



# College of MEDICINE

***Henry G. Herrod, M.D., Dean***

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## MESSAGE FROM THE DEAN

You have worked hard to reach this stage in your education where you begin the actual study of medicine. The curriculum is demanding and will require your total effort. Our programs are exciting and innovative, combining the solid foundation needed for a good medical education with the teaching skills that will be necessary to assimilate the rapid changes in medicine in the future. Our faculty are dedicated to providing the stimulus and environment to maximize your learning experience. The administration of the College is charged with providing support to you, as students, through our faculty and facilities that will ensure your development as life-long learners.

We in the Dean's office are available to you, and we hope that you will take an active role in your education and the total life of the College of Medicine.

Henry G. Herrod, M.D.  
Dean, College of Medicine

## COLLEGE OF MEDICINE ACADEMIC CALENDAR ([www.utmem.edu](http://www.utmem.edu))

### ACADEMIC PROGRAM ([www.utmem.edu](http://www.utmem.edu))

The following table outlines the four-year program:

#### Freshman (M-1) Fall Semester

Gross Anatomy  
Longitudinal Community Program (LCP)

Molecular Basis of Disease  
Physiology

#### Freshman (M-1) Spring Semester

General Pathology  
Hematology  
Immunology  
Molecular Basis of Disease  
Pharmacology Basic Principles  
Physiology  
Longitudinal Community Program (LCP)

#### Sophomore (M-2) Fall & Spring Semester

Longitudinal Community Program  
Microbiology  
Neurosciences  
Pathology  
Pathophysiology  
Pharmacology

#### Step 1 - U.S. Medical Licensing Exam

#### Junior (M-3) (Clerkships)

Longitudinal Community Program (2 weeks)  
Family Medicine (8 weeks)  
Medicine (8 weeks)  
Obstetrics & Gynecology (8 weeks)  
Pediatrics (8 weeks)  
Psychiatry/Neurology (8 weeks)  
Surgery (8 weeks)

#### Senior (M-3) (Clerkships) Selectives & Electives)

Longitudinal Community Program (1 week)  
Ambulatory Medicine (4 weeks)  
JI- Any (4 weeks)  
JI - Medicine (4 weeks)  
Surgery Specialities (4 weeks)  
Specialty Clerkship (4 weeks)  
Molecular Medicine/Basic Science (4 weeks)  
Electives (16 weeks)  
OPEN (12 weeks)

#### Step 2 - U.S. Medical Licensing Exam

### Scheduling M-3 Clerkships

In order to begin the third year of the curriculum, all students must satisfy the following requirements: immunization against measles and rubella, completion of the hepatitis vaccine series, completion of a TB skin test, certification in CPR, and attendance at mandatory sessions on OHSA standards and bloodborne pathogens.

### Family Medicine Mandatory M-3 Student Placement

The Department of Family Medicine seeks to expose all medical students to primarily ambulatory-based medicine in the real life office setting of practicing community family physicians. As such, the department reserves the right to place students in locales throughout the state of Tennessee during the eight-week required clerkship, including (but not limited to) urban, suburban, rural, and under-served communities. Whenever possible, student preferences for specific locations will be taken into consideration.

The department will make every effort to seek mutually agreeable placement arrangements for its students. M-3 clerkship students will be placed with clinical faculty of the University. Students are free to request approved settings in their hometown or communities where they can stay with family or friends. Students will ultimately be responsible for the costs associated with transportation, housing, and food. Students may plead hardship if financial, family, social, or other reasons preclude placement outside of the Memphis community; all such cases will be considered on an individual basis. Stu-

dents may appeal assignments through appropriate channels (Clerkship Director, Department Chair, Office of Academic and Faculty Affairs, and Dean). (Effective: Class of 1997)

### Student Workload

The educational experiences in the clinical clerkships of the UTHSC College of Medicine are presented in various formats which include: patient experiences either in a hospital or physicians's office, procedural workshops, skills laboratories, reading assignments, tutorials and didactic lectures. These clerkships provide a breadth of clinical experiences whereby students, under supervision by both residents and faculty as well as other health professionals in the teaching hospitals, assist in the care of patients in order to master clinical knowledge, skills and attitudes. In these clinical experiences, students observe the patient, the illness, the effects of procedures and treatment over an adequate span of time in order to learn the natural history of the diseases and the specific effects of interventions to include treatment and/or prevention. This often is best done by being present and working with the patient over a relatively long period of time as the expression of the illness unfolds. This requires that students be assigned continuous patient care and in-house call for prolonged periods on some specific rotations.

The director for each clerkship will be responsible for scheduling student work hours, monitoring the intensity of each rotation, assuring that undue stress and fatigue among students is avoided, and arranging adequate resident and faculty supervision. This supervision by the attending faculty member ensures that students are assigned only patient care responsibilities for which he/she is qualified and that students are required only to perform functions appropriate to his/her educational program. The clerkship director will also be responsible for ensuring that the students' acquisition of knowledge, skills and attitude necessary to progress are documented. The Office of Academic and Faculty Affairs will be responsible for reviewing each clerkship's compliance with this policy on a periodic basis.

A student may appeal the workload in a particular clerkship if he/she feels that it is inappropriate. The appeal is directed initially to the clerkship director and then to the department chairman. If resolution of the issue is not made at the department level then the concerns of the students

should be presented in writing to the Office of Academic and Faculty Affairs.

### Policies Regarding the Clerkships

**Multiple written examination failures and Retakes (R) grades in the third-year clerkships.** The Progress and Promotions Committee will review the overall academic record of any student who fails more than one (1) written examination in the third-year clerkships. Each student may have more than one Retake (R) grade simultaneously posted in the required third-year clerkships.

The Progress and Promotions Committee, after consideration of the overall academic record, may recommend an alteration of the student's schedule that provides a period of time when the student is taken out of the third-year clerkships and scheduled into one or more option months. During these option months, the student would prepare to retake one or more written examinations that previously had been taken and failed on the first attempt on a schedule specified by the Committee.

**Taking USMLE Step 2 during the required clerkships.** Each student must declare, in writing to the appropriate clerkship director, if he/she has registered to take the USMLE Step 2 during a required third- or fourth-year clerkship. Students are not permitted to schedule the USMLE Step 2 at times conflicting with the scheduled administration of any end-of-clerkship examinations.

The declaration must be done as soon as possible, but no later than two weeks prior to the orientation to the appropriate clerkship and on file in the clerkship director's office. A student who is registered to take Step 2, and who has properly indicated such, will be provided with one (1) day of excused absence from all clerkship activities to sit for the USMLE. The excused day begins at 5:00 p.m. on the day before the scheduled USMLE administration and ends on the morning of the day after the USMLE is taken, at a city to sit for the USMLE, the course director has the discretion to allow, on a case-by-case basis, an additional day of excused absence prior to the examination date. If not notified properly, the clerkship director reserves the right to refuse a student's request for excused absence from the scheduled activities.

**Training sites for required fourth-year clerkships.** All required fourth-year rotations--i.e., Ambulatory Medicine, Surgery Specialties, and two required JI's-- must be

taken at the institution within the University of Tennessee System where these rotations currently are offered. There may be extenuating circumstances (e.g., the "spouse away rule") exempting selected students from this policy. A student who wishes to be granted an exemption must present his/her case to the Dean's office for review.

**Dropping/adding the one-month rotations.** All one-month rotations--i.e., the required clerkships (Ambulatory Medicine, Surgery Specialties, the required JI's), and any elective--may routinely be dropped/added if the process is completed by or on the 15th day of the month before the rotation starts. This is referred to as the "two-week deadline." If the 15th of the month falls on a weekend, changes must be completed by midnight on the Friday before the weekend. Routine changes are effected by accessing the computer program for scheduling the fourth-year rotations. Changes in the fourth-year schedule may be made after the two-week deadline only if the conditions set in the following paragraphs are met.

Required clerkships, required JIs, and electives having significant emergency room (ER) experiences may not be dropped after the two-week deadline unless a student is available to replace the one wishing to drop the rotation. A waiting list, as described in the last paragraph below, will be established to facilitate changes of this nature. Conversely, required clerkships, required JIs, and electives having significant emergency room (ER) experiences may not be added after the two-week deadline unless there is a vacancy created by a student who drops the rotation. That is, if there is a student-for-student exchange after the two-week deadline, then dropping/adding these types of rotations may be done up to one working day before the rotation starts. Students are advised that some months are more/less popular than others for taking either the various fourth-year rotations or the option months. Accommodating individual requests to change schedules at late notice may produce less favorable options for completing the fourth-year requirements at other times during the academic year.

Any electives not having significant ER experiences may be dropped/added after the two week deadline only upon consent of the appropriate attending physician and/or the clerkship director. This may be done anytime up to one working day before the rotation starts.

A waiting list for oversubscribed one-month rotations will be established in the

Office of Academic and Faculty Affairs. A student who wishes to be considered if a vacancy occurs in an oversubscribed rotation must place his/her name on the waiting list at least two weeks prior to the start of the rotation. The student then may be added to the roster of an oversubscribed rotation after the two-week deadline if a vacancy occurs.

## ORGANIZATIONAL STRUCTURE

The College of Medicine includes a primary campus located in Memphis as well as clinical sites located in Knoxville and Chattanooga, a program in internal medicine in Nashville, and a Family Practice Center in Jackson. The College is organized into 22 departments relating to the various clinical and biomedical science disciplines. Each department is directed by a chair, appointed by the dean, who is responsible for the total operation of the department including teaching, research, service, patient care, personnel administration, and financial affairs. A number of associate and assistant deans, also appointed by the Dean, have responsibility for specific administrative areas within the College. They chair various standing faculty committees, which are established by the Dean to make recommendations regarding policies and programs.

The standing committees for the College of Medicine and the various subcommittees are listed below. An asterisk(\*) indicates the committees on which there are voting student members, nominated by the Medical Student Executive Council and appointed by the Dean.

- \*Committee on Undergraduate Medical Education
- \*Subcommittee on Clinical Sciences
- \*Subcommittee on Biomedical Sciences
- Committee on Academic Appointments and Promotion
- \*Committee on Admissions
- Committee on Continuing Medical Education
- \*Committee on Graduate Medical Education
- Committee on Research
- Progress and Promotions Committee for each class (i.e. 2001, etc.)
- Subcommittee on Advisors
- \*Subcommittee on Scholarships and Financial Assistance
- \*Subcommittee on Recognition and Awards

The Health Science Center also has established committees on which students serve. They include:

Academic Affairs Council  
 Student Affairs Council  
 Commission for Equity  
 Independent Study Wing Advisory Committee  
 Loan and Scholarship Committee  
 Student Alumni Center Board of Governors  
 Student Health Committee  
 Student-Faculty Disciplinary Appeals Board  
 Entertainment Committee  
 Financial Aid Committee  
 Intramural Rules Committee  
 Campus Recreation Committee  
 Student Affairs Committee to the Board of Trustees  
 Health Affairs Committee to the Board of Trustees  
 Academic Affairs Committee to the Board of Trustees  
 Public Service & Continuing Education Committee to the Board of Trustees  
 Parking Authority  
 Parking Appeals

## GENERAL INFORMATION

### ACADEMIC & FACULTY AFFAIRS

4th Floor, Hyman Building  
 448-5506

The Office of Academic and Faculty Affairs is responsible for the curriculum, academic standards affecting the M.D. degree program in the College of Medicine, and the process of faculty appointments, promotions and tenure. This Office is involved with faculty in curriculum design and coordination and the allocation of educational resources. It also works with faculty in the development and implementation of policies and procedures affecting the academic progress, promotion and graduation of medical students.

### STUDENT AFFAIRS

4th Floor, Hyman Building  
 448-5684

The Office of Student Affairs is concerned with the overall growth, development, and graduation of medical students. Thus the goal of this office is to serve students through a wide range of activities and programs, which include the following:

Freshman Orientation  
 White Coat Ceremony  
 Faculty Mentor Program

Parents Recognition Day  
 Peer Counseling Program  
 Student Publications  
 Leaves of Absence  
 Residency placement assistance:  
 Deans' Letters  
 Career Counseling  
 NRMP  
 Student organization support  
 Counseling: personal, social  
 Student/Faculty award selection  
 Caduceus Ball  
 Graduation ceremonies  
 Liaison with Honor Council

The Office of Student Affairs, College of Medicine, is intimately involved in seeking ways to enhance students' non-academic experiences with a goal of assuring that problems are addressed before they have an adverse affect on students. Students with various concerns, whether personal, financial, or social, should not hesitate to contact this office.

## BOOK EXPENSES

Outside of certain college expenses where cost is "fixed," the most expensive single item that students face is the purchase of books - required or recommended.

Here are guidelines which you may wish to follow as you purchase textbooks:

- don't buy any textbook until the instructor has been consulted or has held a class. The bookstore usually has enough of the required textbooks.
- consider buying used textbooks from bulletin board notices or the MSEC booksale at the beginning of each semester.
- don't be afraid to consult upperclassmen for advice on textbooks and about the possibility of borrowing/buying their books.

Beginning with the matriculation of the Class of 2006, the faculty have established a computer requirement for students in the College of Medicine.

## CLASS ATTENDANCE

The instructional program in the biomedical sciences portion of the curriculum has been developed by the faculty to provide students with the basic science knowledge and background necessary for the study of clinical medicine. Students are expected to attend the various experiences provided for them in the curriculum as an expression of their professional commitment and dedication. Some curricular experiences, because of their special nature (e.g. laboratories, small group conferences and related activities), may be designated

by faculty as required experiences. In a particular course, students will be informed of these requirements at the beginning of the course.

## DRESS AND IDENTIFICATION

All students in their preclinical and clinical years of study are expected to dress as professional students. Recognizing the need to identify members of the professional medical team and to distinguish them from other hospital personnel or patients, they must wear clinic coats of a type described below while in patient contact situations:

- A. Attending staff wear coats of their choice.
- B. Interns and resident staff are expected to wear coat length, long sleeve clinic coats, generally white; however, color variations may be uniformly adopted by any department.

C. Medical students wear white long sleeve jacket length coats and display their name tags at all times.

Students interested in access to various buildings after business hours may be required to present identification badges for access and to display them while on the premises (Refer to Identification Badges in this section).

## EMPLOYMENT

The College of Medicine supports the view that a successful medical school experience requires a full-time commitment on the part of most students. Medical students' primary responsibility must be to scholarship and to their academic pursuits. The College of Medicine recognizes that financing the cost of medical training may require, under very compelling circumstances, that some medical students seek employment during the academic year.

Any student considering employment is encouraged to contact voluntarily the College of Medicine through its Office of Student and Academic Affairs to seek counseling on:

- (1) alternative employment options, especially those which promote further professional growth and development,
- (2) the impact that employment would have on his/her academic performance, and
- (3) the availability of other sources of income. Under no circumstances should the nature of the students' work experience misrepresent the level of his/her professional skill or knowledge, or require a

level of time commitment which could adversely affect academic performance. It should be clearly understood that the minimal standards for progress and promotion must be met by all students regardless of employment.

## FACULTY MENTOR SYSTEM

The Faculty Mentor System is comprised of College of Medicine faculty members who serve as ombudsmen for students. Basic scientists and/or clinicians are assigned by the Office of Student Affairs to a small group of entering students. A sophomore student is assigned to each group to facilitate meetings between mentors and students. Mentors meet students individually and in groups, beginning with orientation and continuing throughout their medical education. Students are befriended and assisted by their mentors in taking full advantage of the institution's educational as well as extracurricular opportunities.

The essential ingredient for the success of the Mentor System is the degree of responsibility assumed by mentors and students. Faculty Mentors are responsible for being accessible, caring, and equipped with accurate information. Students are responsible for availing themselves of the opportunity to meet with their mentors on a regular, ongoing basis.

For further information, contact the Office of Student Affairs, College of Medicine.

## HOUSING

### OFF CAMPUS - CHATTANOOGA, KNOXVILLE, AND NASHVILLE

Many junior and senior students choose to take rotations on the Knoxville or Chattanooga campuses. For questions or assistance on housing contact the Office of Academic and Faculty Affairs. The following persons can provide assistance relative to these campuses:

1. Ms. Margaret Lifsey, Medical Education Office, UT College of Medicine-Chattanooga, 975 East Third St., (Box 222), Chattanooga, Tennessee 37403. Phone: (800) 947-7823 (ext. 7442)

2. Ms. Susan Watson, Office of Student Affairs, 219 Physician Office Building #1, Graduate School of Medicine at UTMCK, 1924 Alcoa Highway, Knoxville, Tennessee 37920. Phone: (865) 544-9618.

3. Ms. Melanie Ledford, Baptist Dept. of Internal Medicine, University of Tennessee, Nashville, 2000 Church St. West (Room 105), Nashville, TN 37236. Phone: (615) 284-3387

## HOUSING IN FRATERNITIES

**Phi Chi**  
687 Jefferson Avenue  
Memphis, Tennessee 38105

The Phi Chi Fraternity houses 28 persons and is two blocks from the Wassell Randolph Student-Alumni Center.

The house is completely furnished with central heat and air, washer, dryer, color TV, table tennis, and a kitchen where students may prepare meals and snacks. Non-members are welcomed.

Phi Chi invites any medical student interested in additional information to write "House Manager," Phi Chi Fraternity.

## LEAVE OF ABSENCE

Any student who feels that he/she cannot continue in the regular curriculum for whatever reasons is expected to contact the Office of Academic Affairs. A student must obtain a "change in student status form" from either the Registrar or Academic Affairs in order that appropriate administrative offices are notified.

## LOANS

Emergency loans are available to medical students through the Office of Financial Aid. Students may borrow up to \$300.00 from the Cooksey-Callison and Hand Loan Funds. Interest is six percent per annum and repayment is within thirty days. Loans are based on need and availability of funds.

Students experiencing financial difficulty are also encouraged to contact the Office of Financial Aid Services, Room 311 SAC, 448-5568.

## NAME BADGES

Medical student name badges are to be worn at all times. Badges will be provided during orientation. Replacements are available (for a fee) in the GEB.

## PUBLICATIONS

A number of publications of particular interest to medical students are generated periodically. A partial list includes the following:

### THE RECORD

Published by the Office of University Relations. It is a bi-monthly newspaper for faculty, staff, and students. Distributed throughout campus and selectively to alumni, friends of the University and others.

## STUDENT LIFELINE

A monthly publication from the Office of Student Life. Source for announcements of non-academic events and a listing of discounts to plays, symphony and opera. At Information Desk, SAC.

## ELECTIVES CATALOG

([www.utmem.edu](http://www.utmem.edu))

This is a description of electives for senior students. It is published by the Office of Academic and Faculty Affairs and parts of it are distributed to each student prior to his/her entry into the senior year. It also includes academic regulations and policies regarding the last year of study. Complete catalogs are available in the library and computer laboratory in the GEB.

## MSEC MINUTES

Minutes of the weekly meetings of the MSEC are posted on class bulletin boards and the lobby of the Cecil C. Humphreys General Education Building, the lobby of the Student Alumni Center, and a permanent record is kept on file in the Office of Student Affairs.

## STUDENT RECORDS

Student records maintained by the College of Medicine are available in accordance with University policy as published in the UTHSC Student Handbook. Records are maintained in the Office of the Registrar (academic and personal); University Health Service (student health); Student Mental Health Service (counseling); UTHSC Student Affairs Office (disciplinary action and misconduct); and with course directors and/or departmental offices.

Students do not have the right of access to financial records of parents, or personal memory notes being maintained by any university official or faculty members. Students do have the right of access to their academic records.

## TUTORING SERVICES

Services are available for freshman students. Tutors are assigned based on availability and an assessment of students' need. There is no charge for this service. For further information, contact Student Academic Support Services, 448-5056.

## WITHDRAWALS

**(Refer to Leave of Absence in this section).**

## CLASS STRUCTURE

Rules and regulations governing the organization and structure for each class are the sole responsibility of the MSEC and each respective class.

Each class elects a slate of officers to formally represent them on all matters concerning their class. The initial election for the freshman class is held during the first month of school and is conducted by the Medical Student Executive Council. Officers elected serve for an interim period. After a period of the freshman year and at the end of every academic year, elections are held to elect officers for the coming year. These elections are conducted by the MSEC or by any officer running unopposed. At any time during the year, a recall petition signed by at least 25% of the class is grounds for a new election.

The class president is the official liaison between the class and the administration and faculty. The president is also a voting member of the MSEC. Currently, each class elects vice-presidents, a secretary and a treasurer.

Each class elects three representatives to the MSEC, three representatives to the Honor Council, two representatives to the AIMS Council, one Liaison to the Auricle, and two representatives to the Professionalism Committee. These representatives support the class' interest in their respective organizations and report the actions of their group to the class. Students are urged to contact their class representatives to voice any concerns regarding the areas of the students organizations' responsibilities.

Additionally, each class has a social committee of two or three students who plan class social events, and athletic directors to coordinate involvement in intramurals.

## STUDENT ORGANIZATIONS

### STUDENT GOVERNMENT ASSOCIATION EXECUTIVE COUNCIL (SGAEC) Room 300 SAC, 448-5610

The Student Government Association Executive Council provides representation for all students at the UTHSC campus. The presidents of each college within the UTHSC system form this student government body. The president of the Medical Student Executive Council is the College of Medicine student representative on the SGAEC. The SGAEC studies matters of importance to students and submits recommendations expressing student views

and concerns to the administration and faculty of the University.

**Amir Jahangir**

President, MSEC, 2002-03

### MEDICAL STUDENT EXECUTIVE COUNCIL 2001-02

The Medical Student Executive Council is the governing council of the student body of the University of Tennessee College of Medicine, representing the students to the administration and faculty of the University, and the Memphis community. The Council is headed by a President and Vice President, elected annually. Voting members include:

1. Vice-President
2. Each class president (4)
3. Three class representatives (12)
4. American Medical Association-Medical Student Section (1)
5. American Medical Student Association (1)
6. Family Practice Student Association (1)
7. Organization of Student Representatives to the American Association of Medical Colleges (AAMC) (1)
8. Phi Chi Medical Fraternity (1)
9. Student National Medical Association (1)

The Council serves to represent all students in the College of Medicine, addressing academic, financial, social, and other issues affecting the students' overall learning experience. MSEC Meetings are held Thursdays at noon in the Student Alumni Center and are open to all students in the College of Medicine. Meetings are periodically visited by the Dean of the College of Medicine, Associate Dean of Academic and Faculty Affairs, and Associate Dean of Admissions and Student Affairs. Many of the changes in the curriculum are a direct result of MSEC action and support, either from the Council itself or its representatives on the Committee on Undergraduate Medical Education, Clinical Sciences Subcommittee, and Biomedical Sciences Subcommittee. These representatives report directly to the MSEC, as do the various other committee representatives. The effectiveness of the Council is related directly to its leadership and participation.

### AMERICAN MEDICAL STUDENT ASSOCIATION

The American Medical Student Association (AMSA) is a national organization which offers students an opportunity to become involved in community outreach

projects through locally organized chapters. AMSA is well known for its commitment to facilitating student impact on medical education and practice by developing networks that would increase physicians' awareness and sensitivity to their patients and communities. As a national organization, AMSA offers many opportunities, such as preceptorships in a variety of specialties across the country, participation in the International Medical Student Association, and access to experiences of other AMSA chapters. AMSA chapters receive support from AMSA national staff and task forces. AMSA task forces publish newsletters and hold seminars on areas of interest other than those already covered by our curriculum. These task forces include: Nutrition and Preventive Medicine, Death and Dying, Women in Medicine, Law and Medicine, and many others. Another positive aspect of involvement with AMSA is the opportunity to meet and work with students attending other medical schools via regional and national conferences.

Activities of the UT AMSA chapter have included discussion of clinics by M-3s and M-4s, ongoing M-1 support group, blood pressure screenings in the community with the Memphis High Blood Pressure Coalition and CPR training sessions. The UT AMSA chapter is a forum for student concerns, both personal and professional. Please come and share your interests and ideas.

### THE STUDENT NATIONAL MEDICAL ASSOCIATION (SNMA)

The SNMA was founded and organized in 1964. It is a non-profit corporate association of minority students in pursuit of a medical education. The SNMA is dedicated to:

- (1) leadership development by augmenting and enhancing individual efforts as well as providing collective group development of minority medical students,
- (2) social awareness through student interaction with minority consumers and other health professional groups to keep abreast of social changes and their implications for the minority communities, and
- (3) service to humanity through a commitment to professional excellence which will ultimately benefit others in their chapters and in the community. The SNMA supports the concept of a well-rounded, thoroughly-trained physician - one who can treat people, not just disease - and who can communicate with and understand the health needs of all Americans.

## AMERICAN MEDICAL ASSOCIATION

### Medical Student Section

The AMA-MSS is a national organization of medical student members of the AMA which is dedicated to improving medical education, developing leadership and promoting activism for the health of America.

The AMA-MSS offers students unique opportunities to interact with students and physicians from across the state and the country and UTHSC has a long tradition of producing national leaders for the AMA-MSS.

As a member of the AMA-MSS, students are full members of the AMA and as such receive all the benefits that are available to physician members of the AMA including subscriptions to JAMA, AMNews - a weekly update on issues facing medicine, and Members Matters - a newsletter published by the AMA with more immediate concerns facing medicine. Members also receive a free copy of the Drug Evaluation textbook, a helpful resource during Pharmacology.

UTHSC members also receive the Journal of the TMA and other publications from the Tennessee Medical Association. On a local level, members receive Memphis Health Care News and updates both from our local chapter and the Memphis-Shelby County Medical Society.

Members also receive special banking and insurance benefits through the AMA, as well as having the full resources of the AMA to call upon whenever needed for researching issues to finding information of externships and residencies.

Our local chapter also conducts a physician match program which matches M1 and M2 students with local physicians for a day to follow them around to learn more about the actuality of practicing medicine. UT's AMA-MSS chapter also conduct several seminars each year that offer students educational opportunities outside the traditional curriculum.

## COUNCIL FOR INTERNATIONAL AND AREA OUTREACH (CIAO)

The College of Medicine fosters student commitment to local and international public service and understanding. This commitment is consistent with our Code of Professionalism which speaks of the responsibilities of physicians to patients, colleagues, families and community. It prepares medical students for global cultural, educational and medical interactions. The council is composed of at least two members from each of the four medical classes chosen for their interest

and commitment to public service. Faculty members on the committee have been identified because of their expertise as well as commitment to local and international service. The council manages a fund which is used to assist with expenses for local and international service projects. The group also keeps current data on fourth year international elective opportunities on the College of Medicine web page. CIAO strongly encourages medical students to become involved in a wide variety of local community service programs.

## ORGANIZATION OF STUDENT REPRESENTATIVES (OSR)

The Organization of Student Representatives provides student input into the Association of American Medical Colleges. The AAMC is a group with membership from American, Puerto Rican and Canadian Medical Schools, over 400 teaching hospitals, and 60 major academic societies.

The OSR has both national and regional meetings once a year. During these meetings, the student members discuss the status and trends in medical education nationwide, pass resolutions, and elect officers who meet during the year to act upon those resolutions. For the College of Medicine, representatives are chosen by the Medical Student Executive Council. OSR representatives have information concerning issues at other medical schools and at the national level in medical education.

## FRATERNITIES, HONOR SOCIETIES, & CLUBS

### PHI CHI

Phi Chi is the nation's largest medical fraternity with more than 45,000 members in all parts of the world. There are over 350 Phi Chi alumni in Memphis alone, many of whom are active in the Alumni Association.

### ADOLPH MEYER SOCIETY

Adolph Meyer Society is an organization of medical students who are interested in psychiatric aspects of medicine. The monthly meetings are held at the home of a faculty member and consist of informal discussions with faculty members. Meetings are open to all medical students and spouses.

### ALPHA OMEGA ALPHA

Alpha Omega Alpha (AOA) is an honorary medical society whose purpose is to perpetuate excellence in medicine. In selecting members, the UT chapter considers

both an applicant's academic performance and demonstration of other attributes exemplary of a physician. In addition, faculty and alumni are also elected as members. It should be noted that many members are in non-university settings. AOA, in its effort to increase medical excellence, has two major activities each year. During the winter, they sponsor a visiting professor on the campus. In addition to giving a formal lecture, the visiting professor meets with students in less formal settings, often including rounds. AOA Day, held in the spring of each year, includes a visiting professor and the presentation of student research papers, including those papers which have already received AOA awards for research.

## STUDENT INTERESTS GROUPS

### EMERGENCY MEDICINE INTEREST GROUP

*Purpose:* Introduce students to the study of emergency medicine as a specialty and serve as a source of information for students who wish to pursue residency training in emergency medicine.

*Dates and Location:* Meetings are monthly, location varies.

*Membership Criteria:* Membership is open to anyone with an interest in emergency medicine. No dues are required.

### STUDENT SURGICAL SOCIETY

*Faculty Advisor:* Gayle Minard, M.D.

*Purpose:* Provide career counseling, fellowship and professional mentoring opportunities to medical students interested in pursuing professions in general surgery and the surgical subspecialties.

*Dates and Location:* Meetings are monthly, usually held in Groner Auditorium at Baptist Memorial Hospital.

*Membership Criteria:* Medical students enrolled at the University of Tennessee Health Science Center College of Medicine.

### FAMILY PRACTICE STUDENT ASSOCIATION

*Faculty Advisor:* Frank Williams

*Purpose:* Introduce family practice residents and physicians to hands on training, educational opportunities and speakers.

*Dates and Location:* Scheduled monthly on Tuesday evenings at the Healthplex.

*Membership Criteria:* Ten dollars per year

membership fee which entitles members to receive monthly and quarterly journals.

### PEDIATRIC ISSUES STUDENT ASSOCIATION (PISA)

*Faculty Advisor:* Valerie Jameson, M.D.

*Purpose:* PISA was founded in 1997 by a group of students interested in providing young physicians with additional information and exposure to pediatrics. PISA arranges guests to speak on topics such as residency programs, childhood development, child abuse and community service projects. The goal of this organization is to help students with difficult career decisions. PISA also serves to assist students interested in pediatrics with finding mentors, applying for residencies and making important class decisions.

*Dates and Location:* This group meets three times a semester at the Le Bonheur auditorium.

*Membership Criteria:* Open to any student or faculty member sharing an interest or love for children.

### GRADING SYSTEM

The marks used in all official reports of students' grades are: A, B, C, D, F, W, WP, WF, and I. Some courses are graded on a PASS/FAIL basis. The performance level and quality value assigned to that performance are outlined in the following table:

Grade	Quality Pts. Performance Level	Per Sem. Hr. of Credit
A	Consistently outstanding	4
B	Exceeds expectations for satisfactory performance; Occasionally outstanding	3
C	Satisfactory	2
D	Marginal	1
F	Failure	0
R	Retake	0

The letters W, WP or WF are recorded to indicate pass or failure in those instances in which a student withdraws from a course before completing the work.

The cumulative grade point average recorded on the transcript from the Registrar is used by the Progress and Promotions Committees (PPCs), in part, to make recommendations about the promotion and continuation of students in the curriculum.

Beginning with the Class of 2001, when a student must retake either courses or clerkships to correct academic deficiencies, the cumulative grade point average (GPA) is calculated by averaging the final grades attained in all courses or clerkships in which he/she has been enrolled for academic credit. This includes those

courses or clerkships repeated at UTHSC and those courses approved by the PPCs to be taken at other AAMC institutions.

A students withdrawing from courses in the first and second years will receive either a W, WP or WF, as appropriate, on his/her official transcript. When a student does not complete a first- or second-year course at UTHSC, he/she must repeat the course at UTHSC in the next academic year.

The Progress and Promotions Committee has the option of recommending that a student who completes but fails first- or second-year courses, or a student who has "D" grades with a cumulative GPA less than 2.0 at the end of the first or second academic years, may correct the academic deficiency or unacceptable cumulative GPA requirement by successfully completing either courses taken at other institutions, courses repeated at UTHSC, or both. All courses taken for academic credit are recorded on the official transcript and computed in the GPA. Beginning with the matriculation of the Class of 2006, any student earning the grade of D in two or more courses in any of the first two academic years, irrespective of cumulative GPA, will have his/her academic record reviewed by the Progress and Promotions Committee. The Committee may make one of the following recommendations concerning this student: a. re-evaluation in specified course(s); b. repeat part or all of the particular academic year, and c. no recommendation.

The designation of I (incomplete) will be used when a student is unable to complete the course required at the regular time because of a reason acceptable to the course director. In such cases, arrangements will be made by the course director for the student to complete the course requirements, and the I will then be replaced by whatever grade the course director considers the student to have earned. It is the responsibility of the student to work with the course director in determining when and under what circumstances the I grade can be changed.

The designation of R (Retake) will be recorded in those instances in which a student completes all requirements in a clerkship and passes the clinical portion but fails the written exam. The student will retake the written exam and the appropriate grade will be assigned by the clerkship director.

## STUDENT EVALUATION

### Biomedical Sciences:

Examinations are given at periodic intervals during this portion of the curriculum. The content and time of each examination is established by the course directors responsible for instruction during the period each examination covers. The questions are generally multiple choice and computer graded.

It is the responsibility of each course director to establish the criteria for the awarding of course grades and the role of examinations in the determination of those grades. Any concerns relative to individual examination questions, criteria for course evaluation or final grades should be directed to the appropriate course director. Such things as laboratory performance, participation in small group activities, special projects, etc., may also influence the final grade in each course. Each course director is responsible for establishing the areas of evaluation and their relative weight in the determination of course grades, and is responsible for communicating this information as of the first day of each course.

Students are expected to take examinations as scheduled. Students unable to take an examination as scheduled because of illness or emergency situations must notify the Office of Academic and Faculty Affairs prior to the examination when a concurrent schedule is used; and the course director when a staggered schedule is used.

Examination scores normally are posted by personal identification number. If a student desires not to have his/her score posted, then notification of such should be made to the Test Scoring Office in the Bit Center. A form for this purpose may be obtained in the Registrar's Office.

All students must take the United States Medical Licensing Examination, Step 1 examination as candidates and pass at the national standard in order to be officially promoted to the Clinical Sciences portion of the curriculum. This examination is usually taken by all students in June following their sophomore year, unless specifically deferred by the Office of Academic and Faculty Affairs.

During the biomedical sciences portion of the curriculum, students will be allowed to withdraw from any individual course due to academic difficulty and take a reduced load only under extenuating circumstances as determined by the Associate Dean for Academic and Faculty Affairs and/or the Progress and Promotions Committee.

## Clinical Sciences:

### General Guidelines for Professional Behavior and Conduct in the Third and Fourth Year Clerkships:

The clinical rotations in the third and fourth years of medical school place demands and requirements on the students that go significantly above and beyond academic achievement as measured by performance on tests and by the ability to field questions learned through didactic instruction and reading. The student also is accountable for his or her behavior in each of the following areas:

#### 1. Professional and Ethical Conduct

The welfare of patients and their families is of foremost concern. Students must show respect and courtesy for patients and their families, even under difficult situations such as being challenged or provoked. Students must safeguard their patients' confidentiality. There are to be no casual communications regarding patients in public places, such as hallways, elevators, cafeterias, gyms, etc. Students must obey professional boundaries with their patients.

#### 2. Punctuality, Responsibility and Reliability

Students are expected to be available and present for all scheduled clerkship activities. Any absences must be approved by the clerkship director in advance. Make-up assignments will be determined by the clerkship director; absences due to illness may require a physician's statements. Chronic tardiness is unacceptable. Students are expected to conform to the prevailing schedule at the sites to which they are assigned.

#### 3. Getting Along with Other Members of The Medical Team

Good relationship with nurses, aides, ward clerks, and anyone else involved in the care of the patient are absolutely essential. Students are expected to be courteous to all medical staff at the sites to which they are assigned for their clinical instruction.

#### 4. Getting Along with Staff

Students need to be polite and respectful to people other than the patients, faculty and residents, and hospital employees. Much of the daily work in maintaining a clerkship falls on the shoulders of administrative assistants, secretaries, receptionists, and other staff. Students are expected to be considerate of and courteous to all of these employees.

#### 5. Getting Along with Peers

Students are expected to have pleasant working relationships with their fellow students. This includes an equitable sharing of the workload, and helping and supporting each other.

If clerkship directors receive consistent complaints about a student in any of these areas, the student's grade may be affected. Serious documented problems with unprofessional or unethical behavior, in the judgement of the clerkship director, may result in a failing grade even if the student has passed the written or oral examinations and has an otherwise satisfactory clinical rating. Also, consistent or serious complaints about unprofessional or unethical behavior may be reflected in the Dean's Letter.

There may be times when any student has a personal or a personality conflict that impairs his or her ability to function properly on the clerkship. It is the student's responsibility to promptly notify the clerkship director at the first occurrence, not after the fact.

### Examinations

Student evaluation in the clerkships portion of the curriculum includes written examinations as well as an increased emphasis on other forms of evaluation. Clerkship examinations are normally multiple choice type and computer graded. Oral examinations are utilized in some clerkships and are administered by faculty or faculty and house staff. In addition, clinical performance is evaluated by attending faculty and house staff in seven areas. These evaluation areas include:

- fund of information
- interest in learning
- history taking
- physical examination
- technical skills
- organization of data/formulation of hypothesis
- ability to relate to patients
- thoroughness, consistency, and reliability

The methods of evaluation are established by each clerkship director and communicated to students during each clerkship orientation. Student evaluation reports are filed with records located in the Student Affairs Office and are available for review by the student. Student evaluations are also maintained by departmental offices.

Students who fail the written examinations but have passed the clinical portion of the clerkship will be assigned a grade of R (Retake) until the written exam is retaken. The retake must be done by the end

of the current academic year. A second failing score on the exam, or failure to retake the exam on time, will result in the assignment of a failing grade for the clerkship.

A student unable to take a clerkship examination due to illness or other emergency situation must notify the director of that clerkship.

Concerns affecting individual examination questions or other forms of evaluation, as well as final grades, should be directed to the appropriate clerkship director. This must be done within one month of notification of the award of the final course grade.

Evaluation of students in electives does not normally include a written examination. The method by which elective students are evaluated is established by the elective course director and available to the student on the first day of the rotation.

All students must take the United States Medical Licensing Examination, Step 2 as candidates and pass at the national standard in order to be certified for graduation. This examination should be taken early in the senior year. Applications are available in the Office of Academic and Faculty Affairs.

## APPEAL OF GRADES

A student may appeal his/her final grade if he/she feels that the grade was assigned inappropriately and not in accord with the course or clerkship statement of policy distributed at the beginning of the program. The appeal is directed initially to the course/clerkship director; and then to the department chair. If resolution of the issue is not made at the department level, then the appeal is made in writing to the Office of Academic and Faculty Affairs. Any student wishing to appeal to the Dean concerning the recommendation must make a written request within five (5) working days of receipt of written notification of the recommendation from the Office of Academic and Faculty Affairs.

## PROGRESS & PROMOTIONS

### CHARGE TO THE PROGRESS AND PROMOTIONS COMMITTEE

The Progress and Promotions Committee is charged by the Dean of the College of Medicine with monitoring and making recommendations to him concerning the results of individual student performance in the curriculum. The Progress and Promotions Committee is responsible for making

recommendations to the Dean concerning the results of student performance in each academic year and certification of students for graduation.

### **MEMBERSHIP AND PROCEEDINGS OF THE PROGRESS AND PROMOTIONS COMMITTEE**

Each Committee is composed of faculty members, including a voting chair. All members, including the chair, are appointed by the Dean of the College of Medicine. The Office of Academic and Faculty Affairs and the Office of Student Affairs appoint ex-officio non-voting members to the Committee.

The deliberations of a Committee are confidential. A recommendation by a Progress and Promotions Committee to the Dean requires a majority vote of the members present.

The meetings are called by the Office of Academic and Faculty Affairs or the Committee chair as necessary. The Committee maintains written records of the recommendations made to the Dean. Summaries of Committee proceedings are on file in the Office of Academic and Faculty Affairs. The summaries are not distributed to the Committee members.

### **ROLE OF EX-OFFICIO MEMBERS OF THE PROGRESS AND PROMOTIONS COMMITTEES**

The Office of Academic and Faculty Affairs provides each Committee with all pertinent information available from the Registrar's Office and College of Medicine student records for those students under consideration.

### **ROLE OF COURSE DIRECTORS CONCERNING PROGRESS AND PROMOTIONS**

Each Course Director is responsible for the evaluation of students and the assignment of student grades in the course(s) for which he/she is responsible, and for presenting to the appropriate Committee all pertinent data collected on any student during a course in which a student earned a "D" (marginal), "F" (failing), or "I" (incomplete) grade. In addition, each Course Director reports to the Committee the method, if any exists, by which any grade can be modified or changed. The Course Director also reports all pertinent data requested by the Committee collected on any student in the course(s) for which he/she is responsible.

### **RECONSIDERATION OF PROGRESS AND PROMOTIONS COMMITTEE RECOMMENDATIONS**

In the case of an adverse recommendation, the student has the right to reconsideration by the Progress and Promotions Committee making the original recommendation. The student must make a request to the Office of Academic and Faculty Affairs within five (5) working days of receipt of written notification of the Committee recommendation. The student will meet with the Committee and have the opportunity to bring with him/her any person(s), excluding legal counsel, whom the student feels can contribute to his/her presentation to the Committee. Committee reconsideration is conducted without the presence of legal counsel. Should the original adverse recommendations be sustained by the Committee, the student may then appeal to the Office of Academic and Faculty Affairs and subsequently to the Dean of the College of Medicine.

### **ROLE OF THE STUDENT IN RECONSIDERATION OF COMMITTEE RECOMMENDATIONS**

It is the responsibility of the student requesting reconsideration by a Progress and Promotions Committee to obtain and submit any information or documentation to support an alternative recommendation prior to Committee reconsideration. This includes any academic, psychiatric, personal, financial or physical information the student wishes to release to the Committee and the Associate and Assistant Deans. The Office of Academic and Faculty Affairs and the Office of Student Affairs are responsible for assisting the student in obtaining this information.

### **ROLE OF THE OFFICE OF ACADEMIC AFFAIRS CONCERNING STUDENT PROGRESS AND PROMOTIONS**

The Office of Academic and Faculty Affairs reviews all recommendations made by the Progress and Promotions Committee and, after all Progress and Promotions Committee considerations have taken place, submits these to the Dean for consideration and decision. At that time, the Office of Academic and Faculty Affairs either concurs in the recommendation(s) of the Committee or makes alternative recommendation(s) to the Dean. The recommendation(s) of the Committee, as well as the position of the Office of Academic and Faculty Affairs, are communi-

cated to the student in writing by the Office of Academic and Faculty Affairs. The position of the Office of Academic and Faculty Affairs and the decision of the Dean will be reported to the Progress and Promotions Committee by the Office of Academic and Faculty Affairs.

### **ROLE OF THE DEAN CONCERNING STUDENT PROGRESS AND PROMOTIONS**

The Dean may receive recommendations from the Progress and Promotions Committee, the Office of Academic and Faculty Affairs and other sources concerning the result(s) of individual student performance in the curriculum. Within the College, only the Dean makes decisions concerning the result(s) of individual student academic performance.

Any student wishing to appeal to the Dean concerning recommendation(s) made in his/her case must make a written request to meet with the Dean within five (5) working days of receipt of written notification of the recommendation(s) concerning his/her case from the Office of Academic and Faculty Affairs.

### **REGARDING PROGRESS AND PROMOTIONS, COLLEGE OF MEDICINE, THE UNIVERSITY OF TENNESSEE**

The following are the minimum standards for student promotion to the next year of the curriculum and for graduation as set by the College. No student may be promoted to the next year of the curriculum or certified for graduation without having met all of these standards, unless a recommendation for an exception is justified in writing by the appropriate Progress and Promotions Committee and accepted by the Dean. An exception to any minimum standard is made only under extremely extenuating circumstances. The statements following the minimum standards are potential recommendations for the disposition of marginal or failing performance regarding that minimum standard.

Any student not having met the minimum standards will be allowed to repeat all or part of the curriculum in lieu of regular progress only under extremely extenuating circumstances. The Progress and Promotions Committee should recommend that a student repeat all or part of curriculum in lieu of regular progress only in those situations in which the following three (3) criteria are met:

1. Committee identification of a specific circumstance(s) judged by the committee as having had a probable adverse effect on the student's academic performance.

2. Committee judgement that the identified specific circumstance(s) shows probability of resolution in a reasonable period of time.

3. Committee expectation that resolution of the identified specific circumstance(s) will result in subsequent satisfactory student performance in the curriculum.

The cumulative grade point average recorded on the transcript from the Registrar is used by the Progress and Promotions Committee, in part, to make recommendations about the promotion and continuation of students in the curriculum.

For students who must retake either biomedical sciences courses or clinical clerkships to remove academic deficiencies, the cumulative grade point average is calculated by averaging the final grades attained in all programs in which they have been enrolled for academic credit, including those repeated at UTHSC and those taken in approved summer programs.

## FRESHMAN YEAR

### 1. Each student must obtain a passing grade in each course.

The Progress and Promotions Committee, after consideration of all available information including academic performance to date, may make one of the following recommendations concerning student failure of a course(s) within the freshman year:

- Re-evaluation in the failed course(s) by the end of the summer.
- Repeat all or part of the freshman year.
- Recycle under the Expanded Academic Program
- Academic dismissal from the College of Medicine.

### 2. Each Student must achieve an overall grade point average (GPA) of 2.0 (on a 4.0 scale).

The Progress and Promotions Committee, after consideration of all available information including academic performance to date, may make one of the following recommendations concerning student failure to achieve an overall GPA of 2.0 by the end of the freshman year:

- Re-evaluation in specified course(s) by the end of the summer.
- Repeat all or part of the freshman year.

c. Recycle under the Expanded Academic Program

d. Academic dismissal from the College of Medicine.

## SOPHOMORE YEAR:

### 1. Each student must obtain a passing grade in each course.

The Progress and Promotions Committee, after consideration of all available information including performance to date, may make one of the following recommendations concerning student failure of a course(s) within the sophomore year:

- Re-evaluation in the failed course(s) by the end of the summer.
- Repeat part or all of the freshman and/or sophomore year.
- Academic dismissal from the College of Medicine.

### 2. Each student must achieve an overall Biomedical Science GPA of 2.0.

The Progress and Promotions Committee, after consideration of all available information including academic performance to date, may make one of the following recommendations concerning student failure to achieve an overall GPA of 2.0 by the end of the sophomore year:

- Re-evaluation in specified courses.
- Repeat part or all of the sophomore year.
- Academic dismissal from the College of Medicine.

### 3. Each student must obtain a passing candidacy score at the national standard on the United States Medical Licensing Examination, Step 1.

a. All students must take the USMLE, Step 1 examination as candidates and pass at the national standard in order to be officially promoted to the Clinical Sciences portion of the curriculum. This examination must be taken by all students in June following their sophomore year unless deferred by the Office of Academic and Faculty Affairs.

b. The Progress and Promotions Committee will review the total academic performance to date of any student failing to achieve a passing score on the USMLE, Step 1 examination.

c. Any student failing to submit a passing score on the first attempt will be withdrawn from the Clinical Sciences portion of the curriculum at an appropriate break point in the clerkship schedule. The appropriate break point will be determined jointly by the clerkship director, the student, and the Office of Academic and Faculty Affairs.

d. Any student failing to submit a passing score on the second attempt will be

withdrawn from the Clinical Sciences portion of the curriculum. The Progress and Promotions Committee will review the student's academic record and recommend a program for the student to follow while preparing to take the examination for a third time.

e. Any student failing to submit a passing score after three attempts will be academically dismissed from the College of Medicine.

f. Any recommendation for an exception to the College of Medicine NBME policy concerning the USMLE, Step 1 examination will be justified in writing to the Dean by the Progress and Promotions Committee.

## JUNIOR YEAR:

### 1. Each student must obtain a "C" or better grade in each clerkship.

The Progress and Promotions Committee, after consideration of all available information including academic performance to date, may make one of the following recommendations concerning student grades of "F" or "D" in a clerkship within the junior year:

- Re-evaluation in the clerkship in which an "F" or "D" was made.
- Repeat the clerkship in which an "F" or "D" was made and obtain a grade of "C" or better.
- Repeat all of the junior year.
- Academic dismissal from the College of Medicine.

**NOTE:** Any student earning a grade of D in two or more courses in any of the first two years will have his/her academic record reviewed as previously described under grading system.

## SENIOR YEAR:

### 1. Each student must obtain a "C" or better grade in each clerkship.

The Progress and Promotions Committee, after consideration of all available information including academic performance to date, may make one of the following recommendations concerning student grades of "F" or "D" in a clerkship within the senior year:

- Re-evaluation in the clerkship in which an "F" or "D" was made.
- Repeat the clerkship in which an "F" or "D" was made and obtain a grade of "C" or better.
- Academic dismissal from the College of Medicine.

### 2. Each student must obtain a "C" or better in each elective.

The Progress and Promotions Committee, after consideration of all available in-

formation including academic performance to date, may make one of the following recommendations concerning a student grade of "F" or "D" in an elective, within the senior year:

- a. Selection of a time equivalent elective to be taken and passed in addition to the required number of elective months.
- b. Repeat the elective in which an "F" or "D" was earned.
- c. Academic dismissal from the College of Medicine.

**3. Each student must obtain a passing candidacy score at the national standard on the United States Medical Licensing Examination, Step 2 examination.**

a. All students must take the USMLE, Step 2 examination as candidates and pass at the national standard in order to be certified for graduation. Students should take this examination early in their senior year, but no later than April 15.

b. Any student failing to submit a passing score on the first attempt will be sponsored as a candidate at the next regularly scheduled examination.

c. Any student failing to submit a passing score on the second attempt may be sponsored as a candidate at the next regularly scheduled examination.

d. Any student failing to submit a passing score after three attempts will be academically dismissed from the College of Medicine.

e. Any student sponsored for a second or third attempt may be required to remain a regularly enrolled student in the electives program or withdrawn from the curriculum until the examination has been retaken, regardless of whether or not all other academic requirements have been met.

f. Any recommendation for an exception to the College of Medicine NBME policy concerning the USMLE, Step 2 examination will be justified in writing to the Dean by the Progress and Promotions Committee.

## LICENSURE EXAMINATIONS

Step 1 and 2 examinations are administered by the National Board of Medical Examiners for all eligible examinees. Further information can be obtained from the National Board of Medical Examiners; <http://www.usmle.org>. The Step 3 examination will be administered by licensing authorities for the State of Tennessee. Further information can be obtained from the Tennessee State Board of Medical Examiners, Public Health State Office Building, 283 Park Boulevard, Nashville, Tennessee 37219.

## GRADUATION ACTIVITIES

The College of Medicine has instituted a Dean's Convocation in honor of the graduating class and their families. This ceremony includes an address by the Dean of the College of Medicine, recognition of honors and award recipients, administration of the Oath of Hippocrates, and addresses by faculty and student representatives.

UTHSC commencement activities are held in May and December of each year. The UTHSC Office of Student Affairs provides information concerning commencement activities.

Attendance at graduation is required of all students. Graduation in absentia may be permitted by the Dean after a petition for graduation in absentia is submitted to the College of Medicine's Office of Student Affairs at least two months before graduation. Students should contact the Office of Student Affairs for further information.

## HONORS & RECOGNITION

Outstanding students are recognized for their achievement during the College of the Medicine Convocation Ceremony each year. These awards are given in recognition of academic excellence, achievement in clinical medicine, research, leadership and service to the community and to the institution. The Subcommittee on Recognition and Awards, with the support of the Office of Student Affairs, considers all candidates for these awards and makes the final selection of the recipient.

### FACULTY MEDAL FOR ACADEMIC ACHIEVEMENT

This award is presented by the College of Medicine faculty to the graduating senior who has the highest academic standing in the class. Determination is based on all academic programs taken through April 30 of the senior year.

### WITH HONORS

The College of Medicine acknowledges the superior academic achievement of students by the designations of "With Highest Honors" (top 5%) and "With High Honors" (next 10%) on their transcripts. All academic programs taken through April 30 of the senior year are counted for the determination.

### ALUMNI ACHIEVEMENT AWARD IN CLINICAL MEDICINE

This award is presented to an outstanding senior who has exemplified the highest ideals of the practice of medicine. The re-

ipient has displayed the best qualities of personal honesty, character, compassion for patients, and dedication to the highest ethical and professional standards. A plaque and stipend are provided by the College of Medicine Alumni Association for the continued pursuit of excellence in medical arts and skills. The recipient is chosen by the Subcommittee on Recognition and Awards.

### ALUMNI ACHIEVEMENT AWARD IN RESEARCH

This award is given to a graduating senior in recognition of outstanding achievement in biomedical research while a student in the College of Medicine. A stipend is provided by the College of Medicine Alumni Association for continuation of research pursuits. The recipient is chosen by the Subcommittee on Recognition and Awards.

### ALPHA OMEGA ALPHA DISTINGUISHED GRADUATE AWARD

An engraved plaque is presented to the graduating senior who, in the opinion of the Subcommittee on Recognition and Awards, will make the most significant contribution to the medical profession. The award is presented by the University of Tennessee College of Medicine chapter of Alpha Omega Alpha National Honor Medical Society.

### ROBERT L. SUMMITT, M.D. DISTINGUISHED STUDENT ACHIEVEMENT AWARD

The Subcommittee on Recognition and Awards selects a graduating senior who has shown distinction in scholarship, leadership, service, and character during his or her medical studies. An engraved plaque and stipend is awarded by the College of Medicine.

### DEPARTMENT AWARDS

Family Medicine - Medicine - Neurology - Obstetrics and Gynecology - Pediatrics - Psychiatry - Surgery.

Each of the above departments presents an award to the graduating senior, respectively, who has shown outstanding abilities.

### CHARLES C. VERSTANDIG AWARD

This award is presented to a member of the graduating class of the College of Medicine who surmounts the greatest difficulty in obtaining a medical education. The recipient is selected by the graduating class.

**ANTHONY S. FICALORA AWARD**

The individual selected to receive this award shall have shown unusual sensitivity to and respect for patients and shall be one who by example and attitude teaches others. The recipient is chosen by the Subcommittee on Recognition and Awards.

**DISTINGUISHED STUDENT SERVICE AWARD**

An engraved plaque is given by the College of Medicine to a graduating senior for outstanding service to the student body and to the College of Medicine. The recipient is selected by the Medical Student Executive Council.

**UTHSC STUDENT AFFAIRS SERVICE AWARD**

Presented by the Department of Student Affairs to a member of the Student Government Association Executive Council in recognition and appreciation of outstanding leadership and service.

**OUTSTANDING COMMUNITY SERVICE AWARD**

An engraved plaque is given to a graduating senior for outstanding service to the community and the medical profession while a student of medicine. The recipient is selected by the Medical Student Executive Council.

**OUTSTANDING STUDENT IN FAMILY PRACTICE AWARD**

A plaque and a stipend are provided by the Tennessee Academy of Family Physicians to a graduating senior. The recipient is selected by the TAFP.

**ALPHA OMEGA ALPHA**

Alpha Omega Alpha National Honor Medical Society student membership is based entirely upon scholarship, personal honesty, and potential leadership. Students are elected to the chapter during their third and fourth years of medical school. The UT chapter of AOA makes all selections.

**RESEARCH OPPORTUNITIES  
MEDICAL STUDENT RESEARCH FELLOWSHIP PROGRAM**

The Medical Student Research Fellowship Program was established in 1978 to provide medical students with opportunities to engage in biomedical research. Since the inception of this program, over 200 medical students have received grants on a competitive basis and have conducted a

wide range of projects during option periods.

These research projects have generated numerous papers and abstracts in the scientific literature. A number of student researchers have also presented their research findings at national and regional conferences. By introducing students to the possibility of a career in research, the goal of the program is to ease a serious shortage of young physicians entering research fields.

The program provides stipend awards for medical students to spend from 2-3 months in research under the supervision of College of Medicine faculty members who are established biomedical investigators. M-1 students may participate during their summer option period. The M-2, M-3, and M-4 students may apply for support during their other option periods. All participants are expected to devote full-time effort to their projects.

The Medical Student Research Fellowships are available on a competitive basis to all students in the College of Medicine who are in good academic standing. Students are asked to contact the Office of the Associate Dean for Research to discuss potential faculty preceptors. All applications are reviewed for their scientific merit and perceived value as a research training experience. Selection is based on evaluation of proposals submitted jointly by students and their preceptors, the student's academic record, and the preceptor's curriculum vitae.

Students are encouraged to submit their applications as soon as possible. The deadlines are: Summer Option Period-March 31. Other Option Periods-two months before the start of the requested research period.

Every effort will be made to provide notification of awards as soon as possible. For further information and application instructions regarding this program, contact the Office of the Associate Dean for Research, Room A 331, Coleman Building, 448-5528.

**GRADUATE TRAINING  
The National Resident Matching Program (NRMP)  
Office of Student Affairs  
Fourth Floor, Hyman Building  
448-5531****A. How It Works**

1. The Match is simply a mechanism by which appointments to residency programs are made at a uniform time. No applicant or program director has a time

advantage over another if all those offering and seeking positions participate in the Match.

2. In the Match, all steps of the admissions process are carried out (by computer) exactly as they would be without the Match, BUT at uniform times. Program directors decide on the order in which they will offer positions to candidates. BUT, instead of extending offers by telephone, telegram or letter, they transmit their Rank Order List to the NRMP via the internet. Applicants decide on the order in which they will accept offers from programs. BUT, instead of dealing with individual telephone calls, telegrams or letters, transmit their Rank Order Lists to the NRMP via the internet.

3. The Match obviates what can be possibly premature decisions and less-than-comfortable direct interchanges between program directors and applicants in the offering and acceptance or rejection of positions. Once Confidential Rank Order Lists are transmitted to NRMP, one-to-one temporizing, indecision, use of buying and selling techniques, and coercion by program director and/or applicant over a protracted period are not possible.

4. In the Match, applicants and program directors obtain their highest possible choices as determined by their Rank Order Lists. A position is "offered" to an applicant whenever his name appears within the quota of positions offered by a program. An applicant "accepts" (is matched to) a position in the program highest on his Rank Order List that "offers" him a position.

5. In the Match, the Confidential Rank Order Lists are the sole determinants of offers and acceptances of residency positions. The only reason an applicant does not "accept" an offer from a particular program director is that the applicant preferred (ranked higher) another program from which he also received an offer. The only reason an applicant does not "obtain" (match to) a position in a particular program is that the program director preferred (ranked higher) other applicants.

6. Top choices on Rank Order Lists can be made by applicants and program directors in the order of desirability- THEY SHOULD IGNORE PROBABILITY OF ACCEPTANCE. When an applicant is "offered" his first choice position, the match is final. His name is removed from the lists of all other programs, and their Rank Order Lists are adjusted as necessary, to maintain their quotas by including the next person down the list. If an applicant matches to a lower-ranked program, the match is tentative. His name is removed

from the lists of all programs ranked lower but is maintained on the lists of his higher-ranked programs. If his name should subsequently be included within the quota of a program he has ranked higher, he will be moved to the higher-choice position. No matter how many top-ranked applicants "decline" offers from a given program, lower-ranked applicants who rank that program first will be matched to it as long as they are included in the program's unfilled quota.

7. For the Match to work optimally, applicants must list (rank) **all acceptable programs** to which they have applied and program directors must offer positions to (rank) **all acceptable applicants**. Applicants must, as in any admissions process, rank a range of programs on their Rank Order Lists including lower choices of less desired but satisfactory programs. Applicants who do not match tend to be those with shorter Rank Order Lists and those who list only highly competitive programs. If a high percentage of applicants from a school obtain their first choices, the students commonly have been counseled to rank programs based on probability of acceptance rather than on desirability. **Program directors** who rank only a few more of their applicants than they have positions or concern themselves about "how far down" their Rank Order List they go do not understand the Match. If, on the average, each applicant were to apply to five programs, the average program director would have an acceptance from only one out of every five applicants to whom he offered (ranked) a position!

#### B. NRMP Special Cases

1. Public Health Services Programs: Students on these scholarship programs are also required to participate in the NRMP.

2. Armed Forces: Students on these scholarships programs are required to participate in the Armed Forces Residency Matching Program. This is conducted at an earlier time to allow students who are unmatched through the Armed Forces to secure a civilian position. Therefore, all students on Armed Forces scholarships are encouraged to enroll in NRMP as a backup.

3. Couples: Married/engaged/etc. couples may go through NRMP as a single unit through a special procedure or make arrangements outside NRMP.

4. Students whose academic progress has been altered such that they will not complete all requirements for the M.D. degree on schedule might have to make special arrangements with the Office of Student Affairs.

#### C. National Resident Matching Program (NRMP) approximate dates.

**Spring, Junior Year** - initial information regarding NRMP distributed.

**July, Senior Year** - students sign up with NRMP and send in registration fee.

**Early Fall** - letters of recommendation with individual faculty members arranged; appointment made with Office of Student Affairs for writing Dean's letter; and applications made to programs of your choice with interviewing appointments made.

**February** - receipt of Applicant and Hospital Confidential Rank Order List by NRMP.

**March** - results of "The Match"

#### D. Letters of Recommendation

It is suggested that students not seek letters of recommendation for residency training until the end of the third year. Every residency will require letters of recommendation, from the chair of the department of the specialty you wish to enter and, generally, from two additional faculty members as well. Each student will be required to have a Dean's Letter (which is prepared in the Office of Student Affairs).

### AID TO THE IMPAIRED MEDICAL STUDENT PROGRAM (AIMS)

It has long been known that the pressure and stress of a medical education taxes the coping skills of a student to the limit at times. Often this is a healthy means of developing the maturity and responsibility necessary for the profession; however, if a student cannot successfully adjust or employs inappropriate adaptive measures, such as the use of alcohol or other substances, he or she may become psychologically and professionally impaired, seriously jeopardizing his/her well-being and possibly that of others.

In an effort to prevent impairment by early intervention, the Aid to Impaired Medical Students (AIMS) program was established in 1982 and was the first program of its kind among medical schools in the U.S. The AIMS program is administered by a council composed of eight students (two elected by each class) and eight physicians/staff. The functional aspects of the AIMS program include detecting and reporting the existence of an impaired student to a member of the council, confronting the affected student in an appropriate and effective manner, evaluation of the extent of the student's impairment, and most importantly, treatment and monitoring of the student's progress.

The success of the AIMS program depends on three critical principles:

(1) AIMS must be perceived by the students and the faculty as a positive, student-oriented program designed to assist the impaired student, while ensuring the development of highly professional young physicians;

(2) Confidentiality must be maintained at all costs in order to protect the impaired student;

(3) AIMS must function autonomously and separately from the UTHSC administration. The Dean's office is notified of a student's impairment only upon refusal to participate in or failure to successfully complete the program.

It must be emphasized that the goal of the AIMS program is to provide a positive system through which student quality and professionalism are enhanced.

### HONOR COUNCIL

The UTHSC College of Medicine's Honor Code was established in 1960 and is one of the oldest codes among U.S. medical schools. Please refer to the Honor Code Section IV, Addendum D, of the Student Judicial System section of this handbook (page 58), for the special provisions of the UTHSC Honor Code that pertain to the College of Medicine.

### CODE OF PROFESSIONAL CONDUCT

In 1986 the College of Medicine established its Code of Professional Conduct following significant assistance from students as well as faculty and administration. The document addresses those responsibilities to patients, colleagues, family, community as well as to the individuals themselves. Following discussion with incoming students it is assumed that all will subscribe to this code as part of their commitment to the profession of medicine.

#### CODE OF PROFESSIONALISM

The University of Tennessee medical community believes that a professional gains their credibility by their commitment to society. As a professional group, we recognize our obligation to our patients, colleagues, community, families, and ourselves. Realizing that it is a privilege and an honor to be a medical professional, we the students, residents, fellows, and faculty of the UTHSC College of Medicine embrace the following ideals:

*Patient welfare is our primary concern, for only by commitment do we justify the trust placed in us by patients and the community at large. Although we hold the acquisition of knowledge and the development of technical skills essential to patient care, we shall strive to balance the science with the art of medicine by maintaining respect and compassion for the dignity of all patients. Each patient shall receive our best efforts regardless of personal feelings or biases. Desires for social or economic gain shall not affect the honesty and integrity with which we deal with patients. Nor shall the pressures placed upon the members of our profession compromise the quality of care we provide.*

*Relationships with our colleagues are an exceedingly important part of professional conduct. Our interactions with colleagues provide us a sense of support, trust, and sharing. As members of a professional community, we shall be aware that our personal conduct reflects upon others of that community. We shall be willing to share our knowledge and expertise with colleagues and remain open to their advice and criticism. We shall fulfill our own responsibility and, in the spirit of professional cooperation, accommodate a colleague if our assistance is requested. We shall be sensitive to the physical and emotional weaknesses of a colleague and shall lend support in time of need. Further, our responsibility to patient care implies identification of colleagues whose ability to provide care is impaired. This must be followed by our full support toward the rehabilitation of those colleagues, and their reintegration into the professional community.*

*Integrating personal growth into our professional development is essential to our commitment to medicine. To this end, we shall be attentive to our needs for physical, spiritual, and emotional well being. We shall allow time for personal and family relations which enrich our lives and promote self knowledge. Attention to personal maturation, family commitments and professional growth represent a continuing challenge throughout our career.*

*As medical professional, we realize that we share with all citizens certain civic duties. We shall strive to be responsible citizens. Our professional status shall not be used as a means to power and control. Rather, we seek to offer informed and compassionate leadership.*

## STUDENT MISTREATMENT

This policy on student mistreatment has three main components: a statement of College of Medicine standards of behavior, with regard to mistreatment; a description of methods used in the ongoing education of the college community concerning

the standards of behavior and the process by which they are upheld; and a description of the College of Medicine process for responding to allegations of mistreatment.

The statement of College of Medicine standards of behavior with regard to mistreatment is as follows:

*The University of Tennessee College of Medicine has a responsibility to foster in medical students, postgraduate trainees, faculty, and other staff the development of professional and collegial attitudes needed to provide caring and compassionate health care. To nurture these attitudes and promote an effective learning environment, an atmosphere of mutual respect and collegiality among teachers and students is essential. While such an environment is extremely important to the educational mission of the College of Medicine, the diversity of members of the academic community, combined with the intensity of interactions that occur in the health care setting may lead to incidents of inappropriate behavior or mistreatment. The victims and perpetrators of such behavior might include students, preclinical and clinical faculty, fellows, residents, nurses, and other staff. Examples of mistreatment include: sexual harassment; discrimination based on race, gender, religion, ethnic background, sexual orientation, handicapped condition, or age; and purposeful humiliation, verbal abuse, threats, or other psychological punishment. Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by the College of Medicine.*

*To promote an environment respectful of all individuals, the College of Medicine will provide ongoing education to students, residents, fellows, faculty, and other staff emphasizing the importance of professional and collegial attitudes and behavior. Also, the college will make available a readily accessible neutral party (called a mediator) whom students may approach if they believe they have been mistreated. A process has been established to seek reconciliation between the parties in cases of alleged mistreatment. This process seeks to protect the accuser from retaliation and to protect the rights of all parties involved in a complaint. Through these efforts the college will maintain an atmosphere essential to its educational mission in the training of physicians.*

To mistreat is to treat in a harmful, injurious, or offensive way. For example:

- to speak insultingly or unjustifiably harshly to or about a person
- to belittle or humiliate
- to threaten with physical harm
- to physically attack (e.g., hit, slap, kick)
- to require to perform personal services (e.g., shopping, baby-sitting)

- to threaten with a lower grade for reasons other than course/clinical performance

Accusations of racial or gender discrimination or harassment are handled by the UTHSC Affirmative Affairs Director. Disputes over grades are handled by College of Medicine academic policies.

## Ongoing Education Concerning Mistreatment

Part of the teacher's task is to maintain a positive atmosphere for learning. An equally important role of teachers is to emphasize appropriate values, including an attitude of caring. One of the effective ways in which teachers can emphasize this attitude is to show an attitude of respect toward their students. Mistreatment of students represents the opposite of a supportive and caring approach to teaching.

Education of the college community concerning mistreatment promotes a positive environment for learning, characterized by attitudes of mutual respect and collegiality. It informs persons who believe that they have been mistreated that avenues for seeking redress are available. It alerts potential perpetrators of mistreatment to the college's policy on and process of responding to allegations of mistreatment.

Educational efforts will be directed to all members of the college community. Special efforts will be made to ensure that this message reaches certain groups at risk of being involved in mistreatment as victims or perpetrators. (Specifically, preclinical and clinical students; residents; preclinical and clinical faculty; and nurses.)

**a. Medical students:** A section on mistreatment will be included in the [Center Scope](#). This topic will be included in the agenda for M-1 orientation, M-2 orientation, and the orientation to the third year. Reference will be made to this topic in the course policies for each preclinical course and each clinical rotation.

**b. Faculty, Residents, and Fellows:** An informative written message will be sent each year from the Dean's office to all department chairs. The Dean will direct the preclinical department chairs to convey the information to all course directors of M-1 and M-2 courses. The course directors will present the information to all faculty involved in teaching their courses. The clinical department chairs will convey the information to the clerkship and program directors to assure that all faculty, fellows, and residents in their departments are cognizant of the policy.

**c. Nurses:** An informative written message will be sent each year from the Dean's office to the nurse executive at each hospital, to explain the program. These include, but are not limited to, the following: The Regional Medical Center at Memphis (The MED); The Veterans Affairs Medical Center; Le Bonheur Children's Medical Center; The University of Tennessee William F. Bowld Hospital; Memphis Mental Health Institute; Baptist Memorial Hospital — Medical Center; Baptist Memorial Hospital — East; Methodist Hospital — Central; St. Francis Hospital; Jackson-Madison County Hospital, in Jackson; Erlanger Medical Center, in Chattanooga; and the University of Tennessee Medical Center, in Knoxville.

## Process for Responding to Allegations of Mistreatment

### a. Introduction:

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

### b. The Mediator:

The position of "mediator" has been established to help resolve such conflicts. The role of the mediator, as the name implies, is to mediate between the conflicting parties and strive for reconciliation. Either the accuser or the accused may contact the mediator to seek assistance in resolving the conflict. The mediator will encourage the parties to work out the problem between themselves, but also will be available as a facilitator of this process. To achieve neutrality, as well as the appearance of neutrality, the mediator is chosen from the nonadministrative faculty in the College of Medicine. The mediator is appointed by the Dean after consultation with the Medical Student Executive Council, the Executive Committee of the Faculty Organization of the College of Medicine, and the Administrative Council. The mediator is accountable to the Dean concerning advocacy matters.

### c. Conflict-Resolution Council:

It is anticipated that the mediator's assistance will result in the resolution of most cases brought to her/his attention. However, if a reasonable effort does not yield a solution, the mediator has a council available to help resolve the case. The council also is available for any case in which the accuser or the accused is not satisfied with the results obtained through the mediator's efforts. The purposes of the council include the following: to ascertain the facts, to the extent feasible; to mediate between the parties; and to strive for reconciliation. The council will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of the accused and accuser.

Four groups routinely will be represented on the council: preclinical students; clinical students; preclinical faculty; and clinical faculty. The eight-member council consists of two members from each group. A quorum consists of five members, with at least one member from each group. The mediator is not a member of the council. The council membership includes appropriate gender and minority representation. Student representatives are nominated by the Medical Student Executive Council, and faculty representatives by the Executive Committee of the Faculty Organization of the College of Medicine. Nominations for council members are submitted to the Dean, who appoints the council. Appointments are staggered so that the council always has experienced members. If in a given case the accused or accuser is not represented by groups on the council, the council may recruit additional members from appropriate groups (e.g., nurses, residents, fellows, staff, etc.) to help deal with the specific situation. Such recruitment is at the discretion of the council. There are two co-chairs of the council. One co-chair is elected each year from the student members of the council, and the other co-chair from the faculty members.

### d. Council Procedures:

The council becomes involved in a given case only after the mediator has made reasonable efforts to resolve it. When the council hears a case, the mediator, accuser, and accused are present. The council co-chairs are responsible for notifying the parties concerning the time and place of the council meeting. The proceedings begin with the mediator presenting the case. The accuser and accused both have an opportunity to speak and to bring witnesses to speak. The order of speakers is as follows: (1) the accuser; (2) witnesses for

the accuser; (3) the accused; and (4) witnesses for the accused. The accused has the right to be present whenever statements are being made by the mediator, the accuser, or any witnesses. Similarly, the accuser has the right to be present during statements by the mediator, the accused, or witnesses. Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave, in order to protect the confidentiality of the parties involved. Both the accused and accuser can be harmed by breaches of confidentiality, and all who are involved in the process of responding to allegations must maintain confidentiality. In some situations the mediator or council might be justified in communicating ordinarily confidential information to other university officials, provided there is a legitimate "need to know". The accuser and accused are not allowed to bring lawyers to council meetings as advocates, advisors, or observers, nor may they bring any other persons, except witnesses. This process is intramural and is anticipated to avoid complaints being filed outside the university.

When the council finds that serious mistreatment has occurred, a letter will be sent from the council to the Dean, summarizing the findings of the council. The Dean will then decide what action to take. The Dean or Dean's delegate (perhaps the mediator) will advise the accused and accuser concerning the final disposition of the matter.

Decisions about whether a letter should be sent to the Dean should be made on a case-by-case basis. It is a matter of judgment by the council, based on the degree of offensiveness of the behavior and the strength of evidence that the behavior occurred. Also, it is conceivable that the council might become aware of a history of recurring behavior by a given individual. In such a situation, a letter might be warranted, even if each occurrence of mistreatment, considered alone, would not be regarded as serious enough to justify a letter. In general, if the conflicting parties satisfactorily resolve the matter between themselves, the council might decide that a letter is not warranted. On the other hand, if the offense is serious or recurring, a letter might be appropriate, even if the conflicting parties have reached a reconciliation. In exceptional circumstances it might be appropriate for the mediator to inform the Dean concerning a complaint before the council meets.

If it is the mediator's judgment that the council should be brought into a case, the accused does not have the right to prevent the council from meeting. A function of the council is to decide whether the matter should be brought to the attention of the Dean. It is in the interests of the accused to meet with the council, to attempt to prevent a letter to the Dean. If the accused refuses to attend the council meeting, the council will still meet to decide if a letter should be sent.

If a council member is approached by a student who believes that he/she has been mistreated, the council member will refer the student to the mediator.

Essential records are maintained by the mediator.

A periodic duty of the council is to evaluate and improve the ongoing education of the campus community concerning mistreatment.

#### **e. Protection from 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, using the mediator and council if needed.

#### **f. Relation to Other University Policies:**

The proposed process for responding to allegations is compatible with current UTHSC and College of Medicine policies for handling complaints. These include, but are not limited to, policies concerning complaints of alleged discrimination, sexual harassment, student and resident misconduct, and appeals of grades in courses and clerkships. Complaints concerning discrimination and sexual harassment must be submitted to the UTHSC Affirmative Affairs Director. Allegations of student misconduct are addressed according to the provisions in the Center Scope, in the section "Student Conduct and Judicial Systems."

To ensure compatibility with current policies, this process for responding to allegations of mistreatment includes several features:

- The mediator must be knowledgeable concerning the various UTHSC and

College of Medicine policies for handling complaints.

- The mediator's role is to discern whether a given complaint should be handled by the mediator or through other channels. For example, if a student claims to have received an unfair grade, the mediator will advise the student to use the procedures currently in place for appealing grades, as described in the Center Scope section entitled "Appeal of Grades." Disputes over grades will be handled according to such policies, rather than by the mediator.

- In cases involving accusations of discrimination or sexual harassment, the mediator will inform the accuser that she/he should submit a complaint to the UTHSC Affirmative Affairs Director. The mediator must inform the Affirmative Affairs Director that the accusation has been made. The student then must meet with the Affirmative Affairs Director to decide whether further action should be taken.

- When faced with questions concerning the university's legal responsibilities, the mediator must seek advice from the UTHSC Office of General Counsel.

- In some circumstances, the accused will have the right to an alternative hearing process in accordance with the provisions of the Uniform Administrative Procedure Act (UAPA), in lieu of appearing before the council. These situations include, but are not limited to, those involving alleged student, resident, or employee misconduct as defined by current university policies. An example would involve alleged physical abuse, such as hitting or kicking. Whenever the accused has a right to the alternative UAPA hearing, the option of having such a hearing must be offered. The mediator will seek consultation from the Office of General Counsel to determine when the UAPA alternative should be offered.

- When it is the Dean's judgment that a violation of university policy has occurred, the accused will be put on notice that he/she has violated such policy, and appropriate action will be taken.

This policy will help promote a positive environment for learning in the College of Medicine and will affirm the importance of collegiality and respect for others.

