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PREFACE

The Academic Policies and Procedures of the School of Medicine are provided in this manual to facilitate their compliance by the faculty, students, and administrative staff. This manual supersedes all previously published or verbal policies. Because of the dynamic nature of the academic process, policies may change and new policies may emerge. Therefore, this manual will be updated as deemed appropriate.

This manual does not constitute a contract, expressed or implied, between any student or faculty member and Meharry Medical College. The College reserves the right to request or require the withdrawal of any student who does not attain and maintain adequate academic or clinical performance or who does not exhibit the personal and professional qualifications prerequisite for his/her chosen discipline of study.

The College provides an opportunity for students to increase their fund of knowledge by offering programs of instruction in various basic and clinical science disciplines and programs through faculty who, in the opinion of the College, are trained and qualified for teaching at the college level. However, the acquisition of knowledge by any student is contingent upon the student’s desire to learn and the application of appropriate study techniques to any course or program. As a result, the College does not warrant or guarantee that any student who completes a course or program of study will necessarily acquire any specific knowledge or skills or will be able to successfully pass or complete any specific examination for any course, degree, or license.

Meharry Medical College is an EOE/AA employer and does not discriminate on the basis of gender, sexual orientation, race, age, religion, color, national origin, handicap, veteran, sexual orientation, or immigrant status in its admissions, employment, and educational programs or activities. Inquiries concerning the College’s non-discrimination policies may be referred to the Office of the General Counsel, Lyttle Hall Administration Building, (615) 327-6102.
THE SCHOOL OF MEDICINE OVERVIEW

OFFICIAL NOTIFICATION TO STUDENTS

Addresses – Local and Permanent

All students are required to register local and permanent addresses, e-mail addresses, home telephone numbers, and cell phone numbers through the Banner System. Any changes must be updated electronically through the Banner System in a timely fashion. The Banner System is considered the official record of the College for current students. All students enrolled or those on leave of absence are expected to utilize School of Medicine issued email addresses.

All official actions concerning former students will be forwarded to the addresses recorded in the Banner System, unless otherwise requested in writing to the Office of the Registrar.

Blackboard/Internet

Official policies, notices, and student announcements for the School of Medicine will be posted on Blackboard, the Meharry website, and/or through utilization of our alert system. Policies are reviewed during orientation. Any policy changes will be announced via email and Blackboard.

Official Repositories

The official repositories of policies of the School of Medicine will be the Offices of the Dean and Office of Student Academic Affairs for perusal by students, faculty, and administrative staff during regular office hours and available by Meharry website and intranet. Changes in the policies or procedures will be made as approved by the Dean of the School of Medicine. All students entering the School of Medicine of Meharry Medical College will review these policies and procedures during the orientation period and will be notified of any changes by email.

MISSION STATEMENT OF THE SCHOOL OF MEDICINE

The School of Medicine of Meharry Medical College pledges to offer a unique, quality health science education to students of diverse origins, especially African Americans, with emphasis on addressing underserved populations. In addition, the School of Medicine will teach and monitor excellence in the delivery of primary or holistic care, provide a foundation for lifelong learning, and conduct research relevant to the health of the disadvantaged.
EDUCATIONAL COMPETENCIES

The educational competencies of the medical education program leading to the M.D. degree emphasizes medical knowledge, patient care, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement. The candidate for the M.D. degree will be required to show competence in each of these areas, as follows:

**Medical Knowledge**

- Normal biological and physiological processes of cells and tissues and the human body
- Nature of various agent/mechanisms that produce changes to normal structure/function of cell and tissues and the human body
- Mechanism of action of drugs and their metabolic and toxic effects
- Mechanisms of normal growth, development, and aging process
- Concepts related to normal behavior and mental illness
- Scientific method and the ability to analyze data critically in the identification of disease and treatment strategies
- Determinants of poor health and the psychosocial, economic, and cultural factors that contribute to the development of common maladies

**Patient Care**

- Obtain a meaningful history and perform a satisfactory physical examination
- Order and interpret the results of routine diagnostic tests and evaluative procedures
- Draw conclusions from the history and physical examination, and other diagnostic and evaluative procedures to identify health problems
- Develop and implement an appropriate treatment plan for disease and other health problems
- Formulate an appropriate differential diagnosis
- Assess and evaluate the correctness of clinical decisions and the efficacy of implemented therapeutic interventions
- Adjust or modify a treatment plan based on new information or changes in patient status
- Perform technical procedures specific to a specialty
- Diagnose and participate in treatment of mental illness
- Apply the use of drugs in patient care
- Apply psychosocial principles in delivery of healthcare
- Apply principles of preventive and health maintenance in the delivery of healthcare
- Interpret laboratory results in identifying diseases or health problems
- Recognize normal growth and development
- Apply principles of evidence-based medicine and critical data analyses to clinical decision making
- Recognize patients with life-threatening conditions
- Integrate basic sciences knowledge in the clinical assessment and management of patients
Interpersonal and Communication Skills

• Effective interpersonal communication with patients from different racial/ethnic groups, their families and students, residents, and other members of the healthcare team
• Demonstrate effective interpersonal and communication skills with all members of the healthcare team and relevant agencies and institutions
• Demonstrate effective interpersonal and communication skills with patient’s family, friends, and other members of the patient’s community as appropriate
• Demonstrate effective interpersonal and communication skills with patients about their care, including ethical and personal issues
• Maintain a professional demeanor of integrity and transparency in all communications

Professionalism

• Ability to interact respectfully and effectively with patients, peers, and other healthcare workers from diverse cultural and religious groups
• Ability to show compassion and respect for the dignity of patients and confidentiality in the delivery of healthcare
• Ability to practice in a manner that reflects an understanding and acceptance of ethical principles and other recognized standards of professional behavior which guide and characterize the actions of physicians
• Knowledge of ethical principles related to research involving human subjects and the responsibilities of the physician
• Put patients’ interests ahead of your own
• Recognize personal limitations and biases, knowing when and how to ask for help
• Effectively advocate for the health and needs of the patient

Systems-based Practice

• Advocate for high-quality patient care
• Recognize the value, limitations and use of information technology in the delivery of care
• Apply an understanding of the financing and economics of care delivery regionally, nationally, and globally to optimize the care of patients
• Apply principles of cost containment in the delivery of healthcare
• Demonstrate the ability to work effectively within the larger context and system of healthcare
• Demonstrate knowledge of the various aspects of healthcare delivery systems including the social, economic, and political dimensions
• Work effectively with healthcare teams to enhance patient care and safety

Practice-based Learning and Improvement

• Demonstrate clinical proficiency and competency in medical practice through the utilization of acquired basic knowledge skills resulting from the process of lifelong learning
• Demonstrate ability to use information technology to access online information, manage information, and to evaluate critically evidence from the scientific literature in decision making and patient care
TECHNICAL STANDARDS OF ADMISSION, RETENTION, AND GRADUATION

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. Medical school faculties have a responsibility to society to matriculate and graduate the best possible physicians. Thus, admission to medical school is offered to those who present the highest qualifications for the study and practice of medicine. Technical standards presented in this document are prerequisite for admission, retention, and graduation from the School of Medicine at Meharry Medical College. All courses in the curriculum are required in order to develop the essential skills required to become a competent physician.

Graduates of medical schools must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The School of Medicine at Meharry Medical College acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 11-336, the Americans with Disabilities Act (ADA) 1993, but ascertains that certain minimum technical standards must be present in prospective candidates. Candidates for the M.D. degree at Meharry Medical College School of Medicine are considered without regard to disability, but with the expectation that they can complete satisfactorily all parts of the curriculum within the prescribed four-year period. The school does not offer a decelerated curriculum.

A candidate for the M.D. degree must have aptitude, abilities, and skills in five areas: observation, communication, motor coordination and function, intellectual/conceptual, integrative and quantitative abilities, and behavioral and social attributes. Technological compensation can be made for some disabilities in these areas, but a candidate should be able to perform in a reasonably independent manner without assistance. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the six skill areas specified. The School of Medicine provides reasonable accommodations in its academic programs to qualified individuals with disabilities. A reasonable accommodation is one that does not require substantial program modifications or lower academic standards.

Students will be judged not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the School's curriculum and to graduate as skilled and effective practitioners of medicine.

Observation: The candidate must be able to observe demonstrations and participate in experiments in the basic sciences including, but not limited to, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of micro-organisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires not only the use of the sense of vision, but other sensory modalities as well. It is enhanced, for example, by the sense of smell.

Communication: A candidate should be able to speak, to hear, and observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications. A candidate must be able to communicate effectively and with sensitivity toward patients. Communication includes not only speech, but also reading and writing, and express appropriate body language. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.
**Motor Coordination and Function:** Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.), and read EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

**Intellectual/Conceptual, Integrative, and Quantitative Abilities:** These abilities include measurement, calculation, problem reasoning, analysis, and synthesis. Problem solving and the critical thinking skills demanded of physicians require all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relations of structures.

**Behavioral and Social Attributes:** Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively when stressed. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Empathy, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that should be assessed during the admission and education processes.

Candidates for the M.D. degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates’ diagnostic skills will also be lessened without the functional use of the senses of equilibrium, smell, or taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

The Meharry Medical College School of Medicine will consider for admission any applicant who demonstrates the ability to perform or to learn to perform the skills listed in this document. Students will be judged not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the school’s curriculum and to graduate as skilled and effective practitioners of medicine. The following technical requirements apply:

1. Able to observe demonstrations and participate in experiments in the basic sciences.

2. Able to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments.
3. Has sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination and perform palpation, auscultation, and percussion.

4. Can reasonably relate to patients and establish sensitive, professional relationships with them.

5. Can communicate the results of an examination to the patient and to colleagues with accuracy, clarity, and efficiency.

6. Can learn and perform routine laboratory tests and diagnostic procedures.

7. Can perform with precise, quick, and appropriate actions in emergency situations.

8. Displays good judgment in the assessment and treatment of patients.

9. Possesses the perseverance, diligence, and consistency to complete the medical school curriculum, and to enter the independent practice of medicine.

10. Able to accept criticism and respond with the appropriate modification of behavior.

11. Able to tolerate physically taxing workloads and have the ability to display flexibility and function effectively when stressed, and function well in the face of uncertainties and in changing environments.

OVERVIEW OF ACADEMIC POLICIES

• The School of Medicine reserves the right to modify the curricular content, format, and/or academic requirement(s) during the time of a student's enrollment. At the time of matriculation, students agree to meet all requirements and policies approved by the appropriate academic body.

• The faculty and administration of Meharry Medical College expect full cooperation from the student body in the maintenance of high moral and ethical standards. All first year students will participate in the White Coat Ceremony, which is an integral part of the curriculum: professionalism. The ceremony serves to ensure that students understand that healthcare is a noble profession that requires not only technical skill, but compassion as well. An oath will be taken by the medical students during the ceremony. Meharry Medical College reserves the right to dismiss a student at any time if his/her conduct is considered unsatisfactory. However, students should expect and receive courteous and helpful assistance from staff and cutting-edge instruction and research methods from the faculty.

• Personal honesty is one of the most important attributes of a good professional; therefore, any student involved in academic dishonesty will be subject to dismissal from the School of Medicine.
• All students are required to complete a minimum of eight (8) weeks hypothesis-driven research activity. Research activity is anticipated to occur during the summer of the entry of the MS2 year of medical school; however, this experience may be completed prior to the last semester of the MS4 year due to extenuating circumstances.

• Any student who fails to maintain a cumulative academic average established by the School to be considered in good academic standing will automatically be placed on probation, i.e. < 2.0.

• Students are NOT permitted to hold leadership positions if their cumulative GPA is < 3.0. In addition, first year students in the first semester cannot hold leadership positions and are strongly encouraged not to participate in extracurricular activities; all other students should limit their participation. Due to the very competitive Match, students are strongly encouraged to focus on academic success in order to pass United States Medicine Licensing Examination (USMLE) Step 1 and Step 2CK on first attempt, and honing clinical skills in clinical opportunities to pass USMLE Step 2CS on first attempt.

• Students may be permitted a maximum of two (2) attempts to successfully pass an individual course in the curriculum, upon the decision of the Student Evaluation and Promotion Committee (SEPC). Failure to pass an individual course after two attempts will result in a student being dismissed from the School of Medicine.

• Students are required to participate in all academic support programs prescribed by the Office of the Dean. This is inclusive of all Comprehensive Medical Review Program (CMRP) offerings, such as the Kaplan Review Course. The Kaplan Review Course is mandatory for all students preparing for USMLE Step 1 except for students meeting the established Comprehensive Basic Science metric.

• All MS4s are required to take the Boot Camp Course and pass it prior to taking the USMLE Step 2 CS. Delayed students are at risk of not receiving the next Boot Camp Course offering until the following calendar year and will result in the inability to enter the National Residency Matching Program until the next academic year. *As of Spring 2020, due to the COVID-19 pandemic, the ability to take the USMLE Step 2CS is nationally suspended for 12-18 months; therefore, any student unable to take or retake the exam during this period of time will have notation on their Medical student Performance Evaluation (MSPE).

• No student is permitted to delay sitting for the USMLE Step Examinations regardless of perceived or real “unreadiness”; therefore, when a student is eligible to take USMLE Step 1 or Step 2 during each semester and fails to do so at least once, the student is considered to failure to academically progress. Specific details regarding eligibility for financial aid should be discussed with the Office of Financial Aid.

• Students must pass USMLE Step 1 to be permitted to participate in the National Residency Matching Program (NMRP). The administration has the right to exclude or withdraw any student from participation in the Match at any given time, including the right of withdrawal of students from the Match if the passing results for USMLE Step 2 CK and CS are not received by the day of the Rank Order List Certification Deadline. *As of Spring 2020, due to the
COVID-19 pandemic, the USMLE Step 2CS is not required for Match 2021 or graduation for the Class of 2021.

• *Except for the USMLE Step 2CS for the Class of 2021, all MS4s are required to take their first attempt of USMLE Step 2 CK and CS by December 31st of the year prior to Match. Successful negotiation of both parts of Step 2 within two years of first being eligible is required for graduation and receipt of the M.D. degree, provided that the student is still eligible, i.e. within the six year academic calendar limit; otherwise, the student will be dismissed when the six years expires and any further attempts are forfeited if not completed in this time frame.

PROFESSIONALISM

GENERAL INSTITUTIONAL POLICIES

Meharry picture identification tags (IDs) must be worn at all times while on campus and at affiliated sites. Smoking is not allowed. Meharry Medical College is a smoke-free campus.

THE WHITE COAT CEREMONY

All entering medical students will participate in the White Coat Ceremony, which is an integral part of the curriculum: professionalism. The ceremony serves to ensure that students understand that healthcare is a noble profession that requires not only technical skill, but compassion as well. An oath will be taken during the ceremony by the entering medical students in front of family members, faculty, school leadership, and among peers to acknowledge their main obligation of caring for the patient. This ceremony will be conducted during the Fall Semester and is designed to establish a psychological contract for medical students to stress the importance of caring as a significant aspect of curing. All medical students who are repeating the first year will again participate in the White Coat Ceremony to bond with the new cohort. This policy also applies to first year students re-entering medical school whether they had voluntarily withdrawn from classes or were required to repeat the academic year.

STUDENT CODE OF PROFESSIONAL CONDUCT

Purpose

The Student Code of Professional Conduct of Meharry Medical College is promulgated so that Office of Student Academic Affairs are conducted under the highest standards of individual responsibility. The Student Code of Professional Conduct promotes personal honor and integrity in the best traditions of the health sciences professions. The Professional Code of Conduct promotes academic honesty and integrity in the classroom, laboratory, clinics, and other academic endeavors. The Professional Code of Conduct requires students to uphold its principles of fairness, professionalism, and ethical behavior; and it also provides procedures to adjudicate alleged violations. By their pledge to subscribe to and uphold this Professional Code of Conduct, Meharry
Medical College students assume the responsibility for the implementation of the Professional Code of Conduct, and their own academic and professional honesty and integrity. Students are required to sign the Professional Code of Conduct pledge at Meharry Medical College. Faculty and staff also have a responsibility to participate in the implementation, enforcement, and application of the Professional Code of Conduct.

**Accountability**

By direction of the President, the Office of the General Counsel Policy Management Division ensures compliance.

**Definitions**

**Code of professional conduct:** A series of principles and rules that govern professional interactions. Such principles include both obligatory and desirable components. Obligatory behaviors refer to necessary professional behaviors which are required by ethical principles and which form the foundation of professional practice, teaching, and learning. Desirable professional behaviors refer to components which enhance professional excellence. Honesty is a central element of each component.

**Exoneration:** Committee clearance of alleged violations.

**Suspension:** Temporary exclusion from academic, research and/or clinical activities.

**Probation:** Period of time in which behavior must remain free of violations prior to reinstatement or removal of restricting conditions.

**Reprimand:** Written censure for specified college regulatory violations.

**Restriction of Privilege:** Loss or diminution of academic, research and/or clinical activities for a prescribed period of time.

**Policy**

Meharry Medical College reserves the right to reprimand, require withdrawal, or to dismiss any student for unprofessional conduct or behavior. Among the behaviors which may lead to disciplinary action are: cheating, deception, sexual harassment, fraud, destruction of property, substance or alcohol abuse, and criminal activity.

**Specifications**

Accusations involving students will be transmitted in writing to the SOM Student Disciplinary Committee. Any individual may inform the Senior Associate Dean of Office of Student Academic Affairs of alleged violations. Immediate action may be taken for emergency infractions/violations until a formal disciplinary hearing can be conducted. The Committee will review referred cases.
and take appropriate action. Students may appeal any discipline committee action by written communication to the Dean. The procedures for review and appeal of disciplinary actions are published elsewhere in the Policies and Procedures Manual.

As members of the College academic community, students are subject to the obligations and responsibilities which accrue to them by virtue of this membership. The demonstration of appropriate conduct and exercise of applicable responsibilities is expected.

Students, faculty, staff, and/or test administrators must report observed violations to the Senior Associate Dean of the Office of Student Academic Affairs. Breach of rules, regulations, policies and procedures governed by the disciplinary procedure shall include, but is not limited to:

1. Furnishing False Information

It shall be a breach of conduct for any student to intentionally:

- Furnish false information to the College with the intent to deceive, forge, or in any way alter or falsify documents or evidence required for admission to the College
- Give false information or testimony during the investigation or hearing of a disciplinary matter
- Forge, alter, destroy, damage, or misuse College documents, records, or identification
- Present the work of another individual or source as one’s own concepts or ideas
- Submit for credit any academic work for which credit has previously been obtained or that is being submitted to another course or assignment
- Falsify or alter any institutional, research, and/or academic record or make use of such forged or altered records
- Remove or destroy information related to patient treatment or one’s own academic or clinical work
- File false charges or accusations against another individual

2. Theft or Misappropriation of Funds

It shall be a breach of conduct for any student to intentionally engage in the following:

- Theft, destruction, or damage of intellectual or informational property of the College or an affiliate’s property
- Theft or misappropriation of school funds
3. Breach of Rules

Breach of recognized ethical and professional standards applicable to health professional schools includes, but is not limited to, the following:

- Unauthorized entry to College facilities and/or possession of keys to College facilities
- Failure to comply with directives of College officials acting in the performance of their duties
- Violation of written College policies and regulations
- Violation of the terms of probation
- Attempt to commit or to be accessory to the commission of any act in violation of this or other standards of conduct
- Breach of any municipal, state, or federal laws, rules, regulations, or ordinances on College property
- Breach of rules of any institution while on rotation at that institution

4. Physical Assault

Physical assault of any person on College-owned or controlled property, or conduct which threatens or endangers the health or safety of any person will be considered a breach of conduct.

5. Examination Dishonesty

Any use of unauthorized assistance during an examination constitutes dishonesty and represents unacceptable examination behavior. Examples of examination dishonesty include: but are not limited to, communication with another person other than faculty in any manner during an examination; copying material from another student’s examination; permitting a student to copy from an examination; use of unauthorized books or notes; utilization of any electronic devices i.e., phones, watch, glasses(google), laptops, IPads, etc. and media; falsification/misrepresentation of academic or clinical performance; impersonation of another student at any examination or other form of academic work; interference with an instructor’s administration of an examination, giving and/or receiving aid during an examination. Please note, examinations written by Meharry faculty cannot be posted on any internet/website, copied or distributed without prior authorization from the instructor.
6. Improper Patient Care

Improper patient care includes, but is not limited to, the following:

- Failure to provide care for assigned patients or to carry out assigned activities
- Failure to respect patient and/or professional confidentiality
- Unsupervised patient care
- Provision of patient care or conduct of professional activities when physical, mental, or emotional factors may compromise adequate care or results
- Willful disregard of patient care/other directives from supervising faculty
- Rendering of patient care or other professional activities when under the influence of alcohol or other drugs

7. Sexual Harassment

Sexual harassment is prohibited by college policy and by law. The complete policy on sexual harassment is presented in the Complaint and Grievance Policy section of this Policy and Procedure Manual, and each year the policy is distributed to all students and employees of the College.

8. Substance/Alcohol Abuse

The following behaviors constitute conduct code violations:

- Possession of illegal drugs/substances
- Sale of illegal drugs/substances
- Drunken or disorderly conduct on the campus or affiliate site

TECHNOLOGY RECORDING POLICY

Digital, Cell Phone, I-Pad, etc. Recording Policy

Recording conversations, without the knowledge of the other party or parties, through the use of a cellphone, camera, or any other recording device is strictly prohibited. In compliance with the privacy regulations contained in the Health Insurance Portability & Accountability Act (HIPAA), video and recording devices shall not be used in patient care areas.
It is expected that students, faculty, and staff will respect the privacy of other individuals in the workplace and educational setting, and that secret recording of individuals without their knowledge is not acceptable. While realizing that recordings may serve many legitimate academic and workplace purposes, the College does not condone recording of individuals who are unaware that such recordings are being made. In order to promote an environment of trust and collegial academic sharing, the College expects that any recording will be done only with the prior consent of the parties involved. Secret recording of any conversation or meeting occurring at the workplace or educational setting, including any classroom or other educational experience, or conversations or meetings offsite that deal with workplace or educational matters of official concern is prohibited.

Students, faculty, and staff are also prohibited from arranging for others to do any recording of conversations, phone calls or other work or educational activities, unless specifically permitted by the College.

**Electronic Recordings of Lectures**

Electronic recording of any lecture, seminar or other instructional activity, including exams (posted or not) occurring as part of the medical curriculum is generally not permitted unless the student has received advance permission from the faculty member and course director, or has received advance approval from the Office of Student Academic Affairs. If the student needs to record lectures as a result of a disability, the student must be approved for accommodations by the Americans with Disabilities Act (ADA) Office prior to recording the lectures. Any violation of this expectation may result in disciplinary action against the student.

**Endorsed Recording of Lectures and Distribution**

Class recordings are distributed for the exclusive use of students in the School of Medicine class that was recorded. Student access to and use of class recordings are conditioned on agreement with the terms and conditions set out below. Any student who does not agree to them is prohibited from accessing or making any use of such recordings. Any student accessing class recordings:

1. Acknowledges the faculty members’ intellectual property rights in recorded lectures and class materials and that distribution of the recordings violates the Meharry Medical College Copyright Policy;

2. Recognizes the privacy rights of fellow students who speak in class;

3. Accepts that distribution, posting, or uploading class recordings to students not authorized to receive them or those outside of Meharry Medical College is a Student Code of Professional Conduct violation; and

4. Agrees that recordings are to be accessed and used only as directed by the faculty member(s) teaching the course.
REMOTE PLATFORMS, EMAIL, VIRTUAL LEARNING AND EXAMINATIONS

Medical education includes not only on gaining knowledge, but as important, medical education focuses on learning to collaborate, communicate, and demonstrate critical thinking. Therefore, this policy is not to replace current policies but to reinforce and enhance learning while demonstrating professionalism and complying with LCME accreditation expectations. Breach of rules is subject to disciplinary action, including and up to dismissal.

Class Participation Expectations and Protocols
Class participation is a graded component of the overall requirements and this includes virtual learning. In an effort to create an effective engaging course environment students are expected to accomplish the following in order to receive full credit for class participation:

- Arrive at class on time
- Have audio fully functioning (camera for exams)
- Face the camera during the entire class (lights on, sitting in an appropriate environment to engage in the class)
- Acceptable attire includes: scrubs, business attire, and appropriate casual attire
- Participate verbally in class discussions (writing on the chat bar is not a substitute for speaking)
- Respectful behavior towards other students and faculty
- Looking in or working on your computer, cell phone, Smart phone, etc. during class is unacceptable behavior, unless it involves the downloading of assignments or task that is class related

Confidentiality

- Do NOT send confidential information via email or share your password or login information
- Be careful with personal information
- Be sure to protect others (and yourself) by not forwarding information that is confidential without permission
- Change your password if you become aware that your password has become compromised (discovered by another individual)
- Always remember to logout of a system once you are complete.
- When sending files, be sure the information is in the appropriate document format/file types

Any additional information used in the verification process of your identity while online is used as a safeguard, and protects your student privacy.

Disruptive Behavior
Students are expected to practice professionalism at all times. Possibly because of the lack of face-to-face presence and the difficulty in interpreting emotions within electronic communications and professionalism more difficult to handle. In the virtual class, disruption can be direct or less direct but you or other students might be offended by it. Such behaviors include:

- Abusive behavior toward or hazing of class member
- Harassment (see Mistreatment Policy section in this manual)
- Obstruction or disruption of teaching. Interference with the course of instruction to the detriment of other students, including but not limited to
entering the session after the class has started and disrupting the lecture or class activities including verbal outbursts that disrupt the instructor’s presentation. Failure to comply with the instruction or directives of the course instructor.

- Disruption of classes or other academic activities in an attempt to stifle academic freedom of speech or dominate others so that they do not have an opportunity to speak.

**Addressing Disruptive Behavior**
- Delete any inappropriate postings in the Discussion Board and if necessary, block a student from posting in a forum.
- Call/email the student to discuss the problem. Try to be as objective as possible when asking about the problem. Let the student know how this is disruptive, how their behavior had a negative impact, and what the possible consequences will be if they continue to be disruptive.

**Internet Etiquette (Netiquette)**
This involves using generally accepted customs and behavior in online communities:

- **Basics:** Like normal etiquette, some of this is simply common sense, some of it prevents you causing accidental offence to others who may have different views from you. Understanding these guidelines will make it easier for you to make the most of this course.
- **Tone:** When you are communicating online, remember that tone is not as discernable as it would be in face to face communications. There are certain acceptable emoticons that you can include in your communications to indicate certain emotions, but again, you should not over-use these. Generally, just take care that you convey the tone you intend when engaging in written communications with your classmates and faculty. Try to use ordinary sentence case in your messages as USING ONLY UPPER CASE CAN BE INTERPRETED AS SHOUTING.
- **Flaming:** If you read an email, forum posting or dialogue posting and feel a strong reaction to it, give yourself time before responding to ensure that you do not become abusive in your response. You should never respond to a posting that has instilled a strong negative reaction in you until you have given yourself the opportunity to step back and gain perspective.

**Remote and Virtual Examinations**
You are expected to adhere to the Meharry Code of Professional Conduct during all exams, including remote examinations:

- The exam should be completed by you and only you
- Ensure you are in a location where you will not be interrupted
- Take the exam in a well-lit room and avoid backlighting, such as sitting with your back to a window
- Your desk should be free of anything else – books, notes, references
- You are allowed to use white scratch paper as well as appropriate writing implements and erasers
- You must show the proctor the front and back of your sheet of paper
- Remain at your computer for the duration of the test
- Ensure your computer or tablet is on a firm surface (a desk or table). Do NOT have the computer on your lap, a bed or other surface where the device (or you) are likely to move
- Before starting the test, know how much time is available for it and that you have allotted sufficient time to complete it
Avoid wearing baseball caps or hats with brims
You may not have any food or beverages during the exam
Recording or taking pictures of the questions during the exam, writing down the questions or any other way that can compromise the integrity of the questions/exams are STRICTLY prohibited
Before you sign out, you will need to show the front and back of your scratch paper to the proctor and tear in view of proctor
Remember to upload your exam when completed
You are not to collaborate with anyone else; you should not discuss details of the exam with anyone else, and you should not maintain or distribute any versions of this exam
In the event, if zoom proctoring becomes unavailable or the lockdown browser is not working, Meharry Medical College expects you to uphold your honor code and follow all the above rules, as well as rules prescribed by the National Board of Medical Examiners (NBME®)
You will be referred to the Disciplinary Committee, if suspected of violation of the Professional Code of Conduct

STUDENT DRESS CODE

General

Students in the School of Medicine, at all levels of education and training, are expected to maintain a proper professional image in their behavior and personal appearance at all times. Personal attire should be reflective of professionalism, and in accordance with institutional, departmental and course director mandates. Attire should be consistent with that which would instill a patient’s confidence in the student’s competence to practice medicine. When doing assignments off campus (surveys, interviews), students should be dressed professionally and should respect community norms. Hair is to be neatly groomed and clean. Nails are to be neatly trimmed and clean. No artificial nails are allowed. Males are not to wear earrings on clinical activities. Nor is jewelry in pierced facial areas or tongue to be worn by anyone at any time while in class or during clinical activities.

White coats may or may not be required depending on the activity and activity-specific guidelines will be posted on Blackboard for each course; otherwise, questions should be directed to the Course Director of the course.

Medical students are expected to wear clean, appropriate apparel (shirts; pants; knee length shorts, dresses, skirts, etc.) and shoes to all academic activities and when visiting any of our affiliate healthcare facilities. **Unacceptable attire** for students in general includes short (mini) skirts, tee shirts with inappropriate inscriptions, uncovered halter or tank tops, midriffs, excessively low-cut necklines, sweat bands, over-sized sagging pants/jeans/shorts, and thong shoes.

Males are not to wear hats or bandanas inside any Meharry or affiliate facility. Females are not to wear leggings as pants, as buttocks are to be completely covered by a long tunic or dress. Leggings, yoga pants, and other similar attire used as pants with buttocks revealed are forbidden in any setting.
The entire foot must be covered during all laboratory and clinical activities in conformance with safety regulations. The clinical dress codes are designed to establish regulations governing attire conducive to good public relations and the welfare of patients and hospital personnel. It also reinforces dress standards that meet safety, infection control, and sanitary requirements of health care institutions.

During clinical exposures, and at any time students have contact with patients or are in patient care areas, shorts are not to be worn. Men should wear shirts and ties and women should wear dresses or appropriate slacks and blouses. Also, clean, pressed white lab coats with name tags and proper identification badges are to be worn by all students at all times. Unacceptable attire for work in the hospital or clinic includes jeans, halter tops, tank tops, tee shirts, mesh or see-through garments, short pants, leggings (even if worn with covering such as tunic length blouses), excessively low cut necklines, vests alone, short tops, or other clothing revealing the abdomen and/or lower back and unapproved footwear. The wearing of canvas top shoes, sandals, and mesh shoes during the performance of clinical duties is discouraged. Bare feet are not allowed and bare legs are discouraged. Hospital personnel request that students wear stockings or socks when on duty.

Healthcare institutions will not assume responsibility for any injury sustained as a result of not wearing the proper type of shoes.

**Scrub Suits**

While in laboratories, students may wear scrub suits to that particular portion of the class. Otherwise, scrub suit wear is considered unacceptable classroom attire. While on call in affiliate hospital facilities during the MS3 and MS4 year, students may wear scrub suits to class. Students should wear their own scrub suits unless they are involved in an obstetrical or surgical procedure. Hospital scrubs must be worn in instances where sterility is an issue.

Students are not to wear scrub suits belonging to any of the affiliate hospitals outside of the healthcare facility. Not only is this practice considered theft, it adds to the overall cost of health care. Scrubs not returned to the affiliate hospital will result in holding the issuance of the diploma until the hospital is compensated by return of the item or reimbursement.

**Enforcement of Guidelines**

It is the responsibility of every faculty member to monitor adherence to the above guidelines. If problems cannot be resolved at this level, then referrals should be made to the Office of Student Academic Affairs.

Students will be suspended from clinical or classroom activities until such time as they comply with college dress code policy.
CLASS ATTENDANCE

No student is allowed to attend a class for which he/she is not officially registered by the Office of the Registrar, unless cleared by the Senior Associate Dean to sit in a class when a passing grade is already earned. Without proper official registration, no retroactive credit will be given.

One of the behavioral objectives of the institution is to help students acquire the discipline and motivation necessary to attain their maximum professional development. To facilitate this, students are expected to attend all classes. Punctual attendance is expected. Mandatory attendance is otherwise regulated by stipulations in each course syllabus in the pre-clerkship courses. Attendance in clerkships is one hundred percent mandatory. During interview season for a residency position, students are allowed no more than three (3) days per clerkship/course during the MS4 year. Mandatory attendance is one hundred percent (100%) for examinations in both preclerkship and clerkship courses, and the Kaplan Review Course, unless otherwise specified. If a student is absent from an exam, the absence must be substantiated with documentation as to the reason for the absenteeism and presented to the Senior Associate Dean of the Office of Student Academic Affairs. Recurrent absenteeism, particularly during examination time, will warrant an evaluative meeting with the Senior Associate Dean of the Office of Student Academic Affairs.

The class instructor should notify the course/clerkship director or chairperson of the department giving the name, classification, and the dates of non-attendance for a student with any unapproved absences. Non-attendance after three (3) consecutive days will prompt an immediate notification to the Senior Associate Dean of the Office of Student Academic Affairs who will make an effort to contact the student, determine the student’s situation, and provide counseling.

ABSENCES

Requests for Dean’s Excuses must be made in advance of any anticipated absences. Retroactive excuses will not be granted. Students are encouraged to seek medical care when needed and if an emergency arises, an email or telephone call should be made to the Office of Student Academic Affairs (615) 327-6413 explaining the nature of the emergency by the end of the next working day and provide contact information. If a Course/Clerkship Director needs to be notified immediately due to immediate responsibilities, the student may contact the director first, but the responsibility remains that the Office of Student Academic Affairs must be notified.

The Dean’s Excuse is not issued through the Dean’s Office. Dean’s Excuses will only be issued in the Office of Student Academic Affairs for any anticipated absences that are pre-approved by the Associate Dean or Senior Associate Dean of the Office of Student Academic Affairs or for other specific dire reasons, i.e., personal illness, death of relative, etc. Students should not come to on site class or clerkship when ill, particularly if they are potentially contagious. Documentation must be presented at the time of application, i.e., doctor’s statement confirming absence because of illness, etc. Dean’s Excuses are issued when legitimate documentation is provided and reviewed specifically by the Office of Student Academic Affairs Associate Dean or Senior Associate Dean. If absence is due to a medical reason, a date for return to school is required. For absences greater than a few days, see Leave of Absence section of this manual.
The Dean’s Excuse means that a student will not be penalized for work missed during his/her absence; however, departments have the right to require a student to make-up any work missed.

All absences in excess of 20% will drop one letter grade. In cases of unexcused absences, the Associate Dean or the Senior Associate Dean of Office of Student Academic Affairs will make an effort to contact the student to determine the student's situation, and provide counseling.

The Request for Dean’s Excuse Form is located in the Office of Student Academic Affairs and on Blackboard:

- Go to the Office of Student Academic Affairs (OSAA) page. All forms in OSAA are fillable forms.
- Download the fillable Dean’s Excuse Request form
- Complete (make certain to list the course director/professor who should receive the form) and save the fillable form
- Go back to Blackboard to submit the form
- Upload the Dean’s Excuse Request form and any/all supportive documentation (i.e.: doctor’s note, obituary, test verification)
- The student will be copied on an email to the course director, approving or denying the absence

TRAVEL REQUESTS

Travel Authorization consists of several levels of approval. The Office of Student Academic Affairs and its Senior Associate Dean is responsible for assuring the Dean of the School of Medicine that all students travelling are academically sound.

In order to provide the Dean’s Office ample time to encumber funds and make certain that each student is covered/insured while away from the institution, all Student Travel requests should be submitted no less than 30 days prior to the actual travel.

In order to satisfy the academic clearance criteria for student travel, please submit the following information in order to expedite approval.

1. The travel authorization form (signed by the faculty advisor for the student organization).
   a. *This form may be found online at MyMMC.*
   b. *Look for Forms and Documents.*
   c. *Look under Finance for Travel Authorizations/Expense Reports.*

   **All students MUST complete and sign the travel authorization form!!**

2. A Dean’s excuse request (located in the Office of Student Academic Affairs)
3. *A statement as to whether you are an officer, research presenter, etc., your involvement with the conference. If you are presenting, please forward your letter of acceptance from the organization. Otherwise, state why you are requesting travel authorization.*

4. *A document/statement signed by your preceptor or course coordinator, after you have determined how you will make-up any missed didactic or clinical responsibilities.*

5. Please provide the funding source for your travel expenses or notate on the travel authorization that the trip is funded by the organization or self-funded.

6. If applicable, keep all receipts related to your travel and submit your travel expense report to the Office of Student Academic Affairs upon your return.

Upon submission of your authorizations, and if you are academically cleared, your documents will be forwarded to the Dean's Office. Upon your return it is imperative that you submit any/all receipts related to your trip for reimbursement, if applicable. The Expense Form and all receipts may be submitted to the Office of Student Academic Affairs upon return. Please contact the Office of Student Academic Affairs should you need further assistance.

*Items 3 & 4 can be the same document

**THE FOUR YEAR CURRICULUM**

**Policy Statement**

Successful passage of United States Medicine Licensing Examination (USMLE) Steps 1 and 2 CK & CS* is required for receipt of the M.D. degree. Despite possible opportunities to remediate or retake courses and licensure exams, students should be mindful that completion of all requirements for the Medical Degree must be met within a maximum of six academic calendar years. *USMLE Step 2CS for the Class of 2021, is waived due to the COVID-19 response.

Therefore, students must be mindful that for whatever reason, if there is ever a delay in academic progress, i.e. failed courses/clerkships or dire circumstances which results in taking USMLE Step 1 later than on time students, there may be major disadvantages and consequences to not having sufficient time on the back end of the completed MS3 timeline for the availability and passage of the Boot Camp course, timely participation in the early Match, interviews, away electives, and passage of USMLE Step 2CK & Step 2CS. The allotment of up to four attempts to pass USMLE Step 2CK/2CS expires regardless if utilized or not at the end of the six academic calendar years. Specific details regarding eligibility for financial aid should be discussed with the Office of Financial Aid.
### Proposed 4-Year Curriculum Schematic for 2020 Entrants

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#### Year 1 2020 - 2021

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<th>Foundations of Health, Disease, and Management II</th>
<th>Principles &amp; Practice of Medicine (PPM) I</th>
<th>Principles &amp; Practice of Medicine (PPM) II</th>
<th>Academic Societies Masters’ Colloquium (ASMC) I</th>
<th>Academic Societies Masters’ Colloquium (ASMC) II</th>
<th>Social Foundations of Medicine (SFM) I</th>
<th>Social Foundations of Medicine (SFM) II</th>
<th>Introduction to Medicine</th>
<th>Principles &amp; Practice of Research (PPR)</th>
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<tr>
<td>Introduction to Health and Disease Unit 1</td>
<td>Gastrointestinal System Unit 2</td>
<td>Integumentary, Musculoskeletal &amp; Nervous Systems Unit 3</td>
<td>Hematologic System Unit 4</td>
<td>Cardiovascular &amp; Respiratory Systems Unit 5</td>
<td>Renal System Unit 6</td>
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#### Year 2 2021 - 2022

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<tr>
<th>Foundations of Health, Disease, and Management (FHDM) III</th>
<th>FHDM IV</th>
<th>Principles &amp; Practice of Medicine (PPM) III</th>
<th>PPM IV</th>
<th>Academic Societies Masters’ Colloquium (ASMC) III</th>
<th>ASMC IV</th>
<th>Social Foundations of Medicine (SFM) III</th>
<th>SFM IV</th>
<th>Clerkships: Internal Medicine, Family Medicine, Obstetrics &amp; Gynecology, Pediatrics, Psychiatry, or Surgery</th>
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<tr>
<td>CNS &amp; Special Senses Unit 7</td>
<td>Endocrine System Unit 8</td>
<td>Reproductive Systems Unit 9</td>
<td>Mod &amp; Human Development Unit 10</td>
<td>Break</td>
<td>Intercession II May (1 week)</td>
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#### Year 3 2022 - 2023

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<tr>
<th>Clerkships: Internal Medicine, Family Medicine, Obstetrics &amp; Gynecology, Pediatrics, Psychiatry, or Surgery</th>
<th>USMLE Prep Step 1 &amp; Post - Comp Basic Science Exam</th>
<th>USMLE Prep Step 1 or OSCE Boot Camp</th>
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<td>USMLE Step 2CK/ OSCE Boot Camp/USMLE Step 2CS</td>
<td>Elective or Selective, Including Radiology</td>
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#### Year 4 2023-2024

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<th>Any Elective or Selective (Including Radiology but only for July or Sept.)</th>
<th>Elective or Selective, Including Radiology</th>
<th>Capstone</th>
<th>Any Elective or Selective</th>
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<td>USMLE Step 2CK/ OSCE Boot Camp/USMLE Step 2CS</td>
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THE PRECLERKSHIP YEARS

Due to the strategic integration of content within the courses of the new curriculum starting with the 2018 entering class, separate policies were established to meet its uniqueness. For example, although there are several courses in the first and second semesters, failure of one course actually impacts the concepts being rendered in others and could result in the repeat of the academic year. For example, the Foundations of Health, Disease and Management (FHDM) is the core of the preclerkship curriculum. The other courses generally reflect what is being conducted in the FHDM course.

If a grade of ‘I’ is recorded because one or two FHDM units are failed within a semester, students will be required to pass a remediation exam for each failed unit. If any remediation exam is failed, the corresponding semester course grade will be converted to grade of ‘F’, and a recommendation will be made to the SEPC for repeat of the entire semester, including retaking courses previously passed, if the student is eligible, i.e. if not otherwise dismissed. A student will be allowed to take the remediation exam for the second time only under special circumstances as determined by the SEPC. If a student fails three units, the course grade will be recorded as an “F”; and like any other failed course, the student will be referred to the SEPC.

No student will be allowed to repeat more than one academic semester or year during his or her entire course of matriculation. A student failing two courses within one academic year is subject to dismissal for poor academic performance.

Upon the recommendation of the SEPC, with the concurrence of the Dean, the School of Medicine permits only a maximum of three (3) years to complete the Preclerkship (MS1 and MS2 years) curriculum. Any student not completing the Preclerkship curriculum in its entirety within three academic years is noted as failure to academically progress and will be dismissed from the School of Medicine. This must be enforced to prohibit further student financial debt. When permitted to repeat a semester or the academic year, specific details regarding eligibility for future financial aid should immediately be discussed by the student with the Office of Financial Aid.

Comprehensive End-of-Year Exam (CEYE)

A comprehensive end-of-year exam (CEYE) will be administered at the end of the Year 1 spring semester. The course director will be in charge of formulating and administering this CEYE. The CEYE will be from the NBME’s customized assessment services. In multiple published studies, performance on exams like the CEYE are one of the strongest predictors of performance on USMLE Step 1. The CEYE is currently used as a benchmark. At the time of publication of this manual, the passing of the CEYE is not a requirement for the passing of other first year courses; however, this policy is subject to change as an outcome of continuous quality improvement of the curriculum and preparation for passage of licensure boards. However, if a failing grade is received on the CEYE, students will be referred to the Center for Educational Development and Support (CEDS). To receive a pass (P) grade for the CEYE, a student must receive an examination score greater than or equal to 70 (percent of correctly answered questions). All first year remediation requirements must be successfully completed before the student is allowed to take the CEYE. Annually, the exact
timing of the CEYE, and the number of rounds will be determined by the Curriculum Committee. In general, the CEYE is currently administered as the following:

The CEYE will be offered at three separate times, and all students will have up to two opportunities to record a passing score:

- **Opportunity #1**: Last day of the spring semester of the MS1 year (for students with no remediation requirements). **Subsequent Outcome:**
  - Students who record a passing score: No further interventions
  - Students who do not record a passing score: Students will be referred to CEDS and required to retake the CEYE at Opportunity #2

- **Opportunity #2**: One week prior to the start of the fall semester of the MS2 year:
  1. for students who have completed all remediation requirements at the end of the spring semester of the MS1 year;
  2. for students who took Opportunity #1 and did not record a passing score. **Subsequent Outcome:**
     - Students who record a passing score: No further interventions
     - Students who do not record a passing score on their second attempt: Students will be referred to CEDS
     - Students who do not record a passing score on their first attempt: Students will be referred to CEDS and required to retake the CEYE at Opportunity #3

- **Opportunity #3**: One week prior to the start of the spring semester of the MS2 year (for students who completed remediation requirements at the end of the spring semester of the MS1 year and did not record a passing score with Opportunity #2). **Subsequent Outcome:**
  - Students who do not record a passing score on their second attempt: Students will be referred to CEDS

Students who do not record a passing score will be notified of their at-risk status and encouraged to take advantage of all available resources. However, they will be allowed to continue in the curriculum. **Failure to participate in the required CEYE will result in official documentation of unprofessional behavior in the student academic file.**

First year students with deficiencies cannot participate in the summer course, Medical Student Research Experience, (MSRE) as they are not eligible. The MSRE course is an MS2 Course. If MSRE is not taken in the summer after successful completion of the MS1 year, it will be taken in the MS4 year.
THE CLERKSHIP YEARS

MS3 Clinical Rotations and Intersessions

Rising MS3s are randomly grouped for assignment to the six clinical rotations. Rotation assignments are made based on student request, availability, or other lottery mechanisms. Students will not be allowed to begin a clerkship if the first day of its orientation is missed, unless there is special permission from the Senior Associate Dean. Such permission requires the existence of extreme extenuating circumstances. Intersessions are three one-week standalone courses which occur in June, September, and March. These serve as a bridge to integrate basic science and clinical science. Students are required to complete all HIPAA and OSHA trainings during Intersession I, if not earlier.

MS3 Clinical Rotations at Affiliated Institutions

Nashville General Hospital (NGH) at Meharry Medical College serves as the index hospital for the School of Medicine. There are also affiliations with the Alvin C. York VA Medical Center, Detroit Medical Center, TriStar Southern Hills, University of Alabama in Birmingham, James H. Quillen College of Medicine, Middle Tennessee Mental Health Institute, Matthew Walker Comprehensive Health Center, United Neighborhood Health Centers, Skyline Medical Center, Nashville VA Medical Center*, Vanderbilt University Medical Center* (*via the Meharry Vanderbilt Alliance), and other sites across Tennessee and out of state. In addition, there are several community health clinics, and numerous private practice sites in rural and urban underserved areas in the surrounding middle Tennessee area. There are other sites currently under negotiation. Students will likely be assigned to participate off site, which can include and not limited to the above and can range for one to four weeks per rotation on a clerkship. Students are responsible for travel off site. Housing is available for each location at no charge to student.

Clinical Site Rotation Assignment

Students and clerkship directors/coordinators are notified of assigned clerkships several weeks or months before clerkships are to start; and subsequently, students are notified by clerkship coordinators no later than four weeks before the start of the clerkship regarding any assigned rotations off the Meharry campus so that they can prepare and participate in onboarding requirements for the site. If students do not timely notify the clerkship director or coordinator of an extenuating conflict to participate, the student may be withdrawn from the clerkship. Pet ownership will not be a reason for consideration and students should make arrangements for the care of their pets, as they cannot be housed in any of the facilities or housing. Students will otherwise participate in onboarding and show to any off campus site as assigned.

Due to the need for timely onboarding, the student must notify the clerkship director/coordinator immediately of the extenuating conflict at the time of the notification of the off campus rotation assignment. Chain of command is that the student is to first notify the clerkship coordinator/director. Any reassignment must be approved by the clerkship director and the final decision is made by the clerkship director. Off site faculty and staff do not have the authority to make reassignment, nor can a peer to peer exchange occur without authorization of the clerkship director. Failure of notice of conflict by the student in a timely manner or a no show to the site as assigned, demonstrates lack
of professionalism and will be cited. Deferral of an assigned clerkship rotation site, could result in delay of completing the clerkship, which can result in an “I” grade, WA, or WF.

Injury/Exposure during MS3 Clinical Rotations at Affiliated Institutions

Each Party shall instruct student/ participants on the appropriate policy and procedures (e.g. Bloodborne Pathogen) for the Affiliate’s clinical site with regard to exposure to an infectious or environmental hazard or other occupational injury (e.g. needlestick). Each party shall notify the students/participants of the requirement to report to the clinical site and Meharry Medical College all such contact with bodily fluid and any other accident or event occurring during the Program that could endanger their health. The Affiliate shall provide emergency treatment immediately following injury as necessary; initiation of the HBV, Hepatitis C (HCV), and HIV protocol as necessary; and HIV counseling and appropriate testing as necessary. In the event that the Affiliate does not have the resources to provide emergency care, the Affiliate will refer the student to the nearest emergency facility, and the student will be responsible for charges incurred. The occurrence, treatment, and follow-up care must be reported to Meharry Medical College. For further guidance, see the Student Health Policies section of this manual.

The Six Clinical Rotations are as follows:

1. **Internal Medicine** – Must be fulfilled at the Nashville General Hospital at Meharry, Detroit Medical Center, Alvin C. York VA Medical Center in Murfreesboro, Tennessee, TriStar Southern Hills, Matthew Walker Comprehensive Health Center, or one of numerous ambulatory sites or other affiliated inpatient sites approved by the department. (12 weeks)

2. **Surgery** – Must be fulfilled at Nashville General Hospital at Meharry, Detroit Medical Center, University of Alabama in Birmingham, the Alvin C. York VA Medical Center, Vanderbilt University Medical Center, Blanchfield Army Community Hospital at Fort Campbell Kentucky, East Tennessee State University, or any of the other affiliated sites approved by the department. (12 weeks)

3. **Obstetrics & Gynecology** – Must be fulfilled at Nashville General Hospital at Meharry, Matthew Walker Comprehensive Health Center, the Alvin C. York VA Medical Center in Murfreesboro, or any other affiliated sites approved by the department. (8 weeks)

4. **Pediatrics** – Must be fulfilled at Nashville General Hospital at Meharry, Matthew Walker Comprehensive Health Center, Vanderbilt Children’s Hospital, LeBonheur Children’s Hospital in Memphis, East Tennessee State University or any of the other affiliated sites approved by the department. (8 weeks)

5. **Psychiatry** – Must be fulfilled at the Alvin C. York VA Medical Center, Elam Mental Health Center, Middle Tennessee Mental Health Institute, Nashville VA Medical Center, or other affiliated mental health sites approved by the department. (4 weeks)
6. **Family Medicine** – Must be fulfilled at one of the numerous affiliated private practice sites approved by the department. *(4 weeks)*

**NOTE:** The six clinical rotations are required to complete the MS3 year. Any time a student takes one clerkship during a semester, they are considered full-time and will be assessed full tuition and fees. Specific details regarding eligibility for financial aid should be discussed with the Office of Financial Aid.

**STUDENT DUTY HOURS POLICY**

**Statement**

Student duty hours are limited to **80 hours over a two week time period** during an inpatient service rotation requiring night call. Ambulatory services or all other rotations have restricted duty hours of 40 hours per week. The Clerkship Directors will monitor duty hours at midterm and end of rotation. The Clinical subcommittee (Clerkship Committee) will report findings to the Curriculum Committee quarterly.

Students will have clinic responsibilities 32 hours per week and six to eight hours of educational time per week to a maximum of 40 hours per week. Students on an on-call service work a maximum of 80 hours in a two week time period and 12 to 16 of those hours consist of educational time.

**Procedure**

Students are to report violations of this policy to the clerkship director. If there is no resolution, the student is to file a grievance with the chairperson of the department. If still no resolution, then it is addressed by the Senior Associate Dean of Office of Student Academic Affairs.

**MS4 CLINICAL ROTATIONS**

MS4 clinical rotations are divided into clerkships (selectives), electives, and a capstone. Selectives are required rotations; however, a student can select the specific schedule for the rotations that best fits his/her individual situation provided that the selection is not already filled to capacity. The following are required:

**Capstone:** One unit *(4 weeks)* is required. This unit is offered on the campus of Meharry Medical College only in February. **Failure of the course will delay graduation as it is not offered again until the following year.**

**Selectives:**
1. **Boot Camp** - 1 week required. This course is taken on campus and has three components: (a) OSCE Boot Camp Prep Review, (b) MS4 OSCE, and (c) intense review/final review. This course must be taken and passed before taking USMLE Step 2 CS. *USMLE Step 2CS is waived for the Class of 2021, but still required to take this course*

2. **Internal Medicine** – One unit (4 weeks) is required. This unit may be taken on campus and must be a general medicine inpatient service or ICU/CCU experience.

3. **Radiology** – One unit (4 weeks) is required. This unit must be taken on campus and each unit is offered four specific times during the academic year.

4. **MS4 Ambulatory** – One unit (4 weeks) is required. This unit may be taken at a designated site in Primary Care, but must be arranged with the selected department prior to the start of the rotation. Selected departments include Family Medicine, Internal Medicine, Obstetrics & Gynecology, and Pediatrics. *Due to the COVID-19 response in 2020, this requirement is waived for the Classes of 2021 and 2022; however, may be taken as an elective.*

**Electives:**

Four units (16 weeks) are required. These units may be taken on or off campus. Each unit is a minimum of 4 weeks and must be contiguous and at the same institution, unless special approval is obtained by the Meharry Department Chair and signed off by the Senior Associate Dean or Associate Dean in the Office of Student Academic Affairs.

**NOTE:** An MS4 Clinical Unit is equal to at least four weeks and counts as one elective/selective credit regardless if four weeks in duration or up to 16 weeks duration. Eight clinical rotations are required to complete the fourth year. Any time a student takes one clerkship/clinical unit (with or without ASMD 420 or 620 Board Review in the same semester) during a semester, they are considered full-time and will be assessed full tuition and fees.

MS4 clerkships and electives may be taken at Nashville General Hospital at Meharry, the Alvin York VA Medical Center, or at other off-campus sites with the endorsement of the chairperson of the involved department, Office of Student Academic Affairs, and approval of the Office of the Dean.

Currently students are required to register online for intramural selectives and electives and students are required to complete an application form for *extramural* electives and be approved by the appropriate Meharry departmental clerkship director and chairperson prior to beginning any participation. The Office of Student Academic Affairs has the application forms which must be approved and signed by the appropriate departmental chairperson before it is returned to the Office of Student Academic Affairs for the signature of the Senior Associate Dean of Academic Affairs or designee. The student must be registered in the Office of the Registrar to receive appropriate credit. **Students who do not receive approval prior to starting a course or clerkship will not receive credit for the rotation under any circumstances.**
The MS4 Elective/Selective form, when appropriately signed, certifies the following:

1) The student is in good academic standing, 2) Tuition is paid at the home institution, 3) Malpractice (Personal Liability) insurance covers the student at sites other than Meharry, 4) Personal health insurance coverage is in effect, 5) The student is authorized by the Dean of the School of Medicine or designee to take the clerkship or elective.

*COVID-19 has interrupted the clinical education of most, if not all, medical students. The following is applicable for extramural electives during the pandemic and this policy remains in effect until further notice. MMC medical students are not permitted to attend in-person away rotations unless the experience meets the following criteria: Meharry does not offer the experience or the student did not receive a full experience at Meharry and Vanderbilt University Medical Center does not have the available slot. On a case-by-case basis, any in-person away elective that meets this criteria must receive an attestation letter by the Associate Dean of Student Academic Affairs. The exemption to this policy is a student that must complete an away rotation to fulfill their military commitment. MMC medical students may be able to complete an online away rotation for credit, but the elective must be reviewed and approved by the respective Clerkship Director and by the Associate Dean of Student Academic Affairs. Any course taken without approval by the Office of Student Academic Affairs will not receive academic credit towards graduation.

A Student Evaluation Form and the application will be sent by the Office of Student Academic Affairs to the specified person or department at the clerkship or elective site. The evaluation form must be returned to the Office of Student Academic Affairs within two (2) weeks of the completion date of the clinical experience if credit is to be granted. On away rotations, it is the student's responsibility to ensure that the preceptors return the evaluations timely.

ADDITIONAL EDUCATIONAL OPPORTUNITIES

A student may consider the possibility of enhancing their medical education by participating in yearlong research or an additional graduate degree at another institution, i.e., Masters of Public Health (MPH) or Masters of Business Administration (MBA).

The College may allow eligible students who are in good standing to pursue these opportunities. Students who enroll in yearlong research might be eligible to receive Meharry Medical College School of Medicine elective course credit if the research opportunity meets the standards required as outlined by the Course Director of the course, Medical Scholar Research Experience (ASMD 903 and ASMD 904, 9 credits each). Students whose research does not qualify for elective credit and students who are enrolled as full-time students at other institutions for an additional graduate degree, must take a Leave of Absence.

Students interested in yearlong research, or a leave of absence for enhancement of their education, will be evaluated for eligibility to participate. If eligible, students will participate after Year 3 of the
curriculum. Student eligibility to participate depends on their current academic progress and must have a passing score on USMLE Step 1. Students must be evaluated for permission by the Associate Dean or Senior Associate Dean of the Office of Student Academic Affairs on a case by case basis.

Students who are on yearlong research and those who are on a Leave of Absence for the purpose of enhancement of their medical education or professional development may be considered enrolled (but not registered) at Meharry Medical College so that they are eligible to schedule and take their USMLE Step 2 examinations, provided that the student has met the Meharry Medical College School of Medicine-specific eligibility requirements stated elsewhere in this Policies and Procedures Manual regarding USMLE Step 2. Meharry Medical College tuition will not be assessed, but modified fees may be applied and must be paid either by the student or the student’s program. Students should contact the Financial Aid Officer and Financial Services Office for specific details regarding federal regulations and guidelines with reference to dual enrollment.

### EVALUATION

### EXAMINATIONS AND GRADING SYSTEM

Examinations are scheduled and coordinated centrally by the appropriate subcommittees of the Curriculum Committee.

The *definitive* evaluation of the student's work is expressed by A, B+, B, C+, C, F, P, S, U, W/A, or W/F which appears on his/her official transcript and on the report form given to each student at the end of each semester. Depending on the timing of withdrawals from a course/clerkship, a grade of WA will be given. If a student is failing and more than half of the course has been taken, a grade of WF will be assigned; however, if more than three fourths of the course has transpired, a grade of F will be assigned. All preclinical and clinical departments are required to provide a narrative evaluation along with a letter grade for all students. All grades are to be submitted to the Office of Student Academic Affairs within four weeks. The "IP" (In Progress) is awarded for certain courses that are continuous over more than one semester and, as such, are not finally evaluated until the conclusion of the sequence. Final grades are given in such courses only at the end of the final semester of the course sequence.

Definition of *remediation of a course*: course work done before a final grade is given.

Definition of *retaking* a course: course work done after an official grade is posted as the final grade.

### The “I” Grade

The grade of *incomplete* (”I”) indicates: (1) that the student has satisfactorily completed at least three-fourths of the course, but, for legitimate* reasons, a small fraction of the work remains to be completed; or (2) that the student’s records indicate that he/she can obtain a passing grade, but that he/she lacks a specific requirement, such as the final examination, due to illness or some other unique or extraordinary circumstance beyond the student’s control*; or (3) one attempt at remediation is required before the final grade is posted.
*All instances must be reviewed by the Senior Associate Dean of the Office of Student Academic Affairs in order to obtain a Dean’s Excuse for time missed. Dean’s Excuses will only be issued when legitimate documentation is provided and reviewed. A Dean’s Excuse means that the student had a legitimate reason for missing coursework/exam; the student is still required to make up work per the course’s guidelines.*

Any preclerkship incomplete grades must be removed when the remediation is next offered; otherwise, the “I” grade is converted to “F”. A student receiving an “I” grade for a course must complete all its requirements before taking any course for which it is a prerequisite.

Regardless if course or clerkship, any department submitting a Failing or Incomplete grade must submit a written description describing the nature of the deficiency to the Senior Associate Dean of Office of Student Academic Affairs. The faculty member/department awarding the “I” grade must complete the Agreement for Awarding/Removing “I” Grades Form. The form will specify what the student is to do to remove the “I” grade, as well as the date for removal.

The Course /Clerkship Director and the student must sign the form. Both parties should retain a copy of the form with other copies transmitted to the department chairman, Senior Associate Dean of the Office of Student Academic Affairs, Director of CEDS, and Registrar. A copy of this form should also accompany the submission of grades.

All incomplete grades for clerkships and courses must be removed within 1 year or when the remediation or the course is next offered; otherwise, the “I” grade is automatically converted to “F” by the Registrar. A student receiving an “I” grade for a course must complete all its requirements before taking any clerkship/course for which it is a prerequisite.

Two “I” grades in the clerkship years result in halting further progression within the curriculum until both of the “I” grades are reconciled; therefore, students will be withdrawn from current activities. Almost all “I” grades awarded for clerkship performance are due to failure of the clerkship subject board and the subject board content may also be material found on USMLE Step 1 that ties the clinical science back to basic science; therefore, students are placed in either the ASMD 420 or 505 Board Review Course to remediate and reconcile these deficiencies before moving further in the curriculum. The ASMD 420 course designation is assigned if the student starts Board Review at the beginning of the semester; whereas, ASMD 505 designation is assigned if the student was already in a clerkship and/or completed at least one clerkship during the semester in which the student is halted.

Failure of a clerkship NBME Subject Board twice will automatically result in an “F” for the clerkship and the student will be required to repeat the entire clerkship anew. Failure to remove the “I” grade within the prescribed time frame, or failure to comply with the conditions for removal will result in an “F” grade.

Certified tutors are available through CEDS at the onset of matriculation for students who desire tutoring and enhancement of test taking skills. CEDS and its resources are a requirement for all students with academic difficulty.
CHANGE OF GRADE

A Change of Grade Form must be submitted with the explanation to the Associate Dean or Senior Associate Dean of the Office of Student Academic Affairs for approval after the student successfully or unsuccessfully completes or remediates the course when there is an “I” grade or in general when a previously submitted final grade was in error. A recommendation for change of grade must include appropriate reasons for the change requested. The form must be approved and signed by the course director, departmental chairperson and approved by the Associate Dean or Senior Associate Dean of Office of Student Academic Affairs.

GRADE APPEAL

Purpose

To provide students an opportunity to appeal a final grade.

Procedure

If a student wishes to appeal a final grade, he/she can do so through the following process:

First, address any question or concerns with the course/clerkship director. If this discussion does not resolve the issue, or if the course/clerkship director is no longer in residence or is otherwise unreachable, the student may then appeal in writing to the chair of the department providing the final grade to attempt to mediate a resolution and make a recommendation. A chair cannot change a grade. If discussion among the student, course/clerkship director and chair does not lead to a resolution, the student may appeal in writing to the Senior Associate Dean of Office of Student Academic Affairs. The Senior Associate Dean of Office of Student Academic Affairs may elect to mediate or to empanel an Ad Hoc Appeals Committee to investigate whether the grade should remain the same or be changed.

The Ad Hoc Appeals Committee shall be composed of three to five faculty members of the School of Medicine. The Committee will proceed under the assumption the course grade was justified; the burden of proof shall lie with the student and begins with the student submitting to the Committee a written statement delineating an argument supporting a change of grade. If the Committee members find the grade was not based upon academic and professional performance, they may submit a new grade to the Dean. In all cases, the Ad Hoc Committee’s recommendation shall be conveyed, in writing, within 10 days of the Committee’s decision to the student who initiated the appeal, the course/clerkship director involved, the Senior Associate Dean of Office of Student Academic Affairs, and the Dean. The Dean's decision in all such matters is final.
GRADES FOR OFF CAMPUS COURSES
Students taking selectives/electives will be governed by the grading system (scale) of our institution or course. The grade will be accepted as submitted by the away institution and transposed to Meharry’s evaluation system.

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME)

NBME SUBJECT BOARDS

In certain courses or clerkships, the subject board must be taken and is a portion of the grade. Refer to each course/clerkship syllabus to determine the percentage of the final course grade and the threshold required to achieve an “A” grade. In the clerkships where the subject board is required, a passing score is required to pass the clerkship. First failure of the subject board in the clerkship will result in an “I” grade, unless the student performed poorly in other aspects of the clerkship; then an “F” grade will be assigned. If a failed subject board is the only deficiency, then the clerkship is required to provide four weeks of remediation before the second attempt of the subject board. The subject board can only be taken twice per clerkship (once at the end of the clerkship, and a second time if the student fails the exam). The student receives an “F” after the second failure and cannot take the subject board a third time without first retaking the full clerkship. When the student retakes the clerkship, the student again has up to two opportunities to retake the subject board to pass the clerkship. Failure to pass the subject board after this fourth and final attempt will result in dismissal from the School of Medicine.

UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

Kaplan Review Course attendance is mandatory (except for students meeting the established Comprehensive Basic Science metrics) to be eligible to sit for the USMLE Step 1. To receive a Dean's Excuse for absenteeism, like all other Dean’s Excuses, the absence must be substantiated.

No student will be allowed to sit for an administration of the USMLE Step 1 unless they have successfully completed and passed all requirements of the preclerkship curriculum and MS3 Clerkships. All students will take Step 1 at the designated time: Students must sit within 8 weeks for USMLE Step 1 after completion of all MS3 clerkships.

Students must complete their NBME Attestation Form and be verified as being enrolled at Meharry Medical College to sit for USMLE Step 1. In addition, the student must sign the Acknowledgment Agreement regarding expectations of being eligible to sit under Meharry Medical College School of Medicine rules.
USMLE STEP 1

The faculty of the School of Medicine utilizes the USMLE Step 1 as one of several variables in determining the academic progress of students.

All students will take USMLE Step 1 after completion of clerkships. All students are required to sign an acknowledgment for USMLE Registration and the Attestation form for verification to register and sit for the USMLE Step 1 examination. Each student will be verified to register for the examination under the following conditions:

• The student must be enrolled in medical school to schedule for the licensure examination and must be enrolled at the time when the exam is actually taken

• Students must satisfactorily complete all coursework, clerkships, Kaplan Review Course (unless exempt), and taken the Comprehensive Basic Science Examination prior to actually sitting for the USMLE Step 1 exam

• No student is permitted to delay sitting for USMLE Step 1 regardless of perceived or real “unreadiness”. Given the integrated curriculum and resources early in the curriculum to prepare for licensure exams, it is at this time that a student should address withdrawal from medical school, if unprepared to meet the date requirements to sit for the exam. The School of Medicine has the fiduciary responsibility of preventing further financial debt. Students who are not achieving minimum thresholds of passage of licensure exams at this point in their medical education are unlikely to graduate or be competitive for job placement. Students in this situation require an evaluative meeting with the Senior Associate Dean of Office of Student Academic Affairs to discuss disposition, i.e. withdrawal from medical school.

Any student who does not comply with this acknowledgment will be referred to the Student Evaluation and Promotion Committee (SEPC) for dismissal from the School of Medicine at Meharry Medical College. This is necessary due to the time sensitive nature of being considered progressing academically, the availability and timeliness of assignment of MS4 schedules, the availability factor that goes along with registering and obtaining a date for these examinations (USMLE Step 1 and Step 2CK & Step 2CS), and the implied demonstration of professionalism and emotional ability to handle the expectations and rigors required of becoming a physician.

All students must pass USMLE Step 1 with the minimum national passing score before graduation. Any student withholding scores will not be allowed to continue their coursework or clerkships until official documentation of the passing score has been received from the National Board of Medical Examiners. Individual student scores will not be released outside of Meharry Medical College unless prior written (notarized) approval is provided to the Office of Student Academic Affairs or unless it is part of the Deans Letter. No scores will be communicated by telephone to anyone.

Students successfully passing USMLE Step 1 will be registered for MS4 electives/selectives and eligible to participate in away electives and interviews.
PREPARATION FOR USMLE STEP 1: ENHANCEMENT PLAN

Passage of the NBME Comprehensive Basic Science Exam (CBSE)

For the Class of 2022, at the time of publishing this Policies and Procedures Manual, if the student passes the NBME Comprehensive Basic Science Exam (CBSE) with a score of at least 74, they are not required to go to the live Kaplan Review Course. Due to the evolving curriculum as a result of COVID-19, the most up to date information regarding the CBSE for students scoring less than 74, may be found on Blackboard.

For the succeeding Class cohorts, i.e. Class of 2023 and 2024, please refer to Blackboard for the most up to date information in reference to the CBSE, until the next publication of this manual.

FAILURE TO PASS USMLE STEP 1: REMEDIATION PLAN FOR STUDENTS IN THE TRADITIONAL CURRICULUM

Students with scores below the national passing level on USMLE Step 1 will be carefully monitored throughout their MS3 year by Clerkship Directors and immediately remediated in the event of a failing score on a Subject Board; remediation will include mandatory visits in the Center for Educational Development and Support (CEDS).

Students with USMLE Step 1 scores below 169 indicate a severe deficiency. Therefore, upon receipt of this score, students will be allowed to complete the current clerkship; however, remaining clerkships will be dropped and students will be registered in ASMD 505 until a passing score is received.

Students who failed USMLE Step 1 and subsequently have two “I” grades, will be immediately dropped from clerkships and registered in the ASMD 420 or 505 Board Review Course until they have passed Step 1 and will appear before the SEPC for failure to progress. These students will sit for USMLE Step 1 first, while staying in ASMD 420 or 505 until both I” grades are remediated and Step 1 passed.

Students who failed USMLE Step 1 and subsequently have an “F” grade in their clerkship, will be immediately dropped from clerkships and registered in the ASMD 420 or 505 Board Review Course until they have passed Step 1 and will appear before the SEPC for failure to progress. These students will sit for USMLE Step 1 first and then the student will retake the failed clerkship prior to moving any further in the MS3 year.

Immediately after completing all MS3 clerkships; students who did not pass USMLE Step 1, will be enrolled in ASMD 420 or 505 Board Review; then the student will retake the examination within six weeks. Students who fail to take the examination within this period will be dismissed.

Once the Office of Student Academic Affairs verifies the student has retaken USMLE Step 1 for the second time, the student will remain in Board Review to study for USMLE Step 2, while awaiting the score. The student will only be moved from Board Review when Step 1 has been
passed. Regardless of the amount of time spent in Board Review, tuition is not prorated and is set unless the student moves out of ASMD 420 Board Review into a course or clerkship in the same semester. **The balance of full tuition will be assessed during the semester when a student moves out of Board Review to a clerkship or course.** No away electives or interviews will be allowed until passage of USMLE Step 1. Students successfully passing USMLE Step 1 after a retake will be allowed to take registered MS4 away rotations and interviews once the score is received.

Students with a second failure of USMLE Step 1 must take the third attempt within six weeks after the receipt of the failed score and will be referred for a hearing with the Student Evaluation and Promotion Committee for failure to academically progress. Students who have not passed **USMLE Step 1** cannot participate in the National Residency Matching Program (NRMP). **Students with a third USMLE Step 1 failure will be dismissed.**

**NOTE:** Regardless of reason, students cannot ever enroll in ASMD 420 Board Review more than a total of three times. At any time during remediation, particularly if a student participates in more than one Board Review, financial aid might not be awarded due to failure to progress. Specific details regarding eligibility for financial aid should be discussed with the Office of Financial Aid. Any student who receives a grade of "U" twice in ASMD 420 Board Review will be considered as failure to progress and will be dismissed.

The Remediation plan is subject to change from year to year.

Certified tutors are available through CEDS at the onset of students’ matriculation for nonprogressing students and progressing students who desire tutoring and enhancement of test taking skills.

**FAILURE TO PASS USMLE STEP 1: REMEDIATION PLAN FOR STUDENTS IN THE NEW INTEGRATED CURRICULUM**

Students who do not pass USMLE Step 1, will be halted in their course progression and enrolled in ASMD 420 or 505 Board Review immediately after receipt of the score; then the student will retake the examination within four weeks. Students who fail to take the examination within this period will be referred to the SEPC for dismissal.

Once the Office of Student Academic Affairs verifies the student has retaken USMLE Step 1 for the second time, the student will remain in Board Review to study for USMLE Step 2, while awaiting the score. The student will only be moved from Board Review when Step 1 has been passed. Regardless of the amount of time spent in Board Review, tuition is not prorated and is set unless the student moves out of ASMD 420 Board Review into a course or clerkship in the same semester. **The balance of full tuition will be assessed during the semester when a student moves out of Board Review to a clerkship or course.** No away electives or interviews will be allowed until passage of USMLE Step 1. Students successfully passing USMLE Step 1 after a retake will be allowed to take registered MS4 away rotations and interviews once the score is received.
Students with a second failure of USMLE Step 1 will be referred for a hearing with the Student Evaluation and Promotion Committee for failure to academically progress. Students who have not passed USMLE Step 1 cannot participate in the National Residency Matching Program (NRMP). Students with a third USMLE Step 1 failure will be dismissed.

**NOTE:** Based on the structure of the entire integrated curriculum, it is highly unlikely that a student would ever have more than two ASMD 420 and/or 505 Board Review Courses. Regardless of reason, students cannot ever enroll in ASMD 420 and/or 505 Board Review more than a total of three times. At any time during remediation, particularly if a student participates in more than one Board Review, federal financial aid might not be awarded due to failure to academically progress. Specific details regarding eligibility for financial aid should be discussed with the Office of Financial Aid. Any student who receives a grade of "U" in ASMD 420 or 505 Board Review will be considered as failure to academically progress and will be referred to the SEPC for dismissal.

The Remediation plan is subject to change from year to year.

**USMLE STEP 2 CLINICAL KNOWLEDGE (CK) AND CLINICAL SKILLS (CS)**

All students are required to sign an acknowledgment for USMLE Step 2 in order for the Office of Student Academic Affairs to verify the student for registration to sit for the USMLE Step 2 examinations. All students planning to participate in the NRMP must sit for the USMLE Step 2 CK and CS at least once by December 31st of their MS4 year. *As of Spring 2020, due to the COVID-19 pandemic, the USMLE Step 2CS is not required for Match 2021 or graduation for the Class of 2021.*

Only those students who have completed all required MS3 clerkships are eligible to take USMLE Step 2 CK and CS. In addition, to be eligible to take USMLE Step 2CS, the student must pass the Boot Camp course. Any student who sits for USMLE Step 2 without fulfilling the preceding requirements will be referred for lack of integrity to the SOM Disciplinary Committee to be sanctioned, which could include dismissal from Meharry Medical College or if the student is in poor academic progress, the student will be referred to the SEPC for dismissal from the School of Medicine.

It is expected that students take both components of USMLE Step 2 during the semester that he/she first becomes eligible and then each subsequent semester thereafter up to a total of 4 attempts each until passage. Therefore, successful negotiation of both parts of Step 2 within two years of first being eligible is required for graduation and receipt of the M.D. degree regardless if the student took advantage of the four (4) allowed attempts. Any unused attempts are forfeited. Failure to take USMLE Step 2 when eligible to do so each semester is considered failure to academically progress and will be subject to dismissal.

If a student is unsuccessful in passing either part of USMLE Step 2 after the first two attempts during their fourth year, he/she will be placed on an administrative extension of matriculation, for a maximum period of one (1) year, by being enrolled in the ASMD 620 Board Review course. This extension is only provided if the 6 year maximum will not be
exceeded. In preparation for USMLE Step 2 CK and/or CS, the student will be required to participate in the resources offered by the Center for Educational Development and Support (CEDS); and, if applicable, must participate in the Simulation & Clinical Skills Center. If a student wishes to also participate in an external clinical skills or board review program, this must be approved by the ASMD 620 Board Review Course Director. Upon passage of USMLE Step 2, the student must present official documentation that he/she has passed the examinations to be eligible to receive the M.D. degree from Meharry Medical College.

Failure to present official documentation of the successful passage of USMLE Step 2 CK and/or CS by the end of the one year period of approved administrative extension of matriculation will result in the ineligibility to receive the M.D. degree from Meharry Medical College (i.e., no student who has failed to pass the USMLE Step 2 CK and/or CS after four (4) attempts within the aforementioned time period* will be eligible to receive the M.D. degree from this institution).

In order for a student to participate in current commencement exercises, all course requirements must be completed, and must have passed or sat for USMLE Step 2 CK and CS exams, with a pending score, by the Friday prior to commencement of the graduation calendar year. Otherwise, the student will not be permitted to participate in commencement exercises until the following May, provided that all these requirements are met in the interim. Receipt of the M.D. degree is contingent upon completion of all coursework and official documentation of successful passage of USMLE Steps 1, 2 CK and CS.

If a student is enrolled in their last remaining course during the end of May until mid-June rotation block, the student in this scenario will be able to participate in commencement exercises, provided that they have sat for USMLE Step 2 CK, and CS, with a pending score, by the Friday prior to May commencement.

All who complete requirements after the May graduation date will have 30-days to complete all course requirements and successfully passed Step 2 CK and CS in order to receive a May commencement date diploma. Completion after this date will result in a commencement date diploma of June, October or December.

*As of Spring 2020, due to the COVID-19 pandemic, the USMLE Step 2CS is not required for commencement or graduation for the Class of 2021.

ACADEMIC STATUS

ACADEMIC STANDING

A student at Meharry Medical College is in good academic standing if he/she is properly registered with the Office of the Registrar and is unencumbered by pending action of the Office of the Dean pursuant to recommendations from the Student Evaluation and Promotion Committee (SEPC) arising from academic or other difficulties.
Satisfactory Academic Progress

In order to remain in good standing, a student enrolled in the School of Medicine must maintain a cumulative grade point average of a minimum of 2.0 (C average) and have passed the licensure exams (as applicable). The following will be placed on automatic academic probation in the School of Medicine: 1) failure to maintain a cumulative grade point average of a minimum of 2.0, 2) any student who received a grade of F in courses totaling 11 credit hours, but less than 22 credit hours in an academic year, 3) any student who had previously decelerated in the old curriculum and subsequently fails any of their remaining courses in Phase I of the curriculum. In addition, when a student is eligible to take USMLE Step 1 or Step 2 (CS and CK) during each semester and fails to do so at least once, the student is considered as failure to academically progress.

No student may remain on probationary academic status any longer than one (1) semester and must be counseled when any probation status is established by the Senior Associate Dean of Office of Student Academic Affairs. No student will be allowed to remain on probation for more than two (2) semesters throughout his or her entire matriculation without being considered for dismissal by the SEPC.

Depending on whether or not the student is permitted to enroll in the next regular semester or a subsequent semester, the time permitted for achieving the minimal cumulative grade point average or good academic standing will be limited to one academic year. Any exception to this policy must be justifiable and approved by the SEPC and Dean of the School of Medicine with stated reasons for such exception. The academic policies established by the School of Medicine for evaluation of a student’s academic progress and standing, along with the judgment of the Dean as to the student's aptitude and suitability for continued enrollment, will be weighed in arriving at a policy exception decision.

Dean's List

This list is compiled by the SEPC for approval by the Dean. A student shall be eligible for the Dean’s List at the end of each academic year if he/she uniformly does outstanding work. Students achieving a weighted grade point average between 3.50 and 4.00 for a given year’s curriculum shall be eligible for the Dean’s List for that year.

Honors and Awards

A committee led by the Associate Dean or Senior Associate Dean for Office of Student Academic Affairs will review student academic progress and receive nominations in review of awards. The Committee’s action shall be based upon (a) the rules of the College, (b) the regulations of the School of Medicine, and (c) the conditions set forth by the benefactor.

A minimum cumulative GPA of 3.445 is required for consideration for graduation with honors. An honor is designated by the Office of the Registrar and is only for graduation stratification.

Students may designate grades receiving “A” on Curriculum Vitae to denote they have excelled in a course.

STUDENT EVALUATION, PROMOTION, AND GRADUATION

Student Evaluation and Promotion Committee (SEPC)

The SEPC is responsible for monitoring the academic progress of all medical students regardless of the curriculum track, i.e. including the 3+4 parallel track. Students in the parallel track are subjected to the same single core of standards for advancement and graduation, being that all students must pass all coursework in each track, as well as USMLE Step 1, 2CK, and 2CS to receive the Medical Degree from Meharry Medical College.

The Chairperson and members of this committee are appointed by the Dean. The Senior Associate Dean for the Office of Student Academic Affairs ensures that the policies for the student advancement and appeal processes are being followed. This occurs at multiple steps. First, to ensure that policies are being followed, Academic Affairs is responsible for providing oversight of student academic progress and also participate as ex-officio members on committees such as the Student Evaluation and Promotion Committee (SEPC) and Student Academic Support Services Committee (SASSC). As ex-officio members, the Academic Affairs deans serve as a resource to the committees to ensure that these policies are adhered. In addition, decisions from student hearings made by the SEPC are reviewed by the Senior Associate Dean and delivered to the involved student by the Senior Associate Dean. Lastly, promotion and graduation decisions by the SEPC are delivered to the Office of the Registrar by the Academic Affairs deans of the Office of Student Academic Affairs for the School of Medicine.

The SEPC meets at regular intervals during the academic year and monitors the academic progress of students with input from members of the SASSC, Academic Society Masters, and the Clerkship Directors Committee to provide guidance and to determine the dispositions of students who encounter difficulty in their medical studies by holding student hearings.

Every preclerkship student record is reviewed by the SASSC/Academic Society Master after each unit completion and end of course; and the clerkship student record is reviewed monthly by the Clerkship Directors Committee. Students are referred to CEDS and other resources, if there is academic difficulty after formative evaluations and will refer students to the SEPC if there is poor summative performance.

After the completion of each course/clerkship, grades are to be submitted within four weeks. Course/Clerkship directors’ designee, (coordinators) submit grades to the Registrar via Banner, which become the official record. The Office of Student Academic Affairs will be informed by the course/clerkship director of any student with an “I” grade (Incomplete) or failed grade so that an academic record review can be performed to determine the student’s disposition, i.e. to be pulled from current course/clerkship schedule, to be referred to the SEPC, to execute an SEPC ruling, etc. When a student is referred to the SEPC, the review by the committee will include any known and significant extenuating circumstances that may have led to poor performance. After these reviews, the SEPC will make its final decisions utilizing the guidelines that follow below. The SEPC’s decision need not be restricted solely to academic performance.
At the end of the academic year, the Registrar provides the chairperson of the SEPC with the appropriate grades for all students for all courses during that academic year. The SEPC chairperson will convene a meeting of the membership to review the annual progress of all students for promotion or graduation.

**Policies for Action of the SEPC**

- If at the completion of one academic year, a student has received a passing grade in all courses, and if the student will be promoted to the next level.

- No student will be promoted to the next academic level until completing requirements for the year in which he/she was enrolled.

- No student will be allowed to repeat an entire academic year more than one time throughout matriculation.

- The student with any academic difficulty is required to participate at the Center for Educational Development and Support (CEDS).

- During the preclerkship years, if a student receives a grade of F in one or more courses which have a total number of credit hours less than or equal to 11 credit hours within a given academic year, the student will be required to repeat the course(s) failed. This could result in repeating the entire semester, including passed courses due to the integrated curriculum. If the failed course is Foundations of Health, Disease, and Management, the student will either be required to repeat the entire semester, including courses passed; or otherwise be dismissed for overall poor academic performance.

- Any student receiving a grade of F in at least two courses totaling greater than or equal 22 credit hours in a single academic year, will be recommended for dismissal from the School of Medicine due to poor academic performance or progress.

- Any student receiving a grade of F in a course taken a second time or any student repeating a semester or year due to dropped or failed courses, who subsequently earns an F in any of those courses will be referred for dismissal due to poor academic performance or progress.

- Any student failing to pass USMLE Step 1 after three (3) attempts or failing USMLE Step 2 after four (4) attempts will be dismissed from the School of Medicine.

- If a student has successfully completed all requisite course work and attained passing scores on USMLE Step 1, Step 2CK, and Step 2CS, the student will be recommended to the Dean that the medical degree be granted.
SEPC Procedures

The student will be notified in writing at regularly designated evaluation periods of academic deficiencies by the Chair of the SASSC or by the Associate Dean or Senior Associate Dean of Office of Student Academic Affairs. Final grades are recorded in the Office of the Registrar.

Any department submitting a final grade of less than C for a student will be required to also submit to the Senior Associate Dean of Office of Student Academic Affairs, a statement describing the details of the student’s failure and recommendation(s) for retaking the course.

In addition to the alphabetical grades which appear on all students’ transcripts, Student Evaluation Forms are required for all students and the completed forms must be submitted to the Office of Student Academic Affairs at the conclusion of each course/clinical rotation along with the alphabetical grade, and a narrative statement regarding medical knowledge, professionalism, interpersonal/communication skills, and clinical performance/competency.

DISMISSAL AND APPEAL PROCESS POLICY

Student Dismissal

The School of Medicine reserves the right to dismiss a student at any time for violation of the student conduct policy, inadequate academic performance, or upon determination that a student is, for any reason, unfit to continue as a student or as a potential practicing physician.

Procedures for Review and Appeal of Academic Actions
Adverse Action Based on Grades, Academic Progress, or Licensure Progress

A student’s academic status is determined by the SEPC. The process is as follows:

Adverse Action: Once the SEPC or the Senior Associate Dean decides that an adverse action could or should be taken against a student, the student is notified and given an opportunity to respond, and has the right to appeal a decision. The policy summarizes the overall due process protection. The policy provides due process procedures including timelines, committees and administrators, governing academic actions involving medical students.

A student’s academic status is determined by the SEPC, or by the Senior Associate Dean, i.e. proclamation of Academic Probation. If an adverse action is being considered based on grades or progress towards licensure, the process is as follows:

1. The responsible faculty awards definitive grades. The Course Director designates a grade for the student and the grade is reviewed by the chair, followed by the deans within the Office of Student Academic Affairs and then submitted to the Office of the Registrar.
2. The registrar (or his/her designee) receives all grades for the School of Medicine and provides the grades to the SEPC which consists of members of the teaching faculty appointed by the Dean. The Dean determines the number and mix of each SEPC.

3. The deans of the Office of Student Academic Affairs follow the licensure progress of each student, and forward the names of students who are at risk for dismissal to the SEPC for a hearing.

4. The Senior Associate Dean in the Office of Student Academic Affairs identifies Academic Probation and forwards these student names to the SEPC for a hearing.

5. If a student is being considered or otherwise at risk for dismissal, the student will be invited to appear in a hearing with the committee where they can present their case and respond to questions from the committee. Committee members who may have a conflict of interest, course/clerkship directors including having previously taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student or clinical faculty having provided health care to a student being reviewed will recuse themselves.

6. The hearing should occur within ten (10) working days of the date of the written notification to the student. Failure to appear for the hearing will be interpreted as acceptance and confirmation of the dismissal recommendation.

7. For the hearing, the committee will accept, either in person or in writing, up to three expressions of support for the student. This is not a legal proceeding. Therefore, representation by legal counsel is not permitted.

8. The committee will deliberate and make a decision detailing specific curricular and/or behavioral requirements and stipulations, if the student is allowed to continue.

9. The Senior Associate Dean of Office of Student Academic Affairs will then notify the student of the recommendation, in writing, within three (3) working days.

10. If a student is dismissed, the student may appeal the dismissal decision to the Dean.

11. A student must notify the Dean’s office within five (5) working days of the date of the dismissal notification letter if they wish to appeal.

12. The Dean will review the appeal based on the claim of compelling reasons, bias or failure to follow due process within ten (10) calendar days.

13. The Dean will not rehear the case itself, but will evaluate the merit of the appeal claim.

14. The Dean can either uphold or overturn the dismissal decision. The Dean’s decision is the final decision on disposition.
Failure to comply with these requirements shall waive and terminate any further rights the student may have under this procedure.

**Adverse Action Based on Professional Code of Conduct Violations (Professionalism)**

Student cases involving professionalism will be referred to the School of Medicine Student Disciplinary Committee or the College Student Disciplinary Committee. For information regarding the College Student Disciplinary Committee, refer to the College Catalog.

**THE SOM STUDENT DISCIPLINARY COMMITTEE**

The SOM Student Disciplinary Committee reviews charges of breaches of the rules, regulations, policies, and procedures of Meharry Medical College relating to academic matters except for Title IX issues. Members of the Committee shall be appointed for a two-year term except for the student member, who shall be appointed on an annual basis. The SOM Student Disciplinary Committee and its chairperson will be appointed by the Dean or Senior Associate Dean. Any person may inform the Senior Associate Dean for the Office of Student Academic Affairs of an allegation of a breach of rules, regulations, policies, and/or procedures of Meharry Medical College within the jurisdiction of the SOM Student Disciplinary Committee. The SOM Student Disciplinary Committee shall determine whether the allegations or charges, if proven true, are governed by the procedures for review and appeal of disciplinary action governing non-academic matters. Accusations involving violation of the College’s Code of Professional Conduct and Honor Code will be referred to the College’s Student Disciplinary Committee.

If the SOM Student Disciplinary Committee determines that the allegation or charge is governed by the procedures for review and appeal of disciplinary actions, the chairperson shall send a written notice to the student stating the charge(s) and notice of a hearing before the SOM Student Disciplinary Committee. The student shall receive notice of the scheduled hearing no later than 72 hours before the hearing. The SOM Student Disciplinary Committee may grant additional time, at its discretion, if the student's request is reasonable.

In the event of a challenge to whether a matter should be governed by the procedure for review and appeal of academic actions, the Dean of the School of Medicine shall have sole responsibility for determining which procedures shall govern. Any such challenge must be submitted in writing to the Dean no less than 24 hours before the scheduled hearing.

The student shall have the right to be present at the hearing to present witnesses, to rebut the evidence against him/her and to have a Meharry Medical College student or faculty member accompany him/her. Legal counsel may be present but may not participate in the hearing.

The hearing will be an informal one, not governed by technical rules of evidence as employed in a court of law, but the SOM Student Disciplinary Committee may accept any information it deems pertinent to the charges made.
The SOM Student Disciplinary Committee shall render its decision based upon the evidence presented at the hearing. The standard for determining whether the student has breached a rule, regulation, policy or procedure, and is thereby subject to disciplinary action, shall be whether a preponderance of the evidence supports the Committee’s decision. The burden of proof shall be upon the School. Student discipline may take a variety of forms, including, but not limited to, counseling, oral reprimand, written reprimand, probation, restitution, suspension, and expulsion (with or without the possibility of readmission). The SOM Student Disciplinary Committee shall maintain a record of the hearing pending final determination of the charges against the student. The Committee will forward their rendering to the Dean or designee. The Dean or designee may request the student and/or the SOM Student Disciplinary Committee to provide additional information prior to issuing a decision.

The Dean or designee notifies the student by certified or registered mail at the student's address as recorded in Banner. The Dean or designee shall also inform the Senior Associate Vice President for the College Division of Student Affairs.

A student may appeal the decision by writing a letter of appeal to the Chair of the College’s Student Disciplinary Committee no later than 72 hours from the receipt of the decision of the SOM Student Disciplinary Committee.

**LEAVE OF ABSENCE**

A leave of absence is an interruption of the normal course of study requested by a student in good academic standing, requiring prior written approval by the Dean or his/her designee, Senior Associate Dean or Associate Dean for Office of Student Academic Affairs. A student’s leave of absence shall not extend beyond one calendar year. The official date of leave shall not antedate the date of the student’s request. By College policy, students are not allowed to sit for board exams while on leave of absence unless the leave is to enhance their medical education or professional development by participating in yearlong research or an additional graduate degree at another institution. An official leave of absence form must be processed and can be obtained from the Office of Student Academic Affairs. If the situation is appropriate, the Senior Associate Dean of Office of Student Academic Affairs may place a student on an Involuntary Leave of Absence and the form will be processed.

A leave of absence may be granted upon receipt of a written request for reasons of medical leave, personal and/or family exigencies, financial straits requiring full-time employment, and other such extenuating situations. A Leave of Absence solely due to academic difficulty, i.e., failing courses, exams, and practice tests, will not be granted. Medical Leave requests must include a written statement from a physician that such a leave is indicated in the best interests of the student. The written request and physician statement (if requesting medical leave) will be considered by the Senior Associate Dean of Office of Student Academic Affairs and may require additional documentation to accompany a request. One month prior to an anticipated return, the student must request in writing, a termination of Leave of Absence for reinstatement to active status. The student may be required to provide official documentation to return, including professional documentation of meeting Technical Standards for Admission, Retention, and Graduation, an up to date background check and urine drug screen, an evaluation by the Counseling Center, and stipulations
to abide during matriculation. Extensions of the Leave of Absence may be requested, but not necessarily granted. If granted, the extension will not exceed one additional year. Failure of such requests will result in automatic dismissal.

LEAVE OF ABSENCE FOR ENHANCEMENT OF MEDICAL EDUCATION

The College may allow eligible students, who are in good standing, to go on a Leave of Absence to enhance their medical education by participating in yearlong research or an additional graduate degree at another institution. Students who enroll in yearlong research might be eligible to receive Meharry Medical College School of Medicine elective course credit, rather than take a Leave of Absence, if the research opportunity meets the standards required as outlined by the Course Director of the course, Medical Scholar Research Experience (ASMD 903 and ASMD 904, 9 credits each). Students whose research does not qualify for elective credit and students who are enrolled as full-time students at other institutions for an additional graduate degree, must take a Leave of Absence.

All students must meet with the Senior Associate Dean for approval. For the purpose of sitting for the USMLE Step examination, students in this category will be considered enrolled at Meharry Medical College. Meharry Medical College tuition will not be assessed, but modified fees may apply.

WITHDRAWAL, TRANSFER, OR DISMISSAL

Withdrawal from a Course

When a student wishes to withdraw from a course, he/she shall obtain the appropriate form from the Assistant Dean in the Office of Student Academic Affairs.

A student will not be permitted to withdraw from a course except for unusual or extenuating circumstances beyond the student’s control which make it impractical or impossible to complete the course. The Senior Associate Dean for Office of Student Academic Affairs may require documentation to accompany a request for withdrawal. Poor academic performance alone does not constitute sufficient basis for withdrawing from a course.

Students permitted to withdraw from a course for medical reasons or other extenuating circumstances before more than half of the course is complete will have a “WA” (Withdrawal Administrative) entered on their transcript. The student must obtain the approval of the appropriate department head, the Senior Associate Dean or Associate Dean for Office of Student Academic Affairs, and file the approved form in the Office of the Registrar. If a student is failing and more than half of the course has been taken, a grade of WF will be assigned; however, if more than three fourths of the course transpired, a grade of F will be assigned.

Withdrawal from the College
A student may withdraw from Meharry Medical College after filing an official Withdrawal Form with the Office of Student Academic Affairs, and then having the form properly executed, by the Office of the Registrar. The student’s total performance in all courses will be evaluated at the time of the requested withdrawal in accordance with the policies of the School. Grades for completed courses shall be recorded on the official transcript. Should the student seek to return to Meharry following withdrawal, a formal application must be filed with the Office of Admissions & Recruitment and the regular application process followed.

Request for Transfer from the School of Medicine, Meharry Medical College

All requests regarding transfers must occur through the Office of Student Academic Affairs. Requests for letters of recommendation required for a transfer must be made in writing with a clear statement of the reasons for considering the transfer. Students must have a conference with the Senior Associate Dean for the Office of Student Academic Affairs. Students must present written certification by the Treasurer’s Office that no outstanding indebtedness to the College exists, before any letters of recommendation will be forwarded. Letters of recommendation will reflect the academic standing of the student only. Failure to comply with the requirements for transfer will result in non-concurrence with the transfer.

Visiting Medical Students

Meharry Medical College is on the AAMC Uniform Clinical Training Agreement Registry. The School of Medicine rarely accepts visiting medical students. If visiting medical students are permitted, it only accepts from Vanderbilt University School of Medicine, for pediatric medicine electives. Meharry Medical College has a long standing Meharry-Vanderbilt Alliance, with opportunities for both institutions to provide medical students priority for visiting opportunities.

The Office of Student Academic Affairs verifies all credentials of and grants approval for Vanderbilt’s medical students to take electives at the institution through the student’s dean’s offices.

The verification process includes the following information received directly from the home institution:

- The application with request for the elective opportunity
- Affirmation of professional liability insurance provided through Vanderbilt
- Academic good standing
- Affirmation of health records for validation of safety or health exposure to infectious agents or environmental hazards, including COVID 19 protocols; N95 mask fitting and utilization of proper PPE
- Affirmation of immunizations against rubella, mumps, varicella, polio, hepatitis A & B, meningococcal (ACWY), meningococcal B, and the COVID-19 vaccine (Must be completed on the AAMC immunization form)
- Affirmation of DTaP and influenza vaccinations in accordance with the CDC guidelines
- Affirmation of being screened for tuberculosis in the past year
- Affirmation of background check and clean urine drug screen

If any information is missing, a staff member in the Office of Student Academic Affairs (OSAA) will directly notify the contact person at the student’s home institution.
The clerkship director and respective coordinator are notified of the visiting medical student’s interest to participate in their particular discipline. They will determine if there is capacity for the elective and will notify the OSAA assistant dean.

The assessment form from the visiting medical student’s home institution is forwarded to the clerkship director/coordinator. They forward the form to the preceptor, who evaluates the student during the elective. The clerkship coordinator forwards the form directly to the visiting medical student’s home institution via email and to Meharry’s OSAA assistant dean, where it is placed in the student’s file, along with the signed application form. This information is used to keep track with an up-to-date roster of all visiting medical students enrolled in rotations and is used to verify a fully executed experience at Meharry Medical College. If the performance assessment is not received by the OSAA, the record is flagged and investigated by reaching out to the clerkship coordinator to reconcile.

The assistant dean of student academic affairs is responsible for maintaining an accurate roster of visiting medical students. Information included in the roster comprises:

- student’s full name, student identification number, phone number, email address
- home institution’s name along with administrative contact person name and phone number, email address
- name and dates of clinical elective
- affirmation of receipt of completed evaluation form

**GRADUATION REQUIREMENTS FOR STUDENTS**

All graduation requirements, including the successful completion of all requisite course work and attainment of passing scores on the USMLE Step 1, Step 2CK, and Step 2CS must be completed and grades received in the Office of Student Academic Affairs and recorded in the Registrar’s Office before graduation. *As of Spring 2020, due to the COVID-19 pandemic, the USMLE Step 2CS is not required for graduation for the Class of 2021.*

Students then will be eligible to receive the M.D. degree. Fourth year students with questions about the anticipated date of completion of requirements should consult the Office of Student Academic Affairs and the Office of the Registrar.

All fourth year students who anticipate graduating during a given academic year must fill out a **Diploma Application Card.** The deadline date for submission of this card is October of each academic year. Cards are available in the Office of the Registrar.

Students who do not complete graduation requirements prior to commencement but anticipate to do so by June 30th, will receive diplomas when requirements are completed. All other students who do not complete requirements until after June 30th, will not be permitted to participate in commencement until next offered.

Cap and gown orders are taken in the Office of the Registrar. They should be contacted for the prices, deadline dates, and other necessary information. **It is the student’s responsibility to meet ALL deadlines in a timely manner.**
Institutional Clearance

The online Graduation Clearance notification will be emailed to each student with an anticipated graduation date of May or June. The clearance procedure includes getting online signatures from the following areas:

1. Office of Student Academic Affairs
2. Financial Aid Office
3. Office of the Treasurer
4. Security
5. Registrar

The online signature of the Senior Associate Dean, Associate Dean, or Assistant Dean for the Office of Student Academic Affairs can only be completed if the student has met all academic requirements, including passage of USMLE Step 1, Step 2 CK and Step 2 CS. *As of Spring 2020, due to the COVID-19 pandemic, the USMLE Step 2CS is not required for commencement or graduation for the Class of 2021. All grades must be recorded on the student’s transcript, and the financial aid exit interview must be completed before Office of the Registrar will release diplomas.

STUDENT RECORDS POLICIES AND PROCEDURES

Accountability

By direction of the President, the Office of Student Academic Affairs shall ensure compliance with this policy.

Policy

Students’ rights of privacy and access regarding their educational records are articulated in the Family Educational Rights and Privacy Act of 1974 (FERPA), commonly known as the Buckley Amendment. This Act helps protect the privacy of student records by requiring that institutions limit the disclosure of information from these records to third persons. The Act applies to all Colleges and Universities that are the recipients of federal funding. The privacy act provides the opportunity for past and enrolled students to access and review their records. Students are notified of their rights under FERPA annually by publication in the student handbook, at initial registration by the Office of Admissions & Recruitment, and on the College’s website.

Definitions

For the purposes of this policy, Meharry Medical College has used the following definitions or terms:
**Applicant:** an individual who seeks admission to Meharry Medical College

**Student:** any person who attends or has attended Meharry Medical College

**Educational Record:** any record [in handwriting, print, taped (video and audio), film or other medium] maintained by Meharry Medical College, which is directly related to a student, except:

- A personal record kept by a staff member if it is kept in the sole possession of the originator of the record and is not accessible or revealed to any other person except a temporary substitute for the originator of the record.

- An employment record of an individual, whose employment is not contingent upon the fact that he or she is a student, provided the record is used only in relation to the individual’s employment.

- Records maintained by Meharry Medical College, if the record is maintained solely for law enforcement purposes, is revealed only to law enforcement agencies of the same jurisdiction, and the Unit does not have access to educational records maintained by Meharry Medical College.

- Medical, personal counseling, and cognitive assessment records maintained by the College’s health and counseling professional, if the records are used only for the purposes of evaluation, treatment of a student and counseling, and these records are made available only to those persons providing the evaluation, treatment, or counseling.

- Alumni records which contain information about a student after he/she is no longer in attendance at Meharry Medical College and which do not relate to the person as a student.

**TYPES, LOCATIONS, AND CUSTODIANS OF EDUCATIONAL RECORDS**

The following table provides a list of the various records that the College maintains, their locations, and their custodians.

<table>
<thead>
<tr>
<th>Type</th>
<th>Location &amp; Custodian</th>
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<tbody>
<tr>
<td>Academic Progress Records</td>
<td>Office of Student Academic Affairs Assistant Dean</td>
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<tr>
<td>Academic Records, Cumulative</td>
<td>Office of Student Academic Affairs, SOM Assistant Dean</td>
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<td></td>
<td>(Current Students)</td>
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<td></td>
<td>Office of Registrar, College Registrar</td>
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<td></td>
<td>(Current Students)</td>
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</table>
PROCEDURE TO INSPECT EDUCATIONAL RECORDS

Meharry Medical College requires written consent from students (current and past) prior to allowing third parties access, including faculty members, to review the student’s educational records. This written consent must specify the records that may be disclosed, the purpose of the disclosure, and to whom the disclosure may be made.

The disclosure must be on the condition that the party to whom the information is being disclosed will not itself disclose the data to any other parties and will use the information only for the purpose intended.

Applicants who were not admitted to the College have no right of access to their educational records and applications maintained by the College. Upon admission to the College, all information used
for the purpose of evaluation for entry to the College will be reviewed and critiqued for process and quality improvement purposes by School of Medicine administration.

Institutions must allow students to inspect their transcripts, but are not allowed by FERPA to issue students copies of transcripts in their files from other colleges or universities. A student’s request to exercise these rights must be honored within a reasonable period of time and in any case no more than 45 days after the request has been made. FERPA states that: **An educational agency or institution may not charge a fee to search for or to retrieve the educational records of a student. However, a reasonable fee may be charged for copies, unless the imposition of a fee effectively prevents exercising the right to inspect and review records.**

When a record contains information about more than one student the student may inspect and review only the records which relate to him/her.

The College may refuse to issue an official copy of a student’s transcript or copies of records not required to be made available by FERPA for students who defaulted on loans, have not met their financial obligations to the College, or have an unresolved disciplinary or academic action against them.

Permissible disclosures without consent include the following:

- Data used for studies conducted on behalf of educational institutions for the purpose of developing, validating, or administering predictive tests and improving instruction
- Accrediting agencies and on occasion, for a lawfully issued subpoena or judicial order
- Prior consent is not required for school officials, specifically deans and/or their designee, within the institution, whom the school has determined to have legitimate educational interests
- Data sent to officials of another school, upon that school’s request, in which a student seeks or intends to enroll
- Data needed in connection with a student’s request for financial aid, as necessary to determine the eligibility, amount, or condition of financial aid, or to enforce the terms and conditions of the aid
- Data requested by parents of an eligible student who claim the student as a dependent for income tax purposes
- Meharry reserves the right to refuse permission of a student to inspect the following records:
  - Financial records and statements of the parents
  - Confidential letters and statements or recommendation letters for which the student has waived his/her right of access or which were placed on file before January 1, 1975
• Confidential records connected with an application to attend Meharry or a component unit of Meharry if admission is denied

• Records that fall outside the FERPA definition of educational records

**DISCLOSURE OF EDUCATIONAL RECORDS**

Meharry Medical College will disclose information from a student’s educational records only with the written consent of the student **except:**

1. To school officials who have legitimate educational interests in the records. Such officials are deemed to have “legitimate educational interests” if it is necessary or desirable for them to obtain it in order to carry out their official duties and/or implement the policies of the College, or if it is in the educational interest of the student in question for such officials to have the information.

2. To officials of another school, upon request, in which a student seeks or intends to enroll.

*Note: FERPA requires a college or university to make a reasonable attempt to notify the student of the transfer unless it states in its policy that it intends to forward records on request.*

3. To certain officials of the U. S. Department of Education, the Controller General, and state and local educational authorities, in connection with state or federally supported educational programs.

4. In connection with a student’s request for receipt of financial aid, as necessary to determine the eligibility, amount or conditions of the financial aid, or to enforce the terms and conditions of the aid.

5. When organizations are conducting studies for, or on the behalf of the College for the purpose of assisting in accomplishing the College’s stated goals, when such information will be used only by such organizations and subsequently destroyed when no longer needed for the intended purpose.

6. To accrediting organizations to carry out their functions.

7. To parents of an eligible student who claims the student as a dependent for income tax purposes.

8. In compliance with judicial order or subpoena, provided that the student is notified in advance of the compliance unless the issuing court or agency has ordered that the existence or contents of the subpoena or the information furnished not be disclosed.
9. Appropriate persons in connection with an emergency; if such knowledge is necessary to protect the health or safety of a student or other persons.


11. If the College initiates legal action against a student or a student’s parent, the College will disclose the student’s relevant educational records in connection with the legal action, without a court order or subpoena. If the student or his/her parents initiates legal action against the University, the College will disclose to the court, without a court order or subpoena relevant education records in order to defend itself.

NOTE: With the exception of Meharry Medical College officials and staff who have been determined by the College to have legitimate educational interests, all individuals and agencies who have requested or obtained access to a student’s record (other than directory information) will be noted in a record which is kept with each student’s Educational Record. A request must be in writing, stating the purpose of the request. This record will also indicate specifically the legitimate interest that the persons or agency had in obtaining the information.

CORRECTION OF EDUCATIONAL RECORDS

Students have the right to request records corrected that they believe are inaccurate, misleading, or in violation of their privacy rights. The following are the procedures for the correction of records:

1. A student must ask the appropriate records custodian of Meharry Medical College (as listed in the Table of Custodians) to amend a record. In so doing, the student should identify the part of the record they want changed and specify why they believe it is inaccurate, misleading, or in violation of his or her privacy or other rights.

2. Meharry Medical College may comply with the request or it may decide not to comply. If the Custodian decides not to comply, Meharry Medical College will notify the student of the decision and advise them of their right to a hearing to challenge the information believed to be inaccurate, misleading, or in violation of the student’s rights.

3. Upon request, Meharry Medical College will arrange for a hearing and notify the student, reasonably in advance, of the date, place, and time of the hearing.

4. The Student Evaluation and Promotion Committee will conduct the hearing. The student shall be afforded a full and fair opportunity to present evidence relevant to the issues raised in the original request to amend the student’s educational records.

5. The Student Evaluation and Promotion Committee will prepare a written decision based solely on the evidence presented at the hearing. The decision will include a summary of the evidence presented and the reasons for the decision.
6. If the Student Evaluation and Promotion Committee decides that the challenged information is not inaccurate, misleading, or in violation of the student’s right of privacy, it will notify the student that they have a right to place in the record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision.

7. The statement will be maintained as part of the student’s educational records as long as the contested portion is maintained. If Meharry Medical College discloses the contested portion of the record, it must also disclose the statement.

8. Meharry Medical College decides that the information is inaccurate, misleading, or in violation of the student’s right to privacy, it will amend the record and notify the student, in writing, that the record has been amended.

DIRECTORY INFORMATION

Meharry Medical College designates the following items as Directory Information: student name, major field of study, dates of attendance, degrees, and awards received. The College may disclose any of those items without prior written consent, unless notified in writing to the contrary by the student.

STUDENT HEALTH POLICIES

NON-IN INVOLVEMENT OF HEALTHCARE PROVIDERS IN THE ACADEMIC ASSESSMENT AND PROMOTION OF MEDICAL STUDENTS

Health professionals who provide health services, including psychiatric/psychological counseling, to a medical student will have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances.

Any health professional who does happen to treat a medical student must not have any involvement in the academic assessment or decisions about the promotion of that student who is receiving care. Should a faculty member find themselves assigned to clinical supervision involving a student who they have treated, they should arrange for a change in assignment.

Medical students seeking counseling from the Counseling Center are served by staff who have no current involvement or plan any future involvement in the academic assessment or promotion of medical students.

The Counseling Center is available only for students; therefore, the waiting room is not used by faculty who may have involvement in the assessment or promotion of medical students.

Health records will be maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.
EVALUATION OF OCCUPATIONAL EXPOSURE, ILLNESS, AND INJURY

Students who are accidentally exposed to blood and body fluids via needle stick, mucous membranes, or exposure of non-intact skin; or become ill or injured, as the result of a clinical assignment, will be evaluated at the Meharry Student and Employee Health Clinic during the clinic’s normal operating hours. Students must also notify the Office of Student Academic Affairs of such injury. A reportable event form must be completed in addition to individual affiliate hospital or clinic forms. If the Student and Employee Health Clinic is closed, the student will be referred to Nashville General Hospital Emergency Room.

The Student and Employee Health Clinic staff will triage the student and record the following information on the referral form:

- Student’s current immunization status with regard to Hepatitis B and tetanus vaccines and any other pertinent laboratory information;
- Type of injury, when and how the injury occurred, and any pertinent information regarding the patient involved and/or incident.

If the student is located at a distant site, or in cases of dire emergency, the student should first contact the designated administrator at the work site. Any necessary emergency medical and/or nursing care should be made available to the student through the regular procedures in effect at the facility to which the student is assigned. The morning following discharge, the student must report to the Meharry Student and Employee Health Clinic for evaluation and clearance for return to duty. The student is to bring copies of the discharge instructions and any other information describing the treatment that was rendered. The student will be referred for further follow-up/management if indicated.

Preceding the initial clinical exposure of all students, educational sessions are given which deal with the occupational exposures to infectious and environmental hazards anticipated in the day to day practice of medicine. These sessions are mandatory and cover instruction in the prevention of occupational exposures; procedure for evaluation after exposure; and the effects of infectious and/or environmental disease or disability on student educational activities. These sessions are incorporated into the Principles and Practice of Medicine courses and are mandatory for any student who rotates to any affiliate hospital or clinical site. Any student who has not attended these sessions will not be allowed to begin or participate in any clinically related activities.

TUBERCULOSIS SCREENING

*As recommended by the CDC, MMWR Tuberculosis, Screening, Testing, May 2019, no annual TB testing will be performed for students, faculty, and staff without known exposure or ongoing transmission of the disease. A two-step will now be completed on entry to the College by Student and Employee Health (SEH) and for those that have yet to have this done, it will be completed as the College transitions to meet the recommendations of the CDC.
A baseline and annual TB screening with an individual risk assessment will be done by SEH moving forward for everyone, including those who have had a positive latent tuberculosis screening test. Students with potential exposures will also be evaluated by SEH.

In case of positive testing, the student must notify the Office of Student Academic Affairs of such occurrence to facilitate appropriate follow-up and documentation for payment of charges incurred. Students may opt, however, to receive treatment from their private physician at their own expense. The student must provide documentation of such treatment both to the Office of Student/Academic Affairs and the Student Health Center in order for the student to be cleared to return to duty. The School of Medicine will assume responsibility for the cost of the initial chest X-ray(s) and such medication as deemed appropriate by Meharry Student Health.


**IMMUNIZATION POLICY**

At the time of registration, students must present proof of immunity to measles, mumps, rubella, varicella, and polio as well as an updated Tetanus-diphtheria (Td) booster within the last six years (good for ten years in usual circumstances). Students that do not provide proof of documented immunity must obtain the proper immunizations to continue matriculation. Costs for all immunizations are provided at the student’s expense and are not covered by most insurance policies.

**COVID-19 PANDEMIC**

*This section is a subject of rapid change as more is learned about SARS-CoV-2. For the most up to date detailed procedural information, please refer to the main Meharry Medical College website regarding COVID or contact the Student and Employee Health Clinic.

**Definitions**

The COVID-19 viral infection has been declared a world-wide pandemic This viral infection has been declared an emergency in the United States and the testing for all individuals at risk of having this infection will continue for as long as this emergency exists.

People at risk will vary and we will use the current guidelines from the CDC and the Tennessee Department of health to determine which people are at risk.

PPE: Personal Protective Equipment includes gloves, gown, and facemask with either goggles or face shield.

SARS CoVID-19 symptoms – the symptoms known to be associated with this illness including any of the following: Temperature > 100°F, cough, shortness of breath, rash, sore throat, GI complaints
(diarrhea, abdominal pain, nausea, or vomiting), loss of taste, loss of smell, headache, fatigue, muscle or bone pain, and/or chills.

**Screening and patient contact procedures**

**Triage of asymptomatic person**

- Healthcare personnel (Nurse, MA or PSR) will ask screening questions as specified by the Center for Disease Control and Prevention (CDC)
- Maintain a 6 ft distance from the patient/person during this process
- No protective clothing needed for this activity
- If given a positive response to any of the questions, the staff member will provide a surgical mask for the person to wear and proceed with procedures to isolate person and assess need for COVID 19 testing.

**Triage of person with respiratory symptoms**

- Provide a surgical mask for the patient immediately upon notification by the patient or identifying that the person has respiratory symptoms.
- Proceed with protocol to isolate and assess need for COVID-19 testing

**Protocol for patients at risk to be evaluated by a provider and if needed tested for COVID 19**

- Patient/person will be seen in an isolated room or outdoors while wearing a surgical mask.
- The healthcare provider will be wearing Personal Protective Equipment (PPE): gown, gloves, a surgical mask and eye protection with either a face shield or goggles, will reassess the patient/person to determine if testing is needed.
- If testing is needed, testing will be done as described below.
- If testing is not needed the patient will be able to go home or be seen in our clinic.

**Testing**

- Testing will be done by either a provider or staff member trained on taking nasopharyngeal swabs and trained to do the testing according to the manufacturer’s instructions.
- The staff member or provider doing the test will be wearing PPE.
- Patients may also receive a respiratory virus panel test, rapid strep and/or a rapid flu test if requested by the provider who assessed the patient.
- All tests will be performed according to manufacturer’s instructions
o Anyone who has a positive result is advised on the need to continue to self-isolate for 14 days from the day of potential exposure and only return to work when they have been symptom free for 24 hours.

o Anyone testing negative is allowed to return to work the next day as long as there are no symptoms.

o Student and Employee Health will inform direct supervisor of student of the need for removal from clinic and workplace environment while testing and results are completed.

o Supervisor will inform the Office of Student Academic Affairs of the student status.

o No personnel outside of Employee Health shall have access to students results or inform the student of results until contact has been confirmed by Student and Employee Health.

Completing visit

o Patient/person will be provided handouts related to self-isolating at the very least until results have been received.

o Isolation may be longer if symptoms have not resolved

o Patient/person will be advised to call prior to coming to clinic for any follow up visits.

o Tennessee Department of Health will be contacted to inform them of the Person Under Investigation

If student has potential exposure and develops symptoms

Student should contact Student and Employee Health Clinic at 615-327-5757 or Meharry Hotline at 615-327-6093 to schedule for testing. Student is required to self-isolate until 24 hours after their symptoms have resolved without fever suppressing medications and at least 10 days have passed since the start of their symptoms.

Student should email Student and Employee Health with any on campus contact they had 2 days before their symptoms started and until the last day, they were on campus

Student is advised keep in touch with SEH clinic, in order to know when their symptoms have resolved if any to determine the date of return and update necessary individuals accordingly

If their symptoms are worsening, student should call their PCP, the Emergency Room, or SHE clinic for help with symptom management

Student is advised to utilize delivery services for all of their needs at this time and request contactless delivery (i.e. Instacart or other restaurants that deliver), if they must go out, they should pre-order their items and have them delivered to their car.

Student should avoid going out in public as best as possible. If there are others (family or friends) that can help at this time, always have them drop items off at their door and do not open the door for retrieval until they have left.

If the student has potential of low risk exposure and does not develop symptoms
Student should contact Student and Employee Health Clinic at 615-327-5757 or Meharry Hotline at 615-327-6093 to schedule for testing.

Student should monitor their daily symptoms for 14 days starting from the day of exposure using the post-exposure symptoms observation log.

As long as the student does no develop symptoms, student can continue attending their rotations using the proper PPE (surgical mask, face shield, and gloves) in every clinical encounter.

If at any time within the 14-day period, student develops symptoms, they should contact SHE for further instruction of self-isolation and management of symptoms.

**Social Distancing**

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Since people can spread the virus before they know they are sick, it is important to stay at least 6 feet away from others when possible, even if you—or they—do not have any symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19.

If you are sick with COVID-19, have symptoms consistent with COVID-19, or have been in close contact with someone who has COVID-19, it is important to stay home and away from other people until it is safe to be around others.

COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community. In addition to practicing everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread in communities.

When going out in public, it is important to stay at least 6 feet away from other people and wear a mask to slow the spread of COVID-19. Consider the following tips for practicing social distancing when you decide to go out.
Know Before You Go: Before going out, know and follow the guidance from local public health authorities where you live.

- **Prepare for Transportation:** Consider social distancing options to travel safely when running errands or commuting to and from work, whether walking, bicycling, wheelchair rolling, or using public transit, rideshares, or taxis. When using public transit, try to keep at least 6 feet from other passengers or transit operators – for example, when you are waiting at a bus station or selecting seats on a bus or train. When using rideshares or taxis, avoid pooled rides where multiple passengers are picked up, and sit in the back seat in larger vehicles so you can remain at least 6 feet away from the driver. Follow these additional tips to protect yourself while using transportation.

- **Limit Contact When Running Errands:** Only visit stores selling household essentials in person when you absolutely need to, and stay at least 6 feet away from others who are not from your household while shopping and in lines. If possible, use drive-thru, curbside pick-up, or delivery services to limit face-to-face contact with others. Maintain physical distance between yourself and delivery service providers during exchanges and wear a mask.

- **Choose Safe Social Activities:** It is possible to stay socially connected with friends and family who don’t live in your home by calling, using video chat, or staying connected through social media. If meeting others in person (e.g., at small outdoor gatherings, yard or driveway gathering with a small group of friends or family members), stay at least 6 feet from others who are not from your household. Follow these steps to stay safe if you will be participating in personal and social activities outside of your home.

- **Keep Distance at Events and Gatherings:** It is safest to avoid crowded places and gatherings where it may be difficult to stay at least 6 feet away from others who are not from your household. If you are in a crowded space, try to keep 6 feet of space between yourself and others at all times, and wear a mask. Masks are especially important in times when physical distancing is difficult. Pay attention to any physical guides, such as tape markings on floors or signs on walls, directing attendees to remain at least 6 feet apart from each other in lines or at other times. Allow other people 6 feet of space when you pass by them in both indoor and outdoor settings.

- **Stay Distanced While Being Active:** Consider going for a walk, bike ride, or wheelchair roll in your neighborhood or in another safe location where you can maintain at least 6 feet of distance between yourself and other pedestrians and cyclists. If you decide to visit a nearby park, trail, or recreational facility, first check for closures or restrictions. If open, consider how many other people might be there and choose a location where it will be possible to keep at least 6 feet of space between yourself and other people who are not from your household.

### Prevention and Hygiene

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It’s especially important to wash:
  - Before eating or preparing food
  - Before touching your face
  - After using the restroom
o After leaving a public place
o After blowing your nose, coughing, or sneezing
o After handling your mask
o After changing a diaper
o After caring for someone sick
o After touching animals or pets

o If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
o Avoid touching your eyes, nose, and mouth with unwashed hands.

o Avoid close contact
  • Inside your home: Avoid close contact with people who are sick.
    ▪ If possible, maintain 6 feet between the person who is sick and other household members.
  • Outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
    ▪ Remember that some people without symptoms may be able to spread virus.
    ▪ Stay at least 6 feet (about 2 arms’ length) from other people.
    ▪ Keeping distance from others is especially important for people who are at higher risk of getting very sick.

o Cover your mouth and nose with a mask when around others
  • You could spread COVID-19 to others even if you do not feel sick.
  • The mask is meant to protect other people in case you are infected.
  • Everyone should wear a mask in public settings and when around people who don’t live in your household, especially when other social distancing measures are difficult to maintain.
  • Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.

o Cover coughs and sneezes
  • Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
  • Throw used tissues in the trash.
  • Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

o Clean and disinfect
  • Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
  • If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
  • Then, use a household disinfectant. Most common EPA-registered household disinfectants will work.
Monitor Your Health Daily
- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
- Don’t take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Contact SEH if symptoms develop.

Travel
- COVID-19 cases and deaths have been reported in all 50 states, and the situation is constantly changing. Because travel increases your chances of getting infected and spreading COVID-19, staying home is the best way to protect yourself and others from getting sick.
- There is widespread, ongoing transmission of novel coronavirus worldwide. If you have traveled internationally in the past 14 days, stay home and monitor your health.
- Travel increases your chances of getting and spreading COVID-19. Before you travel, learn if COVID-19 is spreading in your local area or in any of the places you are going. Traveling to visit family may be especially dangerous if you or your loved ones are more likely to get very ill from COVID-19. People at higher risk for severe illness need to take extra precautions.
- CDC recommends that you avoid all nonessential international travel because of the COVID-19 pandemic. Some healthcare systems are overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. Airlines have cancelled many international flights and in-country travel may be unpredictable. If you choose to travel internationally, your travel plans may be disrupted, and you may have to remain outside the United States for an indefinite length of time.
- Currently, travel restrictions and entry screening apply only to travelers arriving from some countries or regions with widespread ongoing spread of COVID-19.
  - You may be screened when you arrive in the United States. After your arrival, take the following steps to protect yourself and others:
    - Stay at home and avoid contact with others. Do not go to work or school for 14 days.
    - Monitor your health for 14 days. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
    - Keep your distance from others (at least 6 feet).
- Under current federal regulations, pilots must report all illnesses and deaths to CDC before arriving to a U.S. destination. According to CDC disease protocols, if a sick traveler is considered a risk to the public’s health, CDC works with local and state health departments and international public health agencies to contact exposed passengers and crew. Be sure to give the airline your current contact information when booking your ticket so you can be notified if you are exposed to a sick traveler on a flight.
ADA POLICY

Students with Disabilities

Meharry Medical College is committed to the provisions of the Rehabilitation Act of 1973 and Americans with Disabilities Act in creating an inclusive community for students with disabilities. Students seeking accommodations for any type of disability are encouraged to contact the ADA officer. Accommodations are tailored to meet the needs of each student with a documented disability. Specific concerns pertaining to services for people with disabilities or any disability issue should be directed to the ADA Coordinator or the Office of the General Counsel.

SUBSTANCE ABUSE POLICY

Purpose
Drug and alcohol abuse jeopardizes student success. It is the purpose of this policy to address the risk of substance abuse

Accountability

By direction of the President, the Senior Vice President for Business and Finance and the Vice President for Policy Management and Legal Affairs shall ensure compliance with and implementation of this policy.

Definitions

College Premises: All areas in which the College (including its various programs, departments or services) operates, including, but not limited to its property, College owned or leased equipment, privately owned vehicles entering, leaving or parked on College property, or in use on its property (lockers, desks, sidewalks, buildings, equipment, work space, land, storage facilities, etc.)

Illegal Drugs: For the purpose of this policy, illegal drugs include such things as narcotics, hallucinogens, depressants, stimulants, or other substances which can affect or hamper the senses, emotions, reflexes, judgments; or other physical or mental activities; and controlled medication not prescribed for current personal treatment by a licensed physician in a medical setting to address a specific physical, emotional, or mental condition.

Medication or Prescribed Drugs: Medication or prescribed drugs, for the purposes of this policy, are drugs an individual may be taking under the direction of a licensed physician in a medical setting to address a specific physical, emotional, or mental condition.

Drug Paraphernalia: Illegal or Unauthorized Drug Paraphernalia
1. Blenders, bowls, containers, spoons, mixing devices used or intended for use in compounding controlled substances.

2. Capsules, balloons, envelopes, and other containers used or intended for use in concealing or packaging small quantities of controlled substances.

3. Hypodermic syringes, needles or other objects designed or intended for injecting controlled substances into the human body.

4. Objects used, intended for, or designed for use in inhaling or ingesting marijuana, cocaine, hashish, hashish oil, etc. into the human body, such as: metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, hashish heads or punctuated metal bowls; water pipes, carburetion tubes and devices; smoking and carburetion masks; roach clips or other objects used to hold smoking materials, such as a marijuana cigarette that has become too small or too short to be held by hand; chamber pipes; electric pipes, air-driven pipes; chillers; bongs; ice pipes; rolling paper not associated specially with tobacco products.

5. Literature specifically related to illegal or unauthorized substances or paraphernalia.

Background

This policy is intended to support the 1988 Drug-Free Workplace Act (Public Law 100-690) and the 1989 Drug-Free Schools and Communities Act (Public Law 101-226), which require that, as a condition of receiving funds or any other form of financial assistance under any federal program, the College must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees on College premises or as part of any College activity.

Policy

No student, faculty member, resident, staff member, or volunteer is permitted to unlawfully manufacture, use, distribute, dispense, or possess a controlled substance in any Meharry Medical College Facility or while conducting official College business. Individuals who violate this policy will be subject to appropriate disciplinary action.

Policy Implementation

Any student who is in an intoxicated condition or becomes intoxicated while acting in the course and scope of a medical student as a result of the illegal use of drugs or alcohol consumption, shall be subject to appropriate disciplinary action(s), up to and including dismissal.

The off campus use of alcohol or illegal drugs which results in impaired academic performance, including, but not limited to, absenteeism or tardiness, may be grounds for discipline according to the provisions of this policy.
The illegal use, sale, or possession of narcotics, drugs, or controlled substances are grounds for dismissal. The illegal sale of narcotics, drugs, or controlled substances while off the job, or otherwise outside of the scope of employment, and away from the premises is also grounds for discharge. The College regards such activities severely because of the potential adverse effects on the student’s academic performance and because such activities undermine the public confidence of the medical profession.

**Procedure:**

**Drug and Alcohol Testing and Other Procedures**

The College reserves the right, within limits prescribed by law, to test employees and prospective students for the illicit use of drugs and alcohol. The College also reserves the right to investigate and search students and their personal effects while on College premises when there is reason to suspect drug use or alcohol misuse under the terms of this policy.

Students are subject to clinically accepted physical or behavioral tests (urinalysis, blood tests, etc.) which may be deemed appropriate by the College to detect the presence of alcohol, illegal drugs, or other prohibited substances.

Any student who, as a result of testing, is found to have identifiable traces of prohibited or unreported drugs or other intoxicating substances in his or her system, regardless of when or where these substances entered his or her system, will be considered in violation of this policy and subject to disciplinary action including dismissal.

Student consent will be sought before personal effects will be searched. Students refusing to cooperate in any investigation, search, screening test, or found to be in possession of illegal drugs or other prohibited items, will be subject to immediate discharge.

Visitors found to be in violation of the College rules in these matters will be banned immediately from the College premises and will be prohibited from having future access to College premises. This provision should not be construed to apply to patients or other individuals receiving treatment at the College.

College representatives shall coordinate and be in charge of all investigations and testing procedures within the scope of the specific guidelines herein. The College may delegate the responsibility for any or all portions of this policy to other qualified individuals or firms.

**Each Student's Responsibility**

It shall be the responsibility of each student who observes or has knowledge of another student in a condition which impairs their ability, or who poses a hazard to the safety and welfare of others or is otherwise in violation of this policy, to promptly report that fact to the Office of Student Academic Affairs.
**Reasonable Suspicion Testing**

Whenever the College has reason to suspect that a student is using illegal drugs, or alcohol illegally, or otherwise is in violation of this policy, it reserves the right to require the student to submit to a breath, blood, or urine test. Refusal to submit to such a test when requested shall be grounds for immediate dismissal. Grounds for reasonable suspicion include, but are not limited to, a student’s involvement in an accident or an incident resulting in damage to College property or personal injury.

Where there is reasonable suspicion of a violation of this policy, and at the discretion of the College, any and all College premises and personal items on College premises may be searched without prior notice to ensure an environment free of illegal drugs or alcohol. Any student found to have illegal drugs and/or drug paraphernalia in their locker, vehicle, or personal area; or to be responsible for the placement of drugs anywhere on College premises, will be subject to immediate disciplinary action up to and including dismissal.

The moderate, non-intoxicating use of alcohol at College-approved meetings, in connection with business meals, travel, or entertainment, or in an appropriate social setting is not prohibited by this policy.

**Regulation**

Any student undergoing medically prescribed treatment with a controlled substance which may limit the student’s ability to perform must report that treatment to the Compliance Officer before or immediately upon prescription of such drug. This information will be treated confidentially. Failure to report this to the Compliance Officer shall be cause for appropriate disciplinary action. It is the student’s responsibility to determine from his/her physician whether a prescribed drug may impair academic performance and violate the ability to meet the Standard of Admission, Retention, and Graduation requirements. Without limitation, this would include drugs such as muscle relaxants (valium, etc.), pain medication (darvon, perconol, etc.), and anti-depressants. Legally prescribed drugs and over-the-counter medications may be allowed for reasonable uses not inconsistent with this policy. Students may use only those prescription drugs or medications which have been personally prescribed to them.

**Drug Treatment Program**

Students found in violation of this policy may be provided an opportunity, at the College’s sole discretion, to participate in a treatment program (at the student’s expense) as a condition of continued enrollment. Following successful completion of a treatment program, the student may be permitted to return to enrollment with specific stipulations.

Following rehabilitation and the return to enrollment, the student must agree to be subjected to additional drug and/or alcohol screening while enrolled. Any subsequent violations of this policy or refusal to submit to subsequent screening will result in immediate dismissal.
STUDENT COMPLAINT & GRIEVANCE POLICIES AND PROCEDURES
GRADE APPEAL POLICY

Purpose

To provide students an opportunity to appeal a final grade.

Procedure

If a student wishes to appeal a final grade, he/she can do so through the following process:

First, address any question or concerns with the course/clerkship director. If this discussion does not resolve the issue, or if the course/clerkship director is no longer in residence or is otherwise unreachable, the student may then appeal in writing to the chair of the department providing the final grade to attempt to mediate a resolution and make a recommendation. A chair cannot change a grade. If discussion among the student, course/clerkship director, and chair does not lead to a resolution, the student may appeal in writing to the Senior Associate Dean for the Office of Student Academic Affairs. The Senior Associate Dean for Office of Student Academic Affairs may elect to mediate or to empanel an Ad Hoc Appeals Committee to investigate whether the grade should remain the same or be changed.

The Ad Hoc Appeals Committee shall be composed of three to five faculty members of the School of Medicine. The Committee will proceed under the assumption the course grade was justified; the burden of proof shall lie with the student and begins with the student submitting to the Committee a written statement delineating an argument supporting a change of grade. If the Committee members find the grade was not based upon academic and professional performance, they may submit a new grade to the Senior Associate Dean. In all cases, the Ad Hoc Committee’s recommendation shall be conveyed, in writing, within 10 days of the Committee’s decision to the student who initiated the appeal, the course/clerkship director involved, the Senior Associate Dean for the Office of Student Academic Affairs, and the Dean. The Dean's decision in all such matters is final.

STUDENT COMPLAINT POLICY

The School of Medicine only accepts complaints from students formally enrolled or on an approved Leave of Absence.

Students are encouraged to address their concerns with the individual involved, at the earliest possible time and on an informal basis. If no satisfaction is gained from the informal meeting, then a formal complaint should be filed. The following is the definition of informal and formal:

*Informal Basis:* Students will be encouraged to utilize any of the example informal mechanisms described below whenever possible. Informal is generally verbal:

- Direct discussion with administration; or with the alleged offender, if there is an offense
• **Conversation** with chief resident, attending physician, course coordinator, course/clerkship director, Town Hall meetings, student leadership with the Dean and deans

**Formal Basis:** When a student is unable to resolve a situation using the above informal mechanisms, he/she will provide a written complaint.

If it is an issue that falls under Professional Code of Conduct Violations, Student Mistreatment, Sexual Misconduct, Disability, or Grade Appeal, the policy for those specific issues will take precedence. These policies, as well as this policy, can be found in the *Policy and Procedures Manual*. A copy of the manual is distributed to entering medical students, is located in the Office of Student Academic Affairs, and can be retrieved on the School of Medicine website.

If the complaint is an issue that will affect the class, the student can be heard at the Student Assembly or should present the issue to the class president. The class president will address the matter with the administrative leadership and take back a report to the class. If the issue is not resolved, the class president can file a formal complaint on behalf of the class. If it is an individual matter, the student may have a one-on-one meeting with staff or administration in the Office of Student Academic Affairs. If the complaint involves the Office of Student Academic Affairs, and has already been addressed informally with that office, the student may take the complaint to the Dean of the School of Medicine. These complaints, as well as other complaints, not satisfied at the Office of the Dean can be addressed with the President.

There is a fillable PDF which can be found on the School of Medicine, Office of Student Academic Affairs Blackboard All Master Forms SOM site. The formal process begins by completely filling out the form, including the signature of the individual filing the personal complaint or the class president’s signature, if filing on behalf of the class.

The School of Medicine has a centralized process. All formal academic complaints must be submitted **ONLY** to the Office of Student Academic Affairs, unless it involves the administration of the Office of Student Academic Affairs, where in which case, the complaint will be filed with the Office of the SOM Dean. All other complaints focused on mistreatment must be submitted to the Associate Dean for Student Affairs (see below for Mistreatment Policy)

Documents will be filed without fear of retaliation or retribution. Complaints may be withdrawn by the complainant, in writing at any time. If necessary, the School will request additional information. Upon receipt of the complaint, the following protocol will be followed:

1. The complaint will be logged (both electronically and in a physical log book) in the Office of Student Academic Affairs.

2. The office staff will perform its due diligence to investigate the complaint. Minutes will be kept and logged.

3. After all findings have been compiled, a summary investigative report will be written.

4. A proposal for the resolution will be forwarded to the individual or the class president, and discussed with the complainant further, if needed.

5. If no further discussion is needed that involves the class, the class president will notify the class of the resolution; or if more appropriate, the Associate or Senior Associate Dean will notify the class.
6. A copy of all documents will remain on record in the Office of Student Academic Affairs, electronically and in the Complaint Log Book, which is in a locked file.

MISTREATMENT POLICY

Introduction

Meharry Medical College is an institution rooted in the care of the whole person. Our motto promises the “Worship of God through service to mankind”; interaction between teachers, learners and administrative staff should emulate this founding principle. As such, Meharry is committed to creating and sustaining an educational environment that fosters the values and virtues of:

- Mutual respect
- Trust
- Honesty
- Collegiality
- Compassion
- Accountability

Such values are especially critical to effective relationships between faculty, students, and administrative staff. The medical learning environment is expected to facilitate students’ acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, based on the presence of mutual respect between teacher, learner and staff. Characteristics of this respect are the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

Purpose

The purpose of this policy is to outline expectations of behaviors that promote a positive learning environment for Meharry Medical College medical students and other learners and to delineate grievance procedures to address alleged violations without fear of retaliation. This policy offers a definition of mistreatment and provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment in a safe and effective manner.
Definitions/Examples

Mistreatment of students can occur in a variety of forms and may seriously impair learning. Types of abuse include verbal, power, ethnic, physical, and sexual harassment. Examples of student mistreatment include, but are not limited to repeated instances or single egregious instances of:

- Verbally abusing, belittling, or actions that can reasonably be interpreted as demeaning or humiliating
- Assigning duties as punishment rather than education
- Unwarranted exclusion from reasonable learning opportunities
- Threats to fail, give lower grades, or give a poor evaluation for inappropriate reasons
- Asking a student to carry out personal chores or errands
- Pressuring students to exceed established restrictions on work hours
- Committing an act of physical abuse or violence of any kind such as pushing, shoving, slapping, hitting, tripping, throwing objects at, or aggressive violation of personal space
- The following situations will be handled by the Title IX Coordinator: Unwelcomed sexual comments, jokes, innuendos, or taunting remarks about a person’s protected status as defined by Meharry Medical College’s Nondiscrimination Policy Statement:

  Meharry Medical College prohibits discrimination against and harassment of any student because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law. All members of the institution are charged to support this effort and to respond promptly and appropriately to any concerns that are brought to their attention.

Procedure

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment should first, if possible, attempt to resolve the matter directly with the alleged offender. Suggested options for medical students include:

Informal Resolution

Students will be encouraged to utilize any of the example informal mechanisms described below whenever possible. Informal is generally verbal:
• **Direct discussion** with the administration; or with the alleged offender, if there is an offense

• **Conversation** with chief resident, attending physician, course coordinator, course/clerkship director

**Formal Process**

When a student is unable to resolve a situation of abuse or mistreatment using informal mechanisms, he/she will contact the department chair. The student will give a written description of the circumstances leading to the complaint to the department chair, who will contact the Associate Dean of Student Affairs. The complainant must be willing to be identified to the person against whom the complaint is directed. A Student Mistreatment *ad hoc* committee will be appointed by the Associate Dean of Student Affairs consisting of at least one faculty member (professor/associate professor level), and one student. The faculty member will serve as the chair. Particular attention will be made to considerations of continuity, experience, sensitivity to the concerns of students and faculty, and gender, racial, cultural and economic diversity when making appointments to the committee.

The *ad hoc* committee will be investigatory and advisory to the Associate Dean of Student Affairs in questions regarding conduct of students, faculty, and staff. The recommendations and findings of the *ad hoc* committee will be reviewed by the Senior Associate Dean of Office of Student Academic Affairs, who will have the responsibility and authority to determine if the basis exists for referral to a Dean, Human Resources, or to a committee of the Faculty Senate for further review.

• The *ad hoc* committee will convene within 10 working days after the chair receives the written complaint. Any member with a conflict of interest will be replaced.

• The *ad hoc* committee will conduct an investigation by interviewing all parties involved with any witnesses available. Legal counsel is not permitted at this point and the accused or any witnesses have the right to refuse to appear without prejudice against their case.

• All materials will be reviewed by the *ad hoc* committee and any conclusions regarding the investigation will be reported to the Associate Dean of Student Affairs within 15 working days of receiving the complaint. The *ad hoc* committee will determine: there is no significant basis to conclude that mistreatment or abuse did occur; or, find that mistreatment or abuse probably did occur.

• The Associate Dean of Student Affairs will review the findings and make a decision on corrective action to take. Notification of the involved parties will occur within 10 working days after receiving the recommendations of the *ad hoc* committee. The Senior Associate Dean of Office of Student Academic Affairs will work with the appropriate department chair, section head, dean, etc., to assure corrective action is taken. Referral to the appropriate authority will ensue.

• The Dean and *ad hoc* committee will be notified of the final disposition
If the allegation of mistreatment is against the Associate Dean of Student Affairs, the Dean will serve in the role specified for the Associate Dean of Student Affairs.

Medical Students requesting complete anonymity should be made aware that doing so may interfere with the medical school’s ability to investigate the concern and their ability to receive information about the follow-up investigation.

Medical Students may also choose to pursue claims of unlawful discrimination or harassment as noted by the College’s statement:  *Inquiries concerning the College’s non-discrimination policies may be referred to the Office of the General Counsel, Lyttle Hall Administration Building, (615) 327-6102.*

**No 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 a process for responding to it. 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.

**Appeals**

Students have the right to appeal to the Dean of the School of Medicine.

**Mistreatment Scenarios (see table at end of manual)**

**SEXUAL MISCONDUCT POLICY AND GRIEVANCE PROCEDURE**

**Purpose**

The policy was created and approved to comply with the requirements of Title IX and the Violence Against Women Act; to define what forms of sexual conduct is prohibited by Meharry Medical College (“MMC”); to set forth the manner in which allegations of sexual misconduct will be addressed by the College; and to provide resources for victims and those accused of sexual misconduct.

**Introduction**
Meharry Medical College (MMC) defines sexual misconduct as any wrongdoing of a sexual nature. This encompasses sexual exploitation, harassment, violence, non-consensual sexual contact, and non-consensual sexual intercourse. MMC considers sex discrimination in all its forms to be a serious offense. Sexual Misconduct violates MMC's sexual discrimination policy and Federal Civil rights laws. MMC is committed to creating a safe and responsible environment by fostering a community that promotes prompt reporting of all types of Sexual Misconduct and fair and timely resolutions.

As a recipient of Federal funds, MMC is required to comply with Title IX of the Higher Education Amendments of 1972, which prohibits discrimination on the basis of sex in education programs or activities. To ensure compliance with Title IX and other federal and state civil rights laws, MMC has developed policies and procedures that prohibit sex discrimination in all of its forms. This policy extends to employment with and admission to the College. Consistent with due process, all accused are presumed innocent until proven otherwise under this Policy.

DEFINITIONS:

Definition of Prohibited Conduct

A. Harassment

1. MMC defines harassment as any unwelcome conduct based on sex or on gender stereotypes as verbal or physical conduct based on a person's race, color, religion, creed, ethnicity, gender or gender identity, age, sexual and affection orientation/associations, genetic information or mental/physical disabilities that is sufficiently severe, pervasive, persistent or patently offensive that it has the effect of unreasonably interfering with that person's work or academic performance, or that creates an intimidating, hostile, or offensive working, educational, or living environment, from both a subjective (the complainant's) and an objective (any reasonable person's) viewpoint.

2. MMC defines non-discriminatory harassment as verbal or physical conduct that is sufficiently severe, pervasive, persistent or patently offensive that it has the effect of unreasonably interfering with that person's work or academic performance, or that creates an intimidating, hostile, or offensive working, educational, or living environment, from both a subjective (the complainant's) and an objective (any reasonable person's) viewpoint.

3. MMC defines sexual harassment as unwelcome verbal or physical conduct of a sexual nature that has the effect of unreasonably interfering with an individual's work or academic performance or that creates an intimidating, hostile, or offensive working, educational, or living environment. A form of quid pro quo (this for that) sexual harassment exists when submission to or rejection of unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature results in adverse educational or employment action, or the threat of such adverse action, or limits or denies an individual's educational or employment access, benefits or opportunities.

4. MMC defines retaliatory harassment as verbal or physical conduct that occurs in response to a complaint of harassment. Zero tolerance extends to those who retaliate for complaints
of harassment. MMC views retaliatory harassment to be just as severe as the initial harassment itself.

B. Sexual Misconduct

Sexual Misconduct is a broad term encompassing sexual exploitation, harassment, nonconsensual sexual contact and non-consensual sexual intercourse. Sexual Misconduct can occur between strangers or acquaintances, including people involved in an intimate or sexual relationship. Sexual Misconduct can be committed by men or by women, and it can occur between people of the same or different sex.

In order for individuals to engage in sexual activity of any type with each other, there must be clear consent. Consent is permission, freely given by word or action, by both participants in a sexual activity. Since two people may experience the same interaction in different ways, it is the responsibility of both parties to make certain that the other has consented before engaging in any sexual activity. Silence cannot be assumed to show consent. Consent to some form of sexual activity cannot be automatically taken as consent to any other sexual activity and consent may be withdrawn at any time. Persons using alcohol or other drugs are considered unable to give consent if they cannot appreciate the nature and implications of a sexual interaction. All individuals who consent to sex must be able to understand what they are doing. In order to give consent, one must be of legal age, which is 18 in the state of Tennessee.

Consent cannot be procured by use of physical force, compelling threats, intimidating behavior, or coercion. Coercive behavior differs from seductive behavior in the type of pressure someone uses to get consent from another. When someone makes clear that he or she does not want sex, wants it to stop, or does not wish to go past a certain point of sexual interaction, continued pressure beyond that point is coercive.

Persons who have sexual activity with someone whom they know to be — or could reasonably be expected to know to be — mentally or physically incapacitated (substantially impaired by alcohol or other drug use or unconscious) are in violation of this policy. This policy also covers someone whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the taking of so called “date rape” drugs. Possession, use and/or distribution of any of these substances (including Rohypnol, Ketamine, GHB, Burundanga and others) is prohibited, and administering any of these drugs to another for the purpose of inducing incapacity is a violation of this policy.

1. Non-Consensual Sexual Contact is any intentional sexual touching, however slight, with any body part or object, by a man or a woman upon a man or a woman, without effective consent.

2. Non-Consensual Sexual Penetration refers to any sexual penetration (anal, oral, or vaginal), however slight, with any body part or object by a man or woman upon a man or woman, without effective consent.
3. Sexual Exploitation occurs when a person takes non-consensual or abusive sexual advantage of another to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute another form of sexual misconduct. Examples of sexual exploitation include, but are not limited to, prostitution, non-consensual video or audio-taping of sexual or other private activity, exceeding the boundaries of consent (e.g., permitting others to hide in a closet and observe consensual sexual activity, videotaping of a person using a bathroom), engaging in voyeurism, or engaging in consensual sexual activity with another person while knowingly infected with human immunodeficiency virus (HIV) or other sexually transmitted disease (STD) and without informing the other person of such infection.

Consensual Relationships

MMC does not intrude upon personal relationships that do not violate the policies of the College, cause harm to the safety of the MMC community, or increase the risk of harm to the safety and wellbeing of the MMC community. Consensual romantic or sexual relationships in which one party retains a direct supervisory or evaluative role over the other party are unethical, create a risk for real or perceived coercion, and are expressly a violation of the College’s Amorous Relationship Policy. Therefore, persons with direct supervisory, evaluative, grading, or academic advising responsibilities who are involved in such relationships must bring those relationships to the attention of their supervisor or the Deans (if relationship involves a student), and will likely result in the necessity to remove the employee from the supervisory, evaluative, grading, or academic responsibilities.

PROCEDURE:

Reporting Guidelines

A. Reporting an Incident of Sexual Misconduct

Employees and students have a duty to report violations of this policy immediately upon receiving a complaint for sexual misconduct or observing or learning of conduct that is reasonably believed to be in violation of this policy. The Office of Human Resources (615.327.6336), the Office of the Dean (615) 327-6310; The School of Medicine Office of Student Academic Affairs (615.327.6413) the General Counsel’s Office (615.327.6102), the Title IX Coordinator (615.327.6552) and Campus Safety & Security (615.327.6254) are equipped to receive such reporting. The Office of General Counsel shall be contacted for any allegation(s) involving a faculty member.

B. Other Reporting Options

In addition to the duty to report sexual misconduct to the proper College representatives, in some circumstances, there is a duty to report allegations of criminal conduct to law enforcement. A victim of sexual misconduct has the option to report the incident to the appropriate local law enforcement
for the purpose of filing a criminal complaint and/or seeking and enforcing a no contact, restraining or similar court order and has the right to be assisted by the College in exercising this option. Please call 911 or the Metro Nashville Sexual Abuse Unit at (615.862.7540).

A criminal investigation into an allegation of sexual misconduct does not relieve MMC of its duty and authority to conduct its own review of a complaint. The College will not wait for the conclusion of a criminal investigation to begin its own prompt investigation and resolution of an allegation of sexual misconduct. Conduct that may not be subject to criminal prosecution or sanctions may still be addressed through the College’s disciplinary process, and/or findings of “not guilty” in a criminal case does not preclude a finding of responsibility in a campus disciplinary proceeding for violating MMC policy. Victims are advised to preserve physical evidence to support their complaint in the event they wish to pursue criminal actions.

Retaliation

MMC will take steps to prevent and address any form of retaliation against the complainant. Information about the College’s stance on retaliation can be found at: http://intranet.mmc.edu/policies/policies/compliance/nonretaliationreD0rtinq.pdf

Rights Afforded to Sexual Assault Complaints

Victims of sexual assault are entitled to specific rights, these rights include:

• The right to a prompt and equitable investigation and resolution of a compliant

• The right to file a complaint with the appropriate local law enforcement authorities for the purpose of filing a criminal complaint and/or seeking enforcing a no contact, restraining or similar court order.

• The right to be assisted by the College in seeking assistance from the local law enforcement.

• The right to request and receive a change in his/her living situation if such a change is reasonably available.

• The right to request and receive a change in his/her academic situation if such a change is reasonable.

• The right to be referred to on and off campus counseling, mental health or other student services for victims of sex offenses.

• The right to file a complaint on campus and to avail him/herself of the process for doing so including, but not limited to, adequate reliable, and impartial investigation of the complaint; an equal opportunity to present relevant witnesses and other evidence.

The Family Educational Rights and Privacy Act (FERPA) permits a school to disclose to the student victim information about the sanction imposed upon a student who was found to have engaged in
volatile behavior when the sanction directly relates to the victim. Furthermore, when the conduct involves allegations of a crime of violence or a non-forcible sex offense, a Postsecondary institution is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether the institution concluded that a violation was committed.

Resolution of Sexual Misconduct Complaints

MMC will act promptly in response to information that an incident of an assault, harassment or other form of sexual misconduct has occurred. Any conduct that is in violation of the Sexual Misconduct policy will be investigated and addressed in a timely manner.

A. Confidentiality

If a complainant requests confidentiality or asks that the complaint not be pursued, MMC will take all reasonable steps to conduct the investigation and respond to the complaint within the conditions requested. If the complainant insists that their name or other identifiable information not be disclosed to the alleged perpetrator, the investigator must inform the complainant that MMC’s ability to respond may be limited due to the restriction. MMC must evaluate all requests in the context of its responsibility to provide a safe and nondiscriminatory environment for all students. Therefore, all requests for confidentiality will be weighed against the following factors:

- The seriousness of the alleged harassment
- The complainant's age
- Whether there have been other complaints about the same individual; and
- The alleged perpetrators’ rights to receive information about the allegation under FERPA.

If MMC cannot ensure confidentiality, the investigator will inform the complainant. If disciplinary action cannot be taken against the alleged perpetrator because of the complainant's insistence of confidentiality, MMC may pursue other steps to limit the effects of the alleged conduct and prevent its recurrence.

B. Investigation of Sexual Misconduct

Step One: **Investigation.** Any individual can contact any of the designated offices under “Reporting Guidelines” to report allegations of sexual misconduct. The report is given to a designated Title IX coordinator to investigate. The Title IX investigator will conduct a prompt investigation. All initial investigations are thorough and impartial and conducted in a manner in which the Title IX investigator deems appropriate. If warranted, preliminary administrative actions (e.g. interim suspension, restricted access to campus facilities, no contact orders, academic modification, etc.) may be taken to preserve the safety and continuity of the College.

Step Two: **Informal Resolution.** With the consent of the complainant and the alleged perpetrator, and if the Title IX coordinator in consultation with the Office of General Counsel and the appropriate Office of the Dean, deems the circumstances to warrant doing so, a matter may be resolved through
non disciplinary interventions (e.g., educational, counseling, academic accommodations). A complainant has the right to end the informal process at any time and begin a formal student conduct proceeding. Mediation, even on a voluntary basis, is not an appropriate means of resolving a sexual assault complaint.

Step Three: **Formal Student Conduct Action (if initiated)** Should informal resolution be inappropriate or unattainable, the matter will be referred to the SOM Student Disciplinary Committee (SDC). The Committee is composed of faculty members and one student. Additionally, for Title IX matters only, a Title IX coordinator will be a non-voting member of the Committee.

C. **Standard of Evidence**

MMC utilizes a standard of preponderance of the evidence (i.e. it is more likely than not that the sexual assault, harassment or another form of sexual misconduct occurred) when reviewing a complaint.

D. **Disciplinary Sanctions**

The specific sanctions available to the SOM SDC may differ depending on the circumstances of the matter being addressed. In general, however, sanctions imposed upon students determined to have violated this policy can include a range of sanctions including, but not limited to, warning, censure, education/counseling, disciplinary probation, suspension or dismissal.

E. **Notification**

When the conduct involves allegations of a crime of violence or a non-forcible sex offense, MMC is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether MMC concluded that a violation was committed.

F. **Support Resources**

Many services, including resources for medical and emotional wellbeing, are available to victims of sexual assault, harassment and other forms of sexual misconduct. Contact information and general advice on how to seek assistance for yourself or another person who has been a subject of sexual assault, harassment or any other sexual misconduct can be obtained from one of the offices listed below.

**Title IX Coordinator Offices**
Office of the General Counsel: 615.327.6552 or 615.327.6921
Registrar’s Office/Student Services 615.327.6806
Office of Human Resources: 615.327.6336
Campus Security- 615.327.6254
Counseling Services and Office of the Chaplain: 615.327.6975
**Meharry Medical College Hotline Number: 1.888.695.1534**
Metro Nashville Police- Domestic Violence Unit: 615.880-3000 (8am—10pm) and 615.862.8600
(after 10pm)
Tennessee Domestic Violence Hotline at 1-800-356-6767 YWCA Crisis and Information Line: (615) 242-1199 or toll free 1-800-334-4628

SANCTIONS

Against Students: Disciplinary sanctions for student violations of this policy will be imposed in accordance with the "Student Professional Code of Conduct. Sanctions may include expulsion. Against Employees: Disciplinary sanctions for employee violations of this policy, which may range from a disciplinary warning to termination from the College, will be imposed in accordance with applicable College policies.

FORMS

Students may access all OSAA PDF fillable forms which will be needed during your matriculation by going to the OSAA1 icon on Blackboard or pick up a form at the Office of Student Academic Affairs.
ADMINISTRATION CONTACT INFORMATION

EXECUTIVE & ADMINISTRATIVE OFFICES*

Office of the President

James E.K. Hildreth, PhD, MD
President & CEO
S.S. Kresge, LRC
5th Floor
615 327-6904

Office of the Dean

Digna S. Forbes, MD, FASCP
Interim Dean, School of Medicine
WBS, Suite 1221
615 327-6310

Mitzy H. Johnson, EdD
Executive Associate
WBS, Suite 1221
615 327-6310

Javaris Neal
Program Coordinator
WBS, Suite 1221
615 327-6204

Office of Student Academic Affairs

Stephanie C. McClure, MD, FACP
Senior Associate Dean
WBS, Suite 1105
615 327-6413

Monique Bennerman, MD, FACP
Associate Dean, Academic Affairs
WBS, Suite 1105
615 327-6413
Virginia McMath, EdD, MBA  
Assistant Dean, Academic Affairs

Terrell Washington, MS  
Assistant Dean for Special Programs

Melicent Davis, MBA  
Program Manager

James Ensley  
Director, Computer Based Testing

Jo Ann Pettus-Mayes  
Senior Administrative Assistant

Charles Wilson  
Teaching Assistant

Office of Medical Education

Ruth Stewart, MD  
Associate Dean

Office of Clinical Affiliations

Susanne Tropez-Sims, MD, MPH  
Associate Dean, Professor Emeritus

Office of Curriculum Evaluation and Effectiveness

Cassandra S. Ward, EdD  
Associate Dean

Center for Educational Development  
and Support (CEDS)

Eleanor Fleming, PhD, DDS, MPH  
Director

Pamela Rucker, MA, MPA  
Educational Skills Specialist

615 327-6769

615 327-6731

615-327-6888

615 321-2984

615 327-6959

615 327-6965

615 327-5859

615 327-6925

615 327-6048

615-327-6530
Shonae Settles  
**Senior Administrative Assistant**

Vincent Wilson, MS, ADAC  
**Educational Skills Specialist**  
**ADA Coordinator**

Philip Stoeckleing, MPA  
**Peer Tutor Coordinator**

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**Other Administrative Offices, College**

<table>
<thead>
<tr>
<th>Office</th>
<th>Location</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Academic Computing</td>
<td>WBS, 2nd Floor</td>
<td>615 327-6265</td>
</tr>
<tr>
<td>Admissions and Records</td>
<td>CT, 1st Floor</td>
<td>615 327-6223</td>
</tr>
<tr>
<td>Alumni Affairs</td>
<td>LRC, 6th Floor</td>
<td>615 327-6266</td>
</tr>
<tr>
<td>College Spirit Store</td>
<td>CT, 1st Floor</td>
<td>615 327-6269</td>
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<tr>
<td>Lifelong Learning</td>
<td>WBS, 4th Floor</td>
<td>615 327-6235</td>
</tr>
<tr>
<td>Counseling/Student Services</td>
<td>HH, 3rd Floor</td>
<td>615 327-6792</td>
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<tr>
<td>Financial Aid</td>
<td>CT, 1st Floor</td>
<td>615 327-6826</td>
</tr>
<tr>
<td>Human Resources</td>
<td>HH, 3rd Floor</td>
<td>615 327-6336</td>
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<tr>
<td>Library</td>
<td>LRC, 2nd Floor</td>
<td>615 327-6318</td>
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<tr>
<td>Registrar</td>
<td>CT, 1st Floor</td>
<td>615 327-6806</td>
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<tr>
<td>Office of the Treasurer</td>
<td>LRC, 5th Floor</td>
<td>615 327-6928</td>
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**Basic Science Departments/Divisions**

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<tbody>
<tr>
<td>Biochemistry, Cancer Biology, Neuroscience &amp; Pharmacology</td>
<td>WBS, 2104</td>
<td>615 327-6345</td>
</tr>
<tr>
<td>Microbiology, Immunology, and Physiology</td>
<td>WBS, 4101/4102</td>
<td>615 327-6868</td>
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<td>Pathology, Anatomy &amp; Cell Biology</td>
<td>WBS, 3101</td>
<td>615 327-6663</td>
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<td>Professional &amp; Medical Education</td>
<td>WBS, 2204</td>
<td>615 327-6287</td>
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<td>Anatomical Donations</td>
<td>WBS, B-122</td>
<td>615 327-6944</td>
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<tr>
<td>Division of Clinical Skills &amp; Competency</td>
<td>LRC, Basement</td>
<td>615 327-5932</td>
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<tr>
<td>Division of Integrated Didactics</td>
<td>WBS, B122</td>
<td>615 327-6944</td>
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**Clinical Departments**

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<tbody>
<tr>
<td>Family &amp; Community Medicine</td>
<td>HH, 309/304</td>
<td>615 327-6572</td>
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<tr>
<td>Internal Medicine</td>
<td>HH, 306</td>
<td>615 327-6277</td>
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<td>Obstetrics &amp; Gynecology</td>
<td>HH, 4645-E</td>
<td>615 327-6284</td>
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<td>Pediatrics</td>
<td>HH, 2666</td>
<td>615 327-6332</td>
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<td>Psychiatry &amp; Behavioral Sciences</td>
<td>EMHC, 202</td>
<td>615 327-6606</td>
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<td>Radiology</td>
<td>HH 232</td>
<td>615 327-5617</td>
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<td>Surgery</td>
<td>HH, 4718</td>
<td>615 327-6342</td>
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### Special Services

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<td>Campus Security</td>
<td></td>
<td>615 327-6254</td>
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<tr>
<td>Computer Center</td>
<td>CC, 2&lt;sup&gt;nd&lt;/sup&gt; Floor</td>
<td>615 327-4357</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>DS, 4&lt;sup&gt;th&lt;/sup&gt; Floor</td>
<td>615 327-6669</td>
</tr>
<tr>
<td>Student Health Services</td>
<td>MCCH, 3&lt;sup&gt;rd&lt;/sup&gt; Floor</td>
<td>615 327-5757</td>
</tr>
<tr>
<td>Postal Services</td>
<td>DS, 1&lt;sup&gt;st&lt;/sup&gt; Floor</td>
<td>615 327-6278</td>
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</tbody>
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*Office Codes:  CC: Computer Center, CEDS: Center for Educational Development Services, CT: Cal Turner, DS: Dental School, EMHC: Lloyd C. Elam Mental Health Center, HH: Hubbard Hospital, LRC: Stanley S. Kresge Learning Resources Center, LH: Lyttle Hall, MCCH: Meharry Clinic Comprehensive Health, OHE: Original Hubbard Entrance, WBS: West Basic Science Building*
### Mistreatment Examples (adopted and adapted from Feinberg Northwestern) March 2020

<table>
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<tr>
<th>Behavior</th>
<th>Examples of Mistreatment</th>
<th>Areas of Caution for Faculty</th>
<th>Acceptable Behavior (though could be perceived as mistreatment by student or by another student)</th>
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| **Initial behavior:** Subjection to offensive remarks/names related to sexual orientation | - Explaining to a female patient that it’s okay if this particular male student performs a sensitive exam on her because he’s homosexual  
- Explaining to a male patient that it’s okay if this particular female student performs a sensitive exam on him because she’s homosexual  
- A physician knows a student to be LGBTQ from participating in other campus groups or activities and because they are of the same sexual orientation, demonstrates favoritism by allowing this student to participate in more procedures and see patients with them in their private office  
- A physician knows a student to be LGBTQ from participating in other campus groups or activities and does not ask them to see patients or does not have them participate in care to the same extent | - Presuming that all members of the team are of the same sexual orientation and therefore making comments about the gender of a significant other | *Do not joke, comment or ask about student’s sexual orientation  
*Discourage, warn or discipline students making derogatory comments about peers |
| **Possible follow-up behavior:** Denial of opportunities for training or rewards based on sexual orientation | - Asking students about their sexual orientation  
- Commenting on a student’s sexual orientation to them  
- Commenting on a student’s sexual orientation to their peers, patients, nurses, residents or attending physicians  
- Using derogatory terms/slang to refer to a student’s sexual orientation or perceived sexual orientation  
- Subjecting students to derogatory terms/slang with regard to a patient’s sexual orientation or perceived sexual orientation | | |
| **Initial behavior:** Subjection to offensive sexist remarks or names | | | |
| **Possible follow-up behavior:** Subjection to unwanted sexual advances | - A resident or attending telling his/her student that he/she would like to take the student out to a restaurant or night club  
- Telling a student that the outfit makes the student look sexy | | |
| **Includes:**  
- Subjecting the student to unwanted sexual advances  
- Using derogatory sexual terms/slang in the presence of a student  
- Subjecting the student to an offensive sexist remark/name | - Asking a student to meet 1:1 off hours to a coffee shop off the medical campus to discuss performance/feedback  
- A resident asking out a student when the student is no longer on the clerkship and grades have already been assigned | | |

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<td><strong>Initial behavior:</strong> Subjection to racially or ethnically offensive remarks</td>
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<td><strong>Possible follow-up behavior:</strong> Lower evaluation or grades solely because of race or ethnicity rather than performance</td>
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<td>• Using derogatory terms or slang to refer to a student’s race or ethnicity.</td>
<td>• A resident chastising a student for entering the incorrect rate of IVF, “You Asians are supposed to be good at math.”</td>
<td>• Describing a student as “the tall Asian man” when asking the floor team if they have seen the student whose name he has forgotten. (Be cautious using racial or ethnic terms as descriptors when attempting to identify a student)</td>
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<td>• Assuming that a student is less qualified on the basis of their race or ethnicity.</td>
<td>• After hearing a poor patient presentation, faculty member says to a student, “You only got into school here because you are an (URM) underrepresented minority.”</td>
<td>• Asking the Hispanic student on the team, “Can you translate for us?” when confronted with a Hispanic appearing patient who did not speak English.</td>
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<td>• Giving preferential treatment to a student on the basis of shared ethnicity or race.</td>
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<td>• Making generalizations about students based only on their ethnicity or race.</td>
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<td>• Persistently ignoring questions from a student who is a member of a racial or ethnic minority.</td>
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*Encourage students with non-traditional hairstyles to ask what the PWI’s policies are and to look up those policies beforehand*
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| Harassment / Humiliation         | • Making a student dance during a procedure  
• Feedback given to a student in a public setting in a demeaning manner i.e. “that was a stupid answer”  
• Talking about a student in a negative way to those who are not on service  
• Student’s inquiries and contributions alike are being ignored during interactions with the team  
• Attending refuses to check student note writing skills or orders persistently  
• Student denied chance to participate in one or more activities of the team i.e. denies access to the OR, or not being given chance to evaluate patients | - A student presents on morning rounds but does not know the urine output. Attending physician explains to the student why they should have this information. Student feels belittled or embarrassed in front of the team. [Comment: public feedback is not mistreatment, but would be best handled if attending addresses the team of the importance rather than talk directly at the student. Also, depending on the knowledge level of the team; otherwise, this might be best addressed privately, if the rest of the team is already fully aware why urine output is important]  
• Calling students out for being late or not following up on assigned tasks; such as pre-rounding.[Comment: This might be best to discuss privately; unless the student had an important task that kept the team from moving forward]  
• An attending raising their voice to get student to stop something procedurally because physician thought the patient was at risk  
• Administrator privately counseling student with average or poor academic record to consider a Plan B instead of trying to match for a highly competitive residency; for the competitive program, suggest the student do elective or research project at the program, as well the Plan B |
| Harassment / Neglect | • Student’s inquiries and contributions alike are being ignored during interactions with the team  
• Attending refuses to check student note writing skills or orders persistently  
• Student denied chance to participate in one or more activities of the team i.e. denies access to the OR, office or not being given chance to evaluate patients | • The residents are in the middle of several emergencies on L&D and don’t update the medical students following the patients about what is going on. The medical students are left sitting in the board room without direction and feel ignored.  
• Students not being invited to social engagements that residents are invited to by the attending  
• Student alleged mistreatment but was really more miffed that the attending didn’t ask him about his weekend activities after he asked about hers. He felt unequal in the power balance. [Comment: The attending is not the student’s peer; otherwise, this could be intrusive for some students] |
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| Requests to perform personal services | - Attending is meeting students for teaching rounds and asks students to pick up coffee or food for attending.  
- Asking student to pick up birthday card for administrative assistant from hospital gift shop.  
- Attending did not have child care on weekend and brought child in for morning rounds. Attending asks student to watch child at the nurses’ station while attending sees patients with resident.  
- Attending needs to pick up cake for weekend event and is stuck in the OR. Attending asks student to pick up cake before bakery closes.  
- Attending request that student retrieve journal articles for a presentation that the attending is preparing. The articles are not related to a current patient on the service or a project in which the student is involved  | - The resident/attending buys dinner/pays for food or snack but is unable to leave the labor floor to get it – asks the student to get the food (paying for the student to eat as well). If getting the food results in the student missing an opportunity to participate in a delivery with a patient that the student has been following, this could be problematic.  
- Attending asks a student to page another physician in order for the attending to speak to the other physician.  
- Attending’s coat was soiled during a clinic procedure. Attending asks student to go get a clean white coat for attending.  
- The student knows the patient and prepares him for a thoracentesis. The student is prepared to do the procedure herself and has assembled all of the materials. The resident and attending perform the procedure without the student.  | - Student volunteers to bring lunch and attending offered to pay for it. [Comment: although acceptable behavior; other students may see this as favoritism, if they happen to arrive when the student returns with the food]  
- Medical student is asked to return a page while the attending is on the phone to another colleague.  
- Attending is changing a patient’s dressing and does not have adequate supplies. Attending asks student to retrieve additional supplies from the supply room. |