mentor accompany them to an appeal hearing if they have a hearing before the Honor Code Council.

Career Services Advisor: The career services advisor is available to meet with all students on an ongoing basis to answer questions in the realm of career advancement and career choice. A student can get practical help with writing a CV or personal statement or choose to sit down and have a discussion about the pros and cons of a specialty and any difficulties they may have making a choice. An online scheduling system makes appointment setting easy. Students are welcome to meet with the career advisor as frequently or infrequently as they wish.

Specialty Advisors: After a student has decided on a specialty, they will be assigned a specialty advisor. This person is a faculty member in the student’s specialty of choice who has the most up-to-date information and advice available on applying to that particular specialty. These advisors are trained in helping students to accurately self-assess their strengths and weaknesses to maximize their success in the Match process. The student may choose to meet with their advisor as many times as needed to prepare the best possible application for residency as well as getting advice on program selection, residency interview strategies and ranking order.

Observerships: Students wishing to do an observership (shadowing) whether at BSOM or away need to stop in the Office of Student Affairs and Admissions, go on Career Services Pilot page or go to Student Life on the BSOM webpage and fill out a observership form. The completed form should be turned into the Office of Student Affairs and Admissions. This form provides
notification that you are participating in a non-curricular activity that requires student malpractice coverage.

For additional information please contact Dr. Leann Poston leann.poston@wright.edu
Residency Interviewing

Students are expected to do most of their residency interviews during their Residency Interviewing/Board (RIB) time. Residency interviewing begins in mid-September and ends in January. During electives and clerkships, students must receive approval from the elective/clerkship director prior to the absence and follow the absence policy.
Biennium 1/Foundations Absence Policy
Approved by FCC 5/23/16
Updated by FCC 5/24/17
Revised and Approved by FCC on January 3, 2018

Purpose

Physicians in training at BSOM must meet standards of professional conduct and responsibility. Attendance at all academic activities is one of these standards. Granting an M.D. degree attests to a student's commitment to his/her professional responsibilities. Since the majority of teaching and learning strategies employed by BSOM are engaged learning activities, where much of the learning occurs through peer engagement, missing such activities results in a decrease in collegiality, background and expertise and is an experience that is impossible to replicate at a later date.

Attendance is expected at all scheduled teaching and learning activities, yet we recognize that illness and other important life events happen. Integrity is a core value for physicians so the faculty at BSOM relies on a student's honesty when presenting a compelling reason why they must miss an activity. Further, professionalism is an important WrightCurriculum objective to be exemplified as a medical student at BSOM. Students are adult learners and are to be responsible for their education.

Absence Policy for In-Class Teaching & Learning Activities

- Students will be permitted to miss a maximum of four (4) in-class graded teaching and learning activities during each academic term/component and will receive a 70.0%* for the missed portion of the graded in-class activity.
- Absences from non-graded, mandatory teaching and learning activities will be tracked within each module. These absences will be noted as a professionalism violation and can result in the failure of a module, to be determined by that module director.

*Students attending a professional conference as an officer, BSOM Association of American Medical Colleges (AAMC) representative, or to present authorized scholarly work will require an excused absence in order to receive the appropriate authorized grade. Supporting documentation must be provided for an excused absence to be granted. Excused absences for these purposes will be given an 85% for the missed in-class activity, provided the student has not exceeded the maximum allowed per course/semester. Students attending conferences without performing academic BSOM representation will be given a 70% for the missed in-class activity, provided the student has not exceeded the maximum allowed per term/component.

These above-mentioned activities include TBL, Peer Instruction, WrightQ, OSCEs, and other graded in-class activities within B1/Foundations courses/modules. There will be no make-up allowed for TBL, Peer Instruction, WrightQ, OSCEs, or other graded in-class activities. For this reason, students may discuss the content of missed activities with other students. For non-graded, mandatory teaching and learning activities, the specific absence policy is at the
discretion of the course/module director, and repeated absences may result in a referral to the
Honor Council or failure of a module.

Students who have repeated absences across multiple courses (greater than four [4] in a term)
will be referred to the Honor Council for unprofessional behavior. Repeated absences may also
be addressed in the peer evaluation process.

**Absence Policy for Examinations and Quizzes**

Absences for *examinations and in-class quizzes* will require an excused absence in order to be
eligible to make up the examination. Supporting documentation must be provided for an
excused absence to be granted (i.e., doctor’s note, obituary notice, conference presentation
schedule, etc.).

Circumstances where an excused absence may be granted are as follows:

- Medical illness
- Authorized presentation of scholarly work at an academic conference
- Serving in an official capacity as a representative of the School of Medicine
- An anticipated significant family ceremony that requires a student’s attendance
- A family crisis that requires a student’s presence
- An anticipated religious ceremony or observation ([Religious Observances Policy](#))
- **Inclement weather** (see student policy guide)
- Unforeseen extenuating circumstances beyond the student’s control

**Biennium 1/Foundations Absence Procedure**

*Approved by FCC on May 24, 2017*

*Revised and Approved by FCC on January 3, 2018*

The Curriculum Manager and the Assistant Dean for Curriculum in the Office of Medical
Education will monitor absences of graded teaching and learning activities. When a student
exceeds the maximum number allowed, the student will be referred to the Honor Council, and
a narrative comment regarding the absences will be added to evaluations within
course(s)/module(s) when applicable. In the event of serious illness/accident that requires an
extended absence that has been authorized by the Offices of Medical Education and Student
Affairs, faculty and staff will work individually with students to provide appropriate make-up
opportunities.

**Procedure for Graded In-Class Teaching & Learning Activities:**

Out of consideration, students may email the course/module director and Data Collection
Specialist in the Office of Medical Education regarding the reason for missing class.
**PI grades:** students will receive a 70.0%* for the missed PI session, as long as students have not exceeded maximum absences. A student will receive a zero for any sessions missed beyond the maximum allowed.

**TBL grades:** students will receive a 70.0%* for the missed TBL, as long as students have not exceeded maximum absences. A student will receive a zero for any sessions missed beyond the maximum allowed.

**Other graded in-class activities:** students will receive a 70.0%* for the missed graded activity, as long as students have not exceeded maximum absences. A student will receive a zero for any sessions missed beyond the maximum allowed.

**WrightQ:** absences exceeding the allotted maximum will be noted in the professionalism section of comments by the WrightQ facilitator.

**Procedure for Excused Absence In-class Activity due to BSOM Representation:**
*Requests to represent BSOM in an academic capacity must be submitted at least 2 weeks prior to the event. A formal absence request form MUST be completed and submitted (a request by email is not an acceptable substitute) along with supporting documentation to the Office of Medical Education, which will then be reviewed by the Curriculum Manager and Assistant Dean for Curriculum for the decision to grant an excused absence per the request.

**Procedure for Examinations:**
Requests for an excused absence must be made in writing prior to the start of the examination at least two (2) weeks for anticipated absences, and BEFORE the start of the examination for unanticipated absences. A formal absence request form MUST be completed and submitted (a request by email is not an acceptable substitute) along with supporting documentation to the Office of Medical Education, which will then be reviewed by the Curriculum Manager and Assistant Dean for Curriculum for decision to grant an excused (or unexcused) absence per the request.

Repeated requests (beyond one [1] in an academic year) to reschedule examinations will be referred to the Associate Deans of Medical Education and Student Affairs for further discussion and potential referral to SPC for unprofessional behavior.

*Approved by FCC on May 24, 2017
Revised and Approved by FCC on January 3, 2018*
**Biennium II Absence Policy**  
Updated by Biennium II FCC Subcommittee 6/21/17

A student who cannot take an examination, complete an assignment, or attend a required clinical responsibility because of illness or exceptional circumstances, must present an acceptable excuse to the attending physician or clerkship director.

- If the absence is **health-related and more than two days**, students should obtain a written statement from their physician.
- If the absence is **two days or more for other reason** besides health-related, the student should meet to discuss situation with clerkship director or elective director.
- Students attending a professional conference as an officer, BSOM AAMC representative, or to present scholarly work must provide the clerkship or elective director appropriate supporting documentation for an excused absence to be considered.

An unexcused absence for an examination or activity could result in a grade of zero or a notation in the written evaluation. An unexcused absence is also seen as a lapse of professionalism.

Students are required to arrange for a makeup of the missed examination or activity as soon as possible and at the convenience of the attending physician or clerkship director. In instances of an extended delay, students may be required to drop the remainder of the clerkship or elective and reschedule for a future rotation. Clerkships and electives are rescheduled on the basis of availability.

**Required Clerkships**

Students must attend all scheduled activities during each clerkship. The clerkship director individually handles anticipated absences from a scheduled clerkship activity. Students must submit absence request forms 30 days prior to the start of the clerkship. In the event of an unanticipated absence, students are responsible for notifying their preceptor and the specific clerkship office immediately. If approved, a student may be granted up to one day per four weeks as an excused absence (see examples below). If a student exceeds the allowed time, he/she will need to make up the additional time at the discretion of the clerkship director.

- 1 day for 4-week clerkship
- 2 days for 6-8-week clerkship
- 3 days for 12 week clerkship

**Leaves of Absence**

A leave of absence may be granted for academic, personal, or health reasons. Requests for a leave of absence must be submitted in writing to the Associate Dean for Student Affairs and Admissions. In most cases, leaves do not exceed one year.
An academic leave of absence (LOA) may be granted to students in good academic standing pursuing research or related scholarly activity. A leave of absence in excess of one year requires the approval of the Student Promotions Committee.

A medical leave of absence may be granted to enable a student to seek treatment for a health-related condition that interferes with the student's ability to participate in the educational program. Students who anticipate an absence of ten (10) days or more must request a medical leave of absence and submit a letter from their physician. Students will be required to provide documentation from a health care professional indicating that the condition has been successfully treated and/or managed before returning to school. The School may require an independent clinical evaluation to determine a student's physical or mental health status before returning.

A personal leave of absence may be granted to enable students to take time off, in special circumstances, for reasons unrelated to health or academics.

Students, who are not in good academic standing and request an academic, medical, personal leave of absence, or permanent withdrawal, will be reviewed by the Student Promotions Committee at the next scheduled meeting to determine the student's academic status at the time of re-entry or need for voluntary withdrawal from the School.
Inclement Weather Policy

Policy

Since faculty, staff, and medical students all provide health care services, all may need to work in an emergency weather situation. The School conforms to the university policy on emergency school closings and inclement weather. Students, faculty, and staff should pay particular attention to public announcements (radio and television) which will attempt to clearly differentiate between the School and other parts of the university. The University may close for a specified period of time if travel is so hazardous that it jeopardizes safety.

- If ever the procedure to be followed cannot be communicated by a public announcement, the School will activate its own internal network. Note the following:
- If opening of the University is delayed, first- and second-year classes both on- campus and off campus will be canceled until the announced opening time. At that point the remaining academic schedule for the day will be followed at the normally designated locations and times.
- Third- and fourth-year students normally will be assigned to a hospital and will be directly involved in health care delivery. Each student must make his or her own decision in a weather emergency.
- If the University is closed, first- and second-year classes will be canceled. However, students involved in providing health services normally will be expected to report to their assigned location depending upon their personal circumstances.
Religious Observances Policy
Approved by Executive Committee 2/9/06
Updated by Executive Committee 7/26/06

Since many religious observances occur on days not designated as university holidays, the faculty and administration shall be flexible in accommodating the religious observances of students, faculty and staff. Any student who wishes to observe religious holidays that are not designated as university holidays, shall be excused from any examination, study or other academic requirement for that day.

It is the responsibility of those students who wish to be absent to adhere to the appropriate absence policies (see B1/Foundations Absence Policy and B2 Absence Policy). Faculty members who will be absent from class because of religious observance will inform the students and department chair/dean in advance. Staff members will notify their immediate supervisor.

The faculty and staff should be sensitive to the religious observances of students, so that students who excuse themselves from class on these days are not disadvantaged. It is the responsibility of the faculty and administration to make available to each student who is absent from school, because of his or her religious beliefs, an equitable opportunity to make up examinations, or other academic requirements.

The faculty and administration will make every effort to not schedule examinations on days of religious observance that have commonly created conflict for students, faculty and staff.
Dress Code Policy

Policy

The published guidelines regarding professional attire are to be used for any preclinical or clinical patient encounter, whether with actual patients or patients participating in simulated clinical training. Students are expected to adopt any additional dress code restrictions when participating in clinical activities at affiliated hospitals or preceptor offices. Students are expected to inquire prior to wearing any socially questionable items. The published guidelines for professional attire should also be followed anytime the student represents the Boonshoft School of Medicine (School) while giving presentations, performing community service work, etc.

Scrubs

- Scrubs should be clean, in good repair, and not excessively wrinkled.
- Scrubs are not to be worn as general attire on clinical assignments, whether inpatient or outpatient.
- Scrubs are not appropriate for daily wear at outpatient practices where students are assigned. At these clinical sites, all students are expected to wear their Boonshoft School of Medicine white coats and professional attire.
- Scrubs are permitted only in designated areas of the hospital as dictated by established policy of the clinical institution. It is the responsibility of the student to be aware of hospital scrub code policy. Whenever scrubs are worn outside of the surgical areas, the student must wear their Boonshoft School of Medicine white coat over them.

The following list defines what is considered to be appropriate and inappropriate casual wear during regularly scheduled hours:

<table>
<thead>
<tr>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ID Badges</strong></td>
<td></td>
</tr>
<tr>
<td>-ID badge must be worn where you can see the photo and read associate’s name</td>
<td>-Failure to wear ID badge where you can see the photo and associate name</td>
</tr>
<tr>
<td><strong>Slacks, Pants and Pant Suites</strong></td>
<td></td>
</tr>
<tr>
<td>-Pants, trousers—wrinkle-free, clean, and in good repair</td>
<td>-Tight-fitting or excessively baggy pants or ones that reveal undergarments. -Jeans/Denim of any color, spandex, leather, leggings, athletic wear and sweat pants.</td>
</tr>
<tr>
<td>Appropriate</td>
<td>Inappropriate</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Skirts, Dresses and Skirted Suits</strong></td>
<td></td>
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<tr>
<td>-Skirt length- appropriately conservative for professional encounters</td>
<td>-Tight-fitting and overtly revealing skirts</td>
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<tr>
<td>-Split skirts and dress shorts that are appropriately conservative and</td>
<td>-Mini-skirts, skorts, shorts</td>
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<td>and not overtly revealing</td>
<td>-Beach or sun dresses</td>
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<tr>
<td><strong>Shirts, Tops, Blouses and Jackets</strong></td>
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<tr>
<td>-Boonshoft School of Medicine white jackets</td>
<td>-Tight or revealing shirts</td>
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<tr>
<td>should be clean, wrinkle-free and in good repair</td>
<td>-Tank, halter, or tops exposing midriff, exposed spaghetti straps</td>
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<tr>
<td>-Shirts- wrinkle-free, clean and in good repair.</td>
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<tr>
<td>-Proper undergarments- worn at all times and not visible.</td>
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<tr>
<td><strong>Shoes and Footwear</strong></td>
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<tr>
<td>-Shoes- clean, conservative and in good condition</td>
<td>-Casual sandals, canvas sneakers, and open-toed shoes</td>
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<td>-Heels-three inches or lower</td>
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<td><strong>Accessories</strong></td>
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<tr>
<td>-Rings, bracelets, and necklaces if they are not hazardous to equipment</td>
<td>-Tongue or visible body piercings other than ear piercings</td>
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<tr>
<td>operation or patient contact</td>
<td>-Hats are not to be worn inside unless as a required part of a uniform</td>
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<tr>
<td>-No more than two earrings per ear</td>
<td>-Pins, buttons, bracelets, etc. advocating political affiliation or commentary</td>
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<tr>
<td>-Body piercing permitted in ears only</td>
<td>on socially sensitive issues that may be viewed as offensive to patients,</td>
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<td></td>
<td>staff or guests</td>
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<td></td>
<td>-Visible tattoos- tattoo should be hidden by clothing or obscuring make-up</td>
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<tr>
<td><strong>Nails and Hygiene</strong></td>
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<tr>
<td>-Nails- clean and manicured and kept less than 1/4inch long past the</td>
<td>-Nail polish is not permitted in situations requiring aseptic care (e.g.</td>
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<td>tip of the finger.</td>
<td>surgery, obstetrics, etc.)</td>
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<tr>
<td>-Nail polish- not chipped, cracked or peeling</td>
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<tr>
<td>-Daily health hygiene- clean skin, hair and teeth and use of deodorant/</td>
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<tr>
<td>antiperspirants</td>
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<tr>
<td>-Makeup-conservative and not distracting.</td>
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<tr>
<td>-Because of potential patient allergic reactions,</td>
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<tr>
<td>cologne/perfume should not be worn in the clinical environment</td>
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</tbody>
</table>
**Enforcement**

Department managers, attending physicians, house staff, or clinical coordinators may prohibit students from working if they are wearing clothing that is offensive, unsafe, or not in compliance with the hospital/clinic or department standards. Failure or refusal of any student to adhere to these professional dress code standards may result in corrective action by the assigned clinical institution. If the issue cannot be resolved at that level, the student will be referred to the Associate Dean of Student Affairs for corrective action and possible referral to the Medical Student Honor Code Council.
Professional Advancement Opportunities

Careers in Medicine

Careers in Medicine® is a career planning web-based program designed to help students choose a medical specialty, learn about residency programs, and apply to residency programs. The Association of American Medical Colleges (AAMC) developed the program for students. It consists of four phases that guide students through the elements of career planning: assessing one’s abilities and preferences, exploring a variety of medical careers, choosing a specialty, and applying to residency programs. When students choose specialties that match their values, skills, interests and level of competitiveness for residency positions, they tend to be more satisfied and successful in their professional lives.

The Office of Student Affairs and Admissions gives the address and an access code to students following matriculation. Students are encouraged to visit the site often throughout medical school.

As part of its Medical Specialty Career Development Program, the Boonshoft School of Medicine (School) will sponsor several specialty interest club presentations, panel discussions, workshops, and residency fairs during the four-year curriculum. These activities are scheduled on a regular basis beginning in Year-1 and are coordinated by the Office of Student Affairs and Admissions. These events provide a sound foundation for career development in accordance with LCME element 11.2.

ERAS & the Medical Student Performance Evaluation (Dean's Letter)

Most students will apply for residency positions using the Electronic Residency Application Service (ERAS). The Office of Student Affairs and Admissions uploads the medical school transcript, and the Medical Student Performance Evaluation (MSPE) through ERAS for residency programs. A few programs do not participate in ERAS. For these programs, the MSPE and transcript are sent through US mail. The MSPE is the official School letter of evaluation that is sent to residency programs. In an agreement with the Association of American Medical Colleges member schools, the MSPE may not be uploaded before October 1. Prior to mailing the letter, it must be reviewed by the student for accuracy and consent must be given for release. Students will be notified when a draft of the letter is ready for review. Upon review, the MSPE may only be edited if there are grammatical or factual errors detected in the document. Normally, all narrative comments contained in course evaluations are included in the letter. Copies are not made available to students.

The MSPE serves as the official communication between the School and residency programs. Virtually all residency programs require it before giving serious consideration to a candidate. The MSPE is not meant to serve as an unconditional student endorsement, but as an objective summary of the student’s academic record.
At a minimum, the letter includes:

- Overall course percent average after Biennium I
- Overall course percent average as of the date of letter
- Class rank as of the date of letter
- Remediations (if they affected one's graduation date)
- Direct quotes from clerkship evaluations (as appropriate)

Students may request a MSPE be forwarded to an AAMC affiliated residency program through the Office of Student Affairs. Students are given the opportunity to provide input into their noteworthy characteristics.

**Matching into a Graduate Medical Residency Program**

The National Residency Matching Program (NRMP) uses ERAS to match graduating students with residency programs. The program uses an algorithm taking into account the preferences of both graduating students and residency programs with priority given to the student. Almost all graduating students will obtain a residency position through the match. Military scholarship students obtain residency positions by applying directly to military programs outside the match.

Each year a few graduating students obtain residency positions through the San Francisco Matching Program (SFMP). The SFMP offers positions that begin one year after graduation in ophthalmology and plastic surgery.

**The Physician Leadership Development Program**

The *Boonshoft Physician Leadership Development Program (PLDP)* offers students interested in health management and economics population-based health and physician leadership an opportunity to earn a Master of Business Administration (MBA) degree or a Master of Public Health (MPH) degree while pursuing their medical degree. The graduate degree tracks are integrated with the M.D. curriculum and interact with each other during the five-year program. Medical students apply to the PLDP during their first year of medical school.

Students take graduate electives to meet any pre-requisites during the Foundations phase. Students complete their graduate coursework between the Foundations and Doctoring phases. During this graduate year, students participate in a longitudinal clinical experience that integrates their medical and graduate educations while allowing the student continued access to patients in a care delivery site for the entire academic year. PLDP students attend and participate in leadership-themed electives and special programs that build leadership skills and introduce them to experts in the field. All PLDP students participate in the PLDP Leadership Council, a university recognized student organization.

For more information on the PLDP and how to apply, visit their website or call the PLDP program coordinator at (937) 775-4624.
The MD/PhD Program in the Biomedical Sciences

The Doctor of Philosophy degree in biomedical sciences at Wright State University applies to students who have an M.D. degree or who have completed (or are enrolled in) the preclinical portion of the medical school curriculum at an accredited medical school where they are still enrolled in good standing. These students are exempted from all core courses of the Biomedical Sciences Ph.D. Program. Listed below is a summary of requirements to earn this degree:

- Complete advanced courses with a minimum GPA of 3.0 (B). Eighteen hours of advanced courses, two lab rotations, and six seminar courses are required. Depending on the area of concentration and the recommendation of the dissertation director, the student may petition to be exempted from 12 hours of advanced courses based on medical credit. Similarly, one of the two lab rotations may be exempted if the student has participated previously in a research project. The exemptions must be approved by the Faculty Curriculum Committee.
- Choose a dissertation director and a supervisory committee with the approval of the program director.
- Pass a preliminary examination as specified by the supervisory committee. The topics for the preliminary examination will be specified by the supervisory committee and generally will not be limited to the advanced curriculum taken by the student, as this may be only six hours of BMS courses.
- Successfully prepare a written dissertation proposal.
- Accumulate a minimum of 100 didactic laboratory and research quarter hours.
- Conduct an acceptable original research problem, submit an approved written dissertation, and make a successful public defense.
- Be certified by the program director as having completed all requirements for the Ph.D. Degree
- Meet residency requirements.
- Be registered in the semester in which the degree is conferred.
- Present one copy of the approved dissertation to the School of Graduate Studies and one copy to the BMS program office, and
- Fulfill all requirements within nine years of entrance into the program.

Extracurricular Research

The School actively encourages medical students to participate in research under the direction and guidance of experienced researchers. Research introduces students to lifelong learning tools, such as critical thinking, problem solving, and the core elements of the scientific process. During the first year, students are exposed to basic and clinical science faculty who are involved in cutting-edge research. In a typical year, School of Medicine faculty receive more than $30 million in research funding in a wide variety of areas.

Students interested in research can be linked with faculty mentors who are strongly committed to working with students and welcome them to join their research teams. For many students,
research activity starts in the summer between their 1st and 2nd year and continues throughout their medical school experience. Up to 25 percent of the fourth year may be devoted to research. For more information, please see the Research Learning Community to review a list of faculty mentors, stipends, and research opportunities. For those interested in an in-depth research background, see the M.D./Ph.D. dual degree program.
Graduation Requirements

Policy

In order to graduate, students must meet all curriculum requirements including passing all courses and clerkships, passing the required number of electives in Bienniums I and II, and passing Steps 1, Step 2 Clinical Knowledge and Step 2 Clinical Skills of the United States Medical Licensing Examination. (Refer to Requirements for Satisfactory Performance and Advancement Policy)

Those students who have not completed all of the requirements for graduation from the School by the date of the graduation ceremony will receive a blank diploma. The actual diploma will be made available to the graduate once all academic requirements have been fulfilled. The official date of graduation from the School and the date attested on any diploma issued after the annual commencement ceremony will be the day/date immediately after all academic requirements for graduation have been fulfilled.

Graduation or the Commencement Ceremony is usually scheduled in May. To participate in commencement, students need not have completed all requirements but must be scheduled to complete all Year-4 requirements by June 30th.
United States Medical Licensure Examination (USMLE)

Approved by FCC 7/29/15, Executive Committee 9/17/15

Policy

USMLE Step 1

1. Students are required to take the USMLE Step 1 exam by a specific date set annually by the Office of Student Affairs and Admissions. Students may not start a clinical clerkship before taking Step 1.
2. Only those students designated by the Dean of Students are permitted to take the USMLE Step 1 after the annually specified date. All students taking the USMLE Step 1 after the annually designated date MUST receive a passing score prior to beginning any clinical clerkship.
3. Students who fail Step 1 the first time must initiate contact with the Academic Advisor within five (5) business days after receiving their score to develop a plan for retaking Step 1. Plans to retake the exam must be made in consultation with Academic Advisor.
4. The Step 1 retake must occur within 12 months of the first attempt. The Office of Student Affairs and Admissions will notify the student of the deadline for the second attempt. The 12-month limit applies to all students, including those on approved leave of absence.
5. Failing the second Step 1 exam will result in a referral to the Student Promotions Committee for a consideration to the Dean of Medicine with recommendation for dismissal.
6. For further information on delayed STEP tests and their ramifications please see the AAMC website.

USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS)

1. Students must complete all third-year clerkships prior to taking the USMLE Step 2 CK and Step 2 CS examinations.
2. Students are required to take the Step 2 CK and schedule Step 2 CS examination by a specific date set annually by the Office of Student Affairs and Admissions, if graduation in May is anticipated. Scheduled examination dates will be closely monitored by the Office of Student Affairs and Admissions to ensure compliance with these dates. No student may defer the Step 2 CK and Step 2 CS examination beyond December 1 without approval by the Associate Dean of Student Affairs and Admissions.
3. Students who fail the USMLE Step 2 CK or CS the first time must initiate contact with the Academic Advisor to develop a study plan for re-taking either of these exams. Plans to retake either of these exams must be made in consultation with Academic Advisor. The Academic Advisor will work with the student and appropriate faculty to facilitate remedial and review activities to correct deficiencies in knowledge or skills in preparation for the re-take(s).
4. A second attempt on either or both exams must be completed within 12 months of the notification of failure(s). The Office of Student Affairs and Admissions will notify the student of the date the second attempt must be completed. This time limit applies even if the student is on a Leave of Absence.

5. Failure on a second attempt on either exam will result in a referral to the Student Promotions Committee for consideration of a recommendation for dismissal to the Dean of Medicine.
In accordance with LCME element 10.3 listed below:

"The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters."

The Student Promotion Committee shall (1) evaluate medical student performance and (2) nominate medical students for certification of graduation.

1. Evaluate the overall performance of each medical student at the termination of each academic year and recommend to the associate dean for student affairs, the promotion, or other appropriate action, of the student.
   a. During the course of an academic year, the associate dean and the committee chair shall have major responsibility for keeping the Student Promotion Committee informed as to the performance of each class, paying particular attention to those students experiencing academic difficulty.
   b. When appropriate, the committee chair may call the committee into session for formal review and/or action related to a student's academic performance.

2. Nominate medical students for certification of graduation in the instance of the final grading sequence. The nominations must be ratified by the Faculty of Medicine before presentation to the president for final action by the Board of Trustees.

The Student Promotion Committee shall be composed of four elected faculty members, three faculty members appointed by the Dean, and the Associate Dean for Student Affairs. In addition, the Committee shall include the following non-voting members: The Associate Dean for Medical Education and two students.

Recognizing that the School of Medicine desires a diverse student body and serves a total community, the committee should, ideally, include representation from this broad constituency. In the event that the associate dean for student affairs perceives an imbalance in the composition of the committee, the associate dean may, with the concurrence of the majority of the committee voting, appoint an additional one to two faculty members for a one-year term.

All members of these committees who have the privilege of reviewing confidential student files are required to participate in FERPA training during their committee orientation.
The committee shall meet upon the call of the chair at least once at the termination of each academic year. It can be called for specific business during the academic year by the dean, its chair, or by written petition to its chair by any two members of the committee.

The SPC determines if each student has progressed satisfactorily in all academic and clinical work, and if a student may be granted a limited waiver to deviate from a published curriculum policy or procedure. The SPC is granted access to academic files kept in the Office of Student Affairs and may ask for information from course directors, the Associate Deans, or the individual student in order to arrive at an informed decision. The SPC may decide to recommend one or more of the following options:

- Participating in some form of academic/rehabilitative assistance
- Granting or denying a curriculum policy or procedural waiver request
- Remediating or repeating of a course/clerkship
- Repeating of a curricular year
- Taking a leave of absence with conditions
- Suspension pending a clinical assessment

Should the student fail to meet the requirements within the period designated by the SPC, the committee may recommend dismissal to the Dean of Medicine.

**Administrative Responsibilities**

**Requests for Waivers/Alterations in Curricular Policy**

Medical student requests for limited waivers or alterations in published curricular policy (see Academics: Biennium II) must be submitted in writing to the Associate Dean of Student Affairs. These requests will be referred to the SPC for consideration at the next scheduled meeting of the SPC, or via a secure method of deliberation mutually agreed upon by the members of the SPC if expedited decision is necessary.

**Academic or Professional Reviews**

A student will be notified in advance if the SPC is reviewing an academic or professional deficiency and considering action.

The student has the right to:

- Submit a written statement to the committee through the Associate Dean for Student Affairs (hereinafter referred to as the Associate Dean), and request to appear before the committee if there is potential for a recommendation of dismissal from the School.

**Student Promotions Committee Procedures**

When the Student Promotions Committee (SPC) is directed by the Associate Dean of Student Affairs to deliberate matters of an academic or professional deficiency, the following
administrative procedures should be adhered to as closely as possible to ensure that the student is granted due process:

1. At least seven days in advance of the SPC meeting the student charged with a violation will be given written notification in person, via electronic mail (request delivery and read receipts), and/or by certified mail of the date, time, and location of the hearing. This written notification will include a description of the alleged violation, a copy of the Medical Student Professional Honor Code, a list of the SPC members, and the names of any witnesses who will give testimony at the hearing. If the student chooses not to appear before the SPC as notified, the hearing will be conducted in the student's absence.

2. Prior to the hearing, the student has the right to challenge the objectivity of a member by communicating to the SPC chair or the Associate Dean in writing. The chair may consult with the Associate Dean and the SPC member in question to determine if the SPC member should be disqualified. Members of the SPC who believe they have a conflict of interest may disqualify themselves. If a student member of the SPC is disqualified, their designated alternate will replace him/her.

3. The student may select a faculty or administrative advisor to assist prior to and during the hearing.

4. The student's appearance before the SPC is a confidential academic hearing and not a legal proceeding. Therefore, an attorney may not accompany the student.

5. In order to preserve the integrity of the testimony presented at the SPC hearing, sessions will be audio taped and archived with the printed summary. The Office of Student Affairs and Admissions is responsible for the taping and archiving.

6. The student is encouraged to present a written and/or verbal rebuttal to the allegations and may ask witnesses to be present. Evidence supporting the allegation(s) will be presented at the hearing.

7. The student or their assistant may question witnesses.

8. At the conclusion, SPC members will deliberate in private and make a recommendation by majority vote. The chair will not vote except in the event of a tie.

9. The SPC may consider previous infractions of the Honor Code, including infractions determined by the Medical Student Honors Council or other relevant academic committees, in arriving at a recommendation.

10. The SPC may take one of the following actions:
   - No corrective action when there is insufficient evidence to support the allegation of an honor code violation.
   - A sealed written reprimand to be placed in the student's academic file that chronicles the violation. The reprimand will remain sealed and be destroyed after the student's graduation if there are no further honor code violations.
   - A written reprimand to be placed in the student's academic file that chronicles the violation. This information can be included in the student's Medical Student Performance Evaluation (Dean's letter) and remain a permanent component of the student's file.
   - Require that the student seek professional assistance at the student’s expense.
   - Require specific conditions that must be fulfilled to continue as a student.
• Require that the student's examination/report/product or experience be discarded, that an incomplete be assigned to the academic record, and that the student be required to satisfactorily complete compensatory work or be re-evaluated on relevant facts to demonstrate a mastery of the material.
• Require that a course/clerkship grade of F or "No Pass" be assigned. The student's remedy for the failing grade will be to repeat the entire course with a notation of "Failed Course Due to Academic Dishonesty" appearing on the transcript. The SPC has the option of expunging this notation from the student's transcript at a later date or upon graduation.
• Require a temporary suspension with the notation of "Suspended for Violation of Honor Code" permanently placed on the transcript, when applicable.
• Recommend to the Dean of Medicine permanent dismissal with the notation of "Dismissed for Violation of Honor Code" placed on the transcript, when applicable.

Appeal of a Student Promotions Committee Non-Dismissal Decision

A student may petition the associate dean for student affairs that there be further deliberations in the student's behalf; the associate dean may call the committee to deliberate the specific petition. Results of such a call meeting shall be recorded and filed in the office of the associate dean for student affairs. The request for an appeal should be submitted in writing to the Associate Dean within seven working days of the receipt of the SPC's recommendation. The written request should describe the specific reasons for the appeal, including any special or mitigating circumstances, and additional relevant information that was not available for consideration at the initial hearing. An alleged error in judgment by the student is not an appropriate basis for requesting an appeal.

Requests for an appeal will be considered for the following reasons:
• Procedural error during the investigation and/or the hearing
• Clear evidence of a committee member's bias against the student due to discrimination on the basis of race, gender, religion, national origin, physical handicap, age, sexual orientation, or political affiliation or belief
• Previously unreported mitigating circumstances or evidence that is newly discovered

If practical, the appeal will be heard at the next meeting of the SPC or within 30 days of receiving the written request. The student will be given written notification in person, via electronic mail (request delivery and read receipts), or by certified mail of the date, time, and location of the appeal at least seven days in advance of the meeting. The student may request to appear before the SPC and may be accompanied and assisted by a member of the university faculty or administration. The student's appearance before the SPC is a confidential academic hearing and not a legal proceeding; therefore, an attorney may not accompany the student.

The SPC's recommendation regarding the appeal will be final.
Appeal of a Recommendation for Dismissal (Student Appeals Committee)

When requested by the Dean of Medicine the Student Appeals Committee will consider student appeals of dismissal recommendations made by the Student Promotions Committee, the Honor Council, the School’s Deans’ Council, or other relevant committees empowered to make such recommendations.

The Student Appeals Committee consists of four faculty appointed for a four-year term and one student appointed for a one-year term by the Dean of Medicine. The members cannot simultaneously serve on the Student Promotion Committee, Honor Council, or Deans’ Council. The Dean of Student Affairs and Admissions or designee is a non-voting ex-officio member of the committee. The Dean of Medicine designates one member of the Student Appeals Committee to serve as chair. The Dean of Medicine may, with the concurrence of the majority of the committee members, appoint an additional faculty member for a one-year term.

1. The Office of Student Affairs and Admissions will notify the student in writing of a recommendation for dismissal. The notification will indicate the reasons for the recommendation and provide the student with an opportunity to request an appeal in writing within seven working days of receipt of the notice. Failure to request an appeal within the allotted time renders the recommendation final.

2. The Associate Dean of Student Affairs and Admissions will convene the Students Appeals Committee within 20 working days of receiving the request for an appeal. After reviewing all relevant evidence, the Student Appeals Committee will give the student an opportunity to present information warranting reconsideration of the recommendation. The student may be accompanied and assisted by a member of the university faculty or administration at the appeal. The student's appearance before the Student Appeals Committee is a confidential academic hearing and not a legal proceeding; therefore, an attorney may not accompany the student.

3. The Student Appeals Committee will deliberate and by majority vote confirm or reject the recommendation for dismissal. The committee chair will not vote except in the event of a tie. If the committee is unable to reach consensus, a verdict of “no recommendation” will be forwarded to the Dean of Medicine with a detailed explanation of the deliberations. The committee’s decision and all relevant evidence will be forwarded in writing to the Dean of Medicine.

4. The Dean of Medicine will review the evidence and notify the student of the Dean’s decision by certified letter.

5. A student may appeal the Dean of Medicine’s decision to the Provost of the University. The student’s written appeal must be submitted to the Provost within seven working days of receiving the Dean of Medicine’s written decision. The Provost’s decision is final. Failure to appeal within the allotted time renders the Dean of Medicine’s decision final.
Records and Confidentiality

Policy

In accordance with LCME element 11.5 and 11.5 listed below, policies are in place for protection of student educational records and are in alignment with the Family Education Rights and Privacy Act of 1974 (FERPA) guidelines.

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

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

Under the Family Education Rights and Privacy Act of 1974 (FERPA), students may have access to all items of their file except for those items to which they waive their rights.

Others who have access to a student’s file are the following:

- Student Promotions Committee
- Honor Code Council
- Deans’ Council
- Student Appeals Committee
- Dean of Medicine
- Dispute Resolution Council
- Any ad Hoc committee convened by the Dean of Medicine
- Faculty advisor/mentor
- Clerkship and course directors
- Anyone with written consent of the student
- State or federal officials with a subpoena

Students will be notified of a subpoena of their file. Generally, each file contains the following:

- A copy of their American Medical College Admission Service (AMCAS) application
- Undergraduate transcript(s)
- School transcript
- Written evaluations from instructors, including Year 3 clerkship and Year 4 electives
- Letters of recommendation
- Lists of activities while in the School
- Letters specifying actions from the Student Promotions Committee and Honor Code Council, Deans’ Council, and/or Student Appeals Committee
- Medical Student Performance Evaluation (Dean's letter)
Students are permitted to review and update their files, especially during their clinical years. No materials may be removed from the files, and the files are to be examined in the presence of a member of the Office of Student Affairs and Admissions.

Students should review and update the list of activities in their files each year. Student activities, in addition to academic performance, frequently influence opportunities for awards and the content of recommendation letters.

Students, who believe a grade, comment, or item in their record is inaccurate, should refer to Academics: Grading System, Appeal of a Course Grade and/or Written Evaluation. Students, who are not satisfied with the outcome of such discussions, may place a rebuttal letter in their file.
The Family and Educational Rights and Privacy Act of 1974

The Family Educational Rights and Privacy Act of 1974 (FERPA) is the federal law that governs the release of and access to student educational records. Institutions provide “directory information” in accordance with FERPA provisions. In addition to WSU directory information, WSU-BSOM includes photos taken at convocation and letter of good standing as directory information. To opt out and prevent release of WSU directory information complete this form and to opt out of photo use contact the Office of Student Affairs.
Fair Treatment of Students
Approved by Executive Committee 9/17/15
Updated by BSOM 6/23/16

Policy

The Wright State University Boonshoft School of Medicine, hereinafter referred to as the School in this section, is strongly committed to a policy of fair and equal treatment for all members of its community. In addition, the School has a responsibility to foster in medical students, postgraduate trainees, faculty, and other staff the development of the kind of professional and collegial attitudes needed to provide caring and compassionate health care. In pursuit of these goals, the School recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly, without regard to his or her race, color, religion, gender, sexual orientation, national or ethnic origin, age, or disability. In accordance with LCME element 3.9, these policies are listed below.

"A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation."

Mistreatment

Boonshoft School of Medicine Ombudsperson, 2016-2019
Kim Gilliam, Ed.D. (937) 775-2950 (24/7 message line)
kim.gilliam@wright.edu

An atmosphere of mutual respect and collegiality among teachers and students is essential to the educational mission of the School. However, the diversity of the members of the academic community, the intensity of the interactions that occur in the health care setting, differences in personality, and other factors may lead to incidents of inappropriate behavior or mistreatment. The victims and perpetrators of such behavior might include students, faculty, residents, nurses, or other staff. For purposes of this policy, to mistreat is to treat in a harmful, injurious, or offensive way. The following are examples of mistreatment to:

- speak insultingly or unjustifiably harshly to or about a person
- belittle or humiliate
- demean on the internet
- threaten with physical harm
- physically attack (e.g., hit, slap, kick)
- require the performance of personal services (e.g., shopping, babysitting)
- threaten with a lower grade for reasons other than course/clinical performance
Such actions are contrary to the spirit of learning and professionalism, violate the trust between teacher and learner, and will not be tolerated by the School. Accusations of racial or gender discrimination or harassment are not handled under this policy, but rather under other medical school and university policies: the Bias Incident Response Team or the WSU ombudsperson. Likewise, disputes over grades are handled by the School’s academic policies as described in this Medical Student Handbook.

In order to promote an environment respectful of all individuals, the School will provide ongoing education to students, residents, faculty, and other staff emphasizing the importance of professional and collegial attitudes and behavior. Also, the School will make available a readily-accessible neutral party (the School’s ombudsperson) whom parties may approach if they believe that have been mistreated.

A process has been established to seek reconciliation between the parties in cases of alleged mistreatment. This process seeks to protect the accuser from retaliation and to protect the rights and reputations of all parties involved in a complaint.

Process: Resolution of Claims of Mistreatment

When an allegation of student mistreatment occurs, the parties directly involved should try to resolve the matter themselves since many such incidents are amenable to resolution in this manner. In some situations, however, this informal approach might be hindered by various factors, including reluctance of the accuser to approach the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved. In such cases, a more formal alternative process is available for resolving the matter. This process is designed to be fair to both the accuser and the accused and to be perceived by the accuser as effective, impartial, and unlikely to result in retaliation.

The position of ombudsperson has been established to help resolve such conflicts. The ombudsperson is appointed by the Dean of Medicine for a term of four years. The ombudsperson's role is to maintain a neutral point of availability to initiate the dispute resolution process.

Informal Dispute Resolution Process

The first communication between the ombudsperson and the person whose action is the subject of the claim will be informal. It is intended to clarify the source of the conflict as well as to identify possible avenues of resolution. The ombudsperson will describe the matters raised by the complainant and request a response from the respondent. The respondent will explain his or her position to the ombudsperson and provide any existing documentation. The ombudsperson will attempt to help each party communicate with the other and understand the other's view of the situation in order to help the parties resolve the matter in a constructive manner. If it appears to the ombudsperson that there may be areas of flexibility which could
lead to a mutually agreeable resolution, the ombudsperson will help the parties pursue those areas. If, at the conclusion of these efforts, both parties are satisfied with the proposed resolution, the matter is resolved. Otherwise, the ombudsperson shall act to begin formal proceedings by interacting with the Dean's office to schedule a meeting of the Dispute Resolution Council (DRC).

**Formal Dispute Resolution Process**
The DRC members are chosen to provide a fair and impartial representation of the various constituencies involved in the medical education process. Each member is appointed by the Dean of Medicine after being recommended by the relevant body.

- Two preclinical and two clinical students, nominated by the Medical School Student Council
- Two preclinical and two clinical faculty members, nominated by the faculty
- Two residents, nominated by the Graduate Medical Education Committee
- The ombudsperson, ex officio member who votes only to break ties
- Additional members. The Dean of Medicine may appoint additional members if necessary or desirable to provide appropriate racial or gender representation, or to provide appropriate representation for groups involved in the claim (e.g., nurses, staff) that are not otherwise included in the DRC.

The Dean of Medicine will appoint the chair from the committee membership.

When the DRC hears a case, the ombudsperson, accuser, and accused are present. The ombudsperson is responsible for notifying the parties in advance of the date, time, and place of the DRC meeting.

1. The proceedings begin with the ombudsperson presenting the claim.
2. The accuser and accused both have an opportunity to speak and to bring witnesses to speak. The order of speakers is as follows:
   a. the accuser
   b. witnesses for the accuser
   c. the accused
   d. witnesses for the accused
3. The accused has the right to be present whenever statements are being made by the ombudsperson, the accuser, or any witnesses. Similarly, the accuser has the right to be present during statements by the ombudsperson, the accused, or witnesses.
4. Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave, in order to protect the confidentiality of the parties involved. Both the accused and accuser can be harmed by breaches of confidentiality, and all who are involved in the process of responding to allegations must maintain confidentiality.

In some situations, the DRC might be justified in communicating ordinarily confidential information to other university officials, provided there is a legitimate "need to know." The accuser and accused are not allowed to bring lawyers to DRC meetings as advocates, advisors, or observers, nor may they bring any other persons, except witnesses. This process is
intramural, and its purpose is to resolve the problems without going outside the university. The process of dispute resolution embodied in the DRC is intended to be as flexible as possible. The parties may present any evidence or testimony they wish to the DRC. The DRC will decide credibility issues of any evidence presented. After all parties have presented their evidence, all individuals who are not members of the DRC will leave the room, and the DRC will discuss the claim and arrive at a conclusion. The DRC will designate one person to prepare a memorandum setting forth the conclusions and recommendations of the DRC. All DRC members will review the memorandum for accuracy and sign it. The completed memorandum will be forwarded directly to the Dean of Medicine. Upon receipt, the Dean of Medicine will notify both the accuser and the accused of the DRC’s recommendations. The Dean of Medicine will advise the parties that either party has seven business days to request an appeal, and that if neither party requests an appeal within the time allowed, the DRC's proposed actions will be implemented.

**Appeal of Dispute Resolution**

1. Either party may initiate an appeal of the DRC’s recommendations by notifying the ombudsperson of his or her desire to appeal. Upon the initiation of an appeal, the ombudsperson shall notify the Dean of Medicine, who will appoint an appeal panel (Panel) for purposes of hearing the appeal. The Panel will be composed of one member from each constituency represented in the original DRC. The Dean of Medicine will appoint each member after consulting with the relevant constituency groups.
2. The Panel will not hear new evidence and will only review the testimony presented and the conclusions and DRC’s recommendations forwarded to the Dean of Medicine.
3. The Panel will, by majority vote, support or reject each recommendation of the DRC.
4. The Panel's decision and all relevant documentation will be forwarded in writing to the Dean of Medicine.
5. The Dean of Medicine will review the relevant documents and notify the student in writing of the final decision.

**Retaliation**

Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Although it is impossible to guarantee freedom from retaliation, it is possible to take steps to try to prevent it and to set up an individualized process for responding to each incident.

To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment; however, accusations of retaliation shall be subject to a higher level of scrutiny.
Communication

In addition to providing students written and verbal feedback, faculty utilize a variety of established digital or electronic social media resources to communicate with students. Only encrypted or password protected portals of communicating should be used to transmit sensitive or confidential information.

Email

All entering students are assigned an email address by the university. This address is used by the university to communicate with the students. All students are required to check this address and read their mail on a daily basis. Official communications will be sent to this address, and students are responsible for reviewing and acknowledging the content of these messages.

The WSU email address can be accessed in several ways:

- configure another email client, such as Outlook Express, Yahoo mail, Gmail, etc., to check your account
- check the WSU account from any web browser by connecting to: Microsoft online or Wright State Wings.
Social Media Policy
Approved by Executive Committee 5/12/11

Overview

Online social networks such as Facebook, LinkedIn and Twitter have taken on increasing importance in both personal and professional life. These social media networks offer unique opportunities for people to interact and build relationships and have great potential to enhance interpersonal and professional communication. As health care professionals with unique social and ethical obligations, medical students, resident physicians and medical school faculty must be keenly aware of the public nature of social media and the permanent nature of its content.

This policy has been developed to ensure that actions taken on the social Internet by members of the Boonshoft School of Medicine community reflect the school’s core values of professionalism, compassion, accountability, integrity, honor, acceptance of diversity and commitment to ethical behavior.

Scope & Definitions

This policy applies to all employees and students of the Boonshoft School of Medicine, including contractors acting on its behalf, and covers all interaction with social media. It incorporates all Wright State University and Boonshoft School of Medicine policies relating to professional conduct, ethical behavior and online communications, including but not limited to the Boonshoft School of Medicine Code of Faculty Behavior, the Medical Student Professional Honor Code, HIPAA and Responsible Use of Information Technology. Students and employees should follow these guidelines whether participating in social networks personally or professionally, or using personal or university-owned computing equipment when doing so.

The terms social media, social web and social networks comprise Internet- and mobile-based tools for sharing and discussing information based on user participation and user-generated content. Examples include social networking sites like LinkedIn and Facebook, social bookmarking sites like Del.icio.us, social news sites like Digg, Twitter, YouTube and other sites that are centered on user interaction. Social media content may take the form of blogs, social networks, social news, wikis, videos and podcasts.

Official School Business

Only university employees or students authorized by the medical school administration may use social media to portray themselves as representing the medical school or to conduct official business in the name of the school or one of its units. Use of any social media in an official context should have the approval of the school’s Office of Marketing and Communications or the Office of the Dean. University or school logos may not be used on any social media site without the express written approval of Marketing and Communications.
Individual Use

Postings within social network sites are subject to the same professionalism standards as any other personal interactions. Students and employees of the Boonshoft School of Medicine should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate. Professionalism standards are outlined for students in the Student Policy Guide and for faculty in the Code of Faculty Behavior.

Students and employees of the Boonshoft School of Medicine who participate in a social media site, whether in a personal or official capacity, should:

• Take steps to ensure that they have implemented appropriate privacy settings to avoid inadvertent dissemination of personal information to audiences outside their control. This includes making an effort to ensure that you are not “tagged” in images posted by others that might be seen as portraying you in an unprofessional manner.
• Include a disclaimer with any posting that relates to their role as a member of the Boonshoft School of Medicine community clearly stating that all opinions belong to the poster alone and do not necessarily reflect the views of the Boonshoft School of Medicine or Wright State University.
• Refrain from violating standards of patient confidentiality or communicating about patients in a manner that could in any way convey a patient’s identity, even accidentally. Patients with rare diagnoses, unusual physical appearances and/or in specific locations within the community may be easily identifiable even in the absence of names a medical record numbers.¹
• Not express defamatory comments about employees, students, health professionals or patients associated with the medical school or its affiliates, post images that would denigrate anyone they come into contact with in the course of carrying out their roles as students or employees of the school or depict other students or employees engaging in unprofessional behavior.
• Not interact with or “friend” individuals through social networks when they are or have been in a physician-patient or similar relationship.

Responsibility

University administrators may look up profiles on social networking sites and may use the information in informal or formal proceedings without providing notice to the individuals involved. The same standards of professional conduct apply to social networking as to any other ethical or professional breach up to and including dismissal from the school or termination of employment.
Summary

Regardless of whether students, faculty, staff, or residents are conducting official school or personal business, they are ambassadors for the school and the medical profession. In online social networks, the lines between public and private, personal and professional are blurred. Just by identifying oneself as WSU medical student or employee, those affiliated with the school portray an impression of the institution for those who have access to their social network profiles or blogs. Each member of the Boonshoft community should ensure sure that all content he or she is associated with is consistent with his or her position at the school and with the school’s values and professional standards.

Notes

1. “If the information that is shared is generic enough that nobody can identify a patient in the course of reading (Berkman, Massachusetts Medical Law Report, Social Networking 101 for Physicians, 2009), the post is permitted and is a valuable tool for physicians to share information and skills with other physicians faster than ever before.” From “Social Networking and the Medical Practice: Guidelines for Physicians, Office Staff and Patients,” published by the Ohio State Medical Association.

Appendix

The American Medical Association adopted the following policy on Nov. 8, 2010
AMA Policy: Professionalism in the Use of Social Media

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians’ personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

a. Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

b. When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites
and, to the extent possible, content posted about them by others, is accurate and appropriate.

c. If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.

d. To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

e. When physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

f. Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students and can undermine public trust in the medical profession.)
Health Requirements for Entering Students

Each student must submit a completed health record and immunization records prior to July 31. All documentation must be submitted through Castlebranch, Inc.

Submission information is available here.

Please note that our immunization requirements are outlined in Castlebranch. The AAMC Standardized Immunization Form is a required form, but does not outline our immunization requirements.

It is extremely important that the immunization history with dates as well as the history of current screening for tuberculosis be completed. Serologic tests may be substituted in lieu of an immunization history. Each history will be reviewed, and further recommendations may be made for follow-up testing or information.

Prevention

Maintaining good physical health is critical as a medical care provider. To help assure educational success, the School has designed specific and firm health guidelines. Students have the complete support of faculty and staff in managing good health and accessing any medical resources you may need.

One of the most effective defenses against infectious disease is understanding the causes and modes of transmission. This leads to behavioral changes that reduce the spread of infection. The School will continually emphasize prevention regarding HIV and other communicable diseases where appropriate.

Student Health Services works to help students avoid medical problems that are preventable, correct medical problems that can be treated, and assist in managing medical problems that are not correctable. Several requirements and procedures help Student Health Services meet these goals.

Required Vaccinations

By virtue of working in a clinical setting, students may be at risk of acquiring infectious diseases and/or spreading infectious diseases to patients and other health care workers. Many of these infections are preventable by immunization or standard infection control. For these reasons, mandatory procedures and immunizations must be met by all students before they may participate in any clinical program or activity. This requirement is in accordance with LCME element 12.7 listed below:
“A medical school follows accepted guidelines in determining immunization requirements for its medical students.”

**Tuberculosis**

Although tuberculosis generally is prevented by proper infection control, transmission in health care settings can occur. Upon entering medical school, students are required to have a negative series Two step PPD (administered three weeks apart) or a negative Interferon-gamma release assay (IGRA). Either of these must be within six months of arriving at BSOM. Students must receive an annual screening for tuberculosis including one of the following:

- PPD (Mantoux) skin test or Interferon-gamma release assay (IGRA) if previous skin tests have been negative, or
- Evidence of chest x-ray if PPD skin test is positive, or
- Evidence of chest x-ray if a student has received BCG and PPD is positive or evidence of chest x-ray if student has had INH treatment.

**Chickenpox (Varicella)**

Chickenpox is a highly contagious infection that causes significant illness in non-immune adults or immunocompromised patients. Knowledge of one’s immune status could help decrease the risk of infection and the potential for spreading the disease. Students are required to have a varicella titer. If serologic data is negative, vaccination is required.

**Rubella**

Medical students can acquire rubella from patients. The infection has devastating effects on the fetus. Infected medical students could spread the infection to pregnant patients and other health care workers. Each student must provide a written statement of laboratory evidence showing significant antibody titer to rubella.

**Rubeola**

Individuals born before 1957 are most likely immune to rubeola. Those people born after 1957 are considered to be immune if laboratory evidence of antibodies to the rubeola virus exists or if that person has been adequately immunized. A serum antibody titer indicating immunity to rubeola (measles) is required.

**Hepatitis B Vaccine**

The transmission rate of hepatitis B with an accidental percutaneous exposure is high, and consequences of infection may be severe. In addition to the serious health risks, non-immune students put career goals in jeopardy if they become chronic hepatitis B carriers. Hepatitis B vaccine is recommended for all health care workers who are exposed to blood or blood products and who handle needles or instruments that could have been contaminated with a
patient’s blood or serum. This vaccine is proven to be safe and effective. Students are required
to have a titer. If serologic data is negative, vaccination is required followed by another titer.

**Tetanus, Diphtheria, Pertussis**

The Tetanus-Diphtheria-Pertussis (Tdap) booster is required every 10 years for medical
students, but must be received within 5 years of matriculating to BSOM.

**Influenza**

Due no later than October 31st of each year of medical school.

**Pregnant Students**

All pregnant students should consult their obstetrician before receiving HBIG, hepatitis B
vaccine, or any viral vaccine.

**Refusal of Immunizations**

If a student refuses the hepatitis immunization series, the School will require a signed waiver
that the immunization was required and that refusal of the immunization places the student at
increased risk of infections.

**Health, Life & Disability Insurance**

Students are required to have health, disability, and life insurance coverage. Comprehensive
group plans are available through the School. Because they are group plans, costs are less
expensive than if comparable coverage were purchased as an individual. Should students
receive comparable health insurance through a spouse, parent, military or medicaid at no
charge, they are not required to purchase health insurance coverage through the School,
provided one properly completes a waiver form and provides proof of coverage. Students are
charged for insurance as part of their tuition bill, which is sent from the Bursar. Detailed
information on students’ health, life and disability benefits are available on the School’s web
site. Students are covered both in- and out-of-network. It is less expensive to receive care from
an in-network provider.

Requirements for health and disability insurance is stipulated in LCME element 12.6:

“A medical school ensures that health insurance and disability insurance are
available to each medical student and that health insurance is also available to
each medical student’s dependents.”
Occupational Exposure to Bloodborne Pathogens

Since a bloodborne pathogen exposure places an individual at risk for hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV) infection, and/or syphilis infection, students must seek medical attention as soon as possible after an exposure occurs. Any medical student who sustains an exposure to blood or body fluids should be managed according to currently recommended guidelines from the Centers for Disease Control and Prevention (CDC) and according to the policies and procedures of the institution in accordance with LCME element 12.8.

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

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

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

Proper steps must be taken to ensure that both evaluations and preventive measures are instituted in a timely manner. The steps noted below should be followed when an exposure occurs in a medical student.

1. Cleanse thoroughly the exposure site immediately following the exposure. Irrigate eye with water keeping the affected eye lower than the unaffected eye during irrigation.
2. Note the patient's name, the location where the exposure occurred, the date and time of the exposure, the rotation, the names of witnesses, and, in the case of a needle stick, the type (hollow bore or solid).
3. Notify the employee health office or the safety officer during regular working hours.
4. Contact the Infectious Disease (ID) physician on call at 937-208-2873 (days) and 937-208-8000 (nights) to page the ID physician. Students should identify themselves as a medical student with an exposure and, if necessary, leave a phone number where they can be contacted. An ID physician will call the student and discuss the exposure, arrange for blood tests, if needed, and any follow-up tests or visits.
5. If appropriate, after assessments are performed and based on current guidelines, the student may be offered antiviral prophylaxis against HIV. After discussion of the risks and benefits of antiviral prophylaxis, a student should be dispensed a 96-hour supply of the antiviral medications. All exposed individuals must be counseled on the importance of follow-up evaluations. Each exposed individual must have a follow-up evaluation within 96 hours of the exposure. Follow-up of the student must be ensured. The following should be done:
a. Notify the employee health service of the institution and the Associate Dean for Student Affairs and Admissions as soon as possible but not later than 96 hours (4 days) following the initial evaluation. (See list of contact addresses and telephone/FAX numbers at the end of this policy.)
b. Ensure that copies of all records are confidentially forwarded as soon as possible but not later than 96 hours following the initial evaluation to the employee health service of the institution. Medical student records should be forwarded to the Office of Student Affairs and Admissions. The Office of Student Affairs and Admissions will report the incident to the WSU Department of Environmental Health and Safety and the State of Ohio.
c. The medical student must be instructed on the requirement for follow-up evaluations within the 96-hour period. Appropriate educational and medical support must be provided through the School or the Office of Student Affairs.

6. Financial charges not covered by the student’s insurance during the evaluation should be forwarded to the Office of Student Affairs and Admissions.

Minimizing Risks

All students must follow policies and procedures according to the most current published CDC guidelines regarding use of precautionary measures to minimize the risk of HBV, HCV, and HIV transmission as well as any and all communicable diseases. Students must practice these precautions:

- Routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Examples of protective barriers include gloves, gowns, masks, and protective eyewear.
- Wear gloves when touching blood and body fluids, mucous membranes or non-intact skin of all patients; when handling items or surfaces soiled with blood or body fluids; and when performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient.
- Wear masks and protective eyewear or face shields during procedures that are likely to generate droplets or splashes of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Fluid-resistant gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
- Wash hands before and after contact with patients and immediately after protective gloves are removed. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.
- Take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures.
- Take precautions when cleaning used instruments, when disposing used needles, and when handling sharp instruments after procedures.
o To prevent needlestick injuries, needles should NEVER be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand.

o Used, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers for disposal.

o Large-bore, reusable needles should be placed in puncture-resistant containers for transport to the reprocessing area.

• Use mouthpieces, resuscitation bags, or other ventilation devices whenever possible for emergency mouth-to-mouth resuscitation.

• Refrain from all direct patient care and from handling patient-care equipment if you have exudative lesions or weeping dermatitis until the condition resolves or the areas are adequately protected.

NOTE: Students who are pregnant should be especially familiar with and strictly adhere to precautions to minimize the risk of transmitting bloodborne pathogens to themselves and their fetus. If you are not provided with appropriate preventative equipment, please contact Office of Student Affairs as soon as possible.

Managing Chronic HBV, HCV, and HIV for Infected Students

Students who believe or have reason to believe that they are infected with HIV, HCV or HBV must report that fact to the Associate Dean for Student Affairs and Admissions prior to performing an invasive procedure where there is a risk of contact between the blood or body fluids of the student and the blood or body fluids of the patient. The Associate Dean will require confirmation from a qualified physician as to the student’s diagnosis, state of health, and symptoms.

Having identified a student with HBV, HCV and/or HIV, the Associate Dean will coordinate an ad hoc committee including, if possible, the student’s physician, an infectious disease specialist or credentialed HIV specialist, and the Associate Dean of Academic Affairs or appointee who is familiar with the clinical curriculum. The ad hoc committee will evaluate the student’s course work and patient contact to determine appropriate clinical curricular changes based on guidelines from the Ohio Department of Health (ODH) and the Center for Disease Control (CDC). The committee shall report any recommendations to the Associate Dean for Student Affairs and Admissions who in turn will notify the student and clerkship directors, as needed, of any requirements and/or limitations placed on the student’s clinical activity. A student who fails to comply with the requirements and/or limitations will be subject to discipline up to or including a recommendation for dismissal.

All information regarding the HBV, HCV and/or HIV status of a student shall be held in strict confidence.
Protocol to Follow If Blood or Body Fluid Exposure Occurs

1. Follow institutional protocol for post-exposure care (washing, irrigating, etc.)
2. Notify the safety officer to get the patient tested (unless already known to be positive): Hepatitis B & C & a RAPID HIV. If the patient tests negative, the student will not need to be tested.
3. Contact the ID physician on-call.
   a. Days: 937-208-2873
   b. Nights 937-208-8000 to page ID physician
4. Email: Dr. Gary LeRoy gary.leroy@wright.edu
5. Help? Contact the clerkship director or coordinator

Regarding needle stick or other exposure incidents that may happen while you are on an away rotation at another institution during your 4th year:

1. BSOM students on external rotations at other “host” institutions must follow the host institution’s policy for responding to needle stick or other exposure incidents.
2. Coverage for costs incurred for evaluation and any treatment will first go to the student’s health insurance policy. Financial costs not paid will be covered by BSOM’s Office of Student Affairs.
3. If a needle stick or other exposure does occur, BSOM students must also inform BSOM Office of Student Affairs at 937.775.2934.
# Substance Abuse Violations

Approved by the Dean’s Council 6/2016

## Background

The Wright State University Boonshoft School of Medicine (BSOM) is committed to protecting the health, safety, and wellbeing of the community we serve. As BSOM students you have pledged verbally and in writing to uphold the Medical Student Honor Code. This pledge requires you to maintain the highest standards of professional conduct academically, clinically, and socially. The pledge strictly prohibits students from participating in any clinical or academic activities while impaired as a result of ingesting alcohol or mood-altering drugs on school, hospital, or clinical premises. A student who is physically or mentally impaired by any substance (regardless if the substance is legally prescribed or illegally obtained) has the potential of endangering patients, faculty, staff, or themselves. The BSOM has a commitment to identify and provide resources to successfully rehabilitate students with substance dependency disorders (See the section on Drug Impairment in this document). Students are encouraged to voluntarily seek self-referral for substance abuse treatment prior to its report or discovery by a BSOM administrative authority. The policy is listed below in accordance with LCME element 12.3:

"A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education."

## Policy

Ingesting alcohol or mood-altering drugs on school, hospital, or clinical premises is an honor code violation. It is the ethical responsibility of our students to protect the health and wellbeing of patients by strictly adhering to the established substance abuse policies and procedures of any hospital or clinical experience site where the student is assigned.

The BSOM administration reserves the right to require mandatory “drug testing for cause” at any time if a student’s professional conduct or mental behavior constitutes an elevated suspicion of substance abuse. If a student refuses to participate in mandated drug testing he/she will be immediately suspended from his/her clinical or academic activities and placed on administrative leave of absence pending a hearing before either the Medical Student Honor Code Council, Student Promotions Committee, Dean’s Council or Ad Hoc Impaired Student Committee. The Associate Dean of Student Affairs and Admissions will determine the appropriate academic committee to adjudicate the case based on the nature of the allegation(s).

When indicated, an investigation into allegations of substance abuse by a BSOM student will be conducted in a circumspect and confidential manner by the Associate Dean of Student Affairs.
and Admissions. In the absence of the Associate Dean of Student Affairs and Admissions, the Associate Dean of Medical Education will conduct the initial investigation.

**Procedure**
The Associate Dean will personally meet with the student to determine if he/she is fit for continuation of duty. If the Associate Dean deems the student unfit for duty the student will immediately be removed from the clinical or educational environment. Any postponement or delay in participation in drug testing will be considered a violation of the above stated policy. The Associate Dean, or their designee, will accompany the student to a designated testing facility to obtain the specified urine drug screen testing. Prior to testing the Associate Dean will document any disclosed prescribed medications or substances the student has used within 30 days of the drug testing. The Associate Dean will review with the student the policies and procedures that pertain to drug impairment. If it is deemed necessary, the Associate Dean will assist with referring the student to an appropriate treatment and/or rehabilitation resource for professional assessment of the problem.

**Drug Impairment**
Success in a medical education environment hinges on maintaining a healthy lifestyle. Substance abuse presents a special concern for the School because of its potentially negative impact on patient care and of medical students' potential access to controlled substances.

The School may consider dismissal or other measures to prevent licensure of students whose problems are incompatible with the responsibilities and ethics of medical practice. Students and physicians should follow the American Medical Association's Principles of Medical Ethics to identify colleagues who cannot practice medicine competently.

In accordance with the policy of Wright State University, the School does not condone violations of federal, state, or local law. The University reserves the right to inform civil authorities should the law be violated. Illegal use, possession, or distribution of drugs also may be cause for suspension or dismissal.

In addition to the Wright State University policy regarding alcohol use, the School does not condone the use of alcohol or mood altering drugs on school, hospital, or clinical premises while students are on duty or on call in a clinical rotation.

**Treating Drug Impairment**
The School endorses treatment of chemical dependency, addiction, or alcoholism as it does for treating any psychological or physical impairment. Constructive interventions are designed to assure that recovering students can continue their medical education without stigma or penalty.
The student must maintain school standards of performance and behavior. Continuation of medical studies will depend upon successful completion of treatment and an appropriate program of aftercare and monitoring.
**How to Report a Possible Drug Problem**

Faculty, students, or staff who have concerns about unprofessional or self-destructive behaviors of peers, including substance abuse, addictions, on- or off-campus or on the internet should use mature judgment. If this self-regulating person-to-person interaction does not resolve the concern, the observer should report it as soon as possible, with specific details to the most relevant person in authority, whether an examination proctor, faculty member, preceptor, course director, ombudsperson or follow the University policy found at Wright State Raider Cares.

Faculty, students, or staff who are concerned about a student's use of drugs or alcohol should contact the Associate Dean of Student Affairs and Admissions. Such reports will be held in confidence unless the information must be used in the course of due process.

The Associate Dean of Student Affairs and Admissions will examine the information and, when necessary, consult with appropriate experts. If further action is warranted, the Associate Dean of Student Affairs and Admissions will recommend to the Dean of Medicine that an ad hoc Committee on Drug Impairment be formed to review the case.

**Behavioral Health**

**Administrative Procedures**

Students experiencing psychological problems will be treated with compassion, support, dignity, and respect for privacy. The School will offer as much support and assistance as possible within the scope of its primary mission of education.

Counseling faculty members in the Office of Student Affairs and Admissions are available for advice and counseling on personal and academic concerns. In addition, students have access to professional counseling through the Department of Psychiatry. Students may contact the Director of Medical Student Mental Health Services, Dr. Brian Merrill, 937-223-8840, brian.merrill@wright.edu or the Wright State University Counseling and Wellness, 937-775-3407.

Since psychological problems do not necessarily imply unacceptable student performance, the School does not impose administrative actions solely because of a student's psychological condition. However, the School cannot relax those performance and behavior standards that are essential to medical education. Administrative intervention could be required when psychological problems cause unacceptable performance or behavior.

Students or faculty who suspect that a student is psychologically impaired should use mature judgement and contact the Associate Dean for Student Affairs and Admissions or follow the University policy found at Wright State Raider Cares. If further action appears necessary, the Associate Dean will pursue one of the following alternatives:
• If performance or behavior factors are not involved, the Associate Dean for Student Affairs and Admissions will fully respect the right and responsibility of the student to determine further actions, if any, including leave of absence and professional treatment. The student will be offered all reasonable assistance. Any treatment will be confidential and at the student’s expense.

• If performance or behavior factors are involved, the Associate Dean for Student Affairs and Admissions may intervene. This would include instances such as:
  o Threats to life, limb or property of self or others;
  o Functioning incompetently in a medical education setting;
  o Inappropriate professional behavior;
  o Behavior which disrupts academic or clinical activities;
  o Recurrent need for excessive support which interferes with the responsibilities of faculty, staff, or fellow students;
  o Violation of local, state, or federal laws;
  o Violation of policies of the school, the university, or affiliated hospitals; or
  o Violation of professional ethics.

Under these circumstances, the Associate Dean for Student Affairs and Admissions may take action required to fulfill the responsibilities of the school. This could include:

• continuation with no further action,
• continuation after leave of absence for a specified period,
• continuation contingent on a supporting clinical opinion,
• review by the Student Promotions Committee or Deans’ Council, or
• review by an ad hoc committee.

The student may be encouraged to pursue professional help, but the school normally will honor the student’s right and responsibility to manage his/her personal issues.

**Ad Hoc Impaired Student Committee**

If serious or recurrent behavior problems and/or questions of professional competence exist, the Associate Dean for Student Affairs (Associate Dean) or the Student Promotions Committee (SPC) may appoint an ad hoc Student Mental Health Committee to review the circumstances and recommend actions. The Committee will consist of four faculty members plus one faculty or staff member selected by the student. The Committee’s recommendations could include, but are not limited to, the following:

• Any of the actions described previously;
• Indefinite leave of absence with specified conditions;
• Required clinical evaluation;
• Alteration of the student’s academic program; or
• A recommendation of Dismissal.
Required Clinical Evaluation

A required clinical evaluation will be imposed with discretion and under the following terms, which will be made clear to the student and to the treating clinician:

- The student may select a clinician from a list provided by the Office of Student Affairs and Admissions.
- The clinician is serving as an agent of the School to assess fitness for duty and must be knowledgeable of the medical education process. The School will pay for the evaluation.
- The evaluation report will be forwarded to the Associate Dean. Information will be limited to that which is necessary to clarify the student's ability to function as a medical student, including any related treatment requirements.
- An ad hoc Medical Student Mental Health Committee convened by the Associate Dean or SPC and recommending a required evaluation will review the evaluation and make recommendations for action.

Appeal Process

To appeal a decision by the Associate Dean or the SPC requiring a clinical evaluation, treatment, or leave of absence, students may appeal to the Dean of Medicine in writing within seven business days of receiving the decision regarding their status. After reviewing the relevant documents, the Dean of Medicine will notify the student, by letter, of the final decision.
Infectious Disease Contacts

Dayton Children’s Hospital
One Children’s Plaza
Dayton, OH 45404
Employee Health Manager
Phone: 937-641-4570
Fax: 937-641-6190

Good Samaritan Hospital
2222 Philadelphia Drive
2200 Building, Suite 648
Dayton, OH 45406
Employee Health Manager
Phone: 937-734-3200
Fax 937-276-7622
Email: mrgilli@premierhealth.com

Greene Memorial Hospital
1151 North Monroe Drive
Xenia, OH 45385

Soin Medical Center
3535 Pentagon Boulevard
Beavercreek, OH 45431
Ann Biendenharn, BSN, RN
Phone: 937-352-2491
Fax: 937-522-8034
Email: ann.biedenharn@khnetwork.org

Kettering and Sycamore Hospitals
3535 Southern Boulevard
Kettering, OH 45429
Carol Koehler, RN
Employee Health Coordinator
Phone 937-395-8894 Fax:937-395-8351
Email: carol.koehler@khnetwork.org

Miami Valley Hospital
One Wyoming Street
Dayton, OH 45409
Karen Amyx, RM
Maryann Johnson, RM
Employee Health
Phone: 937-208-4803
Fax: 937-208-4640
Email: kramyxr@premierhealth.com;
majohnson@premierhealth.com

Veterans Affairs Medical Center
4100 West Third Street
Dayton, OH 45428
Occupational Health
Phone: 937-268-6511x1906
Email: Hobert.Hampton@va.gov

Wright-Patterson Medical Center
88th Medical Group
4881 Sugar Maple Drive
Wright-Patterson AFB, OH 45433
Public Health Flight/SGPM Occupational Health Section
Phone: 937-257-0098

Wright State University
Boonshoft School of Medicine
190 White Hall
3640 Colonel Glenn Highway
Dayton, OH 45435
Gregory Toussaint, MD
Phone: 937-775-3322
Email: gregory.toussaint@wright.edu
Room Reservations in White Hall

Rooms must be approved at least 72 hours in advance and at least one week in advance for large or complicated setup. All rooms may be requested by contacting Medical Academic Operations office (MedOPS), 118 White Hall, 937-775-2986 or completing this form. Please note that academic needs and occasional major university events may take precedence. If student events are asked to move, MedOPS staff will make every effort to provide replacement space and support.

1. ICM Rooms (175 Hallway): Capacity of 12-15 people. Food is permitted.
2. Five-in-One Labs (130 Rooms): Capacity of 30-48 people. NO food permitted.
3. Rooms 101 (Gandhi Auditorium) and 120 (McGee Auditorium) can accommodate larger groups (40 or more people). Smaller groups may request these rooms. NOTE: MedOPS has the option to bump if a larger group makes a request.
4. The Atrium and Lobby may be requested for special events; a fee may be assessed if staff hours are needed for support.

Requesting audiovisual support

Properly scheduled events will have the support of MedOPS personnel only if scheduled in advance.

1. Contact MedOPS, som_medops_help@wright.edu.
2. Notify MedOPS if audiovisual support is requested. Give MedOPS 72-hour notice. At least one full week advance notice is required for large or elaborate set-ups (moving furniture, recording, panel discussions, and/or clicker use).

White Hall 120 may be used for students’ event presentation without the use of support staff. The room must still be booked through the MedOPS office.

RESPONSIBLE PARTIES MUST TURN OFF PROJECTORS AFTER THE EVENT. If the projectors are left on, a charge of $50 will be assessed to cover the expense of the additional hours lost on the bulbs.

MedOPS has a wide variety of presentation tools available that are not listed. Contact MedOPS with the event needs.

All MedOPS support requests and room(s) scheduling should be sent to: som_medops_help@wright.edu
Medical Liability Coverage

The School provides medical liability coverage when providing medical services as a part of approved educational activities. Students are not covered while participating in unapproved activities or rotations. Generally, in the third and fourth years, students are not covered for an activity unless it is officially listed on one’s schedule. To assure coverage for a specific activity, including shadowing or observership type activities, the student should inquire in the Office of Student Affairs and complete an observership form. When rotating outside the School, students may be requested to provide a letter from the School showing proof of coverage.
Criminal Background Checks

Policy

Entering Students
The School is committed to accepting and educating students who meet established standards for professionalism, are of high moral character, and are suitable for medical licensure. Applicants, who are offered conditional acceptances by the School, must undergo national Criminal Background Checks (CBC), conducted under the auspices of the American Medical College Application Service (AMCAS) prior to matriculation or the beginning of medical school. This requirement is necessary to ensure a safe environment for patients, students, staff, faculty, and persons in our affiliated institutions. As health care professionals, medical students are entrusted with the health and safety of patients. This responsibility entails having access to controlled substances and confidential information, requiring the highest levels of integrity and proper behavior, and laying on of hands for professional purposes. Applicants who are unsuitable to participate in educational and clinical activities as evidenced by past histories of criminal or socially objectionable behavior are unable to fulfill the requirements for receiving the Doctor of Medicine degree. Should the CBC reveal criminal activities or adverse findings, the School will rescind its offer of acceptance and deny the privilege of matriculation.

Procedures

The Wright State University Boonshoft School of Medicine (School) Admissions Committee grants admission or conditional acceptances to a relatively small number of applicants pending the outcome of the AMCAS CBC. If the CBC has not been conducted, applicants must submit to this. If a CBC has been conducted, AMCAS will provide the report to the School only after applicants are accepted. The CBC report will be treated confidentially by the School and used to make matriculation decisions.

The Associate Dean for Student Affairs or a designee will review CBC reports. Relevant considerations by the School may include but are not limited to the date, nature, number and seriousness of offenses; the relationship one’s behaviors and activities have to the responsibilities of medical students, residents, and physicians; and any successful efforts toward rehabilitation. When appropriate, applicants may be asked to meet with a representative of the School to answer questions about their CBC. Attorneys may not accompany applicants. The School may seek advice from the Wright State University Office of General Counsel.

The Deans’ Council will review CBC reports that contain concerns. They will make decisions to withdraw or not withdraw offers of acceptance. Applicants will be notified in writing of the School’s decision to withdraw acceptances and deny the privilege of matriculation. This decision may not be appealed.
As part of the AMCAS application, applicants are asked about felonies and misdemeanors. Failure to answer questions completely and provide full disclosure will result in decisions to withdraw acceptances. Disclosed convictions may or may not be discussed in the admissions interview at the interviewers’ discretion. Accepted applicants are required to provide necessary information and consent for the CBC to be conducted. Refusal to participate in the CBC will result in decisions to withdraw acceptances.

The School reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

**Third Year Students**

Students will need to complete a second CBC before the start of the first clerkship. Students may do this any time in May. The process is done through CastleBranch, one of the top ten background screening and compliance management companies in the nation. The cost is included in fees for the upcoming year. Go to Castlebranch. In the upper right-hand corner, enter the Package Code WR26fp: Fingerprinting. For additional assistance, please contact the Service Desk at 888.723.4263.

The Associate Dean of Student Affairs will receive and evaluate the results. If there is a serious problem, the Deans’ Council will be convened to review the results and make recommendations.
Transfers

Transferring In

If clinical capacity permits, the School will accept transfer or advanced standing applicants into the third-year class. Generally, applicants are not considered for transfer/advanced standing into the first, second, or fourth year classes. To be considered for transfer into the third year, the applicant must:

- Be currently enrolled in a Liaison Committee on Medical Education (leading to the M.D. degree) or American Osteopathic Association (leading to the D. O. degree) accredited school
- Be a citizen or permanent resident of the U.S. or have an I-94 Form showing asylum or refugee status
- Have passed the USMLE Step 1 exam prior to matriculation.

Transfer/advanced standing applications are considered on a space-available basis. In some years, no applications are considered. Transfer/advanced standing applicants must demonstrate compelling circumstances as one of the reasons for requesting to transfer. Transfer/advanced standing applications must be accompanied by:

- An official transcript
- A letter of recommendation, indicating that the student is in “good standing,” from the Associate Dean for Student Affairs at the applicant’s home school. (Applicants who prefer not to request a letter from their Associate Dean may substitute a letter of recommendation from a faculty member of their school.)

Interviews are by invitation. Candidates selected for interviews will be interviewed separately by two Admission Committee members. Normally, interviews are about 45 minutes in length. Committee members approach interviews as opportunities to become personally acquainted with applicants and to clarify written applications. Areas evaluated in the interview include dedication to human concerns, communication skills, maturity, motivation, academic performance, and compatibility with the goals of the school. In evaluating candidates, the Admissions Committee considers the following factors:

- Undergraduate school(s) attended and degree(s)
- Medical/osteopathic school G.P.A. and trend
- MCAT scores
- Honors and awards for achievement
- Research experience(s)
- Letters of recommendation
- Extracurricular activities
- Volunteer experiences

The timetable for consideration of transfer/advanced standing applications is as follows:

- May: applications are available, providing space is available
- June 1: applications are due
The third year at Wright State begins in late June. Accepted transfer/advanced standing applicants are expected to complete all third year, fourth year, and graduation requirements. The starting date for accepted transfer applicants will be determined through discussion with the applicant and included as a condition in a written offer of acceptance. Accepted applicants must commit to the School in writing within a specified period of time or the offer of transfer/advanced standing acceptance is invalidated.

Accepted transfer/advanced standing applicants who cannot begin clerkships at the School may need to complete a clerkship at their home institution before matriculating at Wright State. The transfer applicant may request transfer credit for comparable clerkships completed at their home school. Such requests should be made in writing to the Associate Dean for Student Affairs and Admissions and should be accompanied by a course syllabus and transcript showing the grade received. The respective Wright State clerkship director will make the determination to grant or not grant credit.

**Transferring Out**

Wright State students who wish to transfer to another medical school may request transcripts from the School and letters of evaluation from the Associate Dean for Student Affairs and Admissions. Wright State students who accept transfer offers from other schools are expected to submit written letters of resignation to the Associate Dean of Student Affairs and Admissions.
Equality, Affirmative Action, and Harassment

Wright State University's policies on equality, respect, and safety cross over to your rights as a School of Medicine student. Our School appreciates each student’s uniqueness. Through the guidelines listed below, the School works to protect and respect students’ individuality, as well as their safety.

Wright State University publishes its entire policy for equal opportunity and affirmative action in the Wright State University Student Handbook. Included below are sections that pertain to students. For more information, refer to the student handbook or contact the Office of Equity and Inclusion.

Equal Opportunity in Education

Wright State University provides equal educational opportunity. In its educational policies and practices, the university prohibits discrimination against any person or group on the basis of race, sex (including gender identity/expression), color, religion, ancestry, national origin, age, disability, genetic (DNA) information, veteran status, or sexual orientation. This prohibition extends to admissions, housing, financial aid, health care insurance, employment and all other university services or facilities. (Wright Way 4001.02.b.1)

Discrimination & Harassment

Discrimination is any distinction drawn regarding any aspect of an individual's Wright State University employment or education solely because of that individual's race, gender, color, religion, ancestry, national origin, age, disability, veteran status, or sexual orientation. Harassment is conduct that substantially interferes with an individual's work or educational performance or creates an intimidating, hostile, or offensive working or educational environment. Such conduct may constitute harassment even if done under the guise of humor.

No member of the academic community may discriminate against or harass any other member of the academic community on the basis of the latter person's race, gender, color, religion, ancestry, national origin, age, disability, veteran status, or sexual orientation. This policy is consistent with all state and federal regulations.

Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made - either explicitly or implicitly - a term or condition of an individual's employment or education status;
• Submission to or rejection of such conduct by an individual is used as the basis for an employment or educational decision affecting such individual; or
• Such conduct substantially interferes with an individual's work or educational performance or creates an intimidating, hostile, or offensive working or educational environment.

Following are examples of sexual harassment, although the list is not all-inclusive:
• Verbal sexual innuendo, suggestive comments, insults, humor, and jokes about sex or gender-specific traits, sexual propositions, or threats;
• Non-verbal suggestive or insulting sounds, leering, whistling, or obscene gestures; and
• Physical touching, pinching, brushing the body, coerced sexual intercourse, or assault.

Complaints

Students who feel that they or others are subjects of discrimination or harassment should contact a faculty member in the Office of Student Affairs and Admissions or the university's Office of Equity and Inclusion at:

Office of Equity and Inclusion
436 Millett Hall 937-775-3207

Most incidences of discrimination or harassment are resolved without initiating a formal complaint. However, procedures for filing a formal affirmative action complaint are detailed in the Wright State University Student Handbook.
Safety & Security

Wright State University’s Police Department is responsible for ensuring a safe environment for students, employees, and visitors. Police officers patrol the campus 24 hours a day, seven days a week. They are aware of the hours kept by medical students and pay close attention to the medical sciences area during late hours.

All requests for emergency assistance—for medical, personal, or other reasons—should be directed to the Police Department by calling 911, or by contacting the Wright State University Police Communications Center, 060 Allyn Hall, at 937-775-2111. The communications operator will, in turn, contact services that are appropriate to the situation. If you inadvertently dial 911, please remain on the line to inform the communications operator that you dialed the number by mistake.

Emergency telephones are clearly marked and have been installed in the buildings, parking lots, and grounds areas around the main campus for reporting emergencies directly to the Wright State University Police Communications Center. The telephones are to be used to report any type of emergency such as, but not limited to, fire, sudden illness, injury, and threatening situations.

The Wright State University Police Department’s S.A.F.E. escort service is designed to enhance your safety and peace of mind and provide a greater sense of security for anyone who feels unsafe while walking alone on campus. The S.A.F.E. escort service is a walking escort from one location on campus to another. The S.A.F.E. escort service is free of charge and is available to all Wright State University students, staff, and faculty members.

Fire alarms throughout the buildings are the primary means of ordering evacuation of a building in case of fire, bomb threats, gas leaks, and similar emergencies. An outdoor siren system indicates the need to seek indoor shelter areas in case of severe weather. The indoor shelters are located in the tunnels and are indicated by arrow.
School and University Policies

**Boonshoft School of Medicine Faculty and Clinical Affairs Policy**

Policy 14: Use of Boonshoft School of Medicine Name and Symbol in Professional Activities  
Policy 20: Pharmaceutical/Medical Device Industry Conflict of Interest Policy  
Policy 21: Code of Faculty Behavior

**Wright State University Wright Way Policy**

Policy 1106: Wright State University Information Technology Security Policy  
Policy 2301: Production of Official University Publications and Acquisition of Printed Materials  
Policy 2304: University Marks, Words, Logos, and Symbols  
Policy 2502: Records Policy  
Policy 3001: Solicitations, Distributions, and Postings  
Policy 3002: Responsible Use of University Computing Resources  
Policy 3003: Bulletin Boards, Signs, and Posting  
Policy 3201: Alcohol Consumption on University Property  
Policy 3601: Parking  
Policy 4001: Procedures for Requesting a Reasonable Accommodation (see Appendix to 4001.20 Affirmative Action Program for Persons with Disabilities)  
Policy 4007: Demonstrations and Marches Policy 4008: Firearms  
Policy 4010: Privacy and Release of Student Educational Records  
Policy 6020: Smoking  
Policy 6031: Emergency Care for Injuries and Illness  
Policy 6032: Reporting Injuries and Illnesses