

2024-2025
STUDENT HANDBOOK

University of Arkansas for Medical Sciences
College of Medicine
Office of Academic Affairs

**ALL INFORMATION, DATES, POLICIES, AND PROCEDURES IN THIS
HANDBOOK ARE SUBJECT TO CHANGE WITHOUT NOTICE**

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WELCOME TO THE COLLEGE OF MEDICINE

Welcome to the UAMS College of Medicine. This handbook is intended to gather into one place the policies, procedures, and information you will need to be successful as a student in the College. This handbook is published in hard copy once a year and distributed to all incoming freshman students, but it is also available to all student, faculty, and staff on the College of Medicine web page. The College reserves the right to make changes to the policies, procedures, and information in this handbook at any time. Typically, students are notified of such changes via email and the change is posted in the online version of the handbook.

EMERGENCY PROCEDURES

EMERGENCY TELEPHONE NUMBERS

UAMS MEDICAL CENTER EMERGENCY DEPARTMENT – 501-526-2000
POISON CONTROL CENTER – 501-686-6161
POLICE – 501-686-7777
FIRE – 501-686-5333
UAMS INFORMATION - "0" OR 501-686-7000

CODE ACTIVE SHOOTER

In the event of an active shooter on campus, **CALL UAMS POLICE AT 501-686-7777 AND 911**

CODE ACTIVE SHOOTER is activated when there is credible knowledge of a specific threat of an active shooter to the campus community. This can be either in the form of direct witness of an individual with a weapon, with the intent to use it, or information gathered that indicates there is a credible and targeted threat by an individual(s) directed at the campus.

Upon activation of **CODE ACTIVE SHOOTER**, all campus students, employees and staff must assist patients, families, and visitors in seeking shelter and defending in place, until advised to release from shelter by law enforcement agencies.

RUN

If in the immediate area of the active shooter and you can get out:

- Have an escape route and plan in mind.
- Remain calm and leave your belongings behind.
- Keep your hands visible.

HIDE

In your designated areas, barricade the entrance to your area, classrooms, or offices immediately and:

- Block entry into your hiding place.
- Lock the doors.

- Silence your phone and/or pager.
- Turn out the lights.

FIGHT

As a last resort and only when your life is in imminent danger:

- Attempt to incapacitate the active shooter.
- Act with physical aggression.
- Throw items at the intruder.

HOW TO REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain calm and follow the officer's instruction.
- Put down any items in your hands (bags, phones, etc.)
- Immediately raise your hands and spread your fingers.
- Keep your hands visible at all times.
- Avoid making any quick movements towards officers, such as attempting to hold onto them for safety
- Avoid pointing, shouting, and yelling.
- Do not stop to ask officers for help or directions when evacuating.

INFORMATION TO PROVIDE LAW ENFORCEMENT OR DISPATCH OPERATOR:

- Location of the threat.
- Number of shooters, if more than one (if known).
- Physical description of the suspect(s).
- An account of all individuals to determine who, if anyone, is missing or injured.

If you are outside when Code Active Shooter is called, **DO NOT RETURN TO THE CAMPUS.**

CODE RED FIRE PLAN

The fire plan for the University of Arkansas for Medical Sciences and the University Hospital is referred to as CODE RED. CODE RED will be put in effect when fire and/or smoke are reported within the University Hospital (E, F, and H wings, Central Building, and other buildings on campus).

The purpose of this plan is to outline the general procedures to be followed in the event of a fire so that all staff, employees, and students will know what is expected of them in a fire and/or smoke situation. Remember that patient safety is an integral part of patient care. It is your responsibility to understand what to do in a CODE RED situation.

Code Red: The phrase shall be used as the code for announcing a fire emergency or a fire drill. Under no circumstances should anyone shout "Fire!"

Reporting Fire or Smoke

Any fire and or smoke should be promptly reported.

NOTE: Only the moving of a patient from immediate danger shall take priority over reporting fire and/or smoke.

1. Dial 501-526-0000 and tell the Control Center that there is a CODE RED situation in your area. Also, tell the Control Center which building, floor, room, and, if possible, what is burning. Tell other personnel of the situation.

When advised of a CODE RED situation, the Control Center will alert the Little Rock Fire Department. The Control Center will then repeat the following announcement three times over the public address system:

"ATTENTION ALL PERSONNEL - CODE RED"
(Location)

The word "RACE" can be used as a reminder of the four primary steps to taken in the event of a fire. Steps to be taken in case of fire or smoke are as follows:

RESCUE: Help anyone in immediate danger from the fire. This should be carried out before sounding the alarm, closing doors, or attempting to extinguish a fire.

ALARM: Pull the nearest fire alarm pull station and report by phone (Control Center – 501-526-0000).

Report:

- Fire
- Name and title
- Building, floor and room
- What is burning, if known

CONTAIN:

- Close all doors
- Return all patients to their rooms
- Close patient room doors
- Send visitors to the first floor via the stairs
- Clear corridors of all

EXTINGUISH (PASS):

- Pull the metal pin.
- Aim the nozzle
- Squeeze the handle
- Sweep the fire area from a distance of five to fifteen feet.

Do not put yourself at risk; remember that help is on the way.

If evacuation becomes necessary, you will be given instructions by the Fire Department or a UAMS representative. The first route of evacuation will be moving horizontally to the next smoke compartment.

Fire Extinguishers

All fires are classified A, B, and C according to the combustible product involved:

Class A	Ordinary solids such as wood, paper, textiles, rubber, etc.
Class B	Flammable and combustible solvents such as gasoline, acetone, alcohol, grease, xylene, etc.

Class C Electrical such as motors, fuse boxers, appliances, etc., anything energized with electrical current.

- The two types of fire extinguishers in common service on the UAMS campus are the all-purpose A-B-C dry chemical and the carbon dioxide (CO₂).
- The all-purpose dry chemical extinguisher is effective on Class A, B, and C fires. The carbon dioxide extinguisher is effective on class B and C fires only and is generally placed in laboratories where flammable solvents and electrical equipment are used.
- Knowledge of extinguisher locations in your area is essential. In a fire emergency valuable time is lost if you have to hunt for an extinguisher. Each lost moment gives the fire a chance to grow.

Fire Prevention

Smoking – UAMS is a tobacco-free campus.

Space Heaters – Space heaters are a fire hazard if all safety precautions are not followed. The Department of Occupational Health and Safety (OH&S) must approve use of all space heaters in all UAMS facilities. Space Heaters are not allowed in any patient care areas.

Microwave Ovens – Food, popcorn, etc., that is over-cooked seldom produce flames but do emit smoke which is the immediate danger in case of fire. Use the correct timer setting. Do not leave food unattended.

Decorations – UAMS policy limits the type allowed on campus. Lighted candles and any heat generating decorations are prohibited. Decorations must not obstruct an exit. [Ref. UAMS Policy 11.4.03]

Electrical Safety – Check coffeepots and other appliances before the end of the day. Place coffeepots, when in use, on a non-combustible surface. Use of extension cords is prohibited. [Ref. UAMS Policy 11.4.07]

Reporting Hazards – Report potential fire and safety hazards promptly. Call the Control Center at 686-5891 or OH&S at 686-5536

General Fire Safety Precautions

Obstructions – Keep corridors, halls, aisles, doors, and stairs free of obstructions. Never block an emergency exit.

Fire Doors – As a general rule, doors in and along corridors, stair doors, and doors to the outside are fire rated. These doors must not be left propped open. Do not place anything in the swing of these doors because most are self-closing. Call 686-5891 to report inoperable doors immediately.

Fire Exit Stairways – Exit stairs are designed to provide safe passage in a fire emergency. Stairs must be kept free of obstructions at all times and exit doors must remain closed when not in use. Do not prop doors open.

Elevators – Do not use elevators in a fire emergency. Use the exit stairs. In the hospital and bed tower, activation of a fire alarm automatically returns all elevators to the first or alternate floor. Elevators are considered an unreliable means for exiting the building:

- (a) They are electrically operated, and fire can affect their power source.
- (b) The elevator shafts are similar to a chimney and can draw smoke and heat into them causing probable asphyxiation to elevator passengers.

Fire Drills

Fire drills are carried out as if there were a real fire. Refer to the campus fire plan policy for specific instructions for your building. To qualify as an accredited and licensed hospital, The Joint Commission, and the Arkansas State Health Department require fire drills. Each drill is to be evaluated and documented, and all personnel are required to participate.

Area Specific Instructions:

Hospital: Patients must be moved to or kept in their room. Close patient room doors. If evacuation becomes necessary, your first move is lateral [horizontal]. Move patients down the hall through at least one set of fire doors. Fire department personnel will decide when evacuation of the entire building is necessary. Evacuate as a last resort.

Outpatient Clinics: Outpatient Center, Winthrop P Rockefeller Cancer Institute, Jones Eye Institute, Center on Aging, Stephens Spine Center and MRI/GAMMA Knife. Upon initial notification, evacuate the floor of fire origin. All other floors continue patient care until further instructions are received (i.e., "all personnel evacuate the building immediately").

Campus Buildings: Barton, Biomedical Research I & II, Bioventures, Rahn, College of Health Professions, CARTI, Shorey, EdII, IDW Education, Ed South, Physical Plant, Computer Building, Student Center, Residence Halls, houses, apartments, temporary buildings and Westmark must be evacuated immediately upon activation of the alarm.

Generic Instructions for All Areas:

The magnitude of a fire, heat, or smoke will determine the need for evacuation as to area, floor, or the entire building. In the event that more than one floor needs to be evacuated, it will be announced over the paging system.

It should be remembered that our patients are not familiar with the building exits and will need direction from our personnel if evacuation becomes necessary.

The "ALL CLEAR" will be given over the paging system, only by direction of the Fire Department or Campus Fire Marshal.

OTHER EMERGENCY CODES

There are several other Emergency Codes that you may hear while on campus. In general, unless you are a student on the third- and fourth-year clinical services and are given a specific assignment by the service on which you are rotating, you should not come into the hospital, and you should definitely not go to the Emergency Room. Here is a link to the Emergency Management Emergency Quick Reference Guide: <https://emergmt.uams.edu/restricted/quickref>

Here are some specific codes and what you need to do:

A **MEDICAL EMERGENCY** is called a **Code Blue** –

Any UAMS employee finding an unconscious, partially conscious or possibly seriously injured person should initiate emergency response assistance by calling a medical emergency.

To initiate a MEDICAL EMERGENCY, call 501-526-733 and give the operator the following information:

- Medical emergency
- Building
- Floor
- Room Number

If available, activate the code team by utilizing the desktop icon on your computer. For someone in arrest, report it with both the telephone and desktop icon methods. If a workstation is not available, calling 501-526-7333 will activate the code team.

The UAMS MEDICAL EMERGENCY Team responds to all emergencies and/or codes in the following buildings:

- Hospital E, F and H wings
- Ward Tower
- Central Building
- Shorey
- MRI
- PRI
- Bridge to Outpatient Center
- Bridge to VA Hospital (up to the VA doors)

Both the community 911 paramedics and UAMS MEDICAL EMERGENCY TEAM will respond to emergencies and/or codes in the following buildings:

Activate the MEDICAL EMERGENCY Team using both the telephone and the workstation desktop icon methods described above AND DIAL 911.

- Outpatient Center
- Cancer Institute
- Eye Institute
- Spine Institute
- Center on Aging
- Radiation Oncology

A **MASS CASUALTY INCIDENT** is announced when the number of patients who need emergency treatment exceeds the hospital's capacity. If you hear the announcement for a Mass Casualty, do not go to the emergency room, as confusion will ensue. If you are a third- or fourth-year student rotating, report to your department on which you are rotating and await instructions.

BIOLOGICAL DECONTAMINATION or **CHEMICAL DECONTAMINATION** are activated when UAMS receives victims who are contaminated with chemical or biological agents that require decontamination. Do not report to the Emergency Room. These codes are not announced overhead. Depending on the nature of the contaminating agent, the number of victims and patient acuity, other disaster codes such as Mass Casualty or Evacuation may be called simultaneously.

When a **SEVERE WEATHER** code is called:

- If you are on campus in a non-patient area, you should proceed to the basement, or to a protected internal hallway and away from windows.
- Close windows, doors and drapes in patient care and visitor areas.
- Direct visitors and patients away from windows to protected internal hallways.
- Patients who cannot be moved to safe areas should be:
 - Moved as far away from windows as possible
 - Covered with blankets and pillows.

When the ALL CLEAR is called, resume regular activities.

Code **EVACUATION** is called when any situation appears to be immediately dangerous to the lives or health of anyone at UAMS.

- Call 501-588-6358 to page the hospital administrator on duty or ADON
- Call 501-686-7777 to notify the UAMS police

If those in authority determine that evacuation is needed, EVACUATION will be announced overhead. Follow instructions from your supervisors if you are in the area to be evacuated. Obviously, if you are not in the area being evacuated, you should sit tight and await further instructions.

INFANT/CHILD ABDUCTION. Time is critical! Every precaution is taken to protect infants and children in our facility. However, if an infant or child cannot be located, the **INFANT/CHILD ABDUCTION** Plan is activated. It will be announced overhead, and the police will be called.

- Stop traffic in or out of your unit/area until an all clear is given
- Abandon non-urgent tasks to monitor exits, stairwells and hallways to watch for a potential abductor
- Report suspicious activity to the UAMS Police 501-686-7777
- Check empty rooms, waiting areas, bathrooms, linen carts, trash cans, luggage, items which could carry infant/child
- If a potential abductor is observed, you should attempt to delay or detain them in a non-threatening manner, such as asking if they need help and informing them that an Infant/Child Abduction Code is in effect and asking them to remain until it is cleared. UAMS police should be informed of the description of the individual and their location. If possible, a staff member should follow at a safe distance to determine where they are going should they continue to leave. Do not attempt to physically hold or stop the person. The abductor may panic and harm the infant or child if they feel cornered. Based on national statistics, child abductors are usually: female, in the middle thirties in age, often appear heavysset, are usually the same race as the baby being taken, may use a duffel bag, baggy clothes or a coat to hide the baby, and often pose as an employee to gain access.

BOMB THREAT. If you hear Bomb Threat overhead in your building, listen for specific instructions to follow. If you receive a bomb threat call, signal another person to call the UAMS Police at 501-686-7777. Attempt to keep the caller on the line.

MISSING PERSON is activated by staff when there is concern that a high-risk, missing adult patient has eloped and is unable to make fully informed and rational decisions. This code is not announced overhead, but you will receive a notification via the emergency notification system.

MEDICAL EDUCATION COMPETENCIES

The UAMS College of Medicine has established a set of competencies that the faculty believes are essential for graduates of the College to master before graduation. Each of the competencies, along with the listed knowledge, skills, and attitudes, comprise outcomes required of each student before graduation.

These competencies, which are consistent with those established nationwide for graduate medical education, guide the development of objectives for attaining the stated competencies along with assessment methodologies to ensure that the competencies are being achieved by our courses and clerkships. These competencies not only assess student knowledge, skills and attitudes they also offer forms of remediation should students fail to achieve a required course/clerkship objective. The eight competencies listed below address the key elements of becoming a physician and set the stage for our students to transition into their graduate medical education programs. To this end, the University of Arkansas for Medical Sciences College of Medicine Curriculum Committee established the medical student competencies listed below.

Undergraduate Medical Education Competencies

- Patient Care
- Knowledge for Practice
- Practice Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice
- Interprofessional Collaboration
- Personal and Professional Development

1. PATIENT CARE

Competent graduates will know how to provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for advancement to graduate medical education
- 1.2 Gather essential and accurate information about patients and their conditions through comprehensive history-taking, physical examination, and the use of laboratory data, imaging, and other tests
- 1.3 Describe and participate in care that is safe, effective, and efficient
- 1.4 Interpret laboratory data, imaging studies, and other tests considered essential for advancement to graduate medical education
- 1.5 Make informed decisions about diagnosis and therapy based on patient information and preferences, use up-to-date scientific evidence, and clinical judgment to develop and carry out patient management plans
- 1.6 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- 1.7 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health

2. KNOWLEDGE FOR PRACTICE

Competent graduates will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- 2.1 Apply established and emerging bio-medical scientific principles fundamental to health care for patients and populations
Apply established and emerging bio-medical scientific principles fundamental to health care for patients and populations
- 2.2 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
- 2.3 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.4 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care adherence and barriers to and attitudes toward care

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Competent graduates will demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise; be able to set learning and improvement goals
- 3.2 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- 3.3 Use information technology effectively to manage information and support their own education

4. INTERPERSONAL AND COMMUNICATION SKILLS

Competent graduates will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- 4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds and in sensitive and difficult communication situations
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
- 4.3 Document patient encounters in a comprehensive, timely, and logical manner.

5. PROFESSIONALISM

The competent graduate will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- 5.1 Demonstrate compassion, integrity, accountability to patients, respect for patient privacy and autonomy, and respect for others
- 5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
- 5.3 Demonstrate sensitivity and responsiveness to a diverse patient and healthcare team population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- 5.4 Demonstrate a commitment to ethical principles in clinical practice, including but not limited to pertaining to provision or withholding of care, confidentiality, ethical business practices, and informed consent

6. SYSTEMS-BASED PRACTICE

The competent graduate will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

- 6.1 Describe/demonstrate primary concepts of quality and safety in patient care
- 6.2 Participate in identifying system errors and implementing potential systems solutions
- 6.3 Describe the main elements of practice management and business principles, including cost awareness, as it applies to medicine

7. INTERPROFESSIONAL COLLABORATION

The competent graduate will demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

- 7.1 Describe and demonstrate ability to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust on a healthcare team
- 7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- 7.3 Describe and demonstrate interprofessional teamwork concepts to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. PERSONAL AND PROFESSIONAL DEVELOPMENT

The competent graduate will demonstrate the qualities required to sustain lifelong personal and professional growth.

- 8.1 Demonstrate ability to develop and maintain personal wellness, including physical and emotional health
- 8.2 Demonstrate healthy coping mechanisms to respond to stress and prevent burnout
- 8.3 Demonstrate appropriate strategies for dealing with uncertainty and ambiguity

Approved by the College of Medicine Curriculum Committee, the College of Medicine Council of Departmental Chairpersons, February 2, 2004; and by the College of Medicine Faculty, December 7, 2004. Revised by the COM curriculum committee June 2013 and March 2022.

POLICIES AND PROCEDURES DETERMINING ACADEMIC STATUS

PROGRESS AND PROMOTIONS

The Student Promotions Committee

Overall Charge: The Student Promotions Committee (SPC) is charged by the College of Medicine bylaws with evaluating and monitoring the progress of each student in the College to ensure that each student is performing at an acceptable level of performance for progression in the curriculum. The SPC reviews all students' academic progress and discusses students who may not be making adequate progress. The SPC makes decisions as to whether each individual student can advance based on the promotions criteria below. The SPC is authorized to make exceptions to the promotions criteria when appropriate while ensuring that the criteria are applied in a fair and equitable manner to all students. The SPC has jurisdiction over academic progress of students, decisions relating to academic dishonesty (such as cheating or plagiarism), and professionalism issues not addressed in the UAMS Student Code of Conduct (UAMS Academic Affairs policy 2.2.14). Issues relating to the Student Code of Conduct will be handled as described in policy 2.2.14 rather than by the SPC.

Certification for Graduation: The SPC also has the special responsibility of reviewing the entire academic records of senior medical students to ascertain that each student has successfully completed the requirements for the M.D. degree. Following that review, the SPC will recommend students for graduation to the Council of Department Chairs, which is responsible for certifying that all students have met the requirements for the degree. This certification serves as the validation presented by the Dean of the College to the University President and the Board of Trustees in the Commencement Ceremony.

Composition, Quorum, and Meetings: The selection and composition of the SPC is set in the College of Medicine bylaws. It is composed of 12 members of the full-time teaching faculty. The Executive Associate Dean appoints the chair of the SPC. When a member is unable to attend a meeting, the Executive Associate Dean may appoint another member of the full-time teaching faculty to serve on the SPC for that meeting to ensure that a quorum is present. The Regional Associate Dean for the NW campus (or designee) will be invited to attend SPC meetings as a non-voting guest when a NW campus student is being considered by the SPC for not making adequate progress in the degree program.

The SPC shall meet at least once/year, but a meeting can be called at any time at the request of the chair or the Executive Associate Dean for Academic Affairs to evaluate issues bearing on student status. A quorum shall consist of at least 8 members. A decision to dismiss a student from the College shall require a $\frac{3}{4}$ vote of members present (6 if 8 members are present, 7 if 9 members present, 8 if 10 members present, 9 if 12 members present). A simple majority is required to pass all other motions.

Conflict of Interest

Any member of the SPC who feels that he/she has a conflict of interest concerning any student being considered by the SPC is required to recuse him/herself from discussion and vote on that student. Examples of conflicts of interest include:

- Serving as that student's academic or career advisor
- Serving as course/clerkship director for a course that the student has failed
- Having a first degree family relationship with the student or a business/financial relationship with the student.

Conduct of meetings

Meetings of the SPC are chaired by the chair of the committee. Any student who will be considered by the SPC due to inadequate academic performance will be notified of the date, time, and place of SPC meeting and will be invited to attend the meeting by the Executive Associate Dean for Academic Affairs. The notification of the student will be sent to them using UAMS email and via certified US Mail. However, the student is not required to be present for the SPC to consider their academic situation and take action.

When an individual student is to be considered by the SPC, that student will be invited into the meeting room. The information relating to the academic status of the student will be presented by either the Chair or the Executive Associate Dean for Academic Affairs. The student then may make a statement to the SPC. The student may also present any written materials they want the SPC to consider. After the student statement, if any, the SPC members and student engage in a period of discussion. When that discussion is complete, the student is asked to leave the meeting room. The SPC then discusses the matter further and considers motions about student status, remediation, repetition of coursework or academic years, and/or dismissal. The SPC will consider both Scholastic Cognitive and Scholastic non-cognitive assessments in the evaluation of student status.

The student may be accompanied by one individual to serve as a support person (such as a trusted mentor or faculty member), but that person does not participate in the statement or discussion unless recognized for comments by the chair of the SPC. This support person is not to be an attorney providing legal representation.

After the SPC meeting, the Executive Associate Dean (or designee) will inform the student of the outcome of the SPC meeting. This may be done in-person immediately following the meeting, by phone, or by subsequent email and certified US Mail letter.

Appeal of Promotions Committee Decision

A student has the right to appeal any decision of the SPC to the Dean of the College of Medicine. A written appeal must be sent to the Executive Associate Dean for Academic Affairs within 14 calendar days after the SPC decision. The written appeal will be forwarded to the Dean. The following are the only grounds for appeal:

- An error in procedure that reasonably could have affected the outcome of the SPC decision;
- New evidence or information that was not available to the SPC at the time of their decision;
or
- A SPC decision that is manifestly unreasonable or unfair

The Dean, after reviewing the student's petition and pertinent records and documents, may at their discretion:

- 1) Affirm the decision of the SPC and deny the appeal;
- 2) Grant the appeal and set in motion a means of redress; or
- 3) Appoint an Ad Hoc Appeal Committee to evaluate the basis for and the merits of the appeal. This Ad Hoc Appeal Committee would consist of three members of the full-time teaching faculty who are not members of the SPC. They may review the written student appeal, any other relevant records, and may meet with the student and any relevant school

official. The Ad Hoc Committee then makes a recommendation to the Dean to either grant or deny the appeal and the Dean makes the final decision.

Grading System

Grading System: Scholastic Cognitive Grades

These grades are based on the academic performance in a given course or clerkship. The grading system varies by academic year as follows:

- M1 and M2 year: Pass (P) means satisfactory performance representing a cumulative score of 70% or above; Fail (F) means unsatisfactory performance and failure of the course.
- M3 year: For required clerkships: A represents outstanding performance; B represents very good performance; C represents satisfactory performance; D represents marginal performance; and F represents unsatisfactory performance and failure of the clerkship/course. For POM3 and selectives, grading will be P (indicating satisfactory performance) or F (representing unsatisfactory performance).
- M4 year: Pass (P) representing satisfactory performance and Fail (F) representing unsatisfactory performance with no credit given.

In all years of the curriculum, an Incomplete (I) indicates that there is some portion of the course work that has not been completed. The I grade is temporary and must be removed and replaced by the final grade according to either clerkship or University policy.

In addition to the letter grades noted above, a narrative evaluation of the student's performance must be submitted in all courses in which there is sufficient contact with the student to enable such comments.

Grading System: Scholastic Non-cognitive/Professionalism Grades

These grades are based on scholastic non-cognitive/professionalism performance and assess certain characteristics that are important for individuals preparing for a career in medicine. These include: attentiveness, demeanor, maturity, cooperation, responsibility, etc. Students may receive a grade of either "Outstanding" or "Inadequate" on a Student Professionalism Assessment form. The lack of either grade indicates that the student has been judged to have demonstrated the professional characteristics. Evaluations may be made by faculty members in coursework in which the student is enrolled or a faculty member who has contact with the student. These evaluations will be submitted to the Executive Associate Dean for Academic Affairs (or designee). Any conduct described on the Student Professionalism Assessment form that falls into the UAMS Student Code of Conduct (academic affairs policy 2.2.14) will be addressed under the provisions of the Code of Conduct policy rather than this policy.

Criteria for Promotion and Graduation

For promotion from the M1 to M2 year:

A student successfully passing all courses in the M1 year shall be promoted in good standing into the M2 year.

A student failing one course shall repeat/remediate that course with permission of the SPC. If the student fails the repeat/remediation course, he/she shall be dismissed for failure to maintain academic standards. This course repetition/remediation may occur at UAMS as directed by the relevant course director; or may

be done at another LCME accredited medical school if the course is approved by the relevant UAMS course director.

A student failing two or more courses in the M1 year, but less than 50% of the credit hours for the year shall be required by the SPC to repeat the entire academic year with no failing grades or they shall be dismissed for failure to maintain academic standards.

A student failing more than 50% of the credit hours in the M1 year shall be dismissed for failure to maintain academic standards.

For promotion from the M2 to M3 year:

A student successfully passing all courses in the M2 year and having passed the POM2 OSCE exam shall be promoted in good standing into the M3 year.

A student failing M2 one course shall repeat/remediate that course with permission of the SPC. If the student fails the repeat/remediation course, he/she shall be dismissed for failure to maintain academic standards. This course repetition/remediation may occur at UAMS as directed by the relevant course director; or may be done at another LCME accredited medical school if the course is approved by the relevant UAMS course director.

A student failing two or more courses in the M2 year shall be dismissed for failure to maintain academic standards.

For promotion from the M3 to M4 year:

A student who passes all M3 clerkships shall be promoted into the M4 year. Given the nature of clinical clerkship and senior elective scheduling however, students may take M4 electives even if they have not passed all M3 courses and been officially promoted to the M4 year.

A student who fails one M3 course/clerkship shall be required to repeat that course/clerkship and attain a grade of C or better (or a P for P/F graded courses). A student who earns a grade of lower than C (or an F in P/F M3 courses) in the repeat clerkship shall be dismissed for failure to maintain academic standards.

Junior students who have more than one D grade will be considered by the SPC and may be required to repeat such clerkships. The grades attained in any such repeated courses must be a C or better or the student will be dismissed for failure to maintain academic standards.

A student who fails more than one M3 course/clerkship shall be dismissed for failure to maintain academic standards.

For graduation with the M.D. degree:

For graduation, a student must have completed all of the coursework as described above; and in addition, must:

- Pass 34 M4 credit hours, including the residency preparation course, the geriatrics clerkship, and an acting internship
- Pass USMLE step 1 and step 2CK (see separate USMLE policies)
- Beginning with the class of 2026, passing score on the end of M3 year graduation OSCE or a successful remediation

If a senior student fails a required M4 course, they must repeat that course and achieve a passing grade; otherwise they will be dismissed for failure to maintain academic standards. If a student fails an elective M4 course, they may still graduate so long as they meet the requirements above; the failing grade for the elective will be recorded on the transcript.

Graduation for students in the Accelerated 3-year primary care track:

Students in the accelerated 3-year primary care track must complete all of the criteria listed above for M1, M2, and M3 students. They do not have to complete the M4 course requirements, but they must pass USMLE step 1 and step 2CK. In addition, they must successfully pass the Introduction to Primary Care course in the M1 year and the Primary Care clerkship in the summer between M1 and M2 years.

Class Rank

The College of Medicine does not calculate traditional grade point averages. A class rank is calculated by adding the final percentage score in each required course and clerkship multiplied by the number of credit hours of the course and then dividing by the total number of credit hours for the year or period. Class rank is NOT used by the SPC to determine promotion or academic status. It is reported on the Medical Student Performance Evaluation (MSPE or dean's letter) which is used in residency applications. However, class rank on the MSPE is only reported by quartile, not by specific numerical rank. In addition, students who are in the top 10% of the class will have that recorded on the MSPE as well.

Leave of Absence as it relates to Student Promotion

When a student takes a Leave of Absence (LOA) from the College, the coursework required when they return is decided by the SPC using the following guidelines (subject to SPC discretion and modification):

- If a student returning from a LOA in the M1 or M2 year had a failing grade in any course they year the leave was taken or was failing the course he/she was taking at the time of the leave, he/she will be required to begin that academic year again and take all M1 or M2 coursework as any other beginning M1/M2 student. Such students must pass all courses in the repeat year, even courses they had previously passed; otherwise they are to be dismissed for failure to maintain academic standards. All grades earned in the first attempt at the M1/M2 year will be expunged except failing grades.
- If an M3 or M4 student had failed a required course/clerkship or was failing one at the time of the LOA, the student will be required to repeat that failed or failing course/clerkship on return and must pass it with a grade of C or better (or P for P/F courses) or be dismissed for failure to maintain academic standards.
- If any student had passed all courses taken and was passing the course being taken at the time of the LOA, the student will complete only the courses not yet completed when the student returns.

Non-cognitive/professionalism evaluations

As provided above, a Student Professionalism Assessment form may be completed by a faculty member for either Outstanding or Inadequate performance. These evaluations will be sent to the Executive Associate Dean for Academic Affairs (EAD) and placed in the student record.

If a student receives a grade of Outstanding, the EAD will mail the student a congratulatory letter with a copy of the Student Professionalism Assessment. A note of the Outstanding performance will be noted on the MSPE.

If a student receives a grade of Inadequate on two or more separate incidents (or one incident if judged serious by the Executive Associate Dean), the EAD will notify the student in writing that they have received the Inadequate grades and require that the student appear before the SPC. After discussion with the student and review of the record, the SPC may choose to do any of the following:

- Take no further action
- Counsel the student either orally or in writing
- Require the student to repeat either a single course/clerkship or the entire academic year
- Dismissal from the College

If a Student Professionalism Assessment form shows Inadequate performance in an area covered by the UAMS Student Code of Conduct (academic affairs policy 2.2.14), then the SPC does not play a role in addressing the issue, the process in the Code of Conduct policy is followed.

Dismissal from the College

A student shall be subject to dismissal at any time during the academic year when College of Medicine policies call for dismissal; whether in this policy or in other College policies, such as the USMLE step 1 policy. It is not necessary for the SPC to wait until the end of the academic year. After a review of a student's academic record, and after offering the student a chance for a session of informal give and take with the SPC, the SPC may dismiss any student at any time for what they believe to be an inferior academic performance, inconsistent with the possibility of ultimate graduation from the College of Medicine or may place the student on probation at any time.

When an academic policy described above calls for an action of dismissal, the action may be applied administratively without the need for a SPC meeting; however, the student must be given the opportunity to ask to meet with the SPC to appeal the administrative dismissal. The student may also choose to withdraw rather than be dismissed. In situations where an administrative dismissal is to be applied, the student will be notified by UAMS email and certified US Mail. The student will have a minimum of 7 working days from the date the notification is made to ask for a SPC meeting before the administrative dismissal is effected. If the student requests to meet with the SPC, then the dismissal is placed on hold until the SPC meeting and decision.

A complete and detailed description of Academic, Disciplinary, Academic Actions, and Grievance Procedures (including Grievance Procedures for Alleged Discrimination) can be found in Appendix D.

APPROPRIATE TREATMENT OF MEDICAL STUDENTS

It is the basic philosophy of the UAMS College of Medicine that optimal learning occurs in an atmosphere of mutual respect. The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective caring and compassionate health care. The development and nurturing of these attitudes require mutual respect between teachers (including faculty, residents, fellows, nurses, staff, and students in a teaching role) and students at all levels, and between each student and his or her fellow students. While it is the responsibility of the Faculty and the College to provide a proper atmosphere for education, it is also the responsibility of the student to develop and

maintain personal honor and integrity, as well as compassionate and ethical behavior. Students must pledge their utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty. A faculty policy on the appropriate treatment of medical students has been established and implemented by the College to assist in the maintenance of an optimal learning environment, but it is not meant to be used as an excuse for students to disregard their own responsibilities in the educational process. The complete policy can be found in Appendix L.

HONOR SYSTEM

CONSTITUTION OF THE HONOR SYSTEM

University of Arkansas for Medical Sciences
College of Medicine

All academic work in the University of Arkansas for Medical Sciences College of Medicine will be conducted under the honor system. Medical students and graduate students enrolled in Medical College courses are expected to show appreciation of the trust placed in them by conscientiously adhering to the rules and regulations which the honor code entails.

The Honor Code applies to all activities and all behaviors that pertain to the academic and clinical work of medical students. All academic assignments, all laboratory and research work, all examinations, and all clinical work are encompassed as is the professional character and conduct of students in the College of Medicine.

It is the responsibility of each student to conduct himself/herself in a manner that complies with the Honor Code guidelines. These guidelines include but are not limited to the following:

The student will not:

1. Give or receive aid in quizzes, examinations, and/or individual class assignments;
2. Plagiarize any source;
3. Falsify any clinical report, experimental results, and/or research data;
4. Violate the principles of the Code of Professional Conduct of the College of Medicine

If an individual fails to uphold any of these standards it is the responsibility of fellow students, University faculty, and UAMS staff to report this misconduct to a member of the Honor Council.

The Honor Council is an organization of students elected by the student body, who will function to ensure that any student accused of misconduct will receive a fair and impartial arbitration on any proceeding relating to the Honor Code, against him or her. The purpose of the Honor Council is not to police the honor system, nor enforce its rules but rather to promote, encourage, and ensure the fulfillment of the standards of the Honor System.

HONOR PLEDGE

By enrolling in the College of Medicine, each student agrees to be bound by the College's Honor Code. A reminder of this obligation should be placed on the cover sheet of each major examination, on a computer screen at the beginning of the examination, or announced periodically by an Honor Council representative (the lack of such notification does not remove the underlying responsibility from the student):

Please be reminded that all academic work in the College of Medicine is conducted under the auspices of the Honor Code. Among other responsibilities, students must not give or receive aid in quizzes or examinations.

PROCEDURES PRELIMINARY TO HEARINGS

An accuser, whether faculty, administrator, staff or student who has witnessed an act or has evidence that such has been committed, which is believed to violate academic and/or professional ethics, must report the alleged violation to one of the Honor Council Representatives of the accused's class. One or both Honor Council members shall inform the accused of the alleged violation and seek reconciliation between the accused and the accuser. The identity of the accuser shall/shall not be divulged to the accused at the discretion of the accuser.

The accused may or may not admit that he or she has violated the Honor Code and may or may not accept the proposed reconciliation.

If all parties involved accept the terms of reconciliation, the matter is resolved. If multiple accusations occur, there will be an attempt to consolidate the demands. If consolidation is not possible, the accused may have to respond to each demand for reconciliation. The Honor Council Representatives will reduce the terms of the reconciliation to writing to be signed by both the accused and accuser. In order to protect the anonymity of the accuser, the accused should be asked to sign first. If the agreement contains matters about which the Honor Council representatives believe course faculty need to know (e.g., sitting for examinations away from an assigned seat), the advisor to the Honor Council should convey the information to the faculty. The signed agreement shall be maintained in the Honor Council file until terms of the agreement expire.

If the terms of reconciliation are not accepted by the accused, the Honor Council Representative(s) shall present the accusation to the President of the Honor Council.

The President of the Honor Council shall contact the accused and notify him/her of an impending investigation. The President shall inform the Chairman of the Investigation Committee of the accusation. The Chairman shall call a meeting of the Investigation Committee to inform the members of an impending hearing, and to organize an investigation of the charges. The Committee shall investigate charges as rapidly and discreetly as possible, obtain witnesses for the hearing, and procure all documents necessary for the hearing.

HEARINGS BEFORE THE HONOR COUNCIL

The President of the Honor Council shall set a hearing before the Honor Council to determine the facts. The Chairman or a member of the Investigation Committee shall prepare and present the case against the accused. If the Honor Council finds that a student has violated the Honor Code, his/her disciplinary action becomes an academic matter, and the case shall be referred to the appropriate faculty Promotions Committee for determination of disciplinary action using the Academic Procedures. If the Honor Council finds that no violation of the Honor Code occurred, all records related to the accusation, including the investigation and hearing, shall be destroyed. The accused may not be subjected to more than one hearing per incident.

DISCIPLINARY HEARING PROCEDURES

A simple majority shall pass all formal motions.

Reasonably in advance of a hearing by the Honor Council, the student will be provided notice in writing of the specific allegations, a list of witnesses and any sworn statements or exhibits which will be used as

evidence against him/her. The student will be given a list of the members and alternates of the Honor Council. The student may request that the designated alternate replace any member(s) of the Honor Council for the hearing.

The hearing will be conducted in private. Witnesses will be admitted for testimony only and then asked to leave. The testimony will be tape-recorded, but the final deliberations of the Honor Council will not be recorded.

The student may have one (1) person present during the hearing, who may be an attorney, to advise him/her. This person may not address the Honor Council, speak on behalf of the student, question witnesses, or otherwise actively participate in the hearing. If the complainant chooses to have an attorney present, a University attorney may also attend the hearing. The student may appear in person, make an oral statement, and answer questions from members of the Honor Council. Should the student choose to remain silent, no adverse inference will be raised against him/her. The student may submit sworn written statements and other exhibits and witnesses in his/her behalf. The student may hear and question all witnesses.

During the period of time prior to the disciplinary hearing, the Dean or Dean's designee may remove a student from his/her academic place (courses, clerkship, or elective) if the student materially and substantially disrupts the educational process or constitutes a clear and present danger to the health and safety of any other persons, themselves, or property, or infringes on the rights of others.

The Honor Council shall make its determination in writing based upon the evidence presented at the hearing that is relevant to the issue or issues before the Council. The student may not be present during the Council deliberations. The student shall be notified in writing of the determination.

Within seven (7) working days of the date of the determination notice the student may contest, in writing, to the President of the Honor Council that a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a significant procedural defect took place. These are the only bases for contesting the determination. If a student contests the determination of the Honor Council, the Honor Council will reconvene to review the student's contentions. If the Honor Council concurs with the student, it will correct the procedural defect, re-interpret the policy as appropriate, or review the fact which was originally presented in error, and then review its determination and revise it if appropriate. There shall be no appeal from a final determination by the Honor Council.

A determination by the Honor Council that a student violated the Honor Code shall be referred to the Student Promotions Committee for consideration as a failure to meet academic standards under the academic procedures.

The by-laws of the Honor System can be found in Appendix E.

CODE OF PROFESSIONAL CONDUCT FOR MEDICAL STUDENTS

MEDICAL STUDENT OATH

In order to contribute to a spirit of moral and intellectual development; affirming that honor, integrity, and compassion, are my highest ideals; and endeavoring to create a community of sensitivity and commitment, I (Name) pledge to my future patients, my colleagues, and my mentors the following:

That in all instances I shall maintain a state of sensitivity and compassion; realizing always that my greatest commitment is to my patients. I will henceforth preserve the confidentiality of my patients and I will render

to them the highest possible standard of care. In short, I will conduct myself with unquestionable integrity in all of my professional relations.

Realizing the power of cooperation, and the common bond between the practitioners of the healing arts, I will respect the contributions of my brothers and sisters in medicine, pharmacy, nursing, and in the health-related professions. I will in no way breach this bond of respect, and I will strive to realize our collective commitment to heal and comfort the poor of body and spirit.

I will honor the rich tradition embodied in learning the art and the science of medicine. I will always seek to learn from the knowledge, wisdom, and experience of my mentors. May I never forget that medical education is a privilege bestowed on me by those who have entrusted their well-being and the well-being of others to me. Further, let me never forget that it is my responsibility to learn the science and the art of medicine; and that my learning within the noble profession of medicine is a life-long process. May I be worthy of this trust and may I always remember that henceforth I must put others before myself.

I affirm this day before my future colleagues in medicine that I (Name) will be true to this pledge.

The **Code of Professional Conduct** is a series of principles and attendant rules that govern professional interactions. Also see the full Code of Professional Conduct in Appendix F.

White Coat Award - Mindful that medical education is a privilege, the members of the Honor Council wish to publicly acknowledge classmates who consistently embody the ideals set forth in our medical student oath. Each year, the Honor Council will conduct an election among each class to select the student in the class that is felt to best exemplify the professionalism of an ideal physician.

PLAGIARISM IN THE COLLEGE OF MEDICINE

Plagiarism is defined as adopting, appropriating for one's own use and/or incorporating in one's own work, **without acknowledgement**, passages, tables, photographs, models, figures, and illustrations from the writings or works of others, presenting parts of passages of other's writing as products of one's own mind. The concept of plagiarism also extends to the copying of quiz, written, or lab practical examination questions, OSCE cases, or clinical case scenarios used in the classroom or small group sessions, in any form or manner, including memorizing the material so it can be written down and passed on to others at a later time. Plagiarism of testing materials is cheating and constitutes an activity that is unprofessional and against the ethical tenets of the medical profession.

Plagiarism will be taken very seriously in the College of Medicine and could lead to action up to and including dismissal. This notice is to inform students that the College of Medicine reserves the right to utilize, with or without the students' knowledge, plagiarism detection services or software. Written work may be compared to a database of texts, journals, electronic and web sources including web sites that sell or distribute pre-written essays or term papers. The College reserves the right to use one of these plagiarism detection systems at any time, on any work submitted by a student in any course or clerkship.

ENHANCED ACADEMIC SUPPORT FOR M1 AND M2 STUDENTS

Students who have a final percentage score below 80% in three or more M1 and M2 course exams are at higher risk of USMLE step 1 failure. Data from previous classes demonstrate that those students in this

group who have academic coaching and regular peer tutoring have a higher step 1 first attempt pass rate. Therefore, students who have more than two scores on major exams in M1 or M2 modules of 75% or less are required to do the following:

- Meet with the academic learning specialist (currently Dr. Jasna Vuk) in the Student Success Center to develop an individual learning plan. This learning plan will be customized to that students' individual learning needs. The student will continue to work with the learning specialist at least until the step 1 exam to best optimize learning.

The written individual learning plan will be given to the student, with copies in the Student Success Center and the office of the Executive Associate Dean for Academic Affairs.

- Students who do not meet with the learning specialist or comply with the individualized learning plan will meet with the Associate Dean for Student Affairs or the Executive Associate Dean for Academic Affairs. Continued noncompliance may result in a negative scholastic noncognitive evaluation. (Approved by the curriculum committee July 2019)

LICENSURE EXAMINATIONS

USMLE STEP 1 POLICY

Medical students in the College of Medicine, including combined degree students, are required to take the United States Medical Licensing Examination (USMLE) Step 1 examination for the first time before the first day of orientation for the M3 year (specifically the junior year orientation that occurs a few weeks following the end of the sophomore year). Only those students who must remediate a failed M2 course or those who otherwise qualify for clerkship postponement (see below) may take step 1 for the first time after junior orientation. A passing composite score, as set by the National Board of Medical Examiners, is required before final promotion into the junior year. All students, including MD/Ph.D. students and other students seeking combined degrees, must pass the USMLE Step 1 examination within three tries and by 12 months following the successful completion of their sophomore year. Students who fail the Step 1 examination on the first try must take the examination for the second time by November 30th of the same year. Students failing to take the USMLE Step 1 examination for the first time before the first day of M3 orientation without an approved extension (see clerkship postponement below), students failing the USMLE Step 1 examination three times, students who initially fail and do not take the exam for their 2nd time by November 30, and students not passing the USMLE Step 1 examination by 12 months following the completion of their sophomore year will be dismissed from the College of Medicine for failure to maintain academic standards. The passing composite score shall be the score set as the national passing composite score by the National Board of Medical Examiners.

Students should achieve a step 1 equivalent score on an NBME self-assessment examination or a CBSE examination of 200 or higher before they take step 1. Achievement of an NBME self-assessment or CBSE examination with a step 1 equivalent score of 200 or higher is also a requirement to pass the independent step 1 study course. If a student has not achieved a self-assessment score of 200 or higher 10 days prior to junior orientation, then they must meet with the Executive Associate Dean or the Associate Dean for Student Affairs and if approved by the Executive Associate Dean or Associate Dean for Student Affairs, may postpone their first clerkship and have additional time to study. Those students who postpone their clerkships are required to see the academic coach in the Student Success Center and develop an individualized learning plan. If they do not achieve a self-assessment score of 200 or higher after the first postponement, they may postpone junior clerkships for 4 more weeks if approved by the Executive

Associate Dean or the Associate Dean for Student Affairs. If after 12 weeks of junior year postponement a student has still not achieved a self-assessment score of 200 or higher, they may be approved to take a leave of absence for the rest of that academic year to study and take step 1. This leave of absence does not replace the requirement that they must pass step 1 by 12 months after the completion of the M2 year. If a student takes a leave of absence during this clerkship postponement period, they still must take and pass step 1 within three tries and by one year following the end of the M2 year.

There are only two groups of students who may postpone the first take of step 1 and take it after junior orientation:

- those who fail an M2 year course and are required to remediate that course
- those who fail to achieve a self-assessment score of 200 or higher under the provisions listed above

Therefore, students who want to postpone their first M3 clerkship and take step 1 after the first day of junior orientation must do all of the following:

- Apply for the postponement in writing to the Executive Associate Dean for Academic Affairs or the Associate Dean for Student Affairs; the Deans will make the final decision on postponement
- Sign a statement that they understand that this postponement constitutes a break or gap in their educational program which will be reported on their Medical Student Performance Evaluation and that such a gap may result in extending their matriculation in the College for an additional year
- Discuss the effect of postponement on financial aid with personnel of the Student Financial Services office
- Meet with the learning specialist in the Student Success Center to prepare a study plan for the extended dedicated study time that is approved by either the Executive Associate Dean or Associate Dean

Retaking Step 1 for those who initially fail.

Students who fail the USMLE Step 1 examination on the initial attempt may finish the clerkship they have started if they wish to do so, but then may not take additional M3 clerkships until a passing step 1 score is received. Students on the NW campus will not finish the semester but will work with the NW campus Associate Dean to identify an appropriate time to drop out of M3 coursework. Students may remain enrolled in the M3 Practice of Medicine 3 course while preparing for the 2nd or 3rd step 1 exam, but may not take any other M3 clerkship/course, and may be placed on a leave of absence depending on the length and circumstances of the interruption. Time taken off during clerkships to study, or even an official Leave of Absence, does not stop the clock on the November 30 2nd attempt deadline or on the 12-month time limit to take and pass the Step 1 examination. Even if a student takes a Leave of Absence, they must still pass the USMLE Step 1 examination within three tries and by 12 months following the completion of their sophomore year. In general, if a student misses more than twelve weeks of the junior year, he/she may not be able to graduate with his/her class. (Policy approved by the COM curriculum committee August 2019)

USMLE STEP 2 POLICY

Students are required to obtain a passing score on the United States Medical Licensing Examination (USMLE) Step 2 examination as a requirement for graduation. The passing composite score shall be the score set as the national passing composite score by the USMLE program on both sections. It is highly recommended that the step 2CK examination be taken for the first time shortly after the end of the student's junior year in order for scores to be available in time for residency applications. Students who fail to pass the USMLE Step 2 examination are strongly urged to meet with their advisor and the Executive Associate Dean for Academic Affairs to discuss their situation and potentially modify the remainder of their senior elective program in such a way as to eliminate their deficiencies and optimize their ability to pass the examination when they take it again. (Approved by General Faculty, June 1989. Revised by the College of

Medicine Executive Committee on November 21, 1991, November 19, 1992, August 19, 1993, and September 17, 1998. Revised General Faculty, December 1998. Revised by the College of Medicine Executive Committee on April 7, 2003) Revised by the College of Medicine Executive Committee on October 8, 2008.

POLICY FOR SENIORS NOT PASSING STEP 2 BY GRADUATION

1. Students in the University of Arkansas for Medical Sciences (UAMS) College of Medicine (the College) are required by faculty policy to pass the United States Medical Licensing Examination (USMLE) Step 1 examination in order to be promoted into the junior year. They are also required to pass the USMLE Step 2CK examination as an academic requirement for graduation.
2. A senior student who has completed all requirements for the degree “Doctor of Medicine”, by his/her class graduation date, but who has not passed the USMLE Step 2 examination will be allowed to remain in student status in the College until such time as he/she has passed the examination, or until he/she has exhausted the six years of student eligibility, as defined in the College’s faculty policy entitled, “Limit on Years in Medical School.” To maintain student status during this period of time, the student must register each year during senior registration, pay full student fees as required by the campus or the College each year (currently, the student health fee, the technology fee, and disability insurance – the malpractice fee is not required unless the student will participate in College of Medicine sanctioned clinical activities during this time period), and must keep the Office of Student and Academic Affairs apprised of their activities and whereabouts. As long as the student complies with all provisions of this policy and remains in student status, the College will continue to certify to the National Board of Medical Examiners (NBME) that the individual is a student up to the six-year limit as noted above.
3. Because of the likelihood of a student passing the examination in a reasonable number of tries, the College will consider that the student is making satisfactory progress toward their degree for one additional year following their normal class graduation date, as long as the student maintains “student status”. During this period of time, he/she may utilize all resources of the College to study, take advantage of help in the Student Success Center, and audit any classes of the College he/she feels would be helpful in preparing for the examination. The student must pay any additional fees required for preparation courses or for any expendable resources used at UAMS. Specifically, the budget will not be increased to cover non-UAMS board preparation courses. In these cases, students are strongly encouraged to meet with staff in the student financial assistance office in order to understand how such step study time might affect their specific financial aid package.
4. Because the likelihood of a student passing the USMLE Step 2 examination decreases if he/she is not able to pass within the above referenced one additional year, the College will continue to consider him/her a student until the six-year eligibility period has expired, as defined in paragraph 1 above, but will not extend certification of satisfactory academic progress more than one year past his/her normally scheduled class graduation date. The student will be required, as noted above, to continue to register each fall at senior registration (and pay fees as above).
5. If a student has not passed the USMLE Step 2 examination by their normal graduation date or has not completed any other requirements for the MD degree by the date of their graduation, the UAMS College of Medicine will attempt to notify the residency program into which the student matched and inform the program that the student has not yet fulfilled all requirements for the M.D. degree.
6. A student who passes the USMLE Step 2 examination following their normal graduation date will receive their degree in compliance with University of Arkansas policies. The graduation date on the student’s diploma will reflect their “normal” graduation date if the student has completed all requirements

for their degree other than the Step 2 requirement prior to graduation, AND the student has taken the Step 2 examination before graduation, even if the passing score is not known for several weeks. If the student has completed all requirements for their degree except the Step 2 requirement prior to their normal graduation but takes the Step 2 examination (and passes it) after their normal graduation date, the date on the student's diploma (the date of graduation) will reflect the date on which the President of the University certifies their degree, in compliance with University of Arkansas policies.

POLICY FOR SENIORS NOT PASSING STEP 2 BY GRADUATION TAKING PART IN GRADUATION CEREMONIES

Students who have completed all requirements for the degree, Doctor of Medicine, prior to their normal class graduation date, except for passing the USMLE Step 2 examination, may take part in their class's graduation ceremonies if they desire. This does not in any way constitute a certification or granting of their degree. Before the College of Medicine certifies to the Chancellor and the Board of Trustees that an MD degree has been earned by a student, each student must complete all individual requirements of the College of Medicine for the degree.

(Approved by the Dean of the College March 20, 2001)

SPECIFIC CLINICAL SKILLS EXPECTATIONS

SOPHOMORE LEVEL OBJECTIVES FOR CLINICAL SKILLS

At the end of the sophomore year, students have completed two clinical courses: Practice of Medicine 1 (POM 1), a two-semester course in the freshman year, and Practice of Medicine 2 (POM 2), a two-semester course in the sophomore year. By that time, students should have developed clinical skills in several broad task areas. The following is a listing of reasonable expectations for all medical students at the end of the sophomore year.

The Patient Encounter

When encountering a patient, the student should be prepared to:

1. Demonstrate an understanding of the patient/doctor relationship and show consideration for the multi-facets of the patient encounter- the psychological, physical and social aspects of the individual;
2. Demonstrate basic interviewing techniques to obtain the patient history;
3. Correctly perform the techniques that are used to physically examine the patient;
4. Begin to formulate a general problem list based on information from the interview and examination;
5. Recognize and interpret common abnormal findings on the physical examination.

Patient Case Presentation/Communication

Following a patient encounter, the student should be prepared to:

1. Give an oral presentation of the patient that is readily understandable, well organized, concise, and correct;
2. Produce a written report of the encounter that is understandable, well organized, and concise.

Interpersonal Skills

The student should have developed appropriate interpersonal skills to permit him/her to:

1. Interact effectively with patients, caregivers, and other healthcare professionals;
2. Effectively communicate with a patient and a patient's family during the interview process.

Patient Care Skills

Although it is understood that a student at this level of training is not prepared to provide comprehensive patient care, a student should have sufficiently mastered appropriate skills that permit him/her to:

1. Treat the patient as a person, not a disease, realizing that the person who is ill is more important as an individual and as a member of his or her social group than is the illness that person has;
2. Respect the patient's rights and privacy and be cognizant of HIPAA regulations;
3. Adopt a professional manner in each patient encounter such that the patient feels that he or she has received a satisfactory, empathetic, and professional service;
4. Recognize the following issues that could affect the appropriate management of the patient:
 - a. conflict of values between the patient and the physician;
 - b. conflict of values between the patient and the community;
 - c. psychosocial issues;
 - d. spiritual and cultural issues;
 - e. economic issues;
 - f. sexual orientation.

Professional Manner

Professional attitude and demeanor are hallmarks of the medical professional and an important part of medical training. By the end of the sophomore year, a student is expected to have developed a professional attitude that will permit him/her to:

1. Behave in a responsible, reliable, and dependable manner;
2. Demonstrate personal integrity, honesty, and self-discipline;
3. Project a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the medical profession's accepted contemporary standards in the community;
4. Recognize his/her personal biases whether they are intellectual, physical, or emotional and how they might confound appropriate patient care;
5. Demonstrate sound judgment and function appropriately under pressure.

Objective Structured Clinical Examinations

The clinical skills noted above are assessed through a series of practical tests referred to as Objective Structured Clinical Examinations (OSCE) in POM 1 and POM 2. In general, these tests include several stations at which the student interacts with a SP to perform a history and physical exam relevant to a chief complaint in a specified amount of time. Detailed information about each OSCE is provided in the POM 1 and POM 2 course manuals. **In order to advance to the junior year, a student must achieve a passing grade on the final OSCE in POM II.**

All practical clinical examinations are conducted in the Clinical Skills Center. Occasionally, SP-student interactions are videotaped. These videotapes are used to assess the quality of the SP performance and for formative evaluation for the students.

JUNIOR CLINICAL SKILLS OBJECTIVES

At the end of the junior year, students have completed two clinical courses: Internal Medicine, Psychiatry, Obstetrics/Gynecology, Pediatrics, Surgery, Family Medicine, Neurology/Neurosurgery/Ophthalmology and two specialty selectives. Students may choose two selectives from a list of eight. In addition, they have completed the POM 3 course, which is a longitudinal required third year course focusing on advanced critical thinking and clinical skills.

By that time, students should have further developed their clinical skills in preparation for what is needed for the start of the intern year. The following is a listing of reasonable expectations for all medical students at the end of the junior year.

When encountering a patient, the student should be capable of the following:

Patient Encounter

1. Make appropriate introductions and explanation of his/her role and plans for the interaction.
2. Carry out an appropriate, focused inquiry when taking a medical history and while performing a physical examination.
3. Use open-ended techniques that encourage the patient to explain the situation in his/her own words and in a manner relevant to the situation at hand, and by developing an understanding of the expectations and priorities of the patient and/or how the health issue has affected the patient.
4. Correctly perform the techniques of taking a medical history and performing a physical examination.
5. Accurately interpret the responses or objective results obtained from or about the patient.
6. At the conclusion of the inquiry develop working diagnoses.
7. Synthesize the findings into a database that effectively and succinctly communicates the nature of the patient's problem.
8. List the patient's findings not explained by the working diagnoses.
9. Design an appropriate and comprehensive treatment and management plan for the patient using terms the patient can understand and the words that should be used in common usage.
10. Accurately interpret the results of laboratory and diagnostic tests ordered in light of the diagnoses or problem formulations and treatment plans under consideration.
11. Refine working diagnoses or treatment plans using information obtained from investigation to provide as accurate a diagnosis or problem formulation as possible with the data available, to include the organic, psychological, and social dysfunctions that may be responsible for the patient's problems.
12. Explain in a way that is understandable to the patient any problems that involve on-going medical management, health risk management, and counseling.
13. Obtain written and informed consent as needed

Patient Case Presentation/Communication

1. Produce a legible written report of the encounter, as well as present an oral presentation of the encounter that is understandable, well organized and concise.
2. Provide follow-up notes, progress notes, physician's orders or discharge orders as indicated.

Interpersonal Skills

1. Interact effectively with patients, caregivers and other healthcare professionals.
2. Foster the doctor-patient relationship by listening attentively, showing interest in the patient as a person, and by demonstrating genuineness, caring, concern, and respect.
3. Effectively communicate with a patient or the patient's family or representative, when the patient has the following problems:
 - a. Unable to speak English or is hearing impaired or deaf
 - b. confused, obtunded
 - c. hostile

- d. withdrawn
- e. mentally retarded
- f. from a different ethnic, racial or cultural background
- g. a very young or pre-verbal child

3. Support emotions when a clinical situation warrants in by seeking clarification or elaboration of the patient's feelings and by using statements of understanding and support

Patient Care Skills

1. Adopt a professional manner in each patient encounter such that the patient feels he/she has received satisfactory, empathetic and professional service.
2. Recognize the following issues that could affect the patient's management and modify management as appropriate:
 - a. legal issues
 - b. ethical issues
 - c. conflict of values between the patient, the patient's family, the physician, and the community
 - d. psychosocial issues
 - e. religious issues
 - f. psychiatric issues
3. Help the patient make decisions by outlining what should happen next, linked to a rationale, and assess a patient's level of willingness, and ability to carry out next steps.

Risk Management/Health Maintenance

1. Identify persons at risk for common and important health problems and carry out risk assessment and educational procedures appropriate to the patient's:
 - a. age
 - b. gender and sexual orientation
 - c. genetic predisposition for certain diseases
 - d. health status
 - e. occupation
 - f. exposure to risk factors
 - g. lifestyle
2. Provide appropriate health maintenance and disease prevention strategies.

Medical Informatics

1. Utilize electronic databases to obtain clinically relevant information.

(Adapted from The Clinical Practice Examination, Six-Year Summary, Southern Illinois University, 1998, Springfield, Illinois, approved by the UAMS Curriculum Committee, 1/19/98, and the UAMS Executive Committee, February 5, 1998)

Objective Structured Clinical Examinations

The clinical skills noted above are assessed through a final OSCE in POM 3. This includes several stations at which the student interacts with a SP to perform advanced history and physical exam skills relevant to a chief complaint in a specified amount of time. In addition, the student must demonstrate advanced communication skills and should be able to write an organized focused history and physical note based on

their interaction with a detailed differential diagnosis and plan relevant to the differential diagnosis. Detailed information about this OSCE is provided in the POM 3 course manual.

SENIOR CLINICAL SKILLS OBJECTIVES

During the senior year, students will complete the Geriatrics clerkship and an acting internship. The following is a list of reasonable expectations of all medical students at the completion of their senior year.

Patient Encounter

1. Develop a cost-effective plan for further investigation (if necessary) to rule in or rule out the working diagnosis under consideration by selecting appropriate diagnostic procedures and laboratory tests
2. Arrange for follow-up on all problems identified
3. Consider the patient's potential for compliance and undertake any educational steps for follow-up care that may be needed to improve compliance.

Patient Case Presentation/Communication

1. Produce a legible written report of the encounter, as well as present an oral presentation of the encounter that is understandable, well organized and concise.
2. In addition to follow-up notes and progress notes, be able to write a cohesive transfer note on a patient.

Interpersonal Skills

1. Effectively communicate with a patient or the patient's family or representative, when the patient has the following problems:
 - a. a geriatric patient presenting with communication difficulties
 - b. a geriatric patient with an illness in the nursing home setting
 - c. a patient facing end-of-life care issues

In addition to the required POM III OSCE, the Center for Clinical Skills Education offers additional practice exams late in the junior year or early in the senior year to allow students to practice their skills.

LEAVE OF ABSENCE

The leave of absence provides a mechanism whereby a student encountering serious nonacademic difficulty may be relieved temporarily of his/her responsibilities. Such leaves, which are usually for the duration of the academic year during the first and second year but may be for shorter periods of time in the third and fourth years of the curriculum, are granted for medical (physical and/or emotional) causes or in extenuating circumstances such as family emergencies, financial crisis, or other similar circumstance. The leave of absence is not a mechanism whereby a student experiencing academic difficulties can withdraw from classes and then re-enter at a later time with that academic record expunged. The Executive Associate Dean for Academic Affairs, or designee, may require the student to provide appropriate documentation to substantiate the reasons for the request. All leaves of absence, regardless of their length, MUST be requested in writing.

The leave of absence is a serious matter. Since each case is unique, the formulation of extensive guidelines is difficult. Therefore, the student requesting the leave may be asked to appear before a Leave of Absence

committee whose charge is to evaluate such requests. The Executive Associate Dean for Academic Affairs or designee may waive the appearance before the committee under certain circumstances. The Committee, consisting of four faculty members selected by the Executive Associate Dean for Academic Affairs, shall meet when called to do so by the Executive Associate Dean for Academic Affairs or designee. In the case of a leave due to medical reasons, the student's physician may be present and/or may submit a letter as to the nature of the problem and the anticipated length of the leave of absence. After hearing the request, the Committee will make its recommendation to the Executive Associate Dean for Academic Affairs or designee. If recommending a leave, the Committee may also recommend the conditions of the leave and the mechanism for its termination. If academic issues are involved, the Student Promotions Committee may also be asked by the Executive Associate Dean for Academic Affairs to make a recommendation concerning the leave. The final decision regarding the leave shall reside with the Executive Associate Dean for Academic Affairs or designee.

As noted above, the leave is usually for the duration of the academic period in which the leave is taken. However, on occasion, the leave may be extended up to a total of two academic periods (the initial one and one extensions). When a leave of absence is granted, the Executive Associate Dean for Academic Affairs, or designee, will write the student informing him/her. In the letter, there will be a deadline for requesting a termination or extension of the leave. Failure to request a termination or extension of the leave by the deadline stated in the letter will be interpreted to mean that the student has abandoned his/her place in the College of Medicine and the student will be permanently withdrawn.

Certain regulations exist with regard to the financial impact of a leave of absence. Anyone contemplating a leave of absence is advised to look into these regulations and discuss them with the Student Financial Services Office. See the discussion in this handbook under the section "Student Financial Aid" (Page 55). In addition, there may be academic consequences of a leave of absence (as noted above in the section, "ACADEMIC REQUIREMENTS FOR PROMOTION OF MEDICAL STUDENTS.")

LIMIT ON YEARS IN MEDICAL SCHOOL

Understanding the rigors of the practice of medicine and acknowledging that the practice of medicine requires an individual to understand the material presented in medical school as an integrated whole, rather than in isolated blocks of information, the College of Medicine faculty feels that one of the requirements for the M.D. degree is the ability to assimilate the material and skills presented within a reasonable period of time.

For students in the Class of 2023 and before, a student, once enrolled as a freshman medical student, must graduate from the College of Medicine with the M.D. degree by the spring graduation ceremony concluding the seventh year following the initial enrollment. For students who matriculate in the College in August of 2020 and thereafter, a student must graduate from the College of Medicine with the M.D. degree by the spring graduation ceremony concluding the sixth year following initial enrollment. This "clock" is not stopped for any reason, including leaves of absence, failure to pass internal examination requirements (such as the OSCE exam), repeat years required by the Promotions Committee, or additional time required for USMLE testing. The only exception is that the clock will stop during the time a student officially in the M.D./Ph.D. program is out of the College of Medicine pursuing the Ph.D. portion of their degree. Simply taking a year or more off to do research will not stop the clock. A student who has not completed all degree requirements within the time frame noted above will be dismissed.

Approved by the COM curriculum committee, October 2019

SENIOR YEAR TIMING POLICY

Students in the UAMS College of Medicine are required to complete a series of courses in the senior year. Because of the balance between the number of students and the number of sites and patients available for rotations, the faculty has determined that students may not deliberately extend their senior year. The senior year must be completed in a continuous manner by the normal graduation date of the student (unless extended by delays in completing the junior year, because of the need to repeat a failed course, or because all requirements for the degree have not been met). Students who complete all other requirements for graduation except the USMLE Step 2 examination by their normal graduation date are covered in a special Step 2 policy as noted above.

ADDITIONAL ACADEMIC POLICIES

GUIDELINES FOR EXAMINATIONS

1. The time and place for examinations will be posted on the electronic calendar (presently the O2 system). It is the responsibility of the student to be present at the beginning of each examination to hear any instructions given at the beginning of the examination. If the student arrives after the examination has started, it is up to the discretion of the exam proctor to provide any instructions to the late arriving student.
2. Items allowed at each desk/computer station are pen or pencil, paper issued by the exam proctor, and foam ear plugs if desired. All other items, such as books, backpacks, etc. should be placed at the side of the room. No study materials, books, note cards, etc. are allowed at the desk. No electronic devices are allowed at the desks; phones, calculators, and similar devices should remain at side of the room or not be brought to an exam. No food or drink is allowed in the 8th floor lab. Students may not wear headwear during an exam.
3. Most examinations given in the College are computer-based exams which have a timer built into the examination software. Once the student begins the examination, the timer will track the time allotted for the exam and once the time allotted has expired, the examination will close. If a paper-based exam is given, the exam proctor will announce at the beginning how much time is allotted and will announce when the time has expired. In a paper-based exam, students must stop work when the finish time is announced by the exam proctor. No additional time can be given to transfer or record answers.
4. Students may use scratch paper given them by exam proctors. Each student is given one sheet of paper; if it becomes full, they may exchange it for a new sheet. Each student is expected to turn in their scratch paper to the exam proctor at the completion of the examination. In no case should scratch paper be taken outside the testing room.
5. It is the policy of the College that students must be present at the beginning of an exam. If a student is going to be late for an exam, he or she must contact the course or clerkship director (or their designee) for permission to begin the examination late. It is the course or clerkship directors' discretion as to whether or not to allow the student to begin an examination late. Note that for NBME examinations, the National Board has specific policies regarding late arriving students and the College will follow those policies; for example, a student who arrives more than 30 minutes late for any reason will not be allowed to sit for that NBME exam. Students who are repeatedly late for examinations may receive a negative Student Professionalism Assessment evaluation. *Approved by the COM curriculum committee, June 2013*

Procedures to be followed in cases of possible cheating:

- A. Cheating in medical school is a very serious offense and will not be tolerated by other students or by faculty of the College of Medicine.
- B. Tests will be proctored at the discretion of the course or clerkship director. Proctoring of an examination does not relieve students of the responsibilities placed on them by the Honor Code.
- C. An individual (student, faculty, or departmental observer) who believes they have observed cheating will report this to an Honor Council representative.
- D. The Honor Council representatives will handle the situation using procedures described in the Honor Constitution.

BONUS POINTS AND EXAM/QUIZ POINTS

No bonus points shall be awarded to any freshman or sophomore student for filling out evaluations, nor can bonus points be awarded as an extra credit assignment.

For freshman or sophomore in-house examinations and quizzes, if a module/course director or faculty finds in the post-exam/quiz review process that one additional answer (in addition to the keyed answer) is correct, the question will be rescored, awarding credit for both answers.

If two or more answers are found to be correct (in addition to the keyed answer) OR it is determined that there is no right answer, the question will be dropped from the exam and the point total for the exam reduced accordingly. If a dropped question changes a student's final grade in the module/course, the module/course director may add that question back (adding both to the numerator and denominator) for that student before assigning a final grade.

On freshman and sophomore customized NBME exams, if class performance on a question is below 50% correct or 30% below the national historic average, the module directors may grant credit to all exam takers for that question.

In freshman and sophomore active learning events, such as team-based learning, peer instruction, and interactive lectures, credit may be granted to all participants if a question is determined to be flawed by the module/course director or faculty.

POLICY ON RECORDED LECTURES OR LABS

The College of Medicine permits the recording of lecture and/or lab sessions that can be downloaded as MP3 or MP4 files. These recordings are not to be shared outside the confines of UAMS medical student classmates. It is expressly forbidden to place these recordings on the internet or other media for use outside of the respective UAMS classmates.

Lecture and lab presentations are the intellectual property of the faculty. The faculty who teaches in the College must give permission for their lecture/lab to be recorded and placed on UAMS COM approved sites. Some faculty may not agree to be recorded.

If the lecture/lab is recorded, students must not copy, display, reproduce, post or distribute these materials or links to these materials to those outside of my classmates in any format either written or electronic. Failure to abide by this policy may constitute a copyright infringement and may subject students to legal consequences. Furthermore, failure to abide by this policy may result in disciplinary action, including possible dismissal from the UAMS COM.

ABSENCE FROM CLASSES

Class attendance records are not routinely maintained by the College of Medicine. However, each course and clerkship are allowed by College policy to have its own rules with regard to absenteeism. It is up to you to know and follow the rules for each educational experience. For example, in some basic science courses, various lectures, examinations, and laboratories have required attendance. If you have an unexcused absence from one of these events, you may receive a negative Student Professionalism Assessment evaluation. The consequences of this action are covered in another section of this handbook and can be quite severe. Rotations in the clinical years are frequently even stricter. Please see the Absentee Policy for the Junior Year elsewhere in this Handbook. When it is impossible for you to attend class be sure you understand the rules for that particular course or clerkship, and check with the director.

POLICY FOR MISSED EXAMINATIONS

Students are required to be present, and on time, for all quizzes and examinations. See the Excused Absence Policy below for details on reasons and process for examinations to be missed.

EXCUSED ABSENCE POLICY

We strongly recommend students to be present for ALL educational activities. The practice of medicine is collaborative and collegial. Excellent patient care requires good communication and trust among and between colleagues. Medical education requires students to work collaboratively with each other, patients, fellow students, staff, and faculty in a regular and predictable manner.

The nature of our work as caregivers requires that we notify appropriate persons when we must be absent so that patient care is not compromised, and both clinical and educational responsibilities are fairly shared. As a supportive community that values wellness and well-being, the College of Medicine faculty, staff, and administration realize that various circumstances--emergent or otherwise--will require that members of our community must occasionally be absent from required events. Furthermore, we must work together to support each other during circumstances that take us away from required events. This policy outlines a process by which students can be granted excused absences. Failure to comply with this policy will be considered unprofessional behavior.

Excused absences will be considered for the following reasons:

- Appointments for medical care that cannot reasonably be scheduled outside your MD program responsibilities
- Acute medical illness or family emergency, to include a child or other close family member's illness or a childcare emergency
- To give a scholarly presentation at an academically relevant national meeting

- Running for or holding national office in a relevant professional organization
- Religious observances
- Residency interviews
- Taking a USMLE exam
- Other extenuating circumstances **at the discretion of the course or clerkship director**. These absences will be tracked and granting these excused absences will be limited.

Absence Policy for the M1 and M2 years

In the M1 and M2 years, many activities do not have a required attendance policy, but some events do have. Course faculty will inform students of those events which have a required attendance requirement. Students should notify the course director and coordinator to be granted an excused absence. This notification should be done in advance of the absence (except in cases of emergency/sudden illness where such notification can't be made).

If the excuse is for an illness or injury to the student, the student must provide a physician's statement providing an explanation of why the student should be excused from the quiz or exam or required activity. The physician's statement must be given to the course or clerkship director within one week after the excused quiz/examination/required activity.

Any required sessions, academic assignments, etc. that are missed must be fulfilled to the satisfaction of the course director. Within reason, course directors will assist students to complete all work missed during excused absences, as deemed necessary by the director of the course.

Protocol for Missed Exams and Quizzes

- Students may only re-take missed examinations or quizzes if they have an excused absence, as outlined by the College of Medicine Excused Absence Policy.
- Students who miss an examination or quiz must contact the course or clerkship director or designee to arrange for a make-up.
- For freshmen and sophomores, make-up examinations will occur at several scheduled times throughout each semester. At times, these make-up exams may occur on a weekend. All make-up quizzes will be administered by the respective course director in consultation with the student.
- Students who have an unexcused absence from an in-house examination or quiz or who miss a make-up examination or quiz will receive a grade of zero for that examination/ quiz.
- Students who have an unexcused absence from an in-house examination (excluding quizzes) may receive a negative Student Professionalism Assessment. Two such negative assessments will require the student to come before the Student Promotions Committee to determine their continuing status with the College of Medicine.
- Questions on make-up examinations and quizzes cannot be appealed.

During M3/M4 Clinical Clerkships

Clinical training is an essential part of medical education and represents a critical phase of the medical student experience. Given this, any absence from clinical duties (ACD) is considered a serious matter. Clerkship directors understand that circumstances will sometimes require a student to be absent from clinical duties. The following are responsibilities and general guidelines for a medical student considering an ACD:

Absence from Clinical Duties (ACD)

This is an absence that occurs during scheduled duty hours, and does not occur during mandatory time off or on additional scheduled days off from clinical service. An ACD will decrease the total amount of time that a student is able to invest in clinical service activities. A student who has an ACD may be required to make up the time absent, depending on what activities were missed.

1. Students should attempt to schedule non-clerkship related activities outside of normal duty hours for that clerkship (e.g., late afternoons/evenings and weekends or scheduled time off).
2. Students must communicate all requests with advance notice (as soon as the need is known to the student) to the clerkship director, clerkship coordinator, and the attending/resident on the team they are assigned.
3. Students who are ACD are required to collect any didactic materials/notes from lectures that they may have missed during their time away.

Guidelines

1. Advance communication with the clerkship director and clerkship coordinator is required for any requested activity that could result in an ACD. These types of activities include:
 - Doctor/healthcare Appointments
 - Meetings or conferences at which the student is presenting (poster or podium)
 - Residency interviews
 - Religious observances
 - Sitting for a USMLE exam
 - Unusual and extenuating circumstances at the discretion of the course/clerkship director
2. Any planned absence from a mandatory activity must be approved at least ONE WEEK IN ADVANCE (before the planned absence) by the clerkship director. If the absence is required during the first week of the clerkship, the student must contact that clerkship director one week before the start of the clerkship, if not earlier. Planned absences that may qualify as excused include attending a conference, attending interviews and taking USMLE Exams. Beyond these, it is up to the clerkship director to qualify anything other planned absence as excused.
3. With advance notice, the clerkship directors will work with the student to avoid an ACD. This may include arranging rotations or shifts to accommodate the request or helping the student select the best days/times to attend their activity and limit time away from clinical duties. If accommodations can be made to align the student's scheduled time off with their activity, the absence will not be considered an ACD. However, clerkship directors may not always be able to accommodate these requests. In this case, if the clerkship director permits the student to attend the activity, this will result in an ACD.
4. Emergency requests for ACD such as student illness, personal injury, or injury/illness/death of a family member should be communicated as soon as possible to the attending/resident on the assigned team and the clerkship director and clerkship coordinator.
5. In cases of ACD without prior communication with the clerkship director, a negative noncognitive evaluation may be filed by the clerkship director. This includes unauthorized extension of a previously authorized ACD.

Further information about common reasons for missing required educational events:

Excused Absences for Personal Medical Care

Medical students are strongly encouraged to maintain their own physical and mental health and well-being. Whenever possible, students should schedule non-emergent healthcare appointments during times that do not conflict with classroom and clinical activities. In the event an appointment must be scheduled during a required educational activity, students must request permission to be excused from the course/clerkship director and the request will be granted.

Religious Observances

The UAMS College of Medicine recognizes and respects the importance of individual religious beliefs and practices. While the college calendar includes only religious observances recognized as U.S. federal holidays, the school seeks to accommodate student religious needs reasonably and within the requirements

of the academic schedule. There shall be no adverse or prejudicial effect resulting to any student requesting excused absences for religious observances. Students assigned to patient care educational activities may request assignments that allow the student to meet their religious needs; on occasion, students may be asked to attend patient care activities that cannot be reasonably re-scheduled, such as on-call time with a care team. Required academic work missed as part of an excused absence must be made up to the satisfaction of the supervising faculty member.

Residency Interviews

During clinical clerkships, students MAY be granted excused absences for residency interview at the discretion of the clerkship director. This may vary on rotations that schedule shift clinical duties (e.g., Emergency Medicine). If a student must be absent from a clerkship due to a residency interview, the student must forward electronic documentation of the interview invitation and date to the clerkship director for approval. Approval should be sought prior to making travel arrangements.

Revised and approved by the Curriculum Committee 7/22/2024

MISSING CLERKSHIP REQUIREMENTS POLICY

Clerkship requirements are here defined as:

- completed requirement checklists (both in O2 and on paper)
- clerkship specific quizzes
- make-up materials for any missed didactics
- returning clerkship copies of textbooks

Unless a student remains on formal leave from the College of Medicine, all required items are to be completed and turned in no later than 2 weeks after the conclusion of the rotation. The clerkship coordinator will send a reminder to the student for any missing items 1 week after the conclusion of the rotation, and at this time, an Areas for Improvement (AFI) form will be issued. If all required materials are not received by 2 weeks after the completion of the clerkship, the student will receive a negative Student Professionalism Assessment and ten (10) points will be deducted from their final grade. If, after 4 weeks from the conclusion of the rotation, the items have not been turned in, the student will receive a failing grade for the clerkship.

Approved by COM curriculum committee, May 2022

CLERKSHIP NBME RETAKE POLICY

If a student should fail an NBME shelf examination on any clerkship by scoring less than the 5th percentile nationally, that student is allowed one attempt to retake the NBME examination. This second attempt at the NBME shelf examination must be taken within 6 (six) months of the notification of the failed first exam. Only under extenuating circumstances such as a leave of absence from the College of Medicine should extend this six-month time period.

Approved by COM curriculum committee, May 2022

CLERKSHIP NBME MAKE-UP POLICY

If a student is unable to take a scheduled NBME subject exam due to circumstances such as illness or a family emergency resulting in an excused absence, they are to arrange a time to make up that NBME. This examination attempt must be completed within 3 (three) months of the end of the clerkship on a scheduled

date pre-determined by the COM M3 coordinator and their office. Such arrangements should be approved by the clerkship director and clerkship coordinator.

Approved by COM curriculum committee May 2022

WARNING STUDENTS OF MARGINAL PERFORMANCE

Faculty must inform a student of marginal or failing performance prior to assigning a failing grade for a course or clerkship if possible. As soon as a student is identified as performing unsatisfactorily in a course or clerkship, an email or letter stating this fact should be sent to the student. This warning should be copied to the office of Academic Affairs. The course/clerkship director must offer to meet with the student in a timely manner to develop a plan to address the marginal performance. This policy is necessary in all courses, even four-week electives. An appropriate time is approximately halfway through the course or as soon as information indicating failure in a portion of the course (e.g., a single exam) becomes available. Occasionally, a student cannot be warned in advance because the reason for failure occurs at the end of the course. In this situation, a written explanation of the circumstances of the failure and the lack of a warning letter must be provided to the Office of Academic Affairs at the time the failing grade is assigned.

(Approved, Executive Committee - 1/18/90; revised COM curriculum committee, 1/22/18)

POLICY ON CHANGING GRADES

Once the final grades for a course or clerkship have been sent to the Dean's office, an alteration in a student's grade will not be accepted by the Dean's office unless the Course Director or Chairman certifies in writing that the original grade was given in error (mistake in calculation, student's names mixed-up, etc.). Specifically, the change of a subjective evaluation will not normally be a sufficient reason to change a grade.

(Approved by the College of Medicine Executive Committee, 12/20/90)

POLICY ON FEEDBACK

Required courses and clerkships in the UAMS COM will give all students mid-course or mid-clerkship feedback early enough so that students have the opportunity to adjust their performance before the end of that course.

STUDENT WORK HOURS

It is the position of the College of Medicine that students in their third and fourth years of medical school must “experience medicine” through a large number of clinical encounters. Adequate exposure to patients is essential in order to learn both the art and science of medicine. However, it is the opinion of many that excessive work hours can diminish the impact of training by inducing excessive fatigue, and by decreasing the time students have to read, consider, and assimilate the information and situations they encounter.

Therefore, the Curriculum Committee of the College of Medicine, working through the Clinical Subcommittee has implemented the following work hour policy for junior and senior students:

- Duty hours should not exceed 80 hrs./week averaged over 4 weeks, including any on call time required.
- The amount of time a student spends in the hospital should not exceed 30 consecutive hours (and the last six of these hours must not include taking new patients).
- If the student works 30 hours, they must receive a minimum of 10 hours outside the hospital between shifts.
- All students must get four 24-hour periods off, averaged over a 4-week period of time.

Students are encouraged to report any duty hour violations to the clerkship director or coordinator; but can also report to either the Associate Dean for Student Affairs or the Executive Associate Dean for Academic Affairs. It is the policy of the College that no retaliation will occur if a student reports a duty hour violation. Students can also anonymously report a duty hour violation using the student mistreatment reporting function in the O2 online system.

Reviewed and approved by the Curriculum Committee in 2011

Revisions approved by the Curriculum Committee on June 27, 2022

POLICY ON STUDENT SUPERVISION

The purpose of this policy is to establish guidelines regarding the levels of supervision required of medical students in the UAMS College of Medicine while on clinical services. Recognizing that medical students are learners and are not licensed to provide patient care, the supervising physician retains medical and legal responsibility for the care of the patient. While supervision of medical students may be delegated to housestaff, the supervising faculty attending physician retains full responsibility for the supervision of medical students assigned to clinical rotations. Supervision of medical students is intended to provide progressive patient care responsibility while ensuring patient and student safety. Ultimately, it is the decision of the supervising faculty physician as to which activities the student will be allowed to perform. This decision should be based on a variety of factors including the complexity of the patient case or activity, the potential for untoward effects, the student level of training, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient. The overriding consideration must be student safety and the safe and effective care of the patient.

General clinical supervision: The amount of supervision required for each student will vary according to the level of training and experience of the student. Students may take patient histories, perform physical examinations, and enter findings in the medical record. Notes and orders entered by students in the medical record must be co-signed by either supervising housestaff or attending physician.

Procedural supervision: Medical students may participate in procedures under the supervision of the attending physician except when there is a danger to the student. The attending physician must be appropriately credentialed to perform the procedure.

Approved by the curriculum committee, 2013

RURAL PRACTICE CURRICULUM

Purpose

The purpose of the Rural Practice Curriculum, as developed by the Rural Practice Curriculum ad hoc Committee of the College of Medicine, University of Arkansas for Medical Sciences, in consultation with the Dean of the College of Medicine and the Executive Associate Dean for Academic Affairs, is to give our students participating in the Arkansas Rural Practice Student Loan and Scholarship Program a sound exposure to rural medicine in the context of primary care medicine. To that end, the curriculum affords our students multiple exposures to rural medicine in a variety of primary care specialties: notably, Family Medicine, General Internal Medicine, General Pediatrics, Internal Medicine/Pediatrics, Obstetrics and Gynecology, General Surgery, Emergency Medicine and Geriatrics. The UAMS Regional Programs office (formerly called AHEC) will assist in much of the logistics of student assignment to rural practice sites throughout the state. Additionally, the experiences of our students are monitored by comprehensive evaluations by both students and faculty. Reports of these evaluations are sent from the Office of the Executive Associate Dean for Academic Affairs to the Curriculum Committee of the College of Medicine for critique and suggestions for improvement in the curriculum. It is anticipated that the Rural Practice Curriculum will change with time as we strive to ever improve the educational experience of our students.

Curriculum

1. All students in the Rural Practice Program must join a primary care interest group in Family Practice, Pediatrics, Internal Medicine, General Surgery, Ob/Gyn, Emergency Medicine, Geriatrics and/or the Rural Medicine Student Leadership Association (RMSLA) and are encouraged to actively participate in these organizations.
2. All students in the Rural Practice Program must take at least one Family Medicine preceptorship between their freshman and sophomore year and/or between their sophomore and junior year. This preceptorship should be done in a rural community if possible, and outside of Pulaski County. The Regional Programs office assists with this component of the Rural Practice Curriculum.
3. All students in the Rural Practice Program should have an element of Rural Medicine in their Family Medicine Clerkship their junior year of medical school. This will be the responsibility of the Department of Family and Preventive Medicine.
3. All students in the Rural Practice Program must take either a Primary Care Elective or Acting Internships at a Regional Programs site. The College of Medicine will work with the Regional Programs office to ensure that at least part of the rotation will be a rural experience.

EDUCATIONAL RESOURCES AND ISSUES

UAMS LIBRARY

- Location: Education II Building, 1st Floor
- Phone: 501-686-5980

The UAMS Library web site (library.uams.edu) serves as the gateway to all of the Library's resources including databases, journals, eBooks, and catalog, services, and information. To access resources use the following:

- Computers on all floors of the UAMS Library
- Networked computers and Wi-Fi access at all UAMS campuses
- Remote access from off campus to Library web site with some resources restricted to UAMS network account and password
- Some UAMS Library online resources may be accessed from Arkansas Children’s Hospital medical library and Regional Center libraries via the UAMS Library web site and/or their web sites

Students are invited to take advantage of library computers, comfortable seating, group study rooms, and quiet spaces located around the Library. Policies regarding the library, including policies for food and drink in the Library, library use and conduct, children in the Library, use of library computers, and other policies and procedures can be found on the library website.

Regular Library Hours:

Monday-Friday	7:30 am – 6:00 pm
Saturday	9:00 am – 3:00 pm
Sunday	1:00 pm – 5:00 pm

The Library web site and main phone have current accurate information on hours. Library hours during holidays and breaks are posted in advance in the Library, on the Library’s website and via the Library’s social media accounts.

After Hour Access: Students have 24/7 badge access to all floors of the library to include the group study rooms, individual study spaces, and a relaxation space on the third floor.

Inclement Weather: When “Inclement Weather” is declared at UAMS, the Library will be closed and will not be staffed. However, access to online resources will continue through Library website and the after-hours access area on 1st floor will be available for students and residents.

Library Services

The Circulation Desk (staffed during all regular library hours) on the 1st floor can help you with:

- Registering to check out books
- Printing, Photocopying, Print Cards, & Scanning Services
 - Print charges are \$0.10/per page (Black/White) and \$0.20/page (Color)
- Check-Outs, Renewals, & Overdue fines
 - fines are charged for overdue items, materials not returned and/or damaged
- Interlibrary loans of materials

Education and Research Services:

- Librarians are available from 8:00 a.m. - 5:00 p.m. Monday – Friday
- In person, visit the Reference Office (1st floor of the Library-West side)
- By phone – 501.686.6734
- By email – libraryreferencedesk@uams.edu

In addition to helping with using databases, accessing eBooks, and locating journal articles and other information resources, research librarians provide assistance with:

- Locating Tests and Instruments
- RefWorks citation management software
- Assistance with Copyright Questions
- Understanding and Avoiding Plagiarism
- Help and Guides page

Research and Clinical Search Services: 501-686-6734

The Library's Research and Clinical Search Services (RCSS) unit offers individual and informal small group instruction in the use of bibliographic databases (e.g., PubMed) and the RefWorks citation management software. RCSS expert searchers also offer consultations to students around issues such as selecting databases for specific search topics, building search strategies, and setting up auto-alerts/current awareness searches on topics of continuing interest.

Historical Research Center

- **Hours Monday – Friday 8:00am – 4: pm.**
- **Phone: 501-686-6733**
- **Location: Library – 5th Floor**

The Historical Research Center (HRC) is the archival division of the UAMS Library. Its mission is to acquire, preserve, and provide access to books and materials that document the history of UAMS and of medicine and the health sciences in Arkansas. All materials available for research are included in the library's online catalog and many of the Center's photographs have been digitized and placed online.

Copyright information for medical students:

- <https://libguides.uams.edu/publishing-copyright>

Summary of Civil and Criminal Penalties for Violating Federal Copyright Laws

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). Copyright owners have exclusive rights of reproduction, adaptation, publication, performance and display. Infringement includes the reproduction or distribution of a copyrighted work in the following ways: 1) Downloading, uploading, sharing, or posting parts of a copyrighted work without authority; 2) Using copyrighted content on a peer-to-peer network. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense.

For more information, see the web site of the U.S. Copyright Office at www.copyright.gov, and especially their FAQs at <https://www.copyright.gov/help/faq/>

College of Medicine Liaison: College of Medicine Liaisons –Susan Steelman, Head of Education and Research, MLIS, steelmansusanc@uams.edu; Lindsay Blake, MLIS, Clinical Services Librarian, leblake@uams.edu, 501-686-6734.

EDUCATIONAL AND STUDENT SUCCESS CENTER

Dr. Jasna Vuk, MD, PhD
Learning Specialist, College of Medicine

Email: sscoaching@uams.edu
Phone: 501-686-7347

Lian Taylor, M.S. Ed
Learning Specialist, Instructor – UAMS Northwest
Email: LTaylor3@uams.edu
Phone: 479-322-0208

The Educational and Student Success Center is located on the 3rd floor of the North end of the UAMS Library. Please see our website, <https://students.uams.edu/success/> for hours or information about specific programs and services. The SSC website provides access to tools and resources during those times the SSC is closed or you can't come in to get some help. Whether it is the middle of the night, or you are home for the day, we can help you find the tools to maximize your academic success. We are continuing to grow and add resources, so check back frequently.

The Student Success Center offers the following services to all UAMS students:

- **Student Learning Services:** The transition to UAMS can be both challenging and demanding. Sometimes working harder isn't enough to guarantee academic success. Students who would like to improve their study skills, test taking strategies, time management, or learn how to address test anxiety, etc., are welcome to make an appointment to work with a Learning Specialist on areas of concern. We provide personalized support and guidance to meet the individual needs of students wanting to enhance their academic performance. For more information or to schedule an appointment, please visit the website.
- **Peer Tutoring:** The Peer Tutoring program at the Student Success Center provides quality, course-specific academic support to students at no cost. Peer tutoring is coordinated by our Student Learning Specialists and staffed by UAMS students who have excelled in the course they tutor. To schedule an appointment, visit the website.
- **Writing and Presentation Center:** Students who need help with writing of any kind (CV, personal statement, research paper, etc.) or practicing a presentation are welcome to use the services of the Writing and Presentation Center. For more information or to schedule an appointment, please visit the website.
- **Laptop and Mobile Device Support:** If you have a question about your laptop or mobile device or are experiencing technical difficulties, we are here to help. Many issues can even be solved remotely. Please visit the website for more information.
- **Testing Support:** Testing, special testing, and make up testing are handled within the Testing Center of the SSC. All students who use the Testing Center must bring their UAMS student ID in order to sign in. Please refer to the website for Testing Center hours and testing protocols.

ACADEMIC ASSISTANCE AND ADVISEMENT

The Executive Associate Dean for Academic Affairs and the Associate Dean for Student Affairs welcome students seeking academic assistance, advice regarding program selection, placement within residency programs, or any other special information. They may refer students to other academic or personal services available on campus.

In addition, each student in the College of Medicine has been assigned a primary advisor within their Academic House. Each student meets with their house advisor at least twice a year, but students may schedule meetings with their academic house advisor at any time when they feel they need additional advising or assistance.

LOCKER ASSIGNMENTS

The Office of Academic Services is charged with the responsibility of all lockers within the Education II Building. Assignment of lockers is as follows:

Freshman - All Freshman Medical students are assigned lockers as per the class roster received from the College of Medicine office. Freshman students will retain these lockers until the end of their sophomore year. Freshman will be given their locker number and combination in their registration packets.

Sophomore - Sophomores will retain the same locker as their freshman year. All Sophomore Medical students must clean their lockers of all articles no later than the last day of the sophomore year. These lockers will then be reassigned.

Junior - All Junior Medical students can have a locker, but they must request by emailing: OASlockers@uams.edu. Please provide the following information: Name; College and Class Year (Jr., Sr.).

These lockers are assigned on a first come, first served basis. Junior Medical students will retain these lockers until the end of their senior year.

Senior - If you do not already have a locker assigned from the previous year, you may request a locker assignment from the Office of Academic Services. Unless you notify the Academic Services office at the end of the Spring semester that you wish to continue using the assigned locker, this locker will be reassigned. You must clean out your locker of all articles if you do not wish to retain your locker before graduation.

In all cases where lockers are reassigned, the combinations are changed. At the end of a school year, OAS staff cleans out the lockers. Items are donated to local charitable groups.

LABORATORY MATERIALS

During the academic year, teaching materials may be required in courses. Such materials will be checked out to students in the respective laboratories.

Lab materials return policy:

- A. All materials are due on the day of the laboratory final exam or other specified date.
- B. A one-week grace period (7 days) following the due date is allowed to return materials without penalty.
- C. After the grace period, students will be notified by e-mail or U.S. mail. Materials returned within two weeks of notification receipt will be subject to a \$25 late fee/student.
- D. All materials returned after the two-week partial penalty period are subject to a \$50 late fee/student.

AUDITORIA AND CONFERENCE ROOM AVAILABILITY FOR STUDENT USE

Various auditoria and rooms around UAMS are available for student use. Students are permitted to reserve the facilities for student affiliated and/or educationally affiliated nonprofit use by calling the Office of Academic Services at ext. 686-5575. University wide policies for use of the facilities by student organizations are described in the following paragraphs.

“Any recognized student organization may use University facilities for open or closed meetings or performances subject only to local campus scheduling regulations.”

“If an off-campus speaker or performer is to be invited to address an open meeting of a recognized student organization, the faculty advisor must give his approval prior to the time that an invitation is extended and publicity is released. In the event that the group does not currently have an official advisor, the approval of a tenured faculty member is required. The University administration may properly inform an organization concerning its views on any proposed meeting to which an off-campus speaker or performer has been invited but will leave the final decision concerning the meeting to the organization and its faculty advisor.”

“Publicity and communications concerning any meeting shall clearly identify the sponsoring organization and shall carefully avoid any stated or implied University sponsorship. In all open meetings, at which an off-campus speaker will speak, a tenured faculty member shall serve as moderator and a reasonable period shall be reserved for questions from the audience.”

“An invitation to a speaker does not necessarily imply approval or disapproval of the speaker or his views by either the University or the student organization. In case a request for the use of a University facility by a recognized student organization cannot be granted, it is the responsibility of the University officer to whom the request was made to notify promptly in writing the organization making the request, stating the reasons for denial.”

“Speakers may be invited to the campus to discuss political issues. Recognized student organizations may solicit membership and dues at meetings. However, political party membership may not be solicited, political candidates may not be supported or opposed, money may not be raised for projects not directly connected with a University activity, and private business may not be conducted in University facilities.”

ADMISSION OPTION TO DEFER

ARKANSAS RESIDENTS:

Any Arkansas resident applicant who is offered a position in the freshman medical class can enter the next class as customary, or can elect to defer the start of medical studies for one year, knowing that a position is guaranteed in the next subsequent class. Notification to the Dean's Office should be given as soon as the student has reached a decision to defer admission. However, notice must be received no later than May 15 in the year for which the applicant has been accepted for admission. Applicants offered positions in the freshman class after May 15 must provide notice of their intent to defer no later than July 15.

Request to extend deferment for an additional year: If an applicant who is approved for a one-year deferment has a compelling reason to request an additional one-year deferment, the applicant must submit a detailed letter to the Office of Admissions by January 31 asking the Admissions Committee to consider his/her request. The Admissions Committee will review the request at its February meeting and will notify the applicant by February 20 if the request to extend the deferment will or will not be approved. A deferment extension will

only be granted for compelling reasons. If the Admissions Committee denies the applicant's request to extend the deferment for an additional year, the applicant will be expected to complete all pre-matriculation requirements and matriculate in the next subsequent class or relinquish his/her position in the class. An applicant may only request to defer up to a maximum of three (3) years pending approval by the Admissions Committee.

Arkansas Rural Medical Practice Student Loan and Scholarship recipients: Alternates interviewed and approved for the Arkansas Rural Medical Practice Student Loan and Scholarship program, who subsequently gain admission to medical school by virtue of being advanced to the top of the alternate list, do not have the option to defer.

NON-ARKANSAS RESIDENTS:

Non-Arkansas residents accepted for admission do not have the option to defer.

THE PATH TO THE M.D. DEGREE

FIRST TWO YEARS

The curriculum for the first two years consists largely of integrated basic science material that is intended to lay a foundation for the understanding of clinical medicine. Completion of the standard core courses in the first two years will satisfy the course requirements for promotion to the clinical years. The College is constantly moving clinical activity into the first two years and one of the criteria for material in the first two years is that it must be clinically relevant.

The exact breakdown of courses and course hours changes each year. General information is available in the "University of Arkansas for Medical Sciences Announcements and Curriculum" for a given year. Exact information on courses and course hours can be obtained immediately prior to that academic period from the Executive Associate Dean for Academic Affairs.

THE CLINICAL YEARS

The second two years of Medical School are different from the first in that students are involved day and night with patients and medical staff. Junior clerkships provide the students with clinical involvement in most every major aspect of medicine.

Standard junior clerkships are Medicine (8 weeks), Psychiatry (6 weeks), Obstetrics and Gynecology (6 weeks), Pediatrics (8 weeks), Surgery (8 weeks), an elective month, Neurology/Ophthalmology (4 weeks), and Family Medicine (4 weeks). Students at the Northwest campus take the same junior courses, but the courses are arranged in a longitudinal fashion instead of the blocks used in Little Rock.

These standard clerkships combine in-patient and out-patient experiences wherein students are assigned as members of patient care teams with residents and an attending physician. Emphasis is on patient-oriented activities and students are expected to assume significant responsibility for their patients.

Another major difference between the first two years of medical school and the clinical years is the way students are evaluated. Evaluations during the first two years are based largely on objective data, although subjective evaluations are turned in when sufficient student/faculty contact allows it. During the clinical years, however, much of your grade will be determined by subjective evaluations. That is, you will be evaluated on how you approach things, how you interact with other members of the health care team and the patients, etc. Each of the clerkships and senior rotations will have their own unique rules concerning

subjective grading. However, subjective grades are just that - subjective. It is not possible to set forth rigid criteria and, therefore, there will naturally be some variation in subjective grading. Depending on the circumstances, any faculty member or resident on any service may, if they feel it appropriate, turn in a subjective evaluation of your performance. For this reason, it is important during the clinical years to concentrate on doing your best on whichever service you are assigned, rather than worrying about exactly who is going to evaluate you.

The last year of Medical School is largely elective. The student, in conjunction with his/her advisor, plans the year.

WHEN STUDENTS ARE ON CAMPUS OR ON CLINICAL ROTATIONS AT OTHER SITES, THEY MUST WEAR ID BADGES AT ALL TIMES.

STATEMENT ON PROFESSIONAL RESPONSIBILITY

Physicians are, and always have been, exposed to a certain amount of personal risk while engaged in the practice of medicine. To understand this risk, one needs only to view the experience of the profession with the likes of tuberculosis, poliomyelitis, and influenza, and more recently, HIV. Several groups, including the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) have drafted statements concerning physician responsibility in situations like these. This first paragraph of the "Statement on Professional Responsibility" from the AAMC serves to remind us of the basic principles and the fundamental responsibilities of those who aspire to the practice of medicine:

"Medical students, residents, and faculty have a fundamental responsibility to provide care to all patients assigned to them, regardless of diagnosis. A failure to accept this responsibility violates a basic tenet of the medical profession -- to place the patient's interest and welfare first."

RESIDENCY PROGRAMS

The next step down the road is your first year of residency. This first year, which used to be called the internship year, is now usually referred to as the PGY1 (postgraduate training year one) year. A given residency program (Internal Medicine, Pediatrics, Surgery, etc.) may have a first-year program that rotates through various services, rotates only within its own specialty area, or somewhere in between. After the first year of residency, almost all study is devoted towards work in the given specialty. A residency program typically lasts three to five years. Information about duration, type, and description of residency programs is contained in a computer database called FREIDA. FREIDA is available through the American Medical Association Web site (<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>). Obviously, the hardest part of this process is deciding what area of medicine you want to go into when you "grow up". Many details about picking and getting a residency position will be presented to you in various forms during your medical school career, especially in the Academic Houses you will be in. If you have specific questions, you are always welcome to discuss them with your House Mentors, or with Drs. Graham or Tariq.

When you are in your junior year, you will begin to sample many of the specialties. It is usually during this time that students begin to narrow down their career selection choices. During this year, the Office of Academic Affairs begins to present information on exactly how the residency selection process works. This coincides with the scheduling process for the senior year. At the beginning of the senior year, students sign up for the National Residency Matching program, a type of computerized lottery system in which the vast majority of our students obtain their post graduate training positions.

During the summer and fall of the senior year, students apply to various residency programs, request that the Dean's office write a Dean's Letter (also called an MSPE, a sort of a formal letter of introduction), and start requesting letters of recommendation. A few applications are done on paper, but most are done using the Electronic Residency Application Service (ERAS) provided by the Association of American Medical Colleges. Interviews begin in the fall of the senior year. In February of the senior year, students enter their "match list" into the NRMP computer via the internet. This is just a list of the programs to which the student has applied, entered in rank order. The programs do the same with a list of students. These files are matched up so that the students and the programs get their top choices. The results are announced in mid-March of the senior year. It should also be noted that for the last several years, obtaining a position in the "match" has become much more difficult and each year, a certain number of US graduating seniors are unable to obtain a position. The Academic Affairs section of the College of Medicine is very concerned about this trend and is trying to do more and more to assist students to be ready to match.

This explanation of residency selection, and the process by which it occurs, is grossly oversimplified. It ignores issues like surgical specialties that match outside the NRMP, the couples match, the Urology match, and other variations. As noted above, more detailed information will be coming to you and is always available in the Dean's office.

DEAN'S LETTERS (MSPE)

A special note about Dean's Letters (MSPE's) – These letters are produced here at UAMS by pulling objective information from the student's file, like grades and ranks, and by incorporating subjective comments written by individuals supervising the student during classes and clerkships (pulled from O2). Students have an opportunity to see and discuss these comments at the end of each class or clerkship, and students are given an additional opportunity to review the MSPE before it is made part of the ERAS application. After the MSPE is assembled, one of the Academic Affairs Deans, Drs. Graham, Worley, Clemmons, or Tariq, reviews each letter to check, once again, for any factual mistakes or any grammatical errors. If, for any reason, a student is uncomfortable with any or all of the Academic Affairs Deans and wants a different Dean or a different faculty member to review their letter, they can simply request this in the Dean's office and their wish will be honored with no questions asked.

LICENSURE VERSUS DEGREE

Each state requires a prescribed performance on an examination in order to qualify as a licensed physician. There is currently a single pathway to licensure called the USMLE (United States Medical Licensing Examination). Our students take the first step of this examination following their second year in medical school, the second step (in two parts) of the examination at the end of the junior year or in the senior year, and the final step after graduation (in some states, Step 3 can't be taken until the end of the first post-graduate year). Successful completion of this examination sequence (along with any other requirements of the state Medical Board) then allows the student to apply to the state for a license to practice medicine.

It is very important to note the difference between graduating from the College of Medicine with an M.D. degree and being able to obtain a residency program training position or to practice medicine. Licensure to practice is a function controlled by state law and in Arkansas is under the purview of the Arkansas State Medical Board. Successful graduation from the College of Medicine does not in any way guarantee that the Medical Board will grant you a license to practice or that you will be able to obtain a residency training program position.

REGIONAL PROGRAMS

The UAMS Regional Programs division (also called Area Health Education Centers, or AHECs) is an integral component of the overall mission of the University of Arkansas for Medical Sciences. The Regional Centers are strategically located in communities around the state, including Batesville, Magnolia, Fayetteville, Fort Smith, Helena, Jonesboro, Pine Bluff, and Texarkana. Thus, the Regional Programs division represents an extension, or outreach, of UAMS into all regions of the state.

Since its inception in 1973, the division has focused principally on the state's primary health care needs, particularly in medically underserved areas. The mission of the Regional Centers is to educate primary care physicians, particularly family physicians; retain graduates of the College of Medicine for practice in Arkansas; and to improve the geographic distribution of these physicians within the state. This mission is partially achieved through Family Medicine residency programs located at six of the eight Centers. The Regional Centers in Batesville and Helena, the sites without Family Medicine residencies, are dedicated to improving the health of their region's residents through health literacy training, health education, and continuing health education programs.

For medical students who have completed their first or second year, during the summer months Regional Programs offers 4-week preceptorships with family medicine physicians in rural communities throughout the state. Students may also elect to complete an additional 4-week Community Health (service learning) or Quality Improvement project giving the student the opportunity to learn in a physician's practice while contributing to the community in some way. While not required and, in most cases not for academic credit, although students do receive a stipend, these preceptorships offer an excellent opportunity for students to experience the practice of medicine in a community setting. With submission of a proposal that meets rigorous academic criteria, students may receive prior approval for up to four credits toward senior year electives. The Regional Programs division also offers a family medicine mentorship program that pairs first-year students with a family physician to provide support and guidance to learn about community-based family medicine practice. Students may choose to continue this mentoring partnership through medical school, if desired. Students have the opportunity to interact with Regional Center faculty, all certified by the American Board of Family Medicine (ABFM), and private practice community physicians through the medical student organizations, including the Family Medicine Interest Group (FMIG) and the Rural Medical Student Leadership Association (RMSLA). Through these interest groups, students receive information and updates about issues surrounding rural practice and primary care, plus receive training in basic clinical skills.

A required 4-week junior year clerkship in Family Medicine may be taken at one of the Regional Centers with a Family Medicine residency program. All of the Regional Centers offer senior year electives, including Primary Care in Family Medicine, and the required Acting Internship "selective." Select Centers also offer electives in general outpatient Pediatrics, Internal Medicine, Obstetrics-Gynecology, Sports Medicine in Primary Care, and Emergency Medicine. The Regional Programs division provides a medical student with the opportunity to study medicine in a setting that may be similar to where he or she may practice in the future. Students may work in the Family Medical Clinics, in affiliated community hospitals, or under the supervision of a practicing physician from the community. The Senior Student Site Director selects a physician supervisor for the student based on the field of medicine of the student's interest. Experiences provided through Regional Centers focus on primary medical care in a community away from the main campus, programs that compliment and integrate prior training and are best suited to assist the development of career goals, and comprehensive and continuous patient care in a private practice setting. Participating students receive full academic credit for rotations at Regional Centers.

In addition to the Family Medicine residents in the Regional Centers, UAMS residents in other specialties may rotate from the Little Rock campus to the Regional Centers. Each Center offers a weekly schedule of educational conferences for students, residents, and faculty. Two-way interactive video is frequently utilized for student orientation, lectures, class and officer meetings, and resident conferences. For more information about the Regional Programs division or any of the Regional Centers call 501-686-5260 or 501-686-6557, or visit the websites <http://regionalprograms.uams.edu> or <http://regionalprograms.uams.edu/students>, or <https://regionalcampuses.uams.edu/regional-residencies/>.

DIAGNOSTIC EQUIPMENT

Students need diagnostic equipment for their Practice of Medicine course and for their junior and senior courses and clerkships. This equipment should include a stethoscope, oto-ophthalmoscope, penlight, percussion hammer, blood pressure cuff, and tuning fork. A presentation on the type of equipment needed is presented during freshman orientation each year.

THE HONORS PROGRAM

The Faculty of the College of Medicine has created an Honors Program for medical students who desire to have supplemental, in depth, study and/or experience in a given area. These programs are to enrich the educational experience of students who have interest in the given area of the program. Presently, the College offers Honors Programs in these areas:

- Honors in Research
- Honors in Global Health and Community Service
- Honors in Pediatrics
- Honors in Finance
- Honors in Digital Health
- Honors in Rural Health

Each program has specific requirements that span the four years of medical school and specific requirements for application to and acceptance into those programs. An overview of all of these programs is provided at freshman orientation each year. More information can be obtained from Drs. Graham or Tariq or from the directors of each of the programs (research: Dr. McGehee, global health: Dr. Becky Liggin, pediatrics: Dr. Becky Latch; Dr. Jason Mizell, finance; Dr. Stanley Ellis, digital health). Students who complete the requirements of one of the Honors programs have it noted on their diploma at graduation.

HONORS IN RESEARCH PROGRAM

The Honors in Research Program consists of a research project requiring the equivalent of six months' research, preparation of a final report in manuscript form describing the results in a style acceptable for submission to a peer reviewed journal, and a poster presentation of the results at Student Research Day. The time required may be spent discontinuously and may include time expended in the analysis of data and in manuscript preparation. Students who satisfactorily complete the requirements will be designated as earning "Honors in Research", and their diplomas and transcripts will include the phrase "**Honors in Research**". Entrance into the program is by invitation. Students performing academically in the top 50% of the class at the end of the first semester of the freshman year will be invited to participate. Qualified students who have identified an area of special interest are encouraged to seek a faculty sponsor to assist them in defining an

area of study and completing a proposal. Acceptance of the proposal by the Director of the Honors in Research Program admits the student to the Honors in Research Program.

Support consists of a \$3,000 stipend payable in two installments during the first summer of participation in the Honors Research Program. No additional stipend is provided after the first summer. A student cannot receive an Honors stipend and additional funding from a second source for the same project.

The faculty sponsor will supply research space and supplies for the student's research project.

Summary of Requirements for Completion:

The research project must be presented as a poster at Student Research Day, generally no later than the spring semester of the junior year.

and

The student must prepare a final report in manuscript form describing the results in a style acceptable for submission to a peer reviewed journal and must submit the manuscript to the Director of the Honors in Research Program by the end of the first semester of his/her senior year.

The Project

There are no restrictions on the type of project that may be undertaken. The only requirement is that each project be original research. In those cases where a student participates in an ongoing research project, he/she must assume responsibility for carrying out the portion to which he/she is assigned. The project can be pursued during the summer months and 12 weeks of senior elective time (first semester only), as well as during any time released by prior exemption of the student from formal course work. Work during the first summer will be supported by a stipend.

The Proposal

A brief research proposal (less than one page) describing the project to be conducted must be written by the student with the aid of his/her faculty sponsor and submitted to the Director of the Honors in Research Program. The proposal should present a clearly defined topic for study that can be completed in six months' time. Approval is based primarily on the scientific merit of the proposal.

Activities of the Honors Program

A poster presentation of the results at Student Research Day is required. This event is held each spring and must be done during the sophomore or junior year. Writing of the final report in manuscript form must be completed by the end of the first semester of the senior year. This is necessary because of the time needed to prepare the appropriate diploma after certification to the Dean that the student has completed the requirements for graduation with honors.

Outline of the Honors in Research Program Project

The following guidelines should be followed in submitting an application. The face sheet (see below) accompanies the research proposal.

The research proposal must be typewritten on a single page and include the advisor's name and signature. The proposal should be submitted to the Director of the Honors in Research Program, Biomedical Research Center II, Room 159-2, 603-1998. Invitations will be emailed to eligible freshman in January.

The following items are required in all applications

- a) Application Form - The Application Form must be fully completed by student and sponsor (See Appendix G).
- b) Research proposal with title, and brief summary (one page limit).

Before the research can begin, the student must obtain the required approvals. Approval letters must be submitted to the Office of the Executive Associate Dean for Research. These approvals may include:

Institutional Review Board
Institutional Animal Care and Use Committee
Biosafety Committee
Radiation Safety Committee

Identifying an Honors in Research Faculty Advisor

Prior to submission of the application, students must have a faculty advisor. For students who wish to participate in the program and are unable to identify a faculty advisor, assistance is provided through the Director of the Honors in Research Program (telephone: 603-1998)

STUDENT SERVICES

STUDENT FINANCIAL ASSISTANCE INFORMATION

The College of Medicine makes basic information concerning financial assistance available in this publication, but the UAMS Student Financial Services office can provide you with detailed information. If you are making any decision that involves financial assistance, you should speak directly with the office of Student Financial Services for advice. The Student Financial Services offices are in the Administration West building across the street from the Education 2 building.

Information concerning Student Financial Assistance is published annually in the College's Catalog (Announcements and Curriculum). Information on financial assistance, including eligibility criteria, types of loans and scholarships, awards, etc. are listed in this source. Also, information is available in the office of Student Financial Services:

<https://studentfinancialservices.uams.edu/>

All tuition and fees are due and payable no later than the first official day of class of the semester. The Bursar's Office is authorized to defer the payment of tuition and fees under the following circumstances:

The Bursar's Office may defer tuition and fees up to the amount authorized for a specific academic term for a student whose tuition and fees are guaranteed and will be paid by an outside agency under a documented agreement.

The Bursar's Office may defer tuition and fees up to the amount of the aid granted for a specified academic term for students who have anticipated financial aid awards in process.

Students who fail to pay tuition by the established due dates will be placed on an administrative leave and will not receive credit for any classes attended until tuition is paid. The Student Financial Services Office will not send tuition due notices for payment of the second installment of tuition. It is the student's responsibility to pay the second installment no later than the first official day of class of the semester unless the Bursar's Office has authorized a deferment.

COM LIAISON FOR FINANCIAL AID

Candace Lane is the College of Medicine's Liaison for Financial Aid issues. Please contact her for questions concerning eligibility, award amounts, disbursement dates, etc. Ms Lane is also the College of Medicine financial/debt management counselor. Ms. Lane can assist you in planning a budget, answer questions about the best financial aid/debt strategies, repayment planning, etc.

Contact information:

Phone - Candace Lane: 501-686-5451

Email – celane@uams.edu

IMPACT OF A LEAVE OF ABSENCE ON FINANCIAL AID

A leave of absence may have a serious impact on a student's financial aid. Any student considering requesting a leave of absence should consult with the Student Financial Services Office – Financial Aid Office to determine how their financial aid will be affected (Refer to Financial Aid Policies regarding LOA below). Schools may neither credit a student's account nor deliver loan proceeds to the student borrower while the student is on an approved leave of absence. A student who is approved for a leave of absence after receiving financial aid for the semester may be required to return a portion of the aid previously received.

Due to the schedule of classes in the College of Medicine, most leaves of absence will require a return date of at least one year from the date the leave was granted in order for the student to return to the same semester of class in which they left. Federal educational loan regulations state that when a student borrower ceases to be enrolled at least half-time for 180 days (6 months) in any 12-month period, the borrower will be considered as *withdrawn* from school for loan repayment purposes. At that point, the school is required to calculate the amount of financial aid the student earned and the amount of financial aid that must be returned. These calculations are based on the time the student was enrolled. The percentage of the semester the student completed is the percentage of aid the student has earned. The percentage of the semester the student did not complete is considered the percentage of unearned aid and must be returned to the lender. However, once a student completes 60% of the semester, the student has earned 100% of the aid they received for that semester.

Student borrowers are given a six-month grace period on most types of federal loans starting at the date enrollment ceases. During this time, lenders will treat the borrower's loans as if the borrower were still enrolled in school full-time. Once a grace period is used on a specific loan, it will not be given again. At the end of this six-month grace period, the student will be required to enter repayment on their federal educational loans until they return to school; however, deferment or forbearance options are available if the student makes a request and it is approved by their lender.

FINANCIAL AID POLICY REGARDING LEAVE OF ABSENCE: A leave of absence (LOA) is a temporary interruption in a student's program of study. Any student considering requesting a LOA that received financial aid, should consult with the Student Financial Services Office to determine how their financial aid will be affected.

According to federal regulations, 34 CFR 668.22 (d), the following criteria outlines the requirements to process an approved LOA:

The student must request the leave of absence in writing to their dean for approval. The letter should state the reason(s) for the request.

A LOA cannot be granted for academic reasons (i.e., to keep a student from failing).

There must be reasonable expectation that the student will return from LOA.

A student returning from a LOA must resume training at the same point in the academic program that he or she began the LOA.

Upon return from LOA, the institution may not assess the student any additional institutional charges.

Therefore, the student is not eligible for any additional federal student aid (Title IV funds).

If a student is a Title IV recipient, the institution must explain the requirements and regulations of his/her financial aid status (grace period, repayment, etc.) prior to granting the LOA. The information that will be provided will include the financial consequences if the student fails to return from LOA.

A student granted a LOA is not to be considered withdrawn and no return of Title IV calculation is required. If a student does not meet the LOA criteria, the student is considered to have ceased attendance from the institution and a Title IV return of funds calculation is required if the student received federal aid.

IMPACT OF A WITHDRAWAL, DISMISSAL AND LEAVE OF ABSENCE REGARDING TUITION PAID

The following institutional and federal policies will apply for those students who withdraw, are dismissed or granted a leave of absence (that exceeds 180 days) after paying for the semester's tuition.

Students Withdrawing from UAMS – Non-Financial Aid Recipients

The refund amount for students withdrawing from UAMS shall be based on the following schedule. Please note that the schedule applies to both tuition and fees paid.

Refund for Tuition and Fees Only

1-5 Class Days	6-10 Class Days	11th Class Day and after
100%	50%	0%

Students Withdrawing from UAMS – Financial Aid Recipients

According to Federal Regulations, a Title IV Return of Funds calculation will be processed for those students who withdraw after receiving federal financial aid (Pell Grant, SEOG, subsidized Stafford Loan, unsubsidized Stafford Loan, parent PLUS loan or Perkins). The calculation is based on the number of days the student attended divided by the number of days in the term. The results of the calculation determine how much financial aid the student has earned. After 60% of the term has passed, the student is considered to have earned 100% of their aid. If the student has not earned 100% of their aid, the portion of the "unearned" aid is returned to the Title IV programs stated above. After the Return of Title IV financial aid calculation is processed, a student may owe a balance to UAMS. It is the student's responsibility to make arrangements for payment of the balance with the Bursar's Office.

TUITION AND FEES FOR STUDENTS WITH IRREGULAR COURSE SCHEDULES

Students who must take an irregular schedule of course work will be required to pay tuition and fees as follows:

1. Repeat of a course(s) at UAMS is at the consent of the Promotions Committee: full tuition will be prorated, based on the number of hours to be taken. Full fees will be assessed if repetition of the course(s) will force the student to graduate with the next class. In addition, if tuition has increased, the increase would have to be paid.
2. Completion of a course(s) in which an incomplete (I) grade was assigned the preceding year: no tuition. Full fees will be assessed if repetition of the course(s) will force the student to graduate with the next class. In addition, if tuition has increased, the increase would have to be paid on any repeat course.
3. Return from Leave of Absence: Full fees will be assessed, and the student will be charged only the increase in tuition. However, if the Leave of Absence was granted early enough in the semester that a portion of tuition was refunded (*see IMPACT OF LEAVE OF ABSENCE ON TUITION PAID*), the balance of tuition UAMS retained will be applied to the semester the student returns, and the student will be charged the remainder of tuition.
4. When a departmental faculty exempts a student from a course, the student will pay prorated tuition for the courses in which he/she is enrolled. Full annual fees will be charged.

This information is subject to changes necessitated by the implementation of the new student information system.

STUDENT HEALTH SERVICES

STUDENT AND EMPLOYEE HEALTH SERVICES (SEHS)

Student and Employee Health is located on the ground floor of the Central Building (G820) off the corridor leading to the parking deck (Parking 2). This clinic is open 7:00 AM to 3:30 PM, Monday through Friday and that phone number is 686-8810.

SEHS provides the following services at no cost to the student:

- Establishment and maintenance of an immunization record
- Annual Tuberculosis screening
- Annual Influenza vaccine
- Care of needle sticks and blood/body fluid exposures
- Infectious disease exposure management

The main clinic is open from 8:00 AM to 4:30 PM, Monday through Friday. You may contact the clinic by calling (501) 686-6565 or e-mail at studentandemployeehealth@uams.edu .

STUDENT HEALTH CLINIC

The Student Health Clinic (SHC) is located in the main Student and Employee Health clinic and provides UAMS students with treatment of acute illnesses, wellness and health promotion services. Clinic services are available to students who have paid the clinic fee at registration. Students are required to have health insurance. There is no cost for the clinic visit, however, depending on the student's insurance, there may be charges associated with other services provided such as laboratory testing and medications. Students may be referred to the FMC clinic (which is housed on the 1st floor of the Family Medical Center) or other UAMS specialty clinics for additional diagnostic testing and/or to establish a primary care provider.

Call (501) 686-6381 to schedule an appointment or speak with the clinic healthcare provider.

Students in need of pre-enrollment physicals may have these done at either the POEM clinic (located in the same location of main SEHS and SHC clinic) or in the Family Medical Center.

FAMILY MEDICAL CENTER (FMC)

The FMC is located on the UAMS campus on the corner of 6th and Jack Stephens Drive. The FMC offers medical care to students and their families who choose one of the Family Practice Physicians as their Primary Care Physician (PCP). The FMC offers a full range of Primary Care including women's health, newborn, pediatric, and adult care.

Appointments may be made by calling (501) 686-6560. When calling, **please identify yourself as a UAMS student to receive preference in scheduling.**

Call (501) 686-6560 and ask to speak with a manager if you have questions regarding service or billing.

Please note that even though the SEHS/SHC (ground level) and FMC (first floor) are housed within the Department of Family and Preventive Medicine building, they are not the same clinic.

VISION SERVICES

The Jones Eye Institute at UAMS is a full-service eye clinic available to the public. The clinic provides services such as comprehensive eye exams, to evaluate your vision and health of your eyes, performed by licensed ophthalmologists or optometrists assisted by ophthalmic medical technicians. An optical shop and contact lens service are also available onsite. UAMS students, including their spouse and dependents, are eligible to receive a 20% discount on contact lenses and glasses purchased in the optical shop. The clinic is located on the east side of campus in the Jones Eye Institute building and accepts most insurance programs. Appointments can be made by calling (501) 686-5822. For more information, visit (<http://eye.uams.edu/>).

UAMS STUDENT HEALTH INSURANCE INFORMATION

Ensuring that you stay healthy is important to UAMS. Therefore, a policy approved by the Board of Trustees (Policy 1260.1) requires all students enrolled shall be covered by medical insurance. To meet this requirement students may obtain his/her own health insurance coverage or enroll into the university sponsored policy.

To provide proof coverage and verify minimal standards are met, students must input their coverage information into the online student insurance portal each semester. Failure to provide student insurance coverage information will result in student network account deactivation or a hold placed on future enrollment in GUS. In addition, if the situation is not corrected, the student may be pulled from class or clerkship and considered for dismissal from the College of Medicine.

The minimum health insurance standards set forth by UAMS at the time of this writing are:

Plan must provide at least \$100,000 in coverage (for each covered injury or sickness incident).

Policy must have no major exclusions. For example: plan must cover major medical, pharmacy, emergency medical, mental health, and diagnostic x-rays/lab services.

The student must be covered the entire academic year.

Individual plan must have a policy year deductible of \$2,500 or less. Family/employer plans are exempt from this requirement.

Plan must provide identification card or policy with student name and/or policy information allowing student insurance monitors to confirm eligibility.

Plan documents must be in English with currency amounts converted to U.S. dollars and an insurance company contact telephone number in the U.S. must also be provided.

Student health insurance requirements, benefit information, and enrollment materials can be found on the Campus Life and Student Support Services website: <http://studentlife.uams.edu/> .

To contact their office, you may email [AskStudentInsurance @uams.edu](mailto:AskStudentInsurance@uams.edu) or dial (501) 686-5850 for assistance.

POLICY ON STUDENT DISABILITY INSURANCE

The College of Medicine has arranged for all medical students to be covered by disability insurance. The fee is nominal and is included in student fees. Our accreditation agency mandates that we make disability insurance available for all students. In order to get a reasonable price, the insurance company requires that all students be covered. Therefore, you cannot “opt out” of this coverage, even if you have other disability insurance coverage. Details of the coverage are available in the Office of Academic Affairs. This policy is “portable” into residency, and may be continued without submitting medical evidence of your insurability. Upon completion of your residency, you will have an option to purchase an individual, non-cancelable disability policy from the company, without submitting medical evidence of insurability. When you leave College of Medicine full-time student status (in other words, when you go on a leave of absence, graduate, etc.), it is your responsibility to contact the insurance agency handling the insurance to determine if you are still eligible, and if so, to arrange for continuation of the coverage. The Office of Academic Affairs will be happy to provide you with the name and telephone number of the agent.

STUDENT WELLNESS PROGRAM

Clinical Team: Tracy Haselow, MD, Medical Director; Vicki Flynn, M.D., Associate Director; Jim Holland, LCSW; Angie Moore, LCSW; Matt Boone LCSW

Administrative Assistant: Lecretha Brown

Email: studentwellness@uams.edu

Introduction: The UAMS Student Wellness Program (student mental health program) is a preventative service created to provide short term, confidential assistance for students who are actively enrolled at UAMS. The purpose of this service is to provide the necessary tools for students to achieve their fullest potential.

Students can seek help for depression, anxiety, grief, relationship conflicts, academic difficulties and numerous other issues interfering with their maximal functioning. Seeking care through the service is

absolutely confidential. The only exceptions to the strict code of confidentiality (as required by law) include planning to kill someone else, or being so severely impaired that patients in the student's care are in jeopardy, or planning to kill self and child abuse. Record keeping is also strictly confidential within the student wellness program and **does not** go into the campus wide electronic UAMS medical record.

For short term treatment, there is no financial cost to students seeking care. The service is made possible through the support of the Dean of the College of Medicine, the Chancellor of UAMS, and a portion of the student health fee.

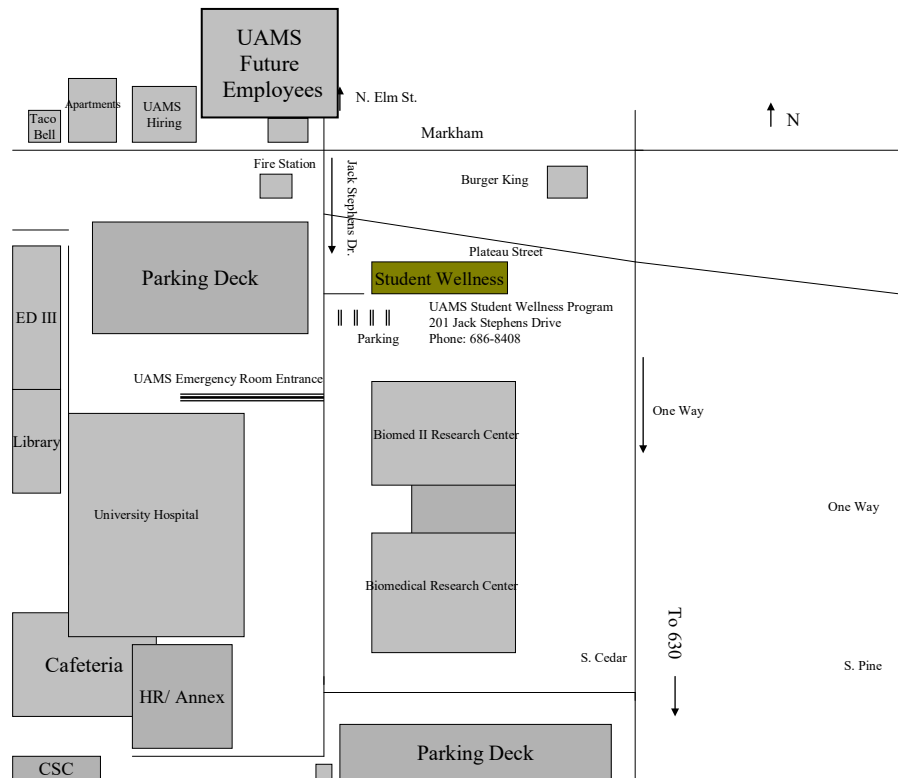
Referrals for Long Term Difficulties: Students suffering from major mental illnesses and/or severe substance addiction requiring inpatient hospitalization and/or intensive long-term care will be referred to a community mental health center, the UAMS PRI Walker Clinic, or to appropriate resources in the community. The cost for this level of care is the responsibility of the student (it is important to maintain health insurance coverage without lapse through medical school).

Hours: The Student Wellness Program can be reached by telephone at **(501) 686-8408** from **8:00 AM to 5:00 PM Monday through Friday**. Students are seen by appointment only and a confidential appointment can be scheduled by calling 501-686-8408. Help us know the type of problem you are having and how urgently you need help. This will help us triage urgent situations immediately and/or schedule you with the most skilled clinician for your particular problem. You can also connect with a clinician anonymously by using the web-based Interactive Screening Program (ISP) at <https://uams.caresforyou.org/welcome.cfm?access=website>. For an **after-hour emergency, call 911 or go to an Emergency Department.**

Location:

The Student Wellness Program is located at 227 Jack Stephens Drive, in a two-story grey building (behind the Burger King on W. Markham across from the Fire Station and next to Biomed II). The office suite is on the street level. Ring the doorbell for entry. Parking is available immediately out front in reserved parking spaces #15, 17, 19 and 20 for the duration of the appointment (only).

MAP TO STUDENT WELLNESS PROGRAM:



SAC - STUDENT ADVOCACY COUNCIL

It is the purpose of SAC to help maximize the potential of all future physicians, intervening early to head off potentially life threatening/career destroying substance abuse or other serious difficulties.

Goals of the SAC Program:

- To provide an accessible safety net to all medical students who experience a wide array of difficulties
- To have trained SAC representatives who understand and recognize the warning signs and symptoms signaling that a peer is in trouble
- To have SAC leaders who reach out to peers having difficulties and offer support and confidential early intervention. At times, they may facilitate peer entry into an appropriate level of care
- To develop preventative educational programs to meet the evolving needs of the student body
- To maintain a supportive presence to peers throughout medical school during times of high stress
- To serve as a liaison/link to the UAMS Student Wellness Program

Safety Net Function of the SAC: The most important role of the Student SAC leaders is to be available to peers when they feel the need to reach out for support and help. These leaders are trained to serve as a resource to answer questions when peers are concerned about classmates. SAC leaders intervene with peers when concerns arise regarding warning signs of difficulties (under the close supervision of faculty leaders). When students are having significant difficulties beyond the scope of peer assistance, students are encouraged to seek the confidential services of the UAMS Student Wellness Program. SAC student leaders reassure students in this process and at times assist with making a rapid referral. In emergencies, the SAC student leaders facilitate getting the student to the Clinic or to the Emergency room to obtain immediate care when necessary.

Code of Ethics: The SAC abides by a strict code of ethics. Early recognition and confidential intervention are practiced in an effort to maximize the potential of all future physicians. Students seeking help are cared for with compassion, understanding and respect for their privacy and confidentiality.

FOOD SERVICE

Menus: <https://epicuremenus.com/clients/ion/uams>

CAFETERIA

The cafeteria is located on the ground floor of the Central Building. The Cafeteria offers a wide variety of menu options including entrees, vegetables, salads, sandwiches, burgers, pizza, and more. It is open for breakfast M-F 6:30 a.m. – 10:00 a.m., and for lunch M-F 10:30 a.m. – 3:00 p.m.

DOC JAVA

The Doc Java Coffee Shop offers gourmet coffee and espresso-based drinks. It also offers express meals, made to order sandwiches, assorted muffins, bagels, yogurt, cookies and a variety of cold beverages. It is open Monday-Friday from 7:00 a.m. 3:00 p.m. It is located on the first floor of the Ward Tower, near the College of Medicine offices.

THE LOBBY CAFÉ

The Lobby Café is open 6:30 a.m. – 10:00 p.m. 7 days a week, and provides breakfast, lunch, and dinner. This facility is located in the main lobby of the University Hospital. It provides sandwiches, salads, gourmet coffee and pizza.

CENTRAL DELI

Central Deli offers a variety of sandwiches as well as salads. It is located on the Ground Floor of the Central Building next to the Cafeteria. It is open 7:00 a.m. – 3:00 p.m. M-F.

MD2 (Metro Deli 2)

MD2 is located on the 1st floor of the Rahn Building. It offers hot breakfast, as well as sandwiches, soup and salad bar. MD2 is open Monday-Friday from 7:00 a.m. – 2:00 p.m.

THE GATHERING PLACE CAFÉ

The Gathering Place Café offers a full selection of Starbucks beverages along with a wide selection of breakfast and lunch items. Located on the 1st floor of the Cancer Institute, it is open M-F 7:00 a.m. – 3:30 p.m.

THE ATRIUM CAFÉ

The Atrium Café offers a full hot breakfast and lunch options including homemade soups, hand-crafted sandwiches made to order, as well as lighter options such as grab-and-go salads or fresh fruit and yogurt

parfaits. It is located on the first floor of the Outpatient Center and open Monday-Friday 7:00 a.m.-2:00 p.m.

STUDENT COMPUTER AND EMAIL RESOURCES

Network access - Access to the UAMS network, including access to the Internet via the UAMS network, on-line reference and information resources provided through the UAMS Library, and other UAMS computing resources is, generally speaking, restricted to persons having a UAMS network account, i.e., a UAMS network domain logon id and password. All active UAMS students receive UAMS network accounts. Information about network accounts is provided to new students during the admissions process.

Everyone granted access to the UAMS network must review and sign the UAMS Confidentiality Agreement. Consult the UAMS Administrative Guide to review the confidentiality policy and agreement (<http://www.uams.edu/AdminGuide/index.html>). This requirement is dealt with during the admissions process.

Your UAMS network account is to be used only by you. Do not share your UAMS network logon identification and password. Sharing your network logon identification and password may be grounds for dismissal from the College. This is one of the provisions of the Confidentiality Agreement.

NETWORK ACCESS PASSWORDS

Passwords for UAMS network accounts must contain a minimum of eight characters and include three of the following four types of characters - lower case, upper case, numeric, and special characters (!@.,#\$\$% etc.). Network passwords may include spaces. Passwords should not be overtly based on personal information such as family members' or pets' names, birth dates, or similar information. Your UAMS network account password expires every 120 days.

You should register your password on the UAMS password registry portal at <https://uamsacctportal.uams.edu/> On the website you will first create a profile and then you will be able to register your password. Then, if you forget your password, you will be able to it up on the website. You can also use the website to change your password. You can also change it anytime you log onto the UAMS network.

Sharing your logon information or using someone else's logon information to gain access to the UAMS network or information systems violates UAMS policy and the UAMS Confidentiality Agreement. Never share your password with anyone. No legitimate organization will ever ask for your network password for any purpose. Change your password if you suspect any problems. If you suspect someone else has used your account notify the IT Security Department at 501-686-6207.

ACCEPTABLE USE GUIDELINES FOR STUDENT USE OF UAMS NETWORK AND COMPUTER RESOURCES

The UAMS network, computer labs, and other computing resources support the teaching, research, clinical care, and service missions of UAMS. Faculty, staff, and students are encouraged to use these resources as tools for work, learning, communication, and research. It must be recognized, however, that these resources serve a large number of users for a variety of purposes. The following guidelines describe acceptable and unacceptable uses of these resources. They are intended to foster use of these resources which is consistent with their intended purposes, and which is responsible, appropriate, efficient, and in accord with legal and ethical standards.

Appropriate and acceptable uses include:

- a) Use for UAMS course assignments or any project assigned by a UAMS faculty member.
- b) Use to facilitate UAMS research projects or other UAMS work-related projects.
- c) Communication with faculty, staff, and students at UAMS to share information.

- d) Communication with faculty, staff, and students at other universities for the purpose of exchanging educational or general information.
- e) Use of Internet access for personal information research and personal communication with others at UAMS and elsewhere is acceptable if such use is not excessive, does not interfere with use of resources for education or research, and does not violate any other acceptable use provisions or UAMS policies.

Unacceptable uses include but are not limited to:

- a) Use of Internet access or other resources for mass transfers of personal files or other materials or for any other personal purpose which consumes a large amount of network bandwidth or other network or computing resources is unacceptable.
- b) Unauthorized use of these resources by non-UAMS personnel.
- c) Use for any purpose that violates U.S. or state laws, including copyright laws. (See the Guidelines for UAMS Faculty, Staff, and Students Using Copyrighted Materials at <http://library.uams.edu/scholarly-resources/copyright-information/>.)
- d) Use which violates any other applicable UAMS policy.
- e) Downloading information from Internet sites to be used in committing a crime or for any purpose which can result in harm to others.
- f) Use for any commercial enterprise or for outside employment.
- g) Creation or propagation of computer viruses.
- h) Unauthorized entry into other computers or information systems.
- i) Use in a manner that interferes with or disrupts other users, services, or equipment.

Use of these resources for course assignments, education, research, and UAMS work-related projects has precedence over all other uses. Additional rules governing their use may apply in particular facilities.

As a member of the UAMS community you are also obligated to observe all UAMS policies relating to the use of network and computer resources. Consult the UAMS Administrative Guide at <http://www.uams.edu/AdminGuide/index.html> to review UAMS policies. See in particular...

- Confidentiality Policy
- Email Access and Usage
- Wireless Networking
- Access to Internet

Revocation of access - Violation of the Acceptable Use Guidelines or other UAMS policies may result in loss of your privileges to use the UAMS network and computing resources and/or disciplinary action by your department or college.

Internet access - Access to the Internet is provided through the UAMS network. Other than in particular cases, such as the public access PCs in the UAMS Library or guest access through the UAMS wireless network, you must log onto the UAMS network using your own UAMS network account in order to gain access to the Internet. Moreover, further restrictions may be enforced in clinical work areas or other areas in which more stringent security requirements apply.

Email - All students receive UAMS email accounts. Information about UAMS email accounts is provided to new students during the admissions and orientation process. Email services for UAMS students, faculty, and staff are provided through Microsoft Exchange and Outlook. You can access your email account via the web at <http://webmail.uams.edu/>. This requires that you sign on with your active UAMS network logon id and password

Emergency Notification – The UAMS Emergency Notification System is populated by mobile phone numbers entered into the UAMS Student Information System (GUS, at gus.uams.edu). Please be sure that your mobile number in GUS is correct and you will receive any campus emergency notifications on your cell phone. You can add up to 3 email addresses and mobile phone numbers to receive campus emergency

notifications by going to <http://www.getrave.com/login/uams>.

Clinical Information Systems - Access to clinical information systems is only available after appropriate training. Logon ids and passwords for access to clinical information systems will be made available to students when training has been completed.

Technical Support - For resolution of issues related to your UAMS network or email accounts, access to clinical information systems, and computer security provisions contact the UAMS Technical Support Center at 686-8555 or techsupportcenter@uams.edu. Technical Support Center staff will answer your questions or direct your call or request to the appropriate support personnel.

Computer labs - Computers for student use are available in several areas in the UAMS Library. Two of these areas are available for student use 24 hours every day. After-hours entry into these facilities is controlled by card-swipe controlled entrances. A current UAMS student id badge is required to enter. These facilities also incorporate door alarms and security cameras for additional security.

The computers in the Library provide access to the Library resources, the Internet, and Microsoft Office applications. A wide variety of computer-based educational resources and other software are also available through the Library Learning Resource Center.

Computer classrooms - UAMS educational facilities include several computer classrooms used for scheduled computer-based classes and exams. These computer classrooms are equipped with security provisions including card-swipe door access devices, door alarms, and monitored security cameras. Use of these facilities is scheduled through the Office of Academic Services and is ordinarily restricted to UAMS curricular activities or other UAMS-sponsored activities.

Use of Social Networking Sites – The use of Social Networking Sites, such as Facebook, Twitter, etc., can be important for communication. However, posting certain information, especially in health care settings, can be illegal and/or personally detrimental. Therefore, UAMS has instituted a policy on the Use of Social Networking sites. This information can be found in Appendix P.

CLINICAL COMPUTING PASSWORDS

As a junior and senior student, you will be assigned an ID and password to access the clinical computing systems in the various hospitals in which you will work. You will also be asked to sign a confidentiality agreement. It is imperative that you use your own ID and password when using these systems and it is likewise essential that you not give your ID and/or password to anyone else. As far as the law is concerned, signing onto the clinical database under someone else's ID/password is the same thing as signing someone else's name in a patient's record. It is a very serious breach of ethics, not to mention the laws governing clinical records. If you sign into these systems with someone else's password/ID, or if you "loan" your password/ID to someone else, it is grounds for dismissal from the College of Medicine.

NOTARY

Notary services are available to students in the Office of Academic Affairs at no charge.

UAMS POLICE DEPARTMENT AND PARKING OPERATIONS

The UAMS Police Department and UAMS Department of Parking Operations welcomes you to the University of Arkansas for Medical Sciences Campus.

This information has been designed to provide you with guidelines for parking and driving on Campus. These guidelines have been established to best utilize our facilities and maintain orderly parking and safe traffic flow. We appreciate your cooperation in observance of these guidelines and wish you the best in your UAMS endeavor.

By authority of the Board of Trustees, and in accordance with Act 328 of 1967, the rules and regulations for the operation and parking of motor vehicles on the Campus of UAMS, Little Rock, are binding on all members of the faculty, staff, student body, and others utilizing the lands owned or controlled by the University of Arkansas.

For the purpose of these regulations, the term motor vehicle includes public or private automobiles, trucks and buses, motorcycles, motor scooters, motor bicycles and any other motor-powered vehicle operating on land.

UAMS POLICE DEPARTMENT

The UAMS Police Department is focused on providing quality service and protection to all on or about the UAMS Campus. Officers of the UAMS Police Department are Certified Police Officers of the State of Arkansas under Act 328 of 1967 and possess full investigative and arrest powers.

The UAMS Police Department, in compliance with the “Student Right-to-Know and Campus Security Act of 1991”, compiles and distributes an annual security report. These reports are available and can be obtained by request from the UAMS Police Department. For current crime statistics please refer to the UAMS Police Department website: www.uams.edu/police to view the annual security report.

The UAMS Police Department provides 24 hours, 7 days a week service and can be contacted at 686-7777.

EMERGENCY PHONES

Assistance from the police department can also be summoned by pushing any call button on the numerous Emergency phones located throughout campus. The Emergency phones are indicated with solid blue or blue flashing light and provide a direct line to the police dispatcher. If you see anything suspicious or need assistance from an officer, please use one of these phones.

DRIVING REGULATIONS

All drivers on and about the UAMS campus area shall observe all the rules of the State of Arkansas pertaining to motor vehicle registration and operation including the special rules and regulations as stated below:

1. Yield the right of way to all pedestrians in campus crosswalks.
2. Maintain a safe speed at all times and at no time drive faster than posted limits.
3. Obey regulatory signs and barricades established by the UAMS Parking and Police Departments.
4. No vehicle will be operated on the campus without required safety equipment prescribed by the vehicle code of the State of Arkansas.
5. All drivers will observe and obey orders of the UAMS Police Officers while such officers are engaged in the performance of their respective duties. This includes rendering and producing identification and permits as requested.
6. All campus vehicle accidents will be reported to the UAMS Police Department, 686-7777.

UAMS DEPARTMENT OF PARKING OPERATIONS

Whether you are a student, staff member, faculty, patient or visitor, we are glad you are here. UAMS Parking Operations is committed to providing safe parking and quality assistance. Parking is a limited resource and to ensure that this resource can efficiently serve as many people as possible, we ask that you

observe all parking regulations on campus.

- The Department of Parking Operations can be contacted by phone at 526-PARK (7275) or by email at parking@uams.edu
- Parking Operations is located on the 2nd floor of the Distribution Center - Room 204
- Parking Office hours are 7:30 a.m. to 4:00 p.m. Monday through Friday.
- Additional information can be found on the Parking Operations Web Site <http://www.uams.edu/campusop/depts/po/>

ENFORCEMENT OF PARKING REGULATIONS

Parking regulations apply on all streets, roads, alleys, sidewalks, walkways, parking spaces, parking areas, and parking lots on or about the UAMS Campus. Penalties for violations include ticketing and fines, booting, towing, and revocation of parking privileges. Drivers are advised to not rely on hearsay or other unofficial sources when parking a vehicle on campus. If any doubt in legally parking a vehicle, contact the UAMS Department of Parking Operations.

The UAMS Department of Parking Operations, along with the assistance of the UAMS Police Department, is directly responsible for the enforcement of the regulations. Any person who refuses to accept a notification of violation issued by a duly constituted authority shall be in violation of these regulations. For questions regarding citations, please call UAMS Parking Operations at 526-PARK (7275).

APPEALS

An independent Parking and Traffic Committee has been delegated to serve as an advisory and appeals group supplementing the enforcement responsibilities of UAMS Parking Operations. Any person charged with a parking violation shall have the right to appeal to the UAMS Parking and Traffic Committee within seven (7) calendar days of the date of violation. An official appeal form can be found on the UAMS Parking Operations web site. The administrative charge for the parking violation will be postponed until the complaint has been heard and acted upon. The appeal form must be completed in its entirety and received within the Department of Parking Operations within 7 days, or it will not be reviewed.

PARKING REGULATIONS

1. Vehicles are considered parked when left unattended for any period of time
2. Lack of space is not a valid excuse for a parking violation
3. Parking lots are signed and parking in designated lots is allowed only to those vehicles with a current parking decal or an authorized parking permit for that particular lot
4. Vehicles will be parked within designated parking boundaries and in no case overlapping into or onto a roadway or crosswalk / Parking in any manner to impede the normal flow of vehicular or pedestrian traffic is not allowed
5. The University does not assume the responsibility for the care and protection of any vehicle or its contents while said vehicle is operated or parked on the campus area
6. The fact that a vehicle may not receive a violation notice while the vehicle is parked or operated in violation of any regulation does not mean or imply that the regulation is no longer in effect

NO PARKING ZONES

1. All posted areas
2. All areas marked with red or yellow paint -- solid or intermittent
3. All driveways; these will not be posted
4. Any part of a traveled roadway
5. Within 15 feet of any fire hydrant
6. Within 20 feet of any major intersection

7. Double parking is prohibited on any street and/or lot - authorized service vehicles of the university are exempt from this rule provided such parking does not constitute a hazard to traffic
8. All commercial load zones (zones will be utilized by commercial vehicles)
9. All sidewalks and/or crosswalks
10. All cultivated areas, grass or other growth

ADMINISTRATIVE CHARGES

The responsibility for charges incurred shall rest with the registrant, and in the event of the lack of registration, with the owner and/or operator of the vehicle in all cases (charges are subject to change without notification):

1. For failure to accomplish vehicular registration, and obtain proper permit within authorized period - \$25.00
2. Permits must be permanently affixed (per violation) - \$25.00
3. For moving violations (per violation) - \$30.00
4. Removal of boot - \$60.00
5. For parking in a handicapped space (marked) (per violation) - \$100.00
6. For all other violations (per violation) - \$25.00
7. Failure to remit or appear within seven (7) calendar days from date of notification of violation will subject the person receiving the notification of violation to an additional \$5.00 administrative charge.
8. Habitual violators of these regulations will be referred to a Dean or other administrative official for action deemed appropriate.
9. An accumulation of five (5) tickets without proper payment will result in the vehicle being booted. An additional \$60 boot removal fee will be assessed in addition to unpaid fines.
10. Failing to adhere to parking regulations could result in the vehicle being towed. Towing fees will be the responsibility of the registrant.
11. Visitors to the Campus are subject to these regulations. Persons operating a motor vehicle on this Campus in violation of institution rules and regulations or State Law may be summoned to appear before the Municipal Court of Pulaski County.

STUDENT PARKING

1. Students can purchase an evening decal that allows them to park on A-level of Parking 2 deck after 4:30 p.m. during the week, and anytime on weekends and UAMS observed holidays for \$21.00 per year. NOTE: Students may not enter A-level prior to 4:30 p.m. and must exit the deck prior to 8:00 a.m.
 - a. Free parking is available in Lot 1 (located on Markham Street with access off Hooper Drive) between 4:30 pm and 10:30 pm Monday through Thursday and on weekends (Friday at 4:30 pm through Sunday 10:30 pm). Vehicles without a permit should be off the lot prior to 7:15 am.
2. Free parking is also available any time at Ray Winder Field. War Memorial is available Monday through Friday excluding any previously scheduled events.
3. Students are subject to all parking regulations, enforcement and administrative charges. Failure to comply with regulations or to settle outstanding traffic penalties may result in the withholding of academic records.

PATIENT AND VISITOR PARKING

Students, faculty, and staff are not permitted to park in patient/ guest designated areas. If you are a UAMS student or employee and have a clinic appointment as a patient or are visiting a friend or relative receiving inpatient care, call 526-PARK (7275) or email parking@uams.edu and provide the information referenced

below prior to parking in a patient/visitor area. Following this process will prevent you from receiving a ticket.

1. Time of your appointment
2. Patient parking area
3. Make and model of the car
4. License plate number

There are three main parking areas for patients and visitors at UAMS.

Parking 1 is located under the hospital

Parking 2 is located on the north side of the UAMS complex

Parking 3 is located on the east side of campus across the street from the Outpatient Clinics, Cancer Institute and Stephens Spine Institute

Free parking is available at Ray Winder and War Memorial

All decks require customers to pay as they leave for the time they were parked. The prices are \$1.00 for the first hour and \$1.00 for each additional hour up to the maximum of \$7.00 per day. Patients and their visitors may purchase weekly parking pass at a discount of \$10.00 for 7 days.

PATIENT PICK UP

Patient pick-up will be allowed in front of the hospital, but persons picking up patients must first park in a visitor's area to do the paperwork, to get the patient released, etc. No parking will be permitted at the front of the hospital longer than to load the patient.

HANDICAPPED PARKING

Vehicles parked in Handicapped parking spaces must display a current disability license plate or placard issued by the State Department of Finance and Administration. A UAMS parking permit will also be required to park in handicap spaces located in controlled lots. To apply for a parking permit, the information referenced below is required and should be submitted to the UAMS Parking Office.

1. A completed UAMS Parking Application
2. Official hanging handicap placard or license plate
3. Driver's license
4. License plate number on car

MOTORCYCLES AND BICYCLES

Bicycles must obey all rules of the road. Bicycles parked in access ways, on sidewalks, in areas that may obstruct access, or any other improper locations will be subject to a citation and/or impounded.

Bicycles racks are available at Residence Hall, Ed II and Bio Med II Buildings.

Motorcycles and Mopeds can be parked on D-level of Parking 2, and east of the Family Medical Center. An appropriate decal must be displayed. If you have questions regarding bicycle or motorcycle parking, please contact the Parking Office.

FREE SHUTTLE SERVICE

Free Shuttle services are provided to and from Ray Winder and War Memorial to various locations around campus. Please see the Parking Operations website for current stops, routes, and times.

EXTRACURRICULAR ACTIVITIES

Regardless of how much you study, your medical textbooks can tell you only so much. There are ways of obtaining knowledge other than reading. Put your books down once in a while. The organizations and activities listed in these sections offer opportunities to students for some rewarding experiences that can bring color and excitement to the daily rigors of professional school studies.

RURAL MEDICINE STUDENT LEADERSHIP ASSOCIATION

The Rural Medicine Student Leadership Association (RMSLA) promotes the recruitment and retention of medical students with an interest in rural practice and works to build strong relationships with rural communities and practitioners. Subcommittees follow legislative activities related to rural health and also sponsor activities for pre-med majors in Arkansas colleges and universities. RMSLA meets monthly as a Learning Collaborative and hosts speakers from Arkansas rural communities and medical practices. For more information, contact Jessica Bursk, Program Education Manager, at JLBursk@uams.edu, 501-686-5260, or Tammy Henson-Platt, Rural Practice Administrator, at TAHenson@uams.edu, 501-686-5354.

SAC – STUDENT ADVOCACY COUNCIL

The Student Advocacy Council sponsors activities to reduce stress among medical students and seeks ways to make the lives of medical students easier. SAC members also watch for signs of student impairment due to drugs, alcohol, and depression, and intervene, when necessary, through confidential peer counseling and professional referrals. See the more complete description on page 66.

AAMC ORGANIZATION OF STUDENT REPRESENTATIVES

Organization of Student Representatives (OSR) of the Association of American Medical Colleges (AAMC). OSR representatives are elected by their class. The purpose of the OSR is to facilitate the interchange of ideas and concerns about medical education among students on both regional and national levels.

STUDENT NATIONAL MEDICAL ASSOCIATION

The Edith Irby Jones Chapter of the Student National Medical Association is primarily concerned with the needs and interests of students from groups underrepresented in medicine. The SNMA is dedicated to the development of a diverse student body through its support of recruitment and retention activities that increase the number of minority students entering and completing medical school and through its promotion and enhancement of medical education and services that are culturally sensitive to the needs of a diverse population. Membership is voluntary and open to everyone regardless of race or ethnicity.

OTHER ORGANIZATIONS

There are many other organizations available for students who are interested. These organizations are not officially part of the College, nor are they sanctioned by the College or supported financially by the College of Medicine, but students are free to join them and organize within them if they wish; these organizations include, but are not limited to: the American Medical Association Medical Student Section, the Arkansas Medical Society Medical Student Section, the American Medical Student Association, the Christian Medical Association, etc. Current medical student members will usually make these organizations known to incoming freshmen students.

STUDENT GOVERNANCE

The Associated Student Government (ASG) encompasses all students in good standing in the five colleges of the University of Arkansas for Medical Sciences, with the Director of Student Activities as an advisor. The ASG includes two medical students elected as representatives from each of the four classes.

The Student Council of the College of Medicine consists of two elected representatives from each of the four classes. The objectives of the Council include encouragement of social interchange among students and the promotion of good will between students, faculty, and administration (see the Constitution and by-laws of the College of Medicine Student Council in Appendix H).

PASTORAL CARE SERVICES

Chaplain Susan McDougal is the Director of the Department of Pastoral Care and Clinical Pastoral Education Training Programs at the University Hospital of Arkansas. This department offers pastoral care and counseling services primarily directed toward patients, their families, and staff persons. Students may call on the department for short term personal counseling and guidance needs.

The department also offers training in pastoral care and counseling in the form of a twelve-month residency program and a part-time internship. These Programs of Clinical Pastoral Education begin the first week of September each year.

A non-denominational chapel, The Samuel Moore Walton Memorial Chapel, is open every day from 6:00 a.m. to 8:30 p.m. for quiet prayer and meditation, and the hospital chaplains offer an inter-faith service each Sunday at 10:00 a.m. The chapel is located on the first floor of the hospital near the Lobby Café.

The Pastoral Care Department is open from 8:00 a.m. to 4:30 p.m. Monday through Friday. You may reach the Pastoral Care office at phone number 501-686-6888. An on-call Chaplain can be reached by calling pager number 501-688-2060.

ADDITIONAL RULES AND POLICIES

ADMINISTRATIVE POLICIES

ADDRESS AND RESPONSIBILITY FOR MAIL AND E-MAIL

It is the responsibility of each Student to make sure the Office of Academic Affairs of the College of Medicine always has his/her most up-to-date home address and telephone number. Students are responsible for all official mailings from the College. Likewise, all students are provided with a UAMS e-mail address and e-mail listservs and/or conferences are set up by the College as a mechanism to send notifications to students. Students are responsible for information sent out to them via their UAMS E-mail address and through these listservs and/or conferences. It is the responsibility of each student to check his/her e-mail account and/or conferences frequently. Campus policy on e-mail use is covered in Appendix K.

REGISTRATION

All full or part-time medical students are required by University policy to register prior to beginning an academic year. The registration process is a campus-wide function that is mostly accomplished through the GUS Student Information System, but that may include specific tasks that have to be completed in person. If you have any questions concerning the registration requirements, or how to accomplish some of the required tasks, please ask in the College of Medicine Dean's office.

FRESHMAN - As stated in the UAMS College of Medicine Bulletin, "Applicants accepted into the freshman class must appear for registration at the place and time prescribed. Failure to appear for registration at the appointed time will result in forfeiture of that individual's place in the class, they will be permanently withdrawn, and their position will be given to the next eligible alternate."

SOPHOMORES, JUNIORS AND SENIORS - All students must formally register. If personal circumstances preclude registration at normal times, special requests may be made to register at another time. If you wish to request to register at another time, the request must be made to the Campus Registrar's office.

A "late" registration fee may be assessed if you register at any time other than the normal registration period (early or late).

WITHDRAWAL

A. A student wishing to withdraw voluntarily from the College of Medicine shall submit a formal request to that effect, in writing on the Office of the University Registrar form, addressed to the Executive Associate Dean for Academic Affairs. Notification of withdrawal will be sent to the directors of the courses in which the student is enrolled with the effective date given. Withdrawal is a permanent separation from the College. Further, matriculation in the College following withdrawal requires readmission by the Admissions Committee. A completed UAMS Clearance Form should be submitted at the time of withdrawal. However, the absence of a completed Clearance Form does not affect the withdrawal.

B. A student withdrawing shall receive a "W" grade on his/her transcript for each course in which he/she is enrolled at the time of withdrawal.

VACATIONS

Preclinical students (freshmen and sophomores) - Classes are not scheduled on official UAMS holidays and the Friday after Thanksgiving. In addition, preclinical students receive a fall, spring, and winter break.

Junior Students - All juniors receive winter break and spring break, as well as Thanksgiving Day and the Friday and weekend after Thanksgiving. In addition, junior students will receive off all state holidays. Other holidays are at the discretion of the supervisor of the clerkship, or may be delegated to the responsible Resident on the service. The student is expected to assume in many respects, the role of a physician, and in so doing, to recognize the needs of patients for attention and the need of the service for coverage, regardless of weekends and holidays.

Senior Students - All seniors receive winter break. They are also off on NRMP Match Day (usually the third Friday in March). If they do not obtain a position in the NRMP Match, they also receive the four days off before Match Day, so called "scramble (SOAP) days", until they have obtained a residency position. In addition, M4 students enrolled in M3 clerkships or the required Geriatrics clerkship will receive off all state holidays. Other holidays are at the discretion of the supervisor of the elective or selective or may be delegated to the responsible Resident on the service. The student is expected to assume in many respects, the role of a physician, and in so doing, to recognize the needs of patients for attention and the need of the service for coverage, regardless of weekends and holidays.

INCLEMENT WEATHER POLICY

Medical students are expected to assume, in many respects, the role of a physician, and in so doing to recognize the needs of patients regardless of weather conditions. Even though freshmen and sophomores do not have clinical responsibilities, they must learn to anticipate poor weather conditions and make necessary arrangements to assure that they can be present for required class participation. Therefore, classes (including preclinical classes) and examinations are not canceled very often. However, the College recognizes the difference between attending a patient and attending a class and realizes that transportation problems result from inclement weather and hazardous road conditions. Therefore, the following policy shall be in effect on those days that inclement weather makes it very difficult to get to UAMS:

The UAMS campus has an inclement weather policy. If this policy is implemented, local radio and television stations will be notified. You may hear several different designations concerning UAMS: "Inclement Weather - All Areas Open" OR "Inclement Weather – Non-Essential Areas Closed" OR "Inclement Weather has been declared for UAMS", or something like that. For your purposes, they all mean the same thing. They mean that for students, the Inclement Weather Policy has been implemented and this College of Medicine policy has been activated. In addition, there is usually an announcement posted on the UAMS websites: <http://www.uamshealth.com/> and <http://www.uams.edu>.

2. When the inclement weather policy is in effect, all classes and examinations for College of Medicine freshmen and sophomores will be canceled for the remainder of that day.
3. Junior and senior students are not required to report for duty when inclement weather is declared unless the student has direct patient care responsibilities (serving as an Acting Intern on a service, for example). If there is any question as to whether a junior or senior student should report for duty, the student should contact his/her attending physician or supervising resident. Patient care should never be compromised. As soon as you start a clinical rotation during the part of the year when inclement weather is likely, you should discuss with your supervisors what you should do in case of inclement weather, and be sure to know how to reach them in the event you should need to do so.

Classes, examinations, and/or clinical duties that are missed due to weather may be rescheduled **at the discretion of the course or clerkship director**. These activities may be rescheduled at any time, including nights and weekends.

Students at the NW campus should discuss the Inclement Weather Policy for that campus in advance with the COM academic affairs staff in Fayetteville.

Probably the most important thing about being a physician is the ability to exercise judgment and to accept personal responsibility for your actions. You must exercise judgment with regard to the inclement weather policy. We can't predict every possible situation. If the inclement weather policy hasn't been put into place, and yet you still feel it would be dangerous for you to come to school, you should stay home. **HOWEVER, UNDER THOSE CIRCUMSTANCES, YOU MUST MAKE EVERY EFFORT TO CONTACT THE COURSE/CLERKSHIP DIRECTOR OR HIS/HER REPRESENTATIVE AND DISCUSS YOUR SITUATION.** You will need to work with the course/clerkship director to make up what you miss. If you have direct patient care responsibilities, you must ensure that your patients receive care.

EVENTS

The College of Medicine cannot and would not wish to prevent students from having an event or party and inviting whomever they wish. However, it is important to distinguish those events from official UAMS or College of Medicine sponsored events. Only events that comply with Administrative Guide policy 3.1.47 (UAMS Events Policy and Master Calendar Procedure) and 11.2.11 (Alcohol Possession and Use Policy) and events planned and executed by authorized officials of UAMS, can be said to be official UAMS and/or College of Medicine events. Students are not authorized to act as agents of UAMS or to represent themselves as an agent of UAMS (or the College of Medicine). In other words, if you reserve a facility to have an event, or even just have a party at your home, without first receiving permission from officials of UAMS and following all of the guidelines and receiving all of the permissions as defined in the Administrative Policies above, you may not reserve the facility or hold the event in the name of UAMS or the College of Medicine. You must personally assume all responsibility for that event, including any liability that might follow from that event.

STUDENT INSPECTION OF THEIR PERSONAL RECORDS

STUDENT RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

Policy: The Family Educational Rights and Privacy Act of 1974 (FERPA) affords all students in higher education institutions certain rights with respect to their education records. Some of these rights are only applicable to students over 18 years of age.

A. UAMS observes FERPA regulations through the following rights:

1. The right to inspect and review the student's education records within 45 days after the day that the University of Arkansas for Medical Sciences (UAMS) receives a request for access. A student should submit to the dean's office or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The College official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. This right refers to information that the student feels has been documented incorrectly and is not an avenue to challenge whether a grade or other form of evaluation is appropriate. A student should submit to the Associate Provost for Academic Administration a written request that identifies the information the student believes to be incorrect as well as the reasoning behind the perceived inaccuracies. The appropriate College official will make arrangements to review and, if necessary, correct the information in question.

The College will notify the student in writing of its decision and provide information regarding the student's right to a hearing regarding the request for amendment if that request was denied. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before the university discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

UAMS discloses education records without student prior written consent to university officials outside the college who have a legitimate educational interest in some or all of the information. A university official is a person employed by UAMS in an administrative, supervisory, academic, research, or support staff position. Generally, the UAMS officials who will have most routine access are those in Academic Affairs, Student and Employee Health, Campus Security, Student Affairs and Information Technology. Officials will have access to student PII only on an as needed basis, and not necessarily the entire student record. UAMS will also grant access to other university officials who require the information in order to fulfill his or her professional responsibilities as authorized by FERPA.

Other officials who may require access to some or all of the student record include officials at the University of Arkansas System, a person serving on the University of Arkansas Board of Trustees; or a student or faculty member serving on an official committee, such as a disciplinary or grievance committee. UAMS may also share student records with a volunteer or contractor outside of UAMS who performs an institutional service or function for which the university would otherwise use its own employees and who is under the direct control of the university with respect to the use and maintenance of PII from education records, such as an IT contractor, attorney, auditor, or collection agent or a student volunteering to assist another university official in performing his or her tasks.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by UAMS to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

5. The right to restrict disclosure of directory information. Directory information includes but is not limited to now or in the future, the student's name; address; telephone listing; UAMS electronic mail address; photograph; date and place of birth; major field of study; grade level; year in program, enrollment status (e.g., undergraduate or graduate, full-time or part-time); dates of attendance; degrees, honors and awards received; date of graduation, and the most recent educational agency or institution attended.

Directory information of students at UAMS is subject to public disclosure until and unless the student presents a signed Hold Directory Form (see page 171), indicating the he/she does not authorize such disclosure. The student must select RESTRICT on the form, sign and date it, and submit it to his/her respective dean's office. The restriction will remain in effect until the student signs a release.

B. Notification and Disclosures

UAMS will provide an annual notification to students regarding its FERPA policy and instructions on how to restrict the disclosure of directory information. UAMS reserves the right to disclose PII from students' records without consent for the following reasons, as outlined in FERPA regulations:

1. To other university officials, including teachers, within UAMS whom the university has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the university has outsourced institutional services or functions.
2. To officials of another school where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
3. To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university's State-supported education programs. Disclosures under this provision may be made, subject to requirements of 99.35 in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf.
4. In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid.
5. To organizations conducting studies for, or on behalf of, the university, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction.
6. To accrediting organizations to carry out their accrediting functions.
7. To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
8. Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))
9. To a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of §99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§99.31(a)(13))

10. To the general public, the final results of a disciplinary proceeding, subject to the requirements of §99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school's rules or policies with respect to the allegation made against him or her. (§99.31(a)(14))
11. To appropriate officials in connection with a health or safety emergency.
12. To parents of a student regarding the student's violation of any Federal, State, or local law, or of any rule or policy of the university, governing the use or possession of alcohol or a controlled substance if the university determines the student committed a disciplinary violation and the student is under the age of 21.

Procedure:

1. UAMS will release directory information for all students unless otherwise instructed by a student through a signed Directory Hold Form that restricts disclosure of information. It is the student's responsibility to complete and submit the signed form (see page 171).
2. A student may submit a hold directory information request at any time during the academic year; however, the request can only be honored for future publication and cannot be applied retroactively.
3. Each college will provide a copy of UAMS' FERPA Policy to all enrolled students on an annual basis.
4. Colleges will include the UAMS FERPA Policy in their Catalogs or Student Handbooks.
5. A student's acknowledgment of their responsibility to the information contained in the catalog or handbook serves as annual notice of UAMS' FERPA policies.

UAMS College of Medicine Specific Policy

The specific policy for student inspection of their personally identifiable records in the office of the College of Medicine is as follows. Should you have questions concerning this policy, please contact this office.

1. Academic records directly related to, and personally identifiable with, students are maintained in the College of Medicine Academic Affairs Office and in the Office of the University Registrar. These records include transcripts, grade records, records of academic progress and records of achievement.
2. Maintenance of the educational records is a responsibility of the Registrar and the Academic Affairs office in the College. The Dean, Executive Associate Deans, Associate Deans, Assistant Deans and administrative staff have access to these records for administrative purposes.
3. Students may examine their academic records by requesting an appointment with the Registrar. The appointment will be set at a mutually convenient time but usually within two weeks of the date of the request for an appointment. If the record the student wishes to see is a paper document maintained in the College of Medicine Academic Affairs office, a request can be made to the Office of Academic Affairs in that office.
4. Students may challenge the content of their records by submitting to the Dean of the College or Registrar a petition requesting a review of the records. Such petition shall designate the part of the records to be challenged with reasons for the challenge.

5. Upon receipt of a request by a student for amendment of the records, the Dean of the College of Medicine, designee, or Registrar will review the requested amendment along with supportive information furnished by the student. The student will be notified of the decision as well as subsequent rights of the student should the request for amendment be denied.
6. Copies of a student's medical school transcript will be provided only at the written request of a student.
7. Disclosure of Directory type information will comply with the policy described above.

USE OF STUDENT DATA FOR EDUCATIONAL RESEARCH

Many UAMS faculty members and staff are engaged in on-going efforts to monitor and improve the undergraduate and graduate medical school curriculum. In addition, our accrediting agencies expect the College to assess itself on an on-going basis and participate in the community of scholars, sharing what has been learned. The public dissemination of knowledge is one of the responsibilities of our profession. To this end, such things as test scores, faculty and preceptor ratings, clinical skills and other performance-based assessments, and follow-up surveys and evaluations, will be analyzed at times to address such questions. If the information is released publicly, it is only released in an aggregated form to maintain confidentiality. Individual students and residents are not identified. Personally identifiable information is kept confidential, and the privacy of students and residents is protected to the maximum extent allowed by law, as noted in the preceding sections of this Student Handbook. If you have any questions concerning this policy, please contact the College of Medicine Dean's Office.

WITHHOLDING OF GRADES AND TRANSCRIPTS

University of Arkansas Policy: The Registrar is authorized to withhold grades and transcripts and refuse registration to any student or former student who fails to return athletic, military, library or other University property entrusted to his or her care, or who fails to comply with rules governing the audit of student organization accounts, or who has failed to pay any fees, tuition, room and board charges, fines or other charges assessed against him or her by a University official or by the campus judicial system.

This policy does not apply to students or former students if the University has received from a bankruptcy court a notice and order that a bankruptcy petition has been filed in their behalf or that the debt has been discharged in bankruptcy. In the event that the notice for bankruptcy has been dismissed, the policy applies.

CARDIOPULMONARY RESUSCITATION (CPR)

Medical students are required to take the American Heart Association Basic Life Support for Healthcare Providers course and maintain a current CPR certificate while enrolled. **Only training by the American Heart Association will be accepted.** Proof of this training (an image of the card) must be uploaded into the Academic History section of the O2 system.

American Heart Association CPR certification is normally good for two years. Therefore, most students will have to recertify in CPR during their time in the College of Medicine in order to maintain CPR certification.

No formal classroom contact hours are included in the curriculum for instruction in CPR. Instead, it is the responsibility of each student to maintain CPR certification.

ADVANCED CARDIAC LIFE SUPPORT (ACLS)

Each student is required to be ACLS certified to graduate. A necessary prerequisite for the course is proof of current training in Basic Life Support by the American Heart Association (see above). For the convenience of the students, ACLS is included in the one-week senior “residency preparation course”, required of all seniors. However, some students may wish to become ACLS trained earlier. For example, some students may want to do a visiting senior elective at a school that requires ACLS training in advance of the elective. Students who must have ACLS training earlier in the year will have to make their own arrangements to take it early. The College's Department of Emergency Medicine offers several courses each year of 2 1/2 to 3 days in length. For the purposes of the graduation requirement, written documentation from an approved course off-campus will also be accepted. If a student wishes to take time off of a senior course to take the ACLS course, he/she must first obtain permission of the course director. There is no expense for a senior student to take the ACLS course here at UAMS, however, if he/she wishes to take it somewhere else, the student will be responsible to pay for the course.

OFF-CAMPUS COURSES

Senior students must take a four-week Acting Internship, a four-week Geriatrics rotation, and a one week “end of the year internship survival course” immediately after the 10th senior block. Remaining course work may be taken off-campus (in-state or out-of-state) with approval of the student's advisor, the appropriate departmental chair, and the Executive Associate Dean for Academic Affairs or designee.

Junior, sophomore, and freshman students must take all required courses at the UAMS College of Medicine (except for the junior rotation in Family Medicine, for which some students will go to Regional Program sites and those students assigned to the NW campus for the M3 and M4 years – see below). The Promotions Committee has the option of allowing a student to take a make-up course at another medical school when the student has failed a course at UAMS and an appropriate course, approved by the Course Director, is available, but the student must have written permission from the Committee prior to taking the course.

The majority of students in the College of Medicine will be assigned to mandatory rotations requiring them to live away from Little Rock for between four to twelve weeks, and sometimes longer, depending on individual circumstances and faculty decisions regarding curriculum. These off-campus experiences usually take place in the third and fourth year of the curriculum.

The College of Medicine also uses UAMS Northwest, our regional medical campus in Fayetteville, Arkansas, for student training during the M3 and M4 years. The minimum number selected for the NW campus will be based on the increase in number of students admitted for this purpose and the maximum is dependent on capacity at UAMS NW. Students will be selected in the M1 year through a process of open enrollment for volunteers, followed by a lottery system to either fill the list to the minimum, or reduce the list to the maximum, whichever may be necessary. Students selected for the NW campus will complete the first 2 years in Little Rock at the main campus and then move to Fayetteville for the M3 and M4 years. A budget modification will be allowed to receive financial aid for moving expenses.

INTERNATIONAL ELECTIVES

Several students from U.S. medical schools have been injured while doing international electives. Normal health insurance that covers you while in the US may not cover you while traveling to a foreign country. Even if it covers your medical expenses, it may not cover things like flying you to the nearest hospital that can care for you properly, bringing you back to this country if you are injured (repatriation), etc. While UAMS students doing international electives are not required to do so, if you are going on such a trip, we strongly urge you to purchase international medical assistance coverage/insurance. Many companies sell international travel insurance that can cover you for things like emergency evacuations, health insurance effective in other countries, etc. If you need help in finding such insurance, the COM Office of Academic Affairs can help you.

As citizens or permanent residents of the United States, it is your right to travel from the US to any country as long as you comply with the laws of the United States and the country to which you will travel. However, the College of Medicine does not feel that it can endorse or encourage travel by our students to unsafe parts of the world. Therefore, the College of Medicine will not give academic credit for rotations taken in countries ranked 3 or 4 on the State Department's Travel Advisory list (<http://travel.state.gov/>). If you wish to visit a country ranked 2 on this list, please consult one of the Academic Affairs deans before making those arrangements. If you go to one of the level 3 or 4 countries, you are going on your own, against the advice of the UAMS College of Medicine, and any medical rotations you take there will simply be for your own "enjoyment" because no academic credit will be given (an exception can be arranged for someone who is from one of these countries and is willing to sign a waiver of liability – See the Academic Affairs Office). It should also be pointed out that this same web site is an extremely good resource for students traveling to any country and we encourage all students to check the State Department travel web site any time they are traveling outside of the United States.

Students should also check the CDC web site for infectious disease information on the country to be visited. Any student traveling to another country should consult with the UAMS Travel Clinic (housed in the Family Medicine Clinic) to discuss infectious disease risks, immunizations, and other issues about health concerns. If the student is going to a high-risk area for HIV, then they should consult with someone in the Infectious Disease Division in the Department of Medicine about whether or not to carry prophylactic medication on the trip. The Office of Academic Affairs in the Dean's office will be happy to assist students in contacting physicians in the Infectious Disease Division.

A new wrinkle in international travel has to do with changes to US Export Regulations, which deals with our students taking data or tech overseas. Before you register for, or participate in, any overseas rotations, you must read the Export Control regulations in Appendix V.

CREDIT FOR ACADEMIC WORK TAKEN FROM THOSE NOT HAVING UAMS FACULTY APPOINTMENTS

Students must take all required and elective courses from UAMS faculty at UAMS, ACH, LRVAH, Regional Program sites, the NW campus, or other affiliated institutions unless given prior written permission to take a course elsewhere. Requests for other courses must be approved as evidenced by signature of the appropriate Departmental Chair and/or the Executive Associate Dean for Academic Affairs, or designee, **before** the student begins the course. The document is placed in the student's file for validation of credits earned, should such verification be requested by any accrediting agency at a subsequent time. Many elective sites in the US now use the Visiting Student Application Service (VSAS – see the Academic Affairs office) provided by the AAMC. Request for retroactive approval of a course will not be accepted.

THE AMERICANS WITH DISABILITIES ACT

UAMS and the College have policies in place for students with disabilities. If you would like to discuss any issue related to disability or accommodation, please contact College of Medicine specific contacts are in the Academic Affairs Office. James Graham, M.D., the Executive Associate Dean for Academic Affairs or Sara Tariq, M.D., the Associate Dean for Student Affairs. Students may also discuss these issues with Ms. Michelle Zengulis, the campus ADA coordinator; her office is in the UAMS library. All students must be able to comply with the “Technical Standards” of the College with or without reasonable accommodations. When a student submits a request, the College will work with the student to arrange reasonable accommodation. The campus policy on accommodations can be found in Appendix T below.

POLICY ON ACTIVE-DUTY STATUS

Students enrolled in the UAMS College of Medicine, who are members of military reserve or National Guard units and who are called to active military duty as a result of the activation authorized by the President of the United States may elect one of the following options:

A. The student can officially withdraw from the College and receive a full adjustment and refund of tuition and non-consumable fees for the term involved. A copy of the activation orders must be attached to the official withdrawal form for the student to obtain the full tuition and fee adjustment and refund. Students electing this option will not receive credit for any courses for the semester involved; however, the academic record will indicate enrollment until the official date of withdrawal.

B. The student can request a military leave of absence from the College. Students electing this option will not receive credit for any courses for the semester involved. When the student returns, he or she will re-enter school at the beginning of the semester from which he/she left. No tuition would be refunded; however, tuition paid for the year in which the leave is taken would be applied to the year in which the student returns. Therefore, if tuition had been paid for the entire year, the student would only be charged any increase in tuition plus fees.

C. If the student must leave the College after the third test round of a semester, **at the discretion of the course director** (that is, if the course director feels that sufficient information has been obtained about the student to allow a final grade to be assigned), the student may be assigned a final grade in the course(s). This grade would then be reported on the transcript as the final grade and the student would not have to repeat the course when he/she returns. Approved December 2, 1990, by the Executive Committee

COMBINED M.D./PH.D. PROGRAM

Physicians who do research fill an important niche in academic medicine, combining research and patient care. Specialized training in biomedical research and in clinical medicine prepares the student for this highly rewarding career. The M.D./Ph.D. program at the University of Arkansas for Medical Sciences has been developed to respond to the need for biomedical scientist-clinicians trained in multiple medical and scientific arenas. M.D./Ph.D. scientists differ from basic scientists in that their in-depth clinical training, combined with biomedical research training gives them a unique perspective with which to view medical problems.

PROGRAM DESCRIPTION

Six to eight years of academic study are essential to complete the rigorous requirements of the M.D./Ph.D. program. Admitted students become part of the Interdisciplinary Biomedical Sciences Graduate Program. Students in the program complete the first two preclinical years of the College of Medicine program. Summer research rotations to identify a research mentor and laboratory are required. As early as possible, students select a mentor-advisor and select to take specialized training in an IBS Interdisciplinary Track. Any faculty member of the UAMS Graduate Faculty is eligible to serve as a major advisor as long as the faculty member is a member of an IBS Interdisciplinary Track and has an active, funded research program, subject to approval by the M.D./Ph.D. Director and the Dean of the Graduate School.

Credits earned in most of the preclinical basic science courses in the College of Medicine are eligible to be accepted toward the Ph.D. program. Although there may be additional track-specific course requirements and the student's major advisor and/or doctoral advisory committee may require additional courses, the emphasis during Ph.D. portion of training will be on research training. Students spend two to four years in research training before completing the last two clinical years of the Medical College curriculum. Both M.D. and Ph.D. degrees are conferred on graduation.

The research-training portion of the program is individually tailored to personal career goals and includes advanced course work, original research under the direction of a faculty advisor, the Ph.D. candidacy examination, a dissertation, and defense of the dissertation. Before re-entering the Medical College for the last two years of the M.D. portion of the curriculum, permission from the dissertation committee must be obtained. The curriculum for the final two years of the program includes required and elective clinical courses. Senior research electives may also be taken to complete graduate work.

ELIGIBILITY

The M.D./Ph.D. program is offered to a limited number of qualified students who have an exceptional potential for research. Any student applying to the College of Medicine may apply for this program. In addition, freshman or sophomore medical students may apply. Enrollees are required to pass Step 1 of the United States Medical Licensing Examination at the conclusion of the sophomore year in order to begin full-time study in the Graduate School. Graduate Record Examination (GRE) scores will not be required for admission to the Graduate School. MCAT scores will be submitted for evaluation purposes.

FINANCIAL SUPPORT

Each year, institutional scholarships/loans will be awarded by the College of Medicine to students entering the combined M.D./Ph.D. program. This scholarship/loan will be equal to the amount of tuition for each year of the medical school curriculum. Year to year renewal of the scholarship/loan will be contingent upon satisfactory academic progress. Satisfactory academic performance includes maintaining a grade point average of 3.00 or better and passing of Step 1 of the USMLE. During the graduate phase of the program, a stipend and graduate tuition will be provided for each

student.

Freshman and sophomore medical students applying to this program will similarly be eligible to receive a scholarship/loan for the remaining years of the medical school curriculum, as well as graduate tuition and a stipend during the graduate portion of the program.

Scholarships/loans awarded under this program are converted to grants and are forgiven upon successful completion of the M.D./Ph.D. program. If a student fails to complete the program (e.g., due to poor scholarship or a change in career choice), the scholarships/loans with interest will become due and payable within six months following withdrawal from both the College of Medicine and the Graduate School; or if the student withdraws from the M.D./Ph.D. Program, but remains enrolled in either the College of Medicine or the Graduate School, within six months following the student's completion of residency or postdoctoral training following the successful completion of the M.D. or Ph.D. degree. The interest will be at the maximum rate allowed by Arkansas law, or the federal discount rate plus 5% per annum, whichever is the lesser, the interest to accrue from the date(s) of registration for the appropriate academic year(s) for which the M.D./Ph.D. Program provided tuition for the College of Medicine. Additional information is specified in the UAMS Combined M.D./Ph.D. Program Scholarship Contract.

HOW TO APPLY

Contact Dr. Robert McGehee, Director, M.D./Ph.D. Program or the College of Medicine Admissions Office. An M.D./Ph.D. application form should be completed and submitted before November 1 for entry the following year.

NON-DISCRIMINATION STATEMENT

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs

Subject: Non-Discrimination Statement

Number: 2.1.3

Date Approved (Council of Deans, Provost): January 15, 2014, Date Effective: January 15, 2014

Last Review/Revision: April 27, 2021

Next Review/Revision: April 27, 2023

Policy Statement: It is the policy of the University of Arkansas Medical Sciences and all of its affiliated colleges and organizations not to engage in discrimination or harassment against any person because of race, color, religion or creed, sex, gender, gender identity, pregnancy, national or ethnic origin, non-disqualifying disability, age, ancestry, marital status, sexual orientation, veteran status, political beliefs or affiliations, and to comply with all federal and state non-discrimination, equal opportunity and affirmative action laws, orders and regulations, including remaining compliant and consistent with the Civil Rights Act; the Americans with Disabilities Act; the Rehabilitation Act of 1973; and Title IX of the Education Amendments of 1972.

A student having a complaint concerning terms and conditions of their student status or experience with UAMS is encouraged to present this matter to and discuss it with, the person in charge of that part of the university where the issue arises (e.g., Course Director, Department Chair, Associate Dean for Academic Affairs, Dorm Director, etc.). The person in charge shall attempt to resolve the complaint and may take

interim steps if deemed necessary. A complaint may, but need not, become a grievance. Such presentation and discussion shall be entirely informal. However, if the matter involves sexual misconduct or sexual assault, it will be handled pursuant to UAMS Title IX Policy 3.1.48.

If informal dialog does not resolve the issue, and the student believes that he or she has encountered a policy, procedure, or practice that constitutes discrimination, he or she should contact the Administrator at his/her respective college, who is specifically designated to assist students in the matter of filing a grievance through the UAMS Student Grievance Procedures process.

Academic, disciplinary, administrative action and grievance procedures are presented in the student handbook of each college. Copies are available both online and through the respective Associate Dean's offices responsible for student/academic affairs.

Actions on the part of any employee or official of the University contrary to this policy will be addressed promptly and appropriately, according to 2.2.1 Grievance Procedure for Alleged Discrimination.

POLICY ON APPEARANCE/DRESS

The College of Medicine does not have a dress code of its own. We believe it is enough to point out that our students are in a professional school to become physicians, and the need for appropriate dress and appearance should be self-evident. Patients and standardized patients expect professional attire to be worn by physicians and medical students. In some freshmen and sophomore courses, professional attire will be required during certain classes. In these instances, the course director or course coordinator will provide the students with reminders when professional attire is required. Each clerkship director will inform the students of the appropriate attire during their rotation on the clerkship.

As stated above, the College does not have a separate dress code. However, in order to train students to become physicians, it is necessary to assign them to various clinical sites, such as hospitals, physician's offices, clinics, etc. These health care facilities may have dress codes or policies on appropriate appearance (such as the prohibition of certain types of tattoos, piercings, clothing, etc.). Because the use of these health care facilities is a part of the curriculum and essential to medical education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or learning experiences. Students may not request facility assignments in an effort to avoid such dress/appearance policies. Students may not refuse to participate in training in these facilities because they do not want to comply with the facility's dress/appearance policies. Students who fail to attend assigned training or who are terminated from training in these facilities because they violate dress/appearance policies will be unable to complete the college requirements for graduation and will be subject to dismissal from the College of Medicine on academic grounds. – Approved 1/28/2008

PROMOTION INTO THE SENIOR YEAR

Students must successfully complete all junior clerkships before graduation. Students who fail a single junior clerkship are usually allowed to take the clerkship over at the beginning of their senior year but may take the repeat clerkship later in the senior year. Students should be aware that some away electives may require all junior clerkships be completed before they will allow a student on that elective. Students, who have not completed all junior clerkships as a result of a leave of absence, or for any other reason, must take their remaining junior clerkships during their senior year.

SENIOR YEAR GRADUATION REQUIREMENTS

The minimum senior year requirement for graduation is satisfactory completion of 34 credit hours. In addition, the faculty requires that part of this 34-hour requirement be made up of specific required courses. Details of these requirements, and other requirements for the senior year, are given to all junior students in a “Senior Handbook” and are available at any time in the Office of Academic Affairs.

POLICY ON PRE-CLINICAL ELECTIVE CREDIT DURING THE M1 AND M2 BREAKS

College of Medicine students who participate in organized preceptorships or research activities, which have been determined appropriate for credit, during the summer between the first and second or second and third years of medical school can receive up to a total of four credit hours for the activities. (A credit hour on such an activity will be equal to 36 hours of actual work, not prep time – or a credit hour per week for full time activities). The activities must be organized by the College of Medicine or the UAMS regional program office; they must be part of an organized program with written goals and objectives, and the student must receive an evaluation.

The determination of whether or not the activity is worthy of credit hours will be made in advance. The director of the program must submit the course description to the College of Medicine curriculum committee for approval. To qualify for credit, there must be an unusually stringent academic component to the activity, and the activity will have been planned specifically to qualify for this credit by the director of the program. Once approved, the COM Curriculum Office and Academic Affairs office will be notified. Ad hoc preceptorships and/or research activities arranged by the student or groups of students will not qualify for this credit. In general, a simple preceptorship where the student is assigned to a clinician or researcher and observes them on rounds, in the clinic, or in the laboratory, will not be considered appropriate for credit. For example, the preceptorships available through the regional programs in the summer will not be eligible, nor will summer research positions arranged through the office of the Executive Associate Dean for Research. Time preparing for the USMLE Step examinations, even if done at a Board Preparation Course, will not qualify for this Pre-Clinical Elective Credit.

If there is any question as to whether a specific activity is eligible for this credit, the student should contact the office of the Executive Associate Dean for Academic Affairs or designee. No guarantees of credit are made unless approved in advance by the curriculum committee with notification to the Academic Affairs office.

If a student takes part in such an approved activity, the director of the program will be responsible to report the students’ involvement to the College of Medicine Dean’s office in an official evaluation with a pass/fail grade. These grades will not become part of the student’s transcript at the time the activity is done but will be recorded in their permanent record and added to their transcript in the senior year. Failing grades will obviously receive no credit. A record will be made of the student’s involvement along with the number of credit hours earned. The credit hours will be applied during the student’s senior year.

(Approved by the Curriculum Committee, Fall 2012)

CLEARANCE FORM FOR GRADUATING SENIORS

It is the responsibility of the senior student to contact a number of offices prior to graduation and to complete any unfinished business. After all course work is complete and prior to graduation, signatures from authorized checkout personnel must be obtained. A checkout form will be available from the Registrar through the GUS system. The campus cannot release a transcript, diploma, or any other document indicating graduation and the receipt of the degree "Doctor of Medicine" until the student has completed all requirements of the College for graduation and has completed the GUS clearance process.

HONORS CONVOCATION AND COMMENCEMENT

The faculty of the College of Medicine has determined that attendance at Honors Convocation and Commencement is required of all graduating students. Any student having what they feel to be a sufficient reason to miss either of these events must present a petition in writing to the Executive Associate Dean for Academic Affairs, or designee. If the events are missed due to illness or accident, documentation will be required.

MEDICAL POLICIES

TUBERCULOSIS CONTROL PROGRAM AT UAMS

Working in a hospital entails an occupational hazard of contracting tuberculosis due to inadvertent exposure to a person with unrecognized tuberculosis. Such a new infection has a 5-10% chance of progressing to actual tuberculosis. For this reason, all new students must be tested and those who give a reaction of greater than 9 mm must be re-tested in 10-14 days with the same dose in order to detect all positive reactors. All reactors must have a chest x-ray to confirm active tuberculosis.

All tuberculin negative persons must complete a TB screening questionnaire annually. See also the Campus TB policy in Appendix S.

NEEDLE STICK POLICY

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs
STUDENT NEEDLE STICK/SHARPS INJURIES AND BLOOD/FLUID EXPOSURE

Number: 1.4.1 Date Approved (Council of Deans, Provost): November 7, 2012

Date Effective: November 7, 2012

Last Review/Revision: September 12, 2022

Next Review/Revision: September 12, 2024

PURPOSE

This document outlines the policy and procedures to follow when a student experiences a needle stick/sharp injury, blood/body fluid exposure when fulfilling requirements of a University of Arkansas for Medical

Sciences education program. Regardless of where an incident occurs, students should be evaluated IMMEDIATELY. If indicated, chemoprophylaxis should be started as soon as possible, ideally within 2 hours.

SCOPE

All students enrolled in University of Arkansas for Medical Sciences education programs.

POLICY

All students who experience a blood/body fluid exposure while carrying out clinical/experiential requirements of their education program should be evaluated for the need for chemoprophylaxis and monitoring regardless of the type of exposure or risk status of the source patient. Procedures for students who suffer parenteral (e.g., needle stick or cut) or mucous membrane (e.g., splash to the eye, nose or mouth) exposure to blood or other body fluids, or who have a cutaneous exposure involving blood or prolonged contact with blood— especially when exposed skin is chapped, abraded, or afflicted with dermatitis -- are described according to the practice site location where the incident occurs.

- For incidents that occur at the UAMS Medical Center, the applicable policy, HR.4.01, may be found in Compliance 360.
- For incidents that occur at **OFF-CAMPUS** locations, the site-specific procedures for handling a needle stick or blood/body fluid exposure as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general requirements for notification, evaluation, and documentation are outlined.

Reporting

UAMS students will follow all procedures detailed in the UAMS policy HR.4.01 located in Compliance 360. The central points for students who experience a parenteral, mucous membrane, or cutaneous exposure to a blood/body fluid are:

1. All students, regardless of location, should report the incident IMMEDIATELY to their clinical supervisor or instructor, appropriate college administrator and the Preventive Occupational Environmental Medicine Clinic (POEM – open from 8 a.m. to 4:30 p.m.) at 501-686-6565. After hours, weekends and holidays, exposed individuals should contact the POEM Clinic on-call nurse at 501-398-8636 for evaluation.
2. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment should be started as soon as possible, ideally within 2 hours to be effective; therefore, students should seek evaluation and treatment IMMEDIATELY.
3. Students should familiarize themselves with local procedures for needle sticks, splash and other injuries. Some sites may require site-specific training prior to the student entering the facility. However, if this information is not covered, students should educate themselves regarding local procedures.
4. Complete the UAMS Incident and Injury (I&I) Report form available at <http://www.uams.edu/campusop/depts/ohs/forms/accident.aspx>
 - a. Information about the source patient shall be documented on the Incident and Injury (I&I) report form by the nursing supervisor or his/her designee from which the source patient is receiving care. The I&I form shall accompany or be forwarded to the student to SEHS or the ED at the time of the initial evaluation.
 - b. It is the responsibility of the clinical supervisor or instructor to make sure that all information relevant to the incident has been completed on the I&I form and the student has called POEM Nurse for triage.

- c. It is the responsibility of the Nursing Supervisor or designee to record all information regarding the source patient on the I&I report form, notify either SEHS or the ED with the risk factors for HIV and ensure that orders are written for lab work on the source patient's chart.

Students who perform tasks that may involve exposure to blood and body fluids are required to complete annual blood borne pathogen training and have on file with Student and Employee Health a reactive Hepatitis B titer. The training compliance will be tracked through UAMS My Compass.

Post exposure Prophylaxis with Antiretroviral Agents: Under certain circumstances, it is recommended that individuals exposed to HIV through injury, etc., be offered combinations of anti-HIV medications for four weeks while surveillance laboratory monitoring is taking place. This process will be coordinated through Student/Employee Health (SEHS) and the POEM clinics, so it is important that any such exposure be reported to SEHS as quickly as possible.

Billing: Students who have a blood/body fluid exposure shall be evaluated by POEM Clinic/SEHS or the Emergency Department (ED) and are required to complete an I&I Report form. All UAMS students are required to maintain a health insurance policy, which will be billed for services related to evaluation, treatment and monitoring. Deductible and co-pay costs not covered by the student's health insurance policy will be the responsibility of the student's primary college. Insured students will bear no out-of-pocket expenses.

In cases where a person is both a student and an employee, the role the person was fulfilling at the time of the incident will determine billing, so that if the person was carrying out student requirements, rules governing billing of care related to students will be in effect. If the person was carrying out employment related duties, the UAMS Medical Center employee policy will be applied.

References

UAMS Medical Center Policy, Number: HR.4.01, Needlestick/Sharps Injuries and Blood/Body Fluid Exposure, UAMS Administrative Guide, University of Arkansas for Medical Sciences Employee/Student Injury and Incident Report,

Form: <http://www.uams.edu/campusop/depts/ohs/forms/accident.aspx>

POLICY ON TESTING PATIENTS FOR HIV (Policy HR 4.01):

The UAMS College of Medicine and the UAMS Medical center comply with CDC guidelines and Arkansas laws with regard to drawing blood on patients to test for HIV or other infections following a mucosal splash or needle stick injury. Refer to HR 4.01 for information on the most recent policy.

STUDENT PARTICIPATION IN INVASIVE PROCEDURES

The University of Arkansas College of Medicine has an official policy concerning the protection against occupational exposure to Hepatitis Virus and Human Immunodeficiency Virus (HR.4.02):

"Since a medical history and examination cannot reliably identify all patients infected with HIV, Hepatitis B, or Hepatitis C, or other blood borne infections, "Universal/Standard Precautions" when handling blood

and body fluids shall be consistently used for all patients. Students, residents and employees (hereafter known as health care worker) shall not be permitted by their supervisors to draw blood or perform invasive procedures until their skills have reached a satisfactory level of proficiency."

The College of Medicine has taken this to mean that freshmen, sophomore, and junior students are not permitted to draw blood or perform invasive procedures on patients who are known to be positive for HIV, Hepatitis B, or Hepatitis C. However, the greatest risk to students is probably from patients who are positive for one of the above, but are not yet known to be so. This is why we stress Universal Precautions. Information on Universal Precautions will be presented to you at several times in the course of the curriculum, but if you ever have any doubts, ask! It is up to the clerkship director, and/or the student's direct supervisor on a rotation to determine if a senior student has reached the appropriate "level of proficiency" to allow the student to perform invasive procedures on patients with known HIV, Hepatitis B, or Hepatitis C infection.

POLICY ON STUDENTS KNOWN TO BE INFECTED WITH A BLOOD BORNE PATHOGEN

Policy of Non-Discrimination in Admission and Retention of Students who are known to be infected with a Blood Borne Pathogen (with or without symptoms)

(This policy is does not relate to needle sticks or other contact with potentially contaminated body fluids. For guidance in those situations, refer to UAMS Medical Center Policies HR.4.01 and HR.4.05.)

Purpose

To provide guidance regarding management of students at the College of Medicine (COM) of UAMS who are infected with a blood borne pathogen ("infected students"). These agents include but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis C (HCV) and Hepatitis B (HBV). Each of these viruses is treatable with antiviral agents and suppression of the viral load is the goal of therapy.

Policy

The COM has a commitment to provide the following:
Protection of the individual rights of all members of the COM.
Education for all students and the COM community about blood borne diseases.
A humane response to those with a blood borne disease.
Reasonable precautions in order to maintain a safe environment on campus.

This policy is consistent with state and federal laws and has been developed with guidance from various national organizations and academic health care institutions, such as the *Centers for Disease Control and Prevention*; the *American College of Health Associations*; and the *American Public Health Association*. The Society for Healthcare Epidemiology of America (SHEA) has published guidelines for management of healthcare workers who are infected with Hepatitis B virus, Hepatitis C virus, and/or Human Immunodeficiency Virus. (*Infection Control and Hospital Epidemiology* 31:203-232, 2010). This policy is also in compliance with recommendations from the CDC for health care workers and students with Hepatitis B virus, the most communicable of these viruses (*MMWR* 61 (No. RR-3):1-12, July 6, 2012).

Definitions:

Blood Borne Pathogen is an agent that is transmitted via blood and body fluid route. Most often HIV, HBV, and HCV are involved but other pathogens might include malaria, syphilis, human T-cell lymphotropic viruses, certain hemorrhagic fever viruses, or leptospirosis.

Blood Borne Disease is an infection known to be transmitted by blood, including but not limited to pathogens or agents as HBV, HCV, and HIV. Three factors must be present for transmission of these viruses in the health care setting. First, the health-care provider must be sufficiently viremic (i.e., have infectious virus circulating in the bloodstream). Second, the health-care provider must have an injury (e.g., a puncture wound) or a condition (e.g., non-intact skin) that allows exposure to his/her blood or other infectious body fluids. Third, the provider's blood or infectious body fluid must come in direct contact with a patient's wound, traumatized tissue, mucous membranes, or similar portal of entry during an exposure-prone procedure. The vast majority of HBV-infected health-care personnel pose no risk for patients because they do not perform activities in which both the second and third conditions are met. (MMWR 61 (No. RR-3):1-12, July 6, 2012).

Exposure Prone Invasive Procedures (EPIP) include those in which access for surgery is difficult or those in which needle stick injuries are likely to occur, typically in very closed and un-visualized operating spaces in which double gloving and the skin integrity of the operator might be compromised. These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, vaginal deliveries, and major oral or maxillofacial surgery. Techniques that have been demonstrated to increase the risk of provider percutaneous injury and provider-to-patient exposure include digital palpation of a needle tip in a body cavity and/or simultaneous presence of a health care provider's fingers and a needle or other sharp device or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site. EPIPs are not ordinarily performed by students fulfilling the functions of a medical school education and should not be performed by students with a blood borne pathogen regardless of viral load unless otherwise instructed by the expert panel described below.

All Other Invasive and Noninvasive Procedures include those that pose low or no risk for percutaneous injury to a health care provider or, if a percutaneous injury occurs, it usually happens outside of a patient's body and generally does not pose a risk for provider-to-patient exposure. These include surgical and Ob /Gyn procedures that do not involve techniques for EPIPs as well as the use of needles or other sharp devices when the health care provider's hands are outside a body cavity (e.g., phlebotomy, placing peripheral and central intravascular lines, administering medication by injection, performing needle biopsy, or lumbar puncture). Also included would be dental procedures other than major oral or maxillofacial surgery, insertion of tubes (e.g., nasogastric, endotracheal, rectal or urinary catheters), endoscopic or bronchoscopic procedures, internal examination with a gloved hand that does not include the use of sharp devices (e.g., vaginal, oral, and rectal examination), and procedures that involve physical touch (e.g., general physical or eye examinations or blood pressure checks).

General Guidelines and Procedures

Non-discrimination: In compliance with Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, students living with blood borne diseases are to be treated like anyone else having a "disability" for purposes of admission and retention by the COM. The COM is committed to non-discrimination of disabled individuals and makes reasonable accommodations to enable them to complete their medical education. The COM has determined that students with suppressed viral load for HBV, HCV, and/or HIV may participate (as described below) in all activities other than EPIPs. For students without suppression, the COM will make reasonable accommodations in the M.D. degree program for infected students so that they will be able to complete requirements for an M.D. degree. All students must meet the "Technical Standards for Admissions" detailed in the Annual Announcements and Curriculum (Bulletin) of the COM.

Screening for Blood Borne Pathogen Infections: The COM does not mandate testing for any student. However, the COM does encourage voluntary testing¹, because early identification of infection may minimize its transmission and allow early treatment which may prolong life expectancy and enhance quality of life.

Health of the Student: A student with a blood borne disease must report the infection to the Executive Associate Dean for Academic Affairs (or designee) for an evaluation. The student then must have physician for medical follow up as part of his/her medical care. The cost of laboratory or medical studies would be the responsibility of the student as would any medical illness during medical school. The student would be responsible for having the reports of laboratory or medical studies supplied to the Executive Associate Dean for Academic Affairs (or designee). The SHEA recommendations will be followed by the COM until or unless modifications by this body or the CDC are forthcoming. Students infected with HBV, HCV, and/or HIV must follow standard precautions including double gloving for procedures known to compromise glove integrity.

For students with HBV viral load of less than 5×10^3 GE (Genomic Equivalents) per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee).

For students with HBV viral load of greater than 5×10^3 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

For students with HCV viral load of less than 5×10^3 GE per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee).

For students with HCV viral load of greater than 5×10^3 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

For students with HIV viral load of less than 5×10^2 GE per ml, no restrictions (other than EIPs as above) apply as long as testing is performed twice a year and reported to the Executive Associate Dean for Academic Affairs of the COM (or designee).

For students with HIV viral load of greater than 5×10^2 GE per ml, an expert panel as described below should review the practice of the student and the student should not perform procedures using sharps.

The student must waive physician/patient confidentiality and permit his/her private physician or Medical Director of Student/Employee Health (or designee) to provide a report to the Executive Associate Dean for Academic Affairs of the COM (or designee) containing information pertinent to the appropriateness of the student's continued clinical activities in the College, including information on viral load. For students with a blood borne pathogen, as described above, an expert panel must meet (regardless of the viral load) to review the practice of the student and must meet with the student to reinforce the need for Standard Precautions (e.g., double gloving, regular glove changes, use of blunt surgical needles, etc.). The panel may appropriately provide counseling about alternate procedures or specialty paths, especially for providers, students, residents, and others early in their careers, as long as this is not coercion or limitation (perceived or actual) of the provider or student. The members of the expert review panel may be selected from, but should not necessarily be limited to, the following (as appropriate for the specific student's situation): one or more persons with expertise in the student's desired specialty (if known); infectious disease and hospital epidemiology specialists; hepatitis specialists (if appropriate); the infected providers' occupational health, student health, or primary care physicians; ethicists; human resource professionals; hospital or school administrators; and legal counsel. Certain members of the panel should be familiar with issues relating to blood borne pathogens and their infectivity. This expert panel will give advice to the Executive Associate Dean for Academic Affairs of the COM (or designee) regarding any restrictions to be placed on the student's clinical activities, and which individuals supervising the student (whether at UAMS or at away rotations) should be told about the student's diagnosis and other health information concerning the student.

¹ Which may be obtained through confidential and anonymous testing facilities.

The student must consent to release of records related to the student's medical history to the program directors for the residency program(s) he/she enters following graduation. This information will include the nature of the illness, information on treatment and follow-up (to include compliance with prescribed treatment), results of relevant laboratory tests obtained during and after treatment, and any recommendations for ongoing treatment by the student's caregiver. Additionally, in the student's dean's letter, the following statement will appear: "This student had a medical issue during medical school. The student will provide details of this medical issue."

Treatment and Counseling Services: Students with blood borne diseases will be informed of the availability for voluntary and confidential treatment and counseling services through the COM. The COM encourages these students to seek regular counseling services, as well as regular appropriate health care treatments.

In order to remain enrolled in the COM, the student must sign the Statement of Agreement form (page 102) stating that they have received, read, understand, and agree to abide by this policy, as well as the policies of the Campus and of the Hospital. (Approved by the Executive Committee of the COM – April 3, 2007 and July 26, 2013)

POLICY ON STUDENTS WITH A MEDICAL DIAGNOSIS WHICH COULD ADVERSELY AFFECT PATIENT CARE

It is the goal of UAMS to provide the highest quality healthcare, education, and services available. To achieve this goal, our staff and students must not be impaired by psychiatric or other illnesses. Any student known to the College of Medicine Dean's Office to have an illness which could adversely affect patient care must abide by the following conditions in order to remain a student in the College of Medicine. In order to comply with the conditions below, the student will enter into a contract with the College of Medicine which will set forth these requirements:

1. The student must consent to evaluation, counseling, treatment, and follow-up by the UAMS Student Wellness Program or referral to another healthcare provider (such as: other sections of the UAMS Department of Psychiatry, private healthcare providers, or any other entity felt appropriate for the student's situation by the UAMS Student Wellness Program or the Dean and/or Dean's Designee.) Any healthcare provider outside of the UAMS system must be approved by the UAMS Student Wellness Program or the Dean and/or Dean's Designee. Monitoring for the student's adherence with prescribed treatment, will be performed by the healthcare provider or the Arkansas Medical Foundation (the arrangement for monitoring must be approved by the UAMS Student Wellness Program or the Dean and/or Dean's Designee). All treatment and follow-up will be the financial responsibility of the student and/or the student's health insurance.
2. The student must follow the recommendations of his/her healthcare provider, which will include, at a minimum, an evaluation of the student's illness and treatment (if deemed necessary) and their fitness to return to school and fulfill the Technical Standards of the College of Medicine (which will be made available to the healthcare provider along with a cover letter requesting a statement concerning the student's fitness to return to school and ability to fulfill the Technical Standards).
3. The student must consent to the release of information which is related to the condition in question (or authorization to discuss his/her condition) from any healthcare provider to both the Dean or designee and/or the Arkansas Medical Foundation regarding the nature of the condition, the prescribed treatment, the recommendations for on-going care, prognosis, and fitness to return to school and fulfill the Technical Standards. Further, the student must agree to allow the Dean or designee to receive periodic updates of his/her condition, to comply with the recommendations of the healthcare provider and/or the Arkansas

Medical Foundation, and to monitoring by the healthcare provider and/or the Arkansas Medical Foundation to determine on-going fitness for school and ability to fulfill the Technical Standards.

4. To ensure compliance with this policy, the student must agree to drug screens (testing) at times chosen by the Dean or designee (if medications are prescribed for the condition), and/or the student's healthcare provider, and/or the Arkansas Medical Foundation. The drug screens will be continued until the student's graduation from the College. In the event a drug screen demonstrates that the student is not compliant with the prescribed treatment and follow-up, or if the healthcare provider informs the College of non-compliance with treatment, this fact will be reported to the Dean or designee and the student will receive an inadequate Student Professionalism Assessment. The matter will then be referred to the student's Promotions Committee under Academic Procedures as outlined in the Student Handbook. The Committee will act in accordance with the options available for managing an inadequate Student Professionalism Assessment as outlined in the Student Handbook, up to and including dismissal from the College.

5. The student must consent to release of records relevant to the student's history of illness to the program director of the residency program he/she enters following graduation. This information will include the nature of the illness, information on treatment and follow-up (to include compliance with prescribed treatment), results of drug monitoring obtained during and after treatment (if applicable), and any recommendations for ongoing treatment by the student's healthcare provider, the UAMS Student Wellness Program, the Dean/Dean's designee, or the Arkansas Medical Foundation. Additionally, in the student's dean's letter, the following statement will appear: "This student had a medical issue during medical school. The student will provide details of this medical issue."

6. Any student not agreeing to and abiding by the above conditions will be subject to dismissal from the College of Medicine (pursuant to the Academic Procedures as detailed in the UAMS College of Medicine Student Handbook). See Consent form in Appendix R.

HEPATITIS B IMMUNIZATIONS

It is the policy of the College of Medicine that all medical students should be immune to Hepatitis B (as much as medically possible) prior to any contact with patients. For that reason, Hepatitis B immunizations (a series of three shots) and a serology titer to document immunity are required for freshmen in the College. All UAMS students, including medical students, who may have exposure to blood borne pathogens are required to provide serologic evidence of immunity following the immunization series. If a student does not wish to take the immunizations, he/she must either show proof of immunity, or fill out the appropriate paperwork, including a waiver stating that they understand the risks but do not wish to take the injections. Students who have questions regarding this policy should call the Student/Employee Health Service coordinator at 501-686-6565.

OTHER IMMUNIZATIONS

Other immunizations are available in Student/Employee health or in the Family Medical Center. The need for these immunizations will be noted in the initial health assessment required of all entering freshman medical students. If a student has any doubts about whether additional immunizations are required or suggested, he/she should discuss this issue with Student/Employee health either in the Student/Employee health clinic or by calling them at 686-6565. In addition, students who are going to travel, especially internationally, should consult with the Travel Clinic in the

Student/Employee Health clinic. It is a policy of UAMS that all personnel with patient contact (including all medical students at all levels), must take an influenza vaccine each year. Failure to do so may result in dismissal from the College of Medicine. See Full UAMS Policy on Immunizations in Appendix S.

UAMS SUBSTANCE ABUSE POLICY

It is the goal of UAMS to maintain a workplace that is free from the illegal use, possession or distribution of controlled substances. Unlawful possession, manufacturing, use, sale or distribution of controlled or illegal substances by students or members of the UAMS workforce in the workplace or while on UAMS business is prohibited. In addition, students and members of the UAMS workforce shall not use illegal substances or abuse legal substances in a manner that impairs performance of assigned work or classroom activities. UAMS employees are subject to drug testing in accordance with the Drug Testing Policy, Admin. Guide 3.1.14, which provides for pre-employment, random and for-cause drug testing.

No employee or student of UAMS may report for their assignments and/or classes impaired by the use of alcohol or following the use of controlled substances.

Nothing in this policy will preclude the medical or research use of alcohol or controlled substances.

Any UAMS employee or student who violates this policy is subject to discipline up to and including termination or expulsion; and may be subject to criminal sanctions as provided by federal, state and local law.

It is the underlying philosophy of UAMS that addiction to alcohol and/or other drugs represents a disease state, and treatment such problems is a legitimate part of medical practice. Employees or students with an addiction to drugs or alcohol are encouraged to seek help through the UAMS Employee Assistance Program or Student/Employee Health Service. Individuals who seek help through the UAMS EAP or Student/Employee Health Service will not be punished for seeking such help. However, appropriate disciplinary procedures linked to performance criteria are not precluded by this policy.

Medical students may also seek help for substance abuse issues through the Student Wellness Program.

POLICY ON STUDENTS SUSPECTED OR KNOWN TO HAVE SUBSTANCE ABUSE IMPAIRMENT

It is the goal of UAMS to provide the highest quality healthcare, education and services available. To achieve this goal, our staff and students must not be impaired by intoxication or addiction to alcohol or other drugs. UAMS provides a drug-free environment. (See Administrative Guide 4.4.05) Any student suspected or known to the College of Medicine Dean's Office to have a substance or alcohol abuse problem must abide by the following conditions in order to remain a student in the College of Medicine. In order to comply with the conditions below, the student will enter into a contract with the College of Medicine which will set forth these requirements.

1. The student must consent to evaluation, counseling, treatment, and follow-up by the UAMS Student Wellness Program or referral to another caregiver (such as: other sections of the UAMS Department of Psychiatry, private caregivers, or any other entity felt appropriate for the student's situation by the UAMS

Student Wellness Program or the Dean and/or Dean's Designee.) Any caregiver must be approved by the UAMS Student Wellness Program. Monitoring, for the student's adherence with prescribed treatment, will be performed by the caregiver or the Arkansas Medical Foundation (the arrangement for monitoring must be approved by the UAMS Student Wellness Program or the Dean and/or Dean's Designee). All treatment and follow-up will be the financial responsibility of the student and/or the student's insurance.

2. The student must follow the recommendations of his/her caregiver, which will include, at a minimum, an evaluation of the student's substance abuse problem and treatment (if deemed necessary).
3. The student must consent to the release of his/her records (or authorization to discuss his/her condition) from any caregiver related to the substance or alcohol abuse condition to both Dean or designee and/or the Arkansas Medical Foundation regarding the nature of the substance abuse, the prescribed treatment, the recommendations for on-going care, and prognosis. Further, the student must agree to allow the Dean or designee to receive periodic updates of his/her condition, to comply with the recommendations of the caregiver and/or the Arkansas Medical Foundation, and to monitoring by the caregiver and/or the Arkansas Medical Foundation.
4. To ensure compliance with this policy, the student must agree to random drug or alcohol screens (testing) at times chosen by the Dean or designee, and/or the student's caregiver and/or the Arkansas Medical Foundation. The drug screens will be continued until the student's graduation from the College. In the event a drug screen is positive, or if the student is not compliant with the prescribed treatment and follow-up, this fact will be reported to the Dean or designee and the student will receive an inadequate Student Professionalism Assessment. The matter will then be referred to the student's Promotions Committee under Academic Procedures as outlined in this Student Handbook. The Committee will act in accordance with the options available for managing an inadequate Student Professionalism Assessment as outlined in the Student Handbook, up to and including dismissal from the College.
5. The student must consent to release of records related to the student's history of substance abuse to the program director of the residency program he/she enters following graduation. This information will include the nature of the substance abuse issue, information on treatment and follow-up (to include compliance with prescribed treatment), results of drug screens obtained during and after treatment, and any recommendations for ongoing treatment by the student's caregiver, the UAMS Student Wellness Program, the Dean/Dean's designee, or the Arkansas Medical Foundation. Additionally, in the student's dean's letter, the following statement will appear: "This student had a medical issue during medical school. The student will provide details of this medical issue."
6. Any student not agreeing to and abiding by the above conditions will be subject to dismissal from the College of Medicine (pursuant to the Academic Procedures as detailed in the UAMS College of Medicine Student Handbook)

(See Appendix B – Substance Abuse Policy Agreement Form)

Approved – Executive Committee and Dean 6/11/2008

DRUG TESTING AND CRIMINAL BACKGROUND CHECKS

A critical part of medical education involves learning experiences in hospitals and other health care facilities. Use of these facilities in training is essential, and students must be able to complete their assigned rotations. Many hospitals and health care facilities have policies requiring drug testing and/or criminal background checks for employees, students and volunteers. Facilities that provide instruction to College of

Medicine students may have, or may adopt in the future, drug testing and/or criminal background check policies. Some facilities provide that students who test positive for drugs, or who have certain types of information in their criminal background checks, are ineligible to work in that facility. Because the use of these health care facilities is a part of the curriculum and essential to medical education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or learning experiences.

Students may not request facility assignments in an effort to avoid criminal background checks or drug screening requirements. Students may not refuse to participate in training in these facilities because they do not want to submit to drug testing/criminal background checks. Failure to attend assigned training, or students who are terminated from training in these facilities because they violate the drug testing or drug use policies of the facilities, or are found to have objectionable information in their criminal background checks or drug tests, will be unable to complete the college requirements for graduation and will be subject to dismissal from the College of Medicine on academic grounds.

The College of Medicine may require a student to submit to “for cause” drug testing at any time there is reasonable cause to suspect that the student is impaired or under the influence of drugs or alcohol, including, but not limited to:

- Observed impairment of performance (negative performance patterns, excessive and unexplained absences)
- Abnormal conduct or erratic behavior
- Evidence of drug tampering in the student’s practice environment (evidence of drugs or alcohol on or about the student’s person or in the general vicinity, eyewitness testimony)
- Arrest or conviction on an alcohol or drug-related offense.

Students who refuse “for cause” drug testing are subject to administrative dismissal from the College of Medicine. All costs associated with drug testing are the responsibility of the student.

In compliance with a recommendation from the Association of American Medical Colleges, the College of Medicine performs Criminal Background Checks (CBC’s) on all accepted applicants. Specific policies related to the use of these CBC’s are available from the Office of Admissions in the College of Medicine Dean’s office.

UAMS SMOKING POLICY

Smoking is forbidden on the UAMS campus. See Policy in Appendix N. Violations of this policy by students in the College of Medicine will be handled by our Disciplinary Actions Procedure as detailed in other sections of this Handbook.

POLICY ON PREGNANCY AND THE HUMAN STRUCTURE ANATOMICAL DISSECTION LABORATORY

Women taking the Human Structure module or a senior elective in anatomy who are pregnant or could be pregnant, are not required to wear a respirator while in the anatomical dissection laboratory, but are advised to do so. It is also advised to avoid skin contamination with embalming fluid as much as possible. Faculty members in the module can suggest how this can be done. If you are a student who is pregnant or could be pregnant, it is your responsibility to determine, in consultation with your personal physician, the precautions

you should take. If it is determined that a respirator, or other protective device(s) is needed, the faculty in the Human Structure module will be happy to help you contact our Occupational Health and Safety office to determine the best devices to use. The expense of any such equipment or devices will be paid for by the student.

UAMS CONFIDENTIALITY POLICY

When you become a clinical student in the third and fourth years, you will be asked to sign a specific confidentiality policy prior to being issued computer access into patient information systems (see the confidentiality policy in Appendix J). However, even as a first- and second-year student, you will, at times, have access to confidential patient information, and are therefore required by the College of Medicine to abide by the University of Arkansas for Medical Sciences Information Management Confidentiality Policy from your very first day as a student at UAMS. You will be asked to sign a confidentiality agreement. The important point to make is that as a student in the College who has agreed to abide by the policies contained in this handbook, you are bound to maintain patient information, as well as other types of information, in strict confidence. Quoting the policy, “Each individual allowed by UAMS to have access to Confidential Information must maintain and protect against the unauthorized access, use or disclosure of Confidential Information. Any access use or disclosure of Confidential Information in any form – verbal, written, or electronic – which is inconsistent with or in violation of this Policy may result in disciplinary action, including but not limited to, immediate termination of employment, dismissal from an academic program, loss of privileges, or termination of relationship with UAMS.” Anyone disclosing protected health information (PHI) against HIPAA policy (see below), may be subject to sanctions including criminal penalties of up to 10 years imprisonment and a \$250,000 fine for each violation, as well as UAMS disciplinary action up to and including dismissal from the College of Medicine.

HIPAA POLICY

UAMS is committed to protecting the privacy and confidentiality of our patients’ information. While privacy and confidentiality have always been a priority for health care providers, it has heightened importance in this era of electronic information, with increased speed of information flow and the risks associated with protecting this information. The standards for protecting patient health information are described in the federal law known as the Health Insurance Portability and Accountability Act (HIPAA).

You will receive HIPAA training at Orientation and refresher training annually, which is a requirement of continued enrollment. Failure to abide by UAMS HIPAA policies will result in disciplinary action, up to and including dismissal from your program and carries with it a possibility of criminal penalties against you individually. Access to UAMS medical record systems is allowed only for authorized purposes and is audited. UAMS has detailed policies regarding mobile devices, such as thumb drives and cell phones, using outside systems such as email and cloud computing, taking patient data off campus, your responsibilities related to patient data when you leave UAMS, the use of social media sites (such as Facebook, Twitter), patient photography, accessing and using only patient data that you need in your role at UAMS, and safeguarding measures that must be taken when discussing or otherwise handling patient information. All of these policies can be found at the UAMS HIPAA Homepage at <http://hipaa.uams.edu>. It is your responsibility to know and follow these policies.

You may direct questions to the UAMS HIPAA office at 501-603-1379 or to the Office of Academic Affairs

within the College Dean's Office.

SOCIAL MEDIA/PATIENT PRIVACY/PROFESSIONALISM

Social Media, like Facebook, Linked-In, Twitter, etc., are great places to share “the human experience” with friends, families, and the like. Some of us in the College of Medicine Administration enjoy using these media sites as well. However, there are a couple of situations where folks like us in medicine can get into big trouble: 1) the biggest problem is with posting patient information. It is easy to make a mistake and release identifiable patient information even when you don't think you are doing so. Just releasing the fact that someone had a particular procedure done in a certain period of time may be enough to identify the patient. Date of service is legally a “patient identifier” under HIPAA, as is the city the patient lives in, the name of the patient's employer, and other data elements that you may not realize. **Putting ANY patient information on Facebook, or similar social media sites, is grounds for dismissal from the College of Medicine, and possible criminal prosecution, as noted above.** DON'T DO IT!!! Avoid any possibility of getting into trouble for this simply by not putting anything patient related on one of these sites. You may think that you have your postings locked down to “Friends Only”, but our experience is that someone always finds out! 2) Don't put anything unprofessional or embarrassing on Facebook or related programs. One of the Residency program directors in our College of Medicine takes the list of applicants to his program and checks each one on Facebook to see if there is anything embarrassing or unprofessional. If so, the student doesn't make it to the program's match list AND they never even know why. It can ruin your career, so why take that chance. 3) Many physicians avoid “friending” patients. This isn't as black and white as the two above, but at least some physicians feel that by “friending” a patient, it hurts the professional relationship they need to take optimal care of him/her. Incidentally, some of the faculty and staff in the College of Medicine refuse to “friend” students and residents in the College, just to avoid any issues of favoritism or conflicts of interest. Don't be offended if your “friend request” isn't reciprocated. The official UAMS policy on using Social Media can be found in Appendix P.

CONFLICT OF INTEREST IN STUDENT EVALUATION, ASSESSMENT, AND PROMOTION

The purpose of this policy is to avoid conflicts of interest in student evaluation, assessment, and promotion decisions.

Health Care Conflict of Interest

Medical students sometimes seek medical treatment from faculty or housestaff physicians. Due to the number and diversity of our residents, faculty members, the size of the student body, and because a physician/patient relationship between the student and the faculty member or resident is typically not known to those making student schedules, students may be assigned to such faculty members or residents. If a student is assigned to a health care environment in which a supervising faculty member or resident will assess or evaluate that student's performance and has previously provided health care services to the student, the faculty member or resident must advise the course/clerkship director of a need to re-assign that student (without disclosing why) to a different faculty member or resident irrespective of the wishes of the student.

Healthcare providers in the Student Wellness Center and in the Student Health Clinic do not evaluate medical students or serve on the Student Promotion Committee.

Faculty members on the Student Promotions Committee who have provided any health care services to any student being considered by the committee are required to recuse themselves from discussion and vote on

any action regarding that student.

Course/clerkship directors who have provided any health care services to a student will not assign a final grade or assessment, but will ask another faculty member in that course/clerkship to do so.

Other Conflicts of Interest

Faculty members or residents who have other conflicts of interest with a student, such as being a first degree relative or having a business or financial relationship outside UAMS, will also inform the course/clerkship for a student re-assignment; or if on the promotions committee, they will recuse.

Notification of Students, Faculty and Housestaff

Faculty and Housestaff will be notified/reminded of this policy as follows:

- Course/clerkship directors will remind faculty who evaluate students in their course/clerkship of this policy at least annually
- The curriculum office will send an annual email to all faculty and housestaff with a policy reminder

Students will be notified/reminded of this policy as follows:

- The policy is included in the COM Student Handbook; all students receive a paper copy as a freshman and it is posted on the Student section of the COM website
- Junior students will be reminded of the policy during orientation to the junior year

Compliance Steps

All student performance evaluations include a statement that the faculty member or resident must check indicating that they do not have a conflict of interest, including not having provided health care services to that student.

Promotions committee members sign an annual statement indicating that they have received a copy of this policy and they agree to abide by it.

Course/clerkship directors sign an annual statement indicating that they have received a copy of this policy and that they will not assign grades to any student with which they have a conflict of interest, but will ask another course/clerkship faculty member to assign the final grade for that student.

UAMS SEXUAL HARASSMENT AND TITLE IX POLICY

PURPOSE

The University of Arkansas for Medical Sciences (UAMS) is committed to providing an environment that emphasizes the dignity and worth of every member of its community. Members of the UAMS community have the right to an environment free of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment, relationship violence, and retaliation, and this behavior will not be tolerated. Title IX of the Education Amendments of 1972, and certain other federal and state laws, prohibit discrimination on the basis of sex in all education programs and activities operated

by UAMS (both on and off campus). Title IX protects all people regardless of their gender or gender identity from sex discrimination, which includes sexual harassment and sexual violence.

UAMS does not discriminate on the basis of sex, gender, or sexual orientation in its education programs or activities. Title IX requires the university to designate a Title IX Coordinator to monitor and oversee overall Title IX compliance. The Campus Title IX Coordinator and the COM Title IX Deputy Coordinator are available to explain and discuss: your right to file a criminal complaint (sexual assault and violence); the university's complaint process, including the investigation process; how confidentiality is handled; available resources (both on and off campus); and other related matters. **If you are in an emergency situation, please call 911 immediately. You can also call the UAMS police by dialing 686-7777.**

The designated College of Medicine Title IX Deputy Coordinator is Dr. Sara Tariq, but you should also feel free to speak with Dr. Graham.

For the complete Title IX policy, see Appendix C, or visit the UAMS Title IX webpage at <http://hr.uams.edu/other/title-ix/>.

APPENDICES

APPENDIX A – BLOOD BORNE DISEASE POLICY AGREEMENT FORM

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE

Statement of Agreement and Waiver of Physician/Patient Confidentiality

I have received, read, understand, and agree to abide by the UAMS COM Policy on Students who are known to be infected with a blood borne pathogen (with or without symptoms), and the UAMS guidelines on Healthcare Workers with Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV)

I understand that this agreement means I must obtain medical evaluation from a private physician or the Medical Director of Student/Employee Health (or designee) if I have or become infected with a blood borne pathogen, in order to show that I meet the “Technical Standards” of the COM. I, also, understand that I must receive further evaluation and treatment no less frequently than every six months from a private physician or the Medical Director of Student/Employee Health (or designee) in order to provide written health clearance as to my ability to perform educational functions under the COM’s standards. I further recognize the availability of counseling, treatment, and evaluations provided by the COM for students infected with a blood borne pathogen.

I hereby waive physician/patient confidentiality. The Medical Director of Student/Employee Health (or designee) or my private physician is hereby asked to provide a report of my health status to the Executive Associate Dean for Academic Affairs of the COM (or designee) and to include any information pertinent to my continued enrollment in the College, in order to show that I meet the “Technical Standards” of the COM, including information on viral load.

I consent to the release of records related to my relevant medical history to the program directors for the residency program(s) I enter following graduation. This information will include the nature of the illness, information on treatment and follow-up (to include compliance with prescribed treatment), results of relevant laboratory tests obtained during and after treatment, and any recommendations for ongoing treatment by my caregiver. Additionally, in my dean's letter, the following statement will appear: "This student had a medical issue during medical school. The student will provide details of this medical issue."

I understand that if I do not abide by the UAMS COM Policy on Students who are known to be infected with a blood borne pathogen (with or without symptoms), or with the guidelines on HIV infected student/employees in The University Hospital of Arkansas Policy and Procedures Manual, I will be dismissed from the College. I further understand that as knowledge of blood borne diseases evolves; this policy may be altered as appropriate. I agree that I will abide by the altered policy as soon as I am notified of the change.

Name _____
(Please Print)

Signature: _____ Date: _____

Witness: _____ Date: _____
(Signature)

Approved by the Executive Committee of the College of Medicine April 3, 2007 and July 26, 2013.

APPENDIX B – SUBSTANCE ABUSE POLICY AGREEMENT FORM

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE

Statement of Agreement

COLLEGE OF MEDICINE POLICY ON STUDENTS WITH KNOWN SUBSTANCE ABUSE IMPAIRMENT

I have received, read, understand, and agree to abide by the *UAMS COLLEGE OF MEDICINE POLICY ON STUDENTS WITH KNOWN SUBSTANCE ABUSE IMPAIRMENT*.

By my signature on this Agreement, I understand and consent to the terms within this Agreement and specifically release the Board of Trustees of the University of Arkansas, its trustees, officers, and employees, from liability related to the release of my medical/substance abuse information as described below.

Specifically, I understand and agree that this Agreement means that I will be referred by the Dean or his/her designee to the UAMS Student Wellness Center. I must follow the recommendations of the UAMS Student Wellness Center or my caregiver, as defined in the policy, which will include, at a minimum, an evaluation of my substance abuse problem and treatment from a care giver approved by the UAMS Student Wellness Center.

I understand that I will be monitored by the Arkansas Medical Foundation for adherence with prescribed treatment and follow-up on an ongoing basis while I remain a student in the College of Medicine unless other arrangements are made by the UAMS Student Wellness Center.

I consent to allow the Dean, or his/her designee, to receive information from my caregiver and/or the Arkansas Medical Foundation regarding the nature of my substance abuse, the treatment I am receiving, the recommendations for on-going care, and my prognosis.

Further, I consent to allow the Dean, or his/her designee, to receive periodic updates regarding my condition and compliance with the recommendations as noted above.

I consent to random drug or alcohol screens at times chosen by the Dean or designee, the UAMS Student Wellness Center or designee, the Arkansas Medical Foundation, and/or my care giver. I understand that the drug screens will be continued until my graduation from the College. In the event that I have a positive drug screen, or if I am not compliant with the prescribed treatment and follow-up, I understand that this fact will be reported to the Dean or designee and I will receive an inadequate Student Professionalism Assessment form. I further understand that the inadequate Student Professionalism Assessment will be referred to the Student Promotions Committee, which will determine the correct course of action under Academic Procedures, as detailed in the Student Handbook, and that the consequences may be any of the outcomes as noted in the Student Handbook, up to and including dismissal from the College of Medicine.

I understand and agree that information concerning my history of substance abuse will be forwarded to the program director of the residency program I enter following graduation. This information will include the nature of the substance abuse issue, information on treatment and follow-up (to include compliance with prescribed treatment), results of drug screens obtained during treatment, and any recommendations for ongoing treatment felt appropriate.

Additionally, the following statement will appear in my Dean's letter (MSPE): "This student had a medical issue during medical school. The student will provide details of this medical issue."

I understand that if I do not agree to and abide by the *COLLEGE OF MEDICINE POLICY ON STUDENTS WITH KNOWN SUBSTANCE ABUSE IMPAIRMENT* and this agreement, I will be dismissed from the College of Medicine.

I further understand that this policy may be altered at any time and I agree that I will abide by the altered policy as soon as I am notified of the change. A copy of this document and/or my signature shall serve as the original.

Name: _____
(Please Print)

Signature: _____

Date: _____

APPENDIX C - UAMS TITLE IX SEX/GENDER-BASED NONDISCRIMINATION POLICY



NUMBER: 3.1.48
REVISION: 10/29/2020; 12/08/2021

DATE: 04/16/2014
PAGE: 1 of 23

SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

SUBJECT: TITLE IX SEX/GENDER-BASED NONDISCRIMINATION POLICY

PURPOSE

To ensure the University of Arkansas for Medical Sciences (“UAMS” or “the University”) does not discriminate on the basis of sex in its Education Programs and Activities and maintains compliance with Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 *et seq.*, and the U.S. Department of Education’s implementing regulations, 34 CFR Part 106.

SCOPE

The University’s nondiscrimination policy extends to admission, employment, and other programs and activities. Inquiries regarding the application of Title IX and 34 C.F.R. Part 106 may be sent to the University’s Title IX Coordinator, the U.S. Department of Education Assistant Secretary for Civil Rights, or both.

This policy shall apply to allegations and complaints of Sexual Harassment as defined herein. All other complaints of discrimination or misconduct that do not fall within the jurisdiction of Title IX may be made through other campus procedures.

This policy shall not be construed or applied to restrict academic freedom at the University. Further, it shall not be construed to restrict any rights protected under the First Amendment, the Due Process Clause, or any other constitutional provisions. This policy also does not limit an employee’s rights under Title VII of the Civil Rights Act.

DEFINITIONS

Complainant shall mean any individual who is alleged to be the victim of conduct that could constitute Sexual Harassment. At the time of the filing of a formal complaint, a Complainant must be participating in or attempting to participate in the Education Program or Activity of the recipient with which the formal complaint is filed. Any person may report sex discrimination, including harassment, whether or not the person reporting is the person alleged to be the victim of discrimination or harassment.

Consent shall mean the permission, or act of giving permission, for an action to happen. Consent is clear, knowing, and voluntary. Consent is active, not passive. Silence, in and of itself, cannot be interpreted as Consent. Consent can be given by words or actions, if those words or actions create mutually understandable

clear permission regarding willingness to engage in (and the conditions of) sexual activity. If coercion, intimidation, threats, or physical force are used, there is no Consent.

If a person is mentally or physically incapacitated so that the person cannot understand the fact, nature, or extent of the sexual situation, there is no Consent. Incapacitation can be due to alcohol or drugs or being asleep or unconscious. This policy also covers incapacity due to mental disability, involuntary physical restraint, or from the taking of rape drugs. Possession, use and/or distribution of any of these substances, including Rohypnol, Ketamine, GHB, Brundage, etc. is prohibited, and administering one of these drugs to another person is a violation of this policy. More information on these drugs can be found at <http://www.911rape.org/>

Use of alcohol or other drugs will never function as a defense to a violation of this policy. An individual violates this policy if the individual initiates and engages in sexual activity with someone who is incapacitated, and (1) the individual knew the other person was incapacitated, or (2) a sober reasonable person under similar circumstances as the person initiating the sexual activity would have known the other person was incapacitated.

There is also no Consent when there is force, expressed or implied, or use of duress or deception upon the victim. Whether an individual has taken advantage of a position of influence over an alleged victim may be a factor in determining Consent.

Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes overt threats, implied threats, intimidation, and coercion that overcome resistance or produce Consent.

Coercion is unreasonable pressure for sexual activity. Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get Consent from another. When someone makes clear to you that they do not want sex, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

Under Arkansas law, the age of Consent varies with the degrees of assault, the age of the actor, and the relationship of the actor to the other Party. For specific information, please refer to Arkansas statutes (e.g., Arkansas Code Annotated § 5-14-125, Sexual Assault in the Second Degree).

Consent to any one form of sexual activity cannot automatically imply Consent to any other forms of sexual activity. In addition, previous relationships or prior Consent cannot imply Consent to future sexual acts.

Dating Violence shall mean a violent act committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such relationship is determined based on consideration of the following factors: (1) the length of the relationship; (2) the type of relationship; and (3) the frequency of interaction between the persons involved in the relationship.

Days shall mean working days, rather than calendar days, unless otherwise specified.

Domestic Violence shall mean felony or misdemeanor crimes of violence committed by a current spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Arkansas, or by any other person against an adult or youth victim who is protected from that person's acts under the laws of Arkansas. Under the Arkansas law on domestic abuse, "family or household members" means spouses, former spouses, parents and children, persons related by blood within the fourth degree of consanguinity, in-laws, any children

residing in the household, persons who presently or in the past have resided or cohabitated together, persons who have or have had a child in common, and persons who are presently or in the past have been in a dating relationship together.

Education Program or Activity shall mean locations, events, or circumstances over which UAMS exercised substantial control over both the Respondent and the context in which the Sexual Harassment occurred, and also includes any building owned or controlled by an officially recognized student organization.

Formal Complaint shall mean a document filed by a Complainant or signed by the Title IX Coordinator alleging Sexual Harassment against a Respondent and requesting that the recipient investigate the allegation of Sexual Harassment. The phrase “document filed by a complainant” means a document or electronic submission (such as by electronic mail or through an online portal provided for this purpose by the University) that contains the Complainant’s physical or digital signature, or otherwise indicates that the Complainant is the person filing the formal complaint.

Party shall mean the Complainant or Respondent.

Preponderance of the Evidence shall mean a standard of proof where the conclusion is based on facts that are more likely true than not.

Respondent shall mean an individual who has been reported to be the perpetrator of conduct that could constitute Sexual Harassment.

Sanctions shall mean a penalty for violation of this policy. The determination of Sanctions to be imposed against a Respondent who is found to have been responsible for violating this policy will depend upon the nature and gravity of the misconduct, any record of prior discipline for a violation of this Policy, or both. Sanctions against students may include, without limitation, expulsion or suspension from the University, disciplinary probation, expulsion from campus housing, mandated counseling, and/or educational Sanctions. Sanctions against employees and other non-students may include, without limitation, a written reprimand, disciplinary probation, suspension, termination, demotion, reassignment, revision of job duties, reduction in pay, exclusion from campus or particular activities, and/or educational Sanctions deemed appropriate.

Sexual Assault shall mean an offense classified as a forcible or nonforcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation. A nonforcible sex offense includes incest (*i.e.*, the nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law) and statutory rape (*i.e.*, nonforcible sexual intercourse with a person who is under the statutory age of Consent). A forcible sex offense is any sexual act directed against another person, without the Consent of the victim including instances where the victim is incapable of giving Consent. A forcible sex offense includes:

- **Forcible Rape** shall mean the penetration, no matter how slight, of the vagina or anus with any part of the body or object, or oral penetration by a sex organ of another person, without the Consent of the victim.
- **Forcible Sodomy** shall mean oral or sexual intercourse with another person, forcibly and/or against that person’s will or not forcibly or against that person’s will in instances where the victim is incapable of giving Consent because of their youth or because of their temporary or permanent mental or physical incapacity;
- **Sexual Assault with an Object** shall mean using an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, forcibly

and/or against that person's will or not forcibly or against that person's will in instances where the victim is incapable of giving Consent because of their youth or because their temporary or permanent or physical incapacity.

- **Forcible Fondling** shall mean the touching of the private body parts of another person for the purpose of sexual gratification, forcibly and/or against that person's will or not forcibly or against that person's will in instances where the victim is incapable of giving Consent because of victim's youth or temporary or permanent or physical incapacity.

Sexual Exploitation shall mean when a person takes non-consensual or abusive sexual advantage of another for their own advantage or benefit, or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of other sexual misconduct offenses. Examples of behavior that could rise to the level of Sexual Exploitation include but are not limited to:

- Invading sexual privacy.
- Prostituting another person.
- Non-consensual video or audiotaping of sexual activity.
- Going beyond the boundaries of Consent (e.g., allowing others to watch consensual sex without that party's knowledge or Consent); engaging in voyeurism.
- Non-consensual distribution of photos, other images, or information of an individual's sexual activity, intimate body parts, or nakedness, with the intent to or having the effect of embarrassing an individual who is the subject of such images or information.

Sexual Harassment shall mean conduct on the basis of sex constituting one of the following:

(1) An employee of UAMS conditioning the provision of an aid, benefit, or service of the institution on an individual's participation in unwelcome sexual conduct;

(2) Unwelcome conduct determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person equal access to the University's educational programs or activities; or (3) Any of the following:

- (A) "Sexual Assault" as defined in 20 U.S.C. 1092(f)(6)(A)(v) and this policy
- (B) "Dating violence" as defined in 34 U.S.C. 12291(a)(10) and this policy
- (C) "Domestic Violence" as defined in 34 U.S.C. 12291(a)(8) and this policy
- (D) "Stalking" as defined in 34 U.S.C. 12291(a)(30) and this policy

Stalking shall mean engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others or suffer substantial emotional distress.

Supportive Measures shall mean non-disciplinary, non-punitive individualized services offered as appropriate, as reasonably available, and without a fee or charge to the Complainant or Respondent before or after the filing of a Formal Complaint or where no Formal Complaint has been filed. Such measures are designed to restore or preserve equal access to the recipient's Education Program or Activity without unreasonably burdening the other Party, including measures designed to protect the safety of all Parties or the University's educational environment or deter Sexual Harassment.

POLICY

Sexual Harassment as defined in this policy (including Sexual Assault) is a form of sex discrimination and is prohibited. Title IX requires the University to promptly and reasonably respond to Sexual Harassment in the University's Education Programs and Activities, provided that the harassment was perpetrated against a person in the United States. At the time that a Formal Complaint is filed, the Complainant must be participating in (or attempting to participate in) an Education Program or Activity of the University. An Education Program or Activity includes locations, events, or circumstances over which the University exercised substantial control over both the Respondent and the context in which the Sexual Harassment occurs, and also includes any building owned or controlled by a student organization that is officially recognized by a postsecondary institution.

PROCEDURE

1. Reporting

All complaints or reports about sex discrimination (including Sexual Harassment) should be submitted to the Title IX Coordinator:

Title IX Coordinator

Michelle Zengulis

Title IX/ADA Coordinator

Education Building II, 2/109

Office: 501.526.5641|

Email: mzengulis@uams.edu

Complaints can be submitted electronically through via [i-safe](#).

Deputy Title IX Coordinator-Employees

Audrey Bradley

Sr. HR Director-Employee Relations

Central Building, 4C

Office: 501.603.1579

Email: bradleyaudreyy@uams.edu

Complaints can be submitted electronically through via [i-safe](#).

A list of [Deputy Title IX Coordinators by College](#) can be found at <https://hr.uams.edu/employee-relations/wp-content/uploads/sites/2/2022/06/Title-IX-Information-FINAL-rev-6-30-2022-FINAL.pdf>

In addition, the U.S. Department of Education, Office of Civil Rights, may be contacted by phone 800-421-3481 or by email at ocr@ed.gov.

Any person may report sex discrimination, including Sexual Harassment (whether or not the person is the person alleged to be the victim of conduct that could constitute sex discrimination or Sexual Harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed above, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the Title IX Coordinator.

2. Consensual Relationships

The mission of the UAMS is promoted by an atmosphere of professionalism, mutual respect and trust. This trust is put at risk when members of the University community engage in romantic or sexual relationships that

involve persons with unequal power; i.e., administrator and faculty, faculty and student, supervisor and employee, coach and athlete. The power differential inherent in such relationships makes any apparent Consent invalid.

Any employee involved in a consensual romantic or sexual relationship is required to advise their direct supervisor, the academic or administrative department head, or the appropriate Vice President of the relationship. The employee is further required to cooperate in eliminating any actual or potential conflict of interest resulting from the relationship.

3. Confidentiality

Except as compelled by law or as required to conduct a full and fair grievance proceeding in response to a Formal Complaint, the University will treat the information obtained or produced as part of the Title IX procedures as confidential. The University will keep confidential the identity of any individual who has made a report or complaint of sex discrimination, including any individual who has made a report or filed a Formal Complaint of Sexual Harassment, any Complainant, any individual who has been reported to be the perpetrator of sex discrimination, any Respondent, and any witness, except as may be permitted by the FERPA statute, 20 U.S.C. § 1232g, or FERPA regulations, 34 CFR Part 99, or as required by law, or to carry out the purposes of 34 CFR Part 106, including the conduct of any investigation, hearing, or judicial proceedings arising thereunder.

4. Amnesty

The University encourages reporting of incidents of prohibited conduct and seeks to remove any barriers to reporting. The University recognizes that an individual who has been drinking or using drugs at the time of an incident may be hesitant to make a report because of potential consequences for their own conduct. Individuals who report prohibited conduct or participate as witnesses will not be subject to disciplinary Sanctions for personal consumption of alcohol and/or other substances.

The University may initiate an educational discussion with individuals about their alcohol and/or drug use or may direct these individuals to services such as counseling for alcohol and/or drug use. Amnesty will not be extended for any violations of University policy other than alcohol/drug use. The use of alcohol, drugs, and/or legally prescribed medication does not justify or excuse behavior that constitutes prohibited conduct under this policy.

5. Filing Report with Local Law Enforcement

In some instances, Sexual Harassment may constitute both a violation of this policy and criminal activity. The University grievance process is not a substitute for instituting legal action. **The University encourages individuals to report alleged sexual misconduct promptly to campus officials AND to law enforcement authorities, where appropriate.** Individuals may file a report directly with local law enforcement agencies by dialing 911. Individuals may also contact any of the following for assistance in filing a report with local law enforcement:

UAMS Police Department
4301 W Markham St, #583
Little Rock, AR 72205
501.686.7777

City/County Police Department
Emergencies: 911

Little Rock Police Department
Department
501.371.4621

Pulaski County Sherriff's
501.340.6600

6.Preserving Evidence

It is important that evidence of Sexual Assault be preserved, because it may be needed for prosecuting a criminal case. Victims and others should not alter the scene of an attack. The victim should not change clothes, bathe or shower, drink or eat anything, or brush their teeth before reporting the assault. Any items worn by the victim during the assault, but are not currently being worn, and any materials encountered during the assault (*i.e.*, bed sheets, blankets, etc.) should be placed in a paper bag and brought along with the victim to a local hospital emergency department that has kits to collect and preserve evidence of Sexual Assault.

7.Employee's Duty to Report to Title IX Coordinator

In order to enable the University to respond effectively and to proactively stop instances of Sexual Harassment, employees must, within 24 hours of receiving information regarding a potential violation of this policy, report information to the Title IX Coordinator. Any employee who fails to promptly report a matter to the Title IX Coordinator may be subjected to disciplinary action for failing to do so. There are two categories of employees who are exempt from this requirement: (1) licensed health-care professionals and other employees who are statutorily prohibited from reporting such information and (2) persons designated by the campus as victim advocates.

8.Off-Campus Conduct

Conduct that occurs off campus that is the subject of a Formal Complaint or report will be evaluated to determine whether the matter falls within the University's jurisdiction under Title IX or should be referred to a different department or official within the University.

9.Anonymous Reports

An individual may anonymously report prohibited conduct to the University by contacting the Title IX Coordinator. Depending on the amount of information available about the incident and/or the individuals involved, the University's ability to respond to an anonymous report may be limited. The University will attempt to take appropriate steps to protect the safety of the University community based on the information reasonably available. Reports can be submitted electronically through the [i-safe reporting](#) platform.

10.Availability of Counseling and Advocacy

Counseling and other mental health services for victims of Sexual Assault are available on campus and in the community. Students and employees may use the [Student Wellness Center](#). Employees of the University may be able to seek help through the [Employee Assistance Program](#). Community mental health agencies, such as the [Community Health Centers of Arkansas](#), and counselors and psychotherapists in private practice in the area can provide individual and group therapy. Committee Against Spouse Abuse ("CASA") Women's Shelter or Domestic Violence and Rape Crisis Programs may assist with making referrals for individual counseling and support groups and in identifying non-counseling campus and community resources that may be of additional help and serve as a victim advocate upon request.

11.Education and Awareness Programs

The University's Title IX Coordinator is responsible for planning and coordinating campus education and awareness programs about all forms of Sexual Harassment. Programs are presented regularly throughout the academic year in the academic setting, employee training and professional development, and in other settings that are likely to reach people throughout the campus community. Employees will be required to complete an annual electronic training via My Compass or a comparable online training tool. Campus-wide education and awareness activities are also conducted during Sexual Assault Prevention and Awareness Month.

12. Grievance Procedure

These procedures apply to all grievances regarding conduct that may constitute Sexual Harassment as defined in this policy (including Sexual Assault) and that falls within the University's Title IX jurisdiction. All other grievances by students, employees, or third parties shall be addressed through other procedures. The University's Title IX grievance process includes formal and informal procedures that encourage prompt resolution of complaints. In most cases, the Complainant's submission of a formal, written complaint to the Title IX Coordinator will initiate the formal grievance process. However, the Title IX Coordinator may also submit a Formal Complaint under the circumstances described below. The University will respond promptly to all Formal Complaints of Sexual Harassment.

13. Basic Requirements

The University's grievance process shall adhere to the following principles:

- All relevant evidence—including both inculpatory and exculpatory evidence—will be evaluated.
- Credibility determinations may not be based on a person's status as a Complainant, Respondent, or witness.
- The Title IX Coordinator, investigator, or panel members, decision-makers on appeal, persons involved with the informal resolution, and any other persons that play a significant role in the Title IX grievance process shall not have a conflict of interest or bias for or against Complainants or Respondents generally or for or against an individual Complainant or Respondent.
- The Respondent is presumed to not be responsible for the alleged conduct until a determination of responsibility is made at the conclusion of the grievance process.
- The time frames for concluding the grievance process shall be reasonably prompt, as set forth in more detail in the procedures below.
- The grievance process may be temporarily delayed, and limited extensions of time frames may be granted, for good cause. In such instances, written notice to the Complainant and the Respondent of the delay or extension and the reasons for the action will be provided. Good cause may include considerations such as the absence of a Party, a Party's advisor, or a witness; concurring law enforcement activity; or the need for language assistance or accommodations of disabilities.
- Questions or evidence that constitute, or seek disclosure of, information protected under a legally recognized privilege will not be required, allowed, relied upon, or otherwise used. The University shall not consider, disclose, or otherwise use a Party's records that are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in the capacity, and which are made and maintained in connection with the provision of treatment to the Party, unless the University obtains that person's voluntary, written Consent to do so for a grievance under this section.

- No Party shall be restricted from discussing the allegations under investigation or to gather and present relevant evidence.
- A Party whose participation in a hearing, investigative interview, or other meeting shall be provided with a written notice of the date, time, location, participants, and purpose of all hearings, investigative interviews, or other meetings, with sufficient time for the Party to prepare to participate.

14. Initial Report/Intake Process

Initial Meeting with Complainant: Promptly upon receiving a report of conduct that could potentially be a violation of Title IX, the Title IX Coordinator (or designee) will contact the Complainant to schedule an initial meeting to, as applicable:

- Provide a copy of this policy
- Explain the process for filing a Formal Complaint and provide a copy of the Sexual Harassment Complaint Form on which the Complainant may, if they agree to disclose the information, provide details regarding the allegation, including the name of the accused individual and the date, location, and general nature of the alleged violation of policy
- Explain avenues for resolution, including informal and formal
- Explain the steps involved in an investigation and hearing under this policy
- Discuss confidentiality standards and concerns
- Refer to law enforcement, counseling, medical, academic or other resources, as appropriate
- Discuss, as appropriate, possible supportive measures, which are available with or without the filing of a Formal Complaint

If the Complainant requests that no further action be taken and/or that no Formal Complaint be pursued, the Title IX Coordinator (and/or their designee) will inform the Complainant that retaliation is prohibited and that honoring the Complainant's request may limit the University's ability to fully respond to the incident. In the event the Complainant stands firm on their request that no further action be taken, the Title IX Coordinator will evaluate whether to file a complaint under the criteria set forth below.

15. Formal Complaint Process

Form and Filing of Complaint: The filing of a formal, written complaint initiates the formal grievance process and is available to any person who is participating in (or attempting to participate in) a University educational program or activity. The Title IX Coordinator (or an investigator designated by the Title IX Coordinator) will investigate the allegations in the Formal Complaint. Formal Complaints can be filed in several ways. The Complainant may utilize the form provided or may submit the Complainant's own document that contains the Complainant's signature (either physical or digital) and is filed with the University's Title IX Office by U.S. mail, in person, through the Title IX portal provided for this purpose, or by email. The Formal Complaint should set forth the allegations and request that the Title IX Office investigate the matter.

Filing by Title IX Coordinator: The Title IX Coordinator may initiate the grievance process, even where the Complainant declines to file a Formal Complaint, if the Coordinator determines that the particular circumstances require the University to formally respond to and address the allegations. Circumstances to be considered include, among others, a pattern of alleged misconduct by a Respondent and whether the complaint has alleged use of violence, weapons, or other similar conduct. The Title IX Coordinator will also consider the Complainant's wishes with respect to supportive measures and desired response by the University. Where

a report is made anonymously and the Title IX Coordinator files the complaint, both the Complainant and Respondent will receive notice of the allegations with written details and identities of the Parties if known.

Consolidation of Formal Complaints: The Title IX Coordinator may consolidate Formal Complaints as to allegations of Sexual Harassment against more than one Respondent, or by more than one Complainant against one or more Respondents, or by one Party against the other Party, where the allegations of Sexual Harassment arise out of the same facts or circumstances.

Dismissal of Complaint Prior to Resolution: A Formal Complaint must be dismissed by the Title IX Coordinator if the alleged conduct (1) does not constitute Sexual Harassment, as defined in this policy, even if proved; (2) did not occur in the University's Education Program or Activity; or (3) did not occur against a person in the United States. In addition, a Formal Complaint may be dismissed if, at any time during the investigation or hearing, a Complainant notifies the Title IX Coordinator in writing that the Complainant would like to withdraw the Formal Complaint or any allegations therein; the Respondent is no longer enrolled or employed by the recipient; or specific circumstances prevent the gathering of evidence sufficient to reach a determination as to the Formal Complaint or any allegations therein.

Upon dismissal of a Formal Complaint, for any reason, the Title IX Coordinator will send simultaneous, written notice of and reason(s) for the dismissal to the Parties. The dismissal decision may be appealed pursuant to the procedure for appeals set forth in this policy. Dismissal of a complaint under this Title IX policy does not preclude a Complainant from pursuing a grievance through other appropriate campus procedures.

Notice of Formal Complaint: Upon receipt of the Formal Complaint, the Title IX Coordinator will send simultaneous notifications of the filing of the complaint to the Complainant and the Respondent (if known). If, in the course of an investigation, the Title IX Coordinator decides to investigate allegations about the Complainant or Respondent that are not included in the initial notice, the Title IX Coordinator will provide notice of the additional allegations to the Parties whose identities are known. The initial notice will contain the following:

- The allegations of the complaint that potentially constitute Sexual Harassment, including sufficient details known at the time and with sufficient time to prepare a response before any initial interview (including the identities of the Parties involved in the incident, if known, the conduct allegedly constituting Sexual Harassment under this policy, and the date and location of the alleged incident, if known)
- A copy of the Title IX policy
- A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination regarding responsibility is made at the conclusion of the grievance process
- A statement informing the Parties that they have a right to have one advisor of their choice to assist them throughout the proceedings who may be (but is not required to be) an attorney
- A statement that the Parties have the right to inspect and review all evidence collected during the complaint process
- A statement that any Party who knowingly makes false statements or submits false information during the grievance process will be subject to disciplinary procedures

Initial Meeting with Respondent: If a Formal Complaint is filed, the Title IX Coordinator will promptly schedule an initial meeting with the Respondent after the written notice of the Formal Complaint is sent as described above. Prior to the initial meeting, the Title IX Coordinator shall provide a written notice of the

date, time, location, participants, and purpose of the meeting, with sufficient time for the Party to prepare to participate. During the initial meeting with the Respondent, the Title IX Coordinator (or designee) will, as applicable:

- Provide a copy of this policy (if not previously provided)
- Explain avenues for resolution, including informal and formal
- Explain the steps involved in an investigation and hearing under this policy
- Discuss confidentiality standards and concerns
- Discuss non-retaliation requirements
- Inform of any supportive measures already determined and being provided to the Complainant that would directly affect the Respondent
- Refer to law enforcement, counseling, medical, academic or other resources, as appropriate
- Discuss, as appropriate, possible supportive measures that can be provided to the Respondent

Student Respondent(s) who fail to comply with the request to meet with the Title IX Coordinator will be referred to the Dean of Student's Office of their respective College or Graduate School. The failure to meet will be addressed under the provisions of the Student Code of and treated as a failure to respond to a summons from a University official.

Employee Respondent(s): the request for a meeting with the Title IX Coordinator should be coordinated with the employees' supervisor. Failure of the employee to cooperate in the process may be considered insubordination. Consult must occur with Employee Relations, in these instances.

Right to Advisor: Both Parties will be advised that they may be accompanied by one advisor/support person to assist them throughout the Title IX process, which can be (but is not required to be) an attorney. The advisor is not allowed to speak or otherwise actively participate during the pre-hearing interviews or meetings. It is the Party's responsibility to obtain the services of an advisor, except that the University will make an advisor available to the Parties during the hearing to determine responsibility upon request. A Party who wants the University to provide an advisor for the determination hearing should make a request within 15 Days after the Party's filing or receipt of *the Formal Complaint*. *The advisor's role at the hearing is further explained below.*

Emergency Removal: If, after the Assessment Team undertakes a safety and risk analysis, the University determines that the Respondent poses an immediate threat to the physical health or safety of any student or other individual arising from the allegations of Sexual Harassment, it may remove the Respondent from the University's programs or activities. In such instances, the Respondent will be provided with a written notice of the reasons for the removal. Within 5 Days of receiving the notice, the Respondent may challenge the decision by requesting a meeting with the Associate Provost for Students and Administration.

Administrative leave: Nothing in this policy precludes the University from placing a non-student employee Respondent on administrative leave during the pendency of the grievance process.

Supportive Measures: Supportive measures, as defined in this policy, will be based on the facts and circumstances of each situation. The Title IX Coordinator is responsible for coordinating the effective implementation of supportive measures. They may include, but are not limited to, the following:

- Counseling
- Extensions of deadlines or other course-related adjustments
- Modifications of work or class schedules

- Campus escort services
- Mutual restrictions on contact between the Parties
- Changes in working or housing locations
- Leaves of absence
- Increased security and monitoring of certain areas of the campus

The University will maintain as confidential any supportive measures provided to the Complainant or Respondent, to the extent that maintaining such confidentiality would not impair the ability of the University to provide the supportive measures.

Informal Resolution: At any time after a formal written complaint is filed but prior to reaching a determination regarding responsibility, the University may facilitate a resolution without a full investigation and adjudication. The Complainant and Respondent must give their voluntary, written Consent to the informal resolution process. The informal resolution process will not be utilized to resolve allegations that an employee sexually harassed a student.

Prior to commencing the informal resolution process, the Title IX Coordinator or designee must provide the Parties a written notice that includes the following information:

- Notice of the allegations contained in the Formal Complaint, including dates, location(s), and identities of the Parties
- Any agreed upon resolution reached at the conclusion of the informal complaint process will preclude the Parties from resuming a Formal Complaint arising from the same allegations
- At any time prior to agreeing to a resolution, any Party has the right to withdraw from the informal resolution process and resume the grievance process with respect to the Formal Complaint
- Any consequences resulting from participating in the informal resolution process, including the records that will be maintained or could be shared

An informal resolution process may include conducting targeted or broad-based educational programming or training, increased supervision, mediation and/or any other remedy that can be tailored to the situation to transform the environment, prevent recurrence of the issues and remedy the effects of the particular complaint.

16.Comprehensive Investigation

If resolution of the allegations does not proceed through the informal process, the matter will proceed with a comprehensive investigation and resolution through the Formal Complaint processes. The Title IX Coordinator will be responsible for overseeing the prompt, equitable, and impartial investigation during the Formal Complaint process. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility shall rest on the University and not the Parties.

The Title IX Coordinator will apprise the head of the appropriate division or department of the complaint, or, if the complaint is against a student, the vice provost for student affairs and dean of students for the student's respective College.

Assignment of Investigator: If the Title IX Coordinator's designee is to conduct the investigation, the Title IX Coordinator will forward the complaint to the investigator and share the investigator's name and contact information with the Complainant and the Respondent.

Conflicts of Interest and Bias: Within three (3) Days after the identity of the person who will conduct the investigation is determined and communicated to the Parties, the investigator, the Complainant, or the Respondent may identify to the Title IX Coordinator in writing any real or perceived conflicts of interest or bias that the person charged with conducting the investigation (including the Title IX coordinator, where applicable) may have. The Title IX Coordinator will carefully consider such statements and will assign a different individual as investigator *if it is determined that a material conflict of interest or bias exists.*

Overview of Investigation: Upon receipt of the Formal Complaint, the Title IX Coordinator/Investigator (hereinafter “Investigator”) will promptly begin the investigation, which shall include but is not limited to the following:

- Conducting interviews with the Complainant, the Respondent, and any witnesses (including expert witnesses, where applicable) and summarizing such interviews in written form
- Visiting, inspecting, and taking photographs at relevant sites
- Where applicable, collecting and preserving relevant evidence (in cases of corresponding criminal reports, this step may be coordinated with law enforcement agencies)
- Obtaining any relevant medical records pertaining to treatment of the Complainant, provided that the Complainant has voluntarily authorized release of the records in writing to the investigator

Inspection and Access to Evidence: The Parties may identify to the Investigator any evidence or witnesses they wish to be included as part of the investigation. Both Parties will also have equal opportunity to inspect and review any evidence obtained during the investigation. The Investigator will complete the gathering of evidence as soon as practicable, which will ordinarily occur within approximately 30 Days after the filing of the Formal Complaint.

After the gathering of evidence has been completed, but prior to completion of the investigative report, the Investigator will provide to each Party and Party’s advisor, if any, any evidence obtained as part of the investigation that is directly related to the allegations raised in the Formal Complaint, including the evidence upon which the University does not intend to rely in reaching a determination regarding responsibility and inculpatory or exculpatory evidence (whether obtained from a Party or other source), so that each Party can meaningfully respond to the evidence prior to the conclusion of the investigation. The evidence will be provided in an electronic format or a hard copy. The Parties will have 10 calendar days to submit a written response to the evidence, which will be considered by the Investigator prior to completion of the investigative report. The evidence will be made available for the Parties to use at the hearing to determine responsibility.

Investigative Report: The investigative report shall fairly summarize the relevant evidence and must include the following items and information that is relevant to the allegations in the Formal Complaint:

- The dates of the Title IX Coordinator’s initial receipt of a report of alleged Sexual Harassment against the Complainant, intake meeting, and the filing of the Formal Complaint
- A statement of the allegation(s), a description of the incident(s), the date(s) and time(s) (if known), and location of the alleged incident(s)
- The names of all known witnesses to the alleged incident(s)
- The dates that the Complainant, Respondent, and other witnesses were interviewed, along with summaries of the interviews
- Descriptions or summaries of any physical or documentary evidence that was obtained (e.g., text messages, emails, surveillance video footage, photographs)
- Any written statements of the Complainant, Respondent, or other witnesses

- The response of University personnel and, if applicable, University-level officials, including any supportive measures taken with respect to the Complainant and Respondent

The Investigator shall provide a draft of the investigative report to the Title IX Coordinator for review before the report becomes final. An electronic or hard-copy version of the final investigative report will be provided to each Party (and each Party's advisor) concurrently. The investigative report shall be provided as soon as practicable after the Parties have submitted their written responses to the evidence (if any) and at least 10 working days prior to the determination hearing. The Parties may provide a written response to the investigative report within 5 calendar days after receiving it.

17.Determination Hearing

Following the conclusion and distribution of the investigative report, a hearing will be conducted to determine the outcome and resolution of the complaint. The Parties and their advisors, if any, will be notified by Title IX Coordinator of the date, time and location of the hearing, as set forth in the notice provisions below.

Hearing Panel: Within 3 Days of the release of the investigative report to the Parties, the Chancellor or their designee will appoint a three-member Hearing Panel, which shall be composed of at least 2 faculty and/or staff members and may include (but is not required to include) one outside person who is not permanently employed by the University. If a Hearing Panel will be used, the Chancellor or their designee will select one member of the Hearing Panel to act as the Chair. The Title IX Coordinator will provide a copy of the Formal Complaint and the investigative report, along with the Parties' written responses to the investigative report, to each member of the Hearing Panel.

Promptly after the appointment of the members of the Hearing Panel, the Title IX Coordinator will provide concurrent written notice to the Complainant and the Respondent, setting forth the names of the individuals selected to serve as the member of the Hearing Panel. The Parties may challenge the participation of any decision-maker based on bias or a conflict of interest by submitting a written objection to the Chancellor or their designee within 3 calendar days of receipt of the notice.

Any objection must state the specific reason(s) for the objection. The Chancellor or their designee will evaluate the objection and determine whether to select a new alter the composition of the Hearing Panel. Failure to submit a timely and proper objection will constitute a waiver of the objection. Any changes in the Hearing Panel will be provided in writing to both Parties prior to the date of the hearing.

Submission of Witnesses Lists: Within 5 calendar days of receipt of the notice of the Hearing Panel, both Parties may provide to the Chair of the Hearing Panel a list of witnesses, if any, that they propose be called to testify and a brief description of each proposed witness's connection to and/or knowledge of the issues in dispute. Absent good cause, a Party cannot include a witness on the Party's pre-hearing witness list unless the witness was identified during the investigation. The Hearing Panel reserves the right to call relevant witnesses who may not have been included on a Party's witness list.

Notice of the Hearing: Not less than 5 Days but not more than 10 Days after delivery of the notice of the Chair of the Hearing Panel will provide a separate notice to the Complainant, Respondent, and any other witnesses whose testimony the Hearing Panel deems relevant, requesting such individuals to appear at the hearing to determine responsibility. The notice should set forth the date, time, and location for the individual's requested presence. The Hearing Panel shall provide, in its notice to the Parties, the names of the witnesses that the Hearing Panel plans to call. The hearing shall be conducted promptly but no sooner than 10 calendar days after release of the investigative report.

Failure to Appear: If any Party fails to appear at the hearing if requested to do so, and such Party was provided notice of the hearing as set forth above, then absent extenuating circumstances, the Hearing Panel will proceed to determine the resolution of the complaint. As explained below, a party's failure to appear may impact the Hearing Officer or Hearing Panel's consideration and weight given to the non-appearing party's version of events based on another source, such as the Formal Complaint or a prior statement.

Option for Virtual or Separate Presence: Live hearings may be conducted with either all Parties present in the same geographic location or, at the University's discretion, any or all Parties and witnesses may appear at the live hearing virtually, with technology enabling participants simultaneously to see and hear each other. Either Party may request not to be in the same room as the other Party. If any Party makes such a request, then both Parties will be required to attend the hearing from a location or room different from where the Hearing Panel is sitting. If the hearing is virtual, or there is a request for separate rooms at a physical location, the University will ensure that all participants are able to simultaneously see and hear the Party or witness answering questions. Instructions will be provided for accessibility prior to the hearing date.

Recordings: An audio or audio-visual recording will be created of the live hearing and will be made available for inspection and review at any Party's request.

Advisor's Role at Hearing: The Complainant and Respondent may be accompanied by an advisor during the hearing to determine responsibility. A Party must identify their advisor (if any) at least 5 Days prior to the hearing. The advisor's role at the hearing shall consist of (1) providing private advice to the Party they are supporting and (2) questioning the opposing Party and other witnesses. The advisor can be anyone, including an attorney. A Party may arrange for the Party's advisor of choice to attend the hearing at the Party's own expense. Alternatively, the University will select and provide an advisor to assist a Party at the hearing to determine responsibility, without fee or charge, upon request. In either scenario, the advisor may only participate in the hearing to the extent allowed under this policy. A Party who wants an advisor to be provided by the University should notify the Title IX Coordinator at least 15 Days after the filing or receipt of the Formal Complaint.

Evidentiary Matters and Procedure: The Parties, through their advisors, shall have an equal opportunity to question the opposing Party and other witnesses, including fact and expert witnesses, and present other inculpatory or exculpatory evidence. Formal rules of evidence will not be observed during the hearing. The Hearing Panel will conduct the initial questioning of witnesses prior to the questioning by an advisor. The Chair of the Hearing Panel (acting alone or in consultation with other panelists) will make all determinations regarding the order of witnesses, relevancy of questions, and the evidence to be considered or excluded during the hearing and decision-making process. The Hearing Panel may, in its discretion, choose to call the Investigator for the purpose of providing an overview of the investigation and findings.

Witness Examinations by the Parties: Each Party's advisor is permitted to question the opposing Party and the other witnesses, so long as the questions are relevant and not duplicative of the questions posed by the Hearing Panel. The questions may include challenges to credibility. No other questioning or speaking participation by an advisor will be allowed. A Party may not examine a Party or witness directly; rather, a Party must utilize the services of an advisor for the purpose of posing questions to another Party or witness. A Party not represented by an advisor may, however, submit a list of proposed questions to the Chair of the Hearing Panel and ask that the questions be posed to the opposing Party or witness.

The decision-maker(s) cannot draw an inference about responsibility based solely on a Party's or witness's absence from the live hearing or refusal to answer cross-examination or other questions. In a circumstance where a Party or witness does not participate in a hearing, the Hearing Panel should weigh the facts and

circumstances in determining whether to consider, and what weight to assign, any statements furnished outside the hearing process.

The Chair of the Hearing Panel will make determinations regarding relevancy of questions before a Party or witness answers. If a determination is made to exclude the question based on relevancy, the Panel Chair will provide an explanation of why the question was deemed irrelevant and excluded.

The Panel Chair may disallow the attendance of any advisor if, in the discretion of the Panel Chair, such person's presence becomes disruptive or obstructive to the hearing or otherwise warrants removal. Advisors will not be permitted to badger or question the opposing Party or any witness in an abusive or threatening manner. Absent accommodation for a disability, the Parties may not be accompanied by any other individual during the hearing process except as set forth in this policy. University officials may seek advice from the University's Office of General Counsel on questions of law, policy, and procedure at any time during the process.

Prior Sexual Conduct: Questions and evidence about the Complainant's sexual predisposition or prior sexual behavior are not relevant, unless such questions and evidence about the Complainant's prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Complainant, or if the questions and evidence concern specific incidents of the Complainant's prior sexual behavior with respect to the Respondent and are offered to prove Consent.

Confidentiality and Disclosure. To comply with FERPA and Title IX and to provide an orderly process for the presentation and consideration of relevant information without undue intimidation or pressure, the grievance process is not open to the general public. Accordingly, documents prepared in anticipation of the hearing (including the Formal Complaint, investigative report, evidentiary materials, notices, and prehearing submissions), recordings of the hearing, and documents, testimony, or other information used at the hearing may not be disclosed outside of the hearing proceedings, except as may be required or authorized by law.

Decision of the Panel and Standard of Evidence: Following the conclusion of the hearing, the Hearing Panel will confer and determine whether the evidence establishes that it is more likely than not that the Respondent committed a violation of this policy. In other words, the standard of proof will be the Preponderance of the Evidence. This standard applies to complaints against both students and employees. In reaching the determination, the Hearing Panel will objectively and thoroughly evaluate all relevant evidence, both inculpatory and exculpatory, and reach an independent decision, without deference to the investigative report. If a Hearing Panel is utilized, the determination of responsibility shall be made by majority vote.

Written Determination of Responsibility: As soon as practicable following the hearing (and ordinarily within 10 Days thereafter), the Panel Chair shall complete a report of the decisionmaker's findings. The Panel Chair will send simultaneous notification of the decision to both Parties and their advisors, where applicable, with the following information:

- Identification of the allegations potentially constituting Sexual Harassment under the policy
- A description of the procedural steps taken from the receipt of the Formal Complaint through the determination, including any notifications to the Parties, interviews with Parties and witnesses, site visits, methods used to gather other evidence and the hearing held
- Findings of fact that support the determination
- Conclusions regarding the application of the University's conduct standards to the facts
- A statement and rationale for the result as to each allegation, including a determination as to responsibility using the Preponderance of the Evidence standard

- Any disciplinary Sanctions imposed on Respondent
- Whether any remedies designed to restore or preserve equal access to the University's Education Program or Activity will be provided to the Complainant (description of remedies is not included)
- Procedures and permissible bases for the Parties to appeal

Sanctions: If the Hearing Panel determines that more likely than not the Respondent committed a violation of this policy, then the Hearing Panel will determine Sanctions and give consideration to whether a given Sanction will (a) bring an end to the violation in question, (b) reasonably prevent a recurrence of a similar violation, and (c) remedy the effects of the violation. Sanctions for a finding of responsibility will depend upon the nature and gravity of the misconduct, any record of prior discipline for a violation of this policy, or both. The range of potential Sanctions is set forth in the definitions section of this policy.

Ordinarily, Sanctions will not be imposed until the resolution of any timely appeal under this policy. However, if it is deemed necessary to protect the welfare of the victim or the University community, the Hearing Panel may recommend to the decision-maker on appeal that any Sanctions be imposed immediately and continue in effect until such time as the appeal process is exhausted.

Sanctions imposed on faculty and staff may include, without limitation, notification to the licensure board, letters of reprimand, demotion, withholding a promotion or pay increase, reassigning employment, disciplinary action to include terminating employment, temporary suspension without pay, or mandatory retraining.

Sanctions, which may be imposed on students, may include, without limitation, disciplinary probation, expulsion or suspension from the University, mandated counseling, and/or educational Sanctions as deemed appropriate. Further, the University reserves the right to delay or refuse the conferring of an academic degree (undergraduate or graduate) during a pending investigation.

Failure to Satisfy or Timely Complete a Disciplinary Sanction and/or Condition: A student's failure to satisfy or complete a mandated Sanction and/or condition within the allotted time may result in additional administrative actions, including, but not limited to, a block on the student's ability to register for classes.

An employee's failure to satisfy or complete a mandated Sanction and/or condition within the allotted time may result in additional actions, to include discipline.

Remedies: Where a determination is made that the Respondent was responsible for Sexual Harassment, the Hearing Panel will determine any final remedies to be provided to the Complainant, if any, and the Title IX Coordinator will communicate such decision to the Complainant and the Respondent to the extent that it affects him/her. Remedies must be provided in all instances in which a determination of responsibility for Sexual Harassment has been made against the Respondent. Remedies must be designed to restore or preserve equal access to the University's Education Program or Activity. Such remedies may include the same individualized services described above as "supportive measures"; however, remedies need not be nondisciplinary or non-punitive and need not avoid burdening the Respondent.

No Retaliation: The Title IX Coordinator will take steps to prevent any harassment of or retaliation against the Complainant, the Respondent, or third parties, such as informing them about how to report subsequent problems, following up with them to ensure that there are no subsequent problems, and providing training for the campus community.

18.Appeals

Procedure for Appeals: Both the Complainant and the Respondent may appeal from (1) the Title IX Coordinator's dismissal of a Formal Complaint or any allegations therein or (2) the Hearing Panel's determination. The appeal should be submitted in writing to the Title IX Coordinator within 5 Days of receipt of the Hearing Panel's decision. The Title IX Coordinator will forward the appeal to the Chancellor or their designee. The appeal will be decided based on the written record and without deference to the decision of the Hearing Panel.

If the Respondent is an employee, the Chancellor or their designee will decide the appeal. If the Respondent is a student, the appeal will be decided by an Appeal Panel comprised of at least two faculty and/or staff members. One of the members of the Appeal Panel can be (but need not be) an outside person who is not an employee. The Chair of the Appeal Panel (in cases where the Respondent is a student) or the Chancellor or designee (in other cases) shall make any decisions concerning appellate jurisdiction under the permissible grounds for appeal described below. The appeals process will be conducted through a paper review process. A new live hearing will not be conducted.

The Party appealing may use the Appeal Form or the Party may submit their own written and signed document. Acceptable means of notification include email, facsimile, hand-delivered notification, or postal delivery. The Title IX Coordinator will promptly inform the other Party of the appeal.

Grounds for Appeal: The appeal from the decision of the Hearing Panel must be for one of the following reasons:

- 1) a procedural irregularity that affected the outcome of the decision;
- 2) there is new evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made and that could affect the outcome of the matter; or
- 3) the Title IX Coordinator, Investigator(s), or Panel Member(s) had a conflict of interest or bias for or against Complainants or Respondents in general or against an individual Complainant or Respondent that affected the outcome.

Responses to Appeal: Within 5 Days of receipt of the appeal, the other Party may submit a written statement in response to the appeal and which supports or challenges the dismissal or determination. The response should be submitted to the Title IX Coordinator, who shall provide a copy to the decision-maker and the appealing Party.

Decision on Appeal: As soon as practicable after receiving the Parties' written submissions (and ordinarily within approximately 10 Days), the Chancellor (or designee) or Appeal Panel will issue a written decision describing the result of the appeal and the rationale for the result. The decision on appeal may uphold the decision, modify it, or remand for further factual development. The decision-maker on appeal will concurrently notify the Complainant and the Respondent of the decision, with a written copy provided to the Title IX Coordinator.

Employees: All non-tenure track faculty and staff members of the University without term contracts are at-will employees who may be terminated at any time, with or without cause. With regard to such faculty and staff, nothing in this Policy shall create an expectation of continued employment with the University or be construed to prevent or delay the University from taking any disciplinary action deemed appropriate (including suspension and immediate termination of employment) for any violation of state law, federal law or University policy.

19. Time Periods

The University will make every reasonable effort to ensure that the investigation and resolution of a complaint occurs in as timely and efficient a manner as possible.

Any Party may request an extension of any deadline by providing the Title IX Coordinator or their respective deputies with a written request for an extension that includes reference to the duration of the proposed extension and the basis for the request.

The Title IX Coordinator may also modify timelines in cases where information is not clear, judged to be incomplete, relevant parties are not available for interview, absence of an advisor, concurrent law enforcement activity, the need for language assistance or disability accommodation and/or other circumstances that may arise.

20. Retaliation Prohibited

No person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX, 34 C.F.R. Part 106, or this policy, or because an individual has made a report or complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this part. Intimidation, threats, coercion, or discrimination, including changes against an individual for code of conduct violations that do not involve sex discrimination or Sexual Harassment, but arise out of the same facts or circumstances as a report or complaint of sex discrimination, or a report or Formal Complaint of sex discrimination or harassment, for the purpose of interfering with any right or privilege secured by Title IX, 34 C.F.R. Part 106, or this policy, constitutes retaliation. However, the exercise of rights protected under the First Amendment does not constitute retaliation.

21. False Reports

Willfully making a false report of Sexual Harassment or submitting false information during these proceedings is a violation of University policy and is a serious offense. However, a determination regarding responsibility, alone, is not sufficient to conclude that any Party made a materially false statement in bad faith. Any person who willfully makes or participates in making a false or frivolous report of discrimination, harassment, retaliation or sexual misconduct will be subject to disciplinary action. False reporting may also violate state criminal statutes and civil defamation laws.

22. External Reporting Agencies

Although Complainants are encouraged to resolve their grievances related to discrimination by utilizing this Complaint/Grievance Procedure, they may have the right to file a complaint directly with the following agencies. Individuals who wish to file complaints with these external agencies should make contact as soon as possible and verify any applicable time limits and deadlines.

Office of Civil Rights (OCR) U.S.
Department of Education
1999 Bryan St., Suite 1620
Dallas, TX 75201-6810
Toll Free: 1-800-421-3481
Telephone: 214-661-9600

Fax: 214-661-9587
Email: OCR.Dallas@ed.gov

Equal Employment Opportunity Commission (EEOC)

820 Louisiana Street, Suite 200
Little Rock, Arkansas, 72201
Toll Free Phone: 1.800.669.4000
Telephone: 501.324.5060
TTY: 1.800.669.6820
Fax: 501.324.5991
Website: www.eeoc.gov

NSF Grantees Only

National Science Foundation Office of
Diversity and Inclusion 2415
Eisenhower Ave.
Alexandria, VA 22314
Telephone: 703-292-8020
Fax: 703-292-9072
Email: programcomplaints@nsf.gov

23.Effective Date

The University reserves the right to make changes and amendments to this Policy as needed, with appropriate notice to the campus community. However, the Policy in force at the time that a Complaint is filed will be the Policy used throughout the investigation, hearing, and any appeals.

24.Retention of Records

For a period of at least seven years, the University will maintain the records of:

- Each Sexual Harassment investigation, including any determination regarding responsibility, any recordings or transcripts, disciplinary Sanctions, and remedies provided to the Complainant
- Any appeal and the result therefrom
- Any informal resolution and the result therefrom
- All materials used to train Title IX Coordinators, investigators, decision-makers, and any person who facilitates an informal resolution process. These materials will be made publicly available on the University's website.
- Records of any actions, including supportive measures, taken in response to a report or Formal Complaint of Sexual Harassment, along with documentation of the University's bases for its conclusion that its response was not deliberately indifferent.

Documentation pertaining to terminations, expulsions or educational Sanctions may be retained indefinitely.

REFERENCES

Title IX of the Education Amendments of 1972, as amended
Title VII of the Civil Rights Act, as amended
Clery Act, as amended
Campus SaVE Act, as amended

Family and Educational Rights to Privacy Act, as amended
Academic Affairs Policy 2.2.1, Grievance Procedure for Students Alleging Discrimination
Administrative Guide Policy 4.4.16, Employee Grievance Procedure
Administrative Guide Policy 4.4.02, Employee Discipline

Signature: 

Date: December 8, 2021

APPENDIX D – COLLEGE OF MEDICINE PROCEDURES

The vast majority of medical students will pass through the medical education system without any difficulty. Most students never become well known to their Promotions Committee except as they are routinely promoted to the next level of study. A few students, however, will have problems that bring them before the Honor Council or their Promotions Committee. These problems fall into two major categories, academic (marginal or inadequate academic performance) and disciplinary (cheating or serious breach of appropriate behavior). Since the procedures used to handle these problems differ, they will be described separately. There may also be students who believe that a rule, procedure or policy was applied to them in an unfair or inequitable manner, or that they had been treated unfairly by a faculty member or administrator. The Student Grievance Procedure is used to review the complaint of unfair treatment. It is possible that a student's allegation (e.g., unfairness of an assigned grade) could impact on two of the three procedures. In a situation such as an allegation of unfair assignment of a grade, the Grievance Panel must review the allegation first and make a recommendation to the Dean. The Promotions Committee can make a recommendation on progress and promotion of a student only after receipt of final, uncontested grades.

ACADEMIC PROCEDURES

The Promotion Committee meets regularly to review the records of all students approximately two weeks after final grades are assigned by the faculty. When a student does not meet scholastic cognitive or minimal scholastic non-cognitive standards as defined in the "Academic Requirements for the Promotion of Medical Students," the Promotions Committee will review that student's record in detail and make a recommendation to the Dean or the Dean's designee. The Promotions Committee may meet anytime during the calendar year upon receipt of a finding by the Honor Council that a student has violated the Honor Code, or for other reasons described in the "Academic Requirements."

The members of the Promotions Committee and student(s) whose situation(s) will be considered in detail will be notified, in writing, of the meeting by the Chairman of the Promotions Committee. The notice will be hand delivered to the student(s) or delivered by Certified Mail to his/her last known address. The notice will include the date, time, and place of the meeting, the issues which will be considered, and the possible consequences.

The student may submit a written statement to the Chairman of the Promotions Committee prior to the meeting which sets out reasons why the determination of the Committee should be in his/her favor. The student may also submit written statements from others in his/her behalf, and may appear in person, make an oral statement, and answer questions from members of the Committee. This interaction shall be in the nature of an informal give-and-take rather than a formal evidentiary hearing. Legal counsel may not be present. The student may not present witnesses without prior consent of the Chairman.

The recommendation of the Promotions Committee will be made after careful and deliberate discussion, based upon the professional judgment of the committee members. The Promotions Committee shall not reconsider a determination that a violation of the Honor Code or a serious breach of appropriate behavior has occurred. Students may not be present during the committee deliberations. The student shall be notified of the recommendation in writing.

Within seven (7) working days of the date of the recommendation notice, the student may contest, in writing, to the Chairman of the Committee that a (1) substantial mistake of fact occurred, (2) a fundamental misinterpretation of official policies is evident, or (3) a significant procedural defect took place. These are the only bases for contesting the decision. If the decision of the Promotions Committee is contested by a student, the Promotions Committee will reconvene to review the student's contentions. If the Committee concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review

the fact which was originally presented in error, and then review its recommendation and revise it if appropriate.

The final recommendation will be forwarded to the Dean or Dean's designee after the seven (7) day period for contest has passed or at the conclusion of a contest.

DISCIPLINARY ACTIONS

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

- cheating
- stealing
- fraud
- other violations of law

After receipt of an allegation of infraction of the Honor Constitution, a hearing before the Honor Council will be conducted to determine the facts. The Chairman or a member of the Investigation Committee shall prepare and present the case against the student. If the student is found guilty of a violation of the Honor Code by the Honor Council, his/her disposition becomes an academic matter. The case shall be referred to the appropriate faculty Promotions Committee for determination of disposition using the Academic Procedures. If the student is found innocent by the Honor Council, all records will be destroyed.

If it is alleged that a student has failed to meet minimal scholastic non-cognitive performance standards as defined in the Academic Requirements for the Promotion of Medical Students", the Promotions Committee will review the student's record in detail using the Academic Procedures. However, if in the opinion of the Dean or Dean's designee a serious and significant breach of appropriate behavior is alleged (e.g., arrested for stealing, fraud or other violations of law), the Promotions Committee will hold a disciplinary hearing to evaluate the evidence and make a determination. The Dean or Dean's designee will appoint a faculty member to prepare and present the case before the Promotions Committee. (In general, if the fact of guilt has been determined, (the student confesses, the Honor Council or Promotions Committee has determined guilt, etc.), the Academic Procedure is used. The Disciplinary Procedure is used if the determination of guilt is still in question. As described below, if guilt is established, the Academic Procedure is used to decide disposition.)

DISCIPLINARY HEARING PROCEDURES

Reasonably in advance of an Honor Council hearing or a meeting of the Promotions Committee, the student will be provided notice in writing of the specific allegations, a list of witnesses and any sworn statements or exhibits which will be used as evidence against him/her. The student will be given a list of the members and alternates of the Promotions Committee or Honor Council. The student may request that the designated alternate replace any member(s) of the Promotions Committee or Honor Council for the hearing.

The hearing will be conducted in private. Witnesses will be admitted for testimony only and then asked to leave. The testimony will be tape recorded, but the final deliberations of the Committee or Council will not be recorded.

The student may have one (1) person present during the hearing, who may be an attorney, to advise him/her. This person may not address the Promotions Committee or Honor Council, speak on behalf of the student, question witnesses, or otherwise actively participate in the hearing. If the complainant chooses to have an

attorney present, a University attorney may also attend the hearing. The student may appear in person, make an oral statement, and answer questions from members of the Committee or Council. Should the student choose to remain silent, no adverse inference will be raised against him/her. The student may submit sworn written statements and other exhibits and witnesses in his/her behalf. The student may hear and question all witnesses.

During the period of time prior to the disciplinary hearing, the Dean or Dean's designee may remove a student from his/her academic place (courses, clerkship, or elective) if the student materially and substantially disrupts the educational process or constitutes a clear and present danger to the health and safety of any other persons, themselves, or property, or infringes on the rights of others.

The Promotions Committee or Honor Council shall make its determination in writing based upon the evidence presented at the hearing which is relevant to the issue or issues before the Promotions Committee or Honor Council. The student may not be present during the Promotions Committee or Honor Council deliberations. The student shall be notified in writing of the determination.

Within seven (7) working days of the date of the determination notice the student may contest, in writing, to the Chairman of the Promotions Committee or President of the Honor Council that a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is evident, or a significant procedural defect took place. These are the only bases for contesting the determination. If the determination of the Promotions Committee or the Honor Council is contested by a student, the Promotions Committee or Honor Council will reconvene to review the student's contentions. If the Promotions Committee or Honor Council concurs with the student, it will correct the procedural defect, reinterpret the policy as appropriate, or review the fact which was originally presented in error, and then review its determination and revise it if appropriate. At appeal proceedings, the student may appear in person, make an oral statement, and answer questions from members of the Committee or Council. Should the student choose to remain silent, no adverse inference will be raised against him/her. The student may submit sworn written statements, evidentiary exhibits, or call on pre-identified witnesses. The identification of, and contact information for, witnesses must be disclosed to the presiding body no later than three (3) working days prior to the proceeding. The student may hear and question all witnesses. If the student is facing a suspension of ten (10) or more days or expulsion, the student may, at his/her own expense, rely on an advocate who may fully participate in the proceeding. The advocate may be a licensed attorney. The student shall not have the right to an advocate in a disciplinary appeal proceeding regarding allegations of academic dishonesty. There shall be no appeal from a final determination by either the Promotions Committee or Honor Council.

If the Promotions Committee finds a serious breach of behavior occurred, the Promotions Committee will use the "Academic Procedures" to recommend disposition to the Dean or Dean's designee.

A determination by the Honor Council that a student violated the Honor Code shall be referred to the appropriate Promotions Committee for consideration as a failure to meet academic standards under the academic procedures.

FINAL DECISION BY THE DEAN OR DEAN'S DESIGNEE

After receipt of a recommendation from the Promotions Committee resulting from either an academic or disciplinary procedure the Dean or Dean's designee may accept the recommendation, reverse it, or refer it back to the Promotions Committee for reconsideration. The decision of the Dean or the Dean's designee shall be final and there shall be no appeal. The student shall be notified in writing of the decision.

POLICY ON ADMINISTRATIVE ACTIONS

In the College of Medicine, certain individuals have the authority to impose interim administrative actions in order to protect the safety and welfare of members of the University community. These "authorized individuals" include the Dean and/or his/her designees. As defined below, the Deans and their designees are permitted, when necessary, to take the following interim administrative actions: (A) interim actions; (B) interim suspensions; and/or (C) referrals for psychological or psychiatric evaluations.

A. Interim Actions

In special circumstances the authorized individuals named above may impose "interim actions" to ensure the safety and welfare of members of the University community, including, but not limited to, student restrictions from certain activities or locations and changes in class schedules. Any restrictions outlined in the interim action will be clearly presented in a written notice to the student.

1. Appeal of Interim Administrative Action: In the event that interim action is invoked, the student may appeal the action through the College's non-discriminatory grievance policy as further explained in the "Grievance Procedure" which is detailed in Appendix D of this Student Handbook. During the grievance process, a hearing will be provided. At this hearing, the student will be given the opportunity to explain why he/she does not constitute a threat to the safety, health, or welfare of members of the University community.

2. Violation of Interim Action: Any violation of an interim action will result in an inadequate Student Professionalism Assessment. The Promotions Committee will then meet using the "Academic Procedure" as detailed in this same Appendix D of this Student Handbook, to consider the student's status with the College of Medicine.

B. Interim Suspension

Notwithstanding any other provision of this Code, an "interim suspension" may be imposed upon a student by the Dean and/or his/her designees when there is reasonable cause to believe, based on available facts, that the student is an immediate threat to the safety of himself or herself, other members of the University community or University property, or is persistently disruptive to the University community. When an "interim suspension" action is imposed, a student will be given a written notice containing the reasons for suspension, the duration, and any conditions that apply, along with a copy of this interim suspension policy. After receiving such notice, a student is required to leave the campus and University property immediately and make no future visits to any University property unless invited by his/her college Dean, the Dean's designee, or the Vice Chancellor for Academic Affairs. Following notice of an interim suspension, the student will be suspended from participation in all classes and all other University activities.

1. Appeal from the Interim Suspension: In the event that interim suspension is invoked, the student may appeal the action through the College's non-discriminatory grievance procedures as further explained in the "Grievance Procedure" in this same Appendix D of this Student Handbook. During the grievance procedures, a hearing will be provided to afford the student with an opportunity to explain why he/she does not constitute an immediate threat to the safety, health or welfare of himself or herself, or other members of the University community or University property, or is not persistently disruptive to the University community.

2. Violation of Interim Suspension: Any student who is suspended on an interim basis and returns to the campus and University property without proper authorization to do so or otherwise violates the terms of the interim suspension will receive an inadequate Student Professionalism Assessment. The Promotions Committee will then meet using the "Academic Procedure" as detailed in this same Appendix D of this

Student Handbook, to consider the student's status with the College of Medicine. Further, the student may be treated as a trespasser. Permission to be on campus for a specific purpose (e.g., to consult with the Vice-Chancellor for Academic Affairs, the student's college Dean or his/her designees, or to participate in the disciplinary procedures against him/her) may be granted in writing by the Vice-Chancellor for Academic Affairs, the student's college Dean or his/her designee.

C. Referral for Psychological Evaluation

The authorized individuals may determine that a student should undergo a psychological or psychiatric evaluation prior to an administrative action or a Grievance Committee hearing. When such determination has been made, the student should be administratively referred to the appropriate agency for such evaluation according to the guidelines outlined below:

1. Referral to The Student Wellness Center: When an authorized professional staff member has reasonable cause to believe that a student has severe emotional problems, and when there is reasonable cause to believe that a student's continued presence on campus would present a danger to himself/herself and/or others, or to university property, the staff member may direct the student to consult with the Director of Counseling and Psychological Services (The Student Wellness Program). In the event of a student's refusal to obtain such consultation in a timely manner, interim action may be invoked.

2. Procedure: Whenever possible, the student who is being administratively referred to the Center for Counseling and Psychological Services (The Student Wellness Program) will be accompanied by an appropriate professional staff or faculty member from his/her respective College.

3. Recommendations: Following an evaluation, the Director of The Student Wellness Program may recommend that the student be placed on an administrative leave of absence from the University to seek psychological/medical treatment if:

a) The student has violated institutional regulations and appears to lack the capacity to respond to the disciplinary process, or did not appear to know the nature and wrongfulness of the alleged violation; or

b) The student has threatened or attempted harm to himself or herself or another individual, or to University property, and is suffering from a serious mental disorder that is being exacerbated in the campus environment; or

c) A student is engaged in behavior exacerbated in the academic setting, which places him or her in serious medical jeopardy producing conditions that cannot be treated effectively without leaving the University.

4. Report: The Director of The Student Wellness Program will send a report summarizing the results of the evaluation and any recommended action to the student's Dean or his/her designees. Other appropriate personnel will be notified of any action taken regarding a change in the student's status by the student's Dean's Office (e.g., the University Housing staff member if the student is living in a residence hall).

5. Administrative Leave of Absence: If an administrative leave of absence is recommended, the Director of The Student Wellness Program will notify the student's Dean or designee. If the Dean or designee accepts the Director's recommendation, the student shall be immediately placed on a leave of absence from the College of Medicine.

a) Return from Leave of Absence: If a student has been placed on an administrative leave of absence from the College of Medicine based on recommendations from the Director of The Student Wellness Program, prior to ending the leave and returning to school, the student will be required to submit a report to his/her Dean or designee from a licensed mental health practitioner stating that he/she is capable of participating in the College's academic/disciplinary/grievance processes, and/or that the student has received sufficient

treatment to be capable of returning safely to the University community. The College of Medicine may require further evaluation by the Director of The Student Wellness Program or by another licensed practitioner.

b) Appeal from Administrative Leave of Absence: After the Dean or designee has received a report from the Director of the Student Wellness program stating that the student is capable of participating in the College's academic/disciplinary/grievance processes, the student may appeal any disciplinary charges through the College's nondiscriminatory grievance procedures in the "Grievance Procedure" in Appendix D of this Student Handbook to determine the appropriateness of sanction(s).

6. Dismissal: If the Interim Action, Interim Suspension, or Leave of Absence extends for a period of time making it impossible for the student to complete all requirements for the degree, Doctor of Medicine, in the seven years allowed by the College of Medicine's academic policy, "Limit on Years in Medical School", then the student will be dismissed from the College of Medicine using the normal Academic Procedures of the College.

(Approved by the Executive Committee of the College of Medicine on 1/11/2008)

GRIEVANCE PROCEDURE

Purpose

A grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a student who believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner.

Definitions

College of Medicine Appeals Board: A group of faculty members appointed by the Dean of the College of Medicine (COM) to hear formal grievances.

Grievance: An expression of dissatisfaction when a student believes that a rule, procedure, or policy has been applied in an unfair or inequitable manner, or that there has been unfair or improper treatment by a person or persons. Alleged situations not covered by this policy include discrimination because of race, national origin, gender, religion, age, disability, or status as a disabled or Vietnam-era veteran, or issues of sexual harassment, all of which are handled in accordance with other specific published policies of the University of Arkansas for Medical Sciences.

Grievance Panel: Those members of the College of Medicine Appeals Board selected, by a drawing, to hear a grievance, in accordance with Step II of the grievance procedure.

Grievant: Any student submitting a grievance as defined above.

Respondent: A person or persons alleged to be responsible for the violation(s) alleged in a grievance. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the grievance.

Working Days: Monday through Friday, excluding official UAMS holidays.

Policy

When an incident forming the basis for a grievance arises, the grievant must follow the procedure outlined below. Each grievance shall be handled promptly and impartially, without fear of coercion, discrimination, or reprisal. Each participant in a grievance shall do his or her part to protect this right.

No student, resident, faculty member, member of the Grievance Panel or College of Medicine Appeals Board, administrator, or witness shall suffer loss of compensation or leave time for the time spent in any step of this procedure.

Records shall be kept of each grievance process. These records shall be confidential to the extent allowed by law, and shall include, at a minimum: the written grievance complaint filed by the grievant, the written response filed by the respondent, the recording and documents of the hearing, the written recommendation of the Grievance Panel, the results of any appeal, the decision of the Dean, and any other material designated by the Dean or the Dean's designee. A file of these records shall be maintained in the office of the Executive Associate Dean for Academic Affairs.

For purposes of the dissemination of grievance precedents, separate records may be created and kept which indicate only the subject matter of each grievance, the resolution of each grievance, and the date of the resolution. These records shall not refer to any specific individuals, and they may be open to the public in accordance with the Arkansas Freedom of Information Act or pertinent Federal laws.

Procedure

Step I: Initial Attempt of Resolution

- A. The grievant must submit a written statement to the Course or Clerkship Director and/or his/her Chair or another appropriate administrative official specifying the violation(s) alleged, the reason for the grievant's belief that he or she is aggrieved, and the remedy sought. This written statement must be received by the appropriate official within fourteen (14) working days following the incident which forms the basis for the grievance.
- B. Within ten (10) working days of receipt of the written statement, an attempt will be made to resolve the grievance by a discussion with the grievant. The Course or Clerkship Director, Departmental Chair, or appropriate administrative official have the discretion, after discussion with the grievant, to discuss the grievance with the respondent in an effort to resolve the grievance.
- C. If the grievance is satisfactorily resolved by this discussion, the terms of the resolution shall be reduced to writing and shall be signed by the grievant, the Course or Clerkship Director, Departmental Chair, or appropriate administrative official, and the respondent (if the respondent has participated in any discussions in an effort to resolve the grievance and is affected by the resolution).
- D. This initial attempt of resolution must conclude within ten (10) working days of the initial discussion with the grievant. At the end of this ten-day period, if the grievance cannot be resolved, the grievant can immediately proceed to Step II, presentation of a formal grievance to the Dean of the COM.

Step II: Formal Grievance to the Dean

- A. Filing a grievance:

1. Grievances submitted to the Dean of the COM shall be in writing and shall provide the following information: name and address of the grievant; nature, date, and description of the alleged violation(s); name(s) of person(s) responsible for the alleged violation(s); requested relief for corrective action; and any background information the grievant believes to be relevant.

2. A grievance must be submitted to the Dean within ten (ten) working days of the completion of the initial attempt of resolution, outlined in Step I above.

B. Immediately upon receipt of a formal grievance, the Dean will give the respondent a copy of the grievance and will direct the respondent to submit to the Dean a written response to the charges within ten (10) working days. The respondent will be specifically warned not to retaliate against the grievant in any way. Retaliation will subject the respondent to appropriate disciplinary action.

C. Following receipt of the written response, the Dean may elect to review and decide the issue, or the Dean may refer the issue to the Appeals Board for a hearing. If the Dean decides the issue, the decision shall be final, and there shall be no appeal. If the Dean refers the issue to the Appeals Board, the grievance will be heard pursuant to the Pre-Hearing Procedures and Hearing Procedures listed below.

D. Pre-Hearing Procedures:

1. Selection of Grievance Panel: When a grievance is referred to the Appeals Board, a Grievance Panel, composed of six faculty members shall be selected as follows: The Dean, or the Dean's designee, and the grievant will review the membership of the College of Medicine Appeals Board. The Dean, or the Dean's designee, in that person's sole discretion, shall remove any member who may be considered inappropriate for the hearing (e.g., a faculty member directly involved in the issue being appealed should not sit on the panel for that complaint). The names of the remaining members will then be written on tabs of paper, folded, and randomized by mixing. The grievant will draw names from the container. The first six names will constitute the Grievance Panel, provided they are available to attend the Hearing. The seventh name drawn is the first alternate, the eighth name drawn is the second alternate, respectively, etc., until all faculty names are listed in a sequence of priority.

2. Scheduling of Hearing: The Hearing will be conducted no sooner than ten (10) working days and no later than twenty (20) working days after the drawing unless the Dean, or the Dean's designee, determines there is a specific reason why another time must be selected.

3. Representation: The grievant and the respondent may have one (1) person, who may be an attorney, to assist in the initiation, filing, processing, or hearing of the formal grievance. However, this person may not address the Grievance Panel, speak on behalf of the grievant or respondent, question witnesses, or otherwise actively participate in the hearing. The Grievance Panel may also be assisted and advised by University counsel at its discretion.

4. Evidence: No later than five (5) working days prior to the hearing, the grievant and the respondent shall provide the Dean, or the Dean's designee, with all documents to be used and relied upon at the hearing and, also, with the name, address, and telephone number of any representative and witnesses. There will be a simultaneous exchange of this information between the parties, which will be facilitated by the Dean, or the Dean's designee, five (5) working days before the date of the hearing.

5. Information to the Grievance Panel and Election of Chairperson: No later than three (3) working days prior to the Hearing, the Dean, or the Dean's Designee, shall assemble the six members of the Grievance Panel. The Grievance Panel will be supplied with the documents and information submitted by the parties (as specified in paragraph 4 above), the date of the hearing will be confirmed. The Dean or the Dean's Designee will then withdraw from the room. The Grievance Panel should convene briefly for the sole purpose of electing a faculty member as chairperson and deciding whether the Grievance Panel requests

the assistance of University counsel. The substance of the grievance shall not be discussed at this initial meeting, and neither the grievant, the respondent, nor their respective representatives are permitted to attend.

E. Hearing Procedures:

1. Record of the Hearing: The hearing will be recorded by recording devices supplied by UAMS. These recordings shall be maintained for a period of four (4) years after resolution of the grievance. The grievant or respondent may obtain a copy of the tapes from any recorded hearing, at the requesting party's expense. The deliberations of the Grievance Panel will not be recorded.

2. Dean's Announcement: At the beginning of the hearing, the Dean, or his/her designee, will announce the date, time, place, and purpose of the hearing, and will ask the members of the Grievance Panel to identify themselves by name and department. The grievant and the respondent will then identify themselves by name and department. Finally, any representative accompanying the grievant or the respondent shall identify himself or herself by name and title. The Dean or his/her designee will then give the Grievance Panel its charge. Following the charge, the Dean (or designee) will withdraw from the room.

3. Private Hearing: The hearing shall be conducted in private. Witnesses shall not be present during the testimony of any party or other witness. Witnesses shall be admitted for testimony only and then asked to leave. The grievant and the respondent may hear and question all witnesses testifying before the Grievance Panel.

4. Presentation of Case: The grievant and respondent shall be afforded reasonable opportunity for oral opening statements, closing arguments, their own testimony, and presentation of witnesses and pertinent documentary evidence, including written statements.

5. Grievance Panel Rights: The Grievance Panel shall have the right to question any and all witnesses, to examine documentary evidence presented, and to summon other witnesses or review other documentation as the Grievance Panel deems necessary. The Grievance Panel has the right to limit testimony and presentation of other evidence to that which is relevant to the violation(s) alleged and to further limit testimony and other evidence that is cumulative and unnecessary.

6. Grievance Panel Deliberation: After the hearing is concluded, the Grievance Panel shall convene to deliberate in closed session and arrive at a majority recommendation. The Grievance Panel shall make its determination of whether or not a rule, procedure or policy was not followed or was applied in an inequitable manner based upon the evidence presented at the hearing, which is relevant to the issue(s) before the Grievance Panel. The Grievance Panel may make recommendations for resolution of the dispute. Neither the grievant, the respondent, nor their representatives may be present during the Grievance Panel deliberations.

7. Transmittal of the Recommendation: Within four (4) working days after the hearing is concluded, the Grievance Panel shall transmit a written copy of its recommendation to the Dean (or Designee). The Dean (or Designee) will then mail, by certified mail, return receipt requested, a copy of the written document to the grievant and respondent at addresses previously provided by the grievant and the respondent.

8. Appeal of Recommendation of the Grievance Panel:

If either the grievant or the respondent wish to appeal the recommendation of the Grievance Panel, the grievant or respondent shall, within five (5) working days of the receipt of the recommendation, appeal the grievance recommendation to the Dean. The appeal shall be in writing, and it shall be based on one of the following: a substantial mistake of fact occurred, a fundamental misinterpretation of official policies is

evident, or a significant procedural defect took place. These are the only grounds for contesting the determination of the Grievance Panel. Within five (5) working days of this appeal, if deemed appropriate by the Dean, the Grievance Panel will reconvene, in private, to consider whether there is merit to the appeal, review its previous determination, and revise it if appropriate. No new evidence or testimony shall be introduced at this time. Neither the grievant, the respondent, nor their representatives may be present during this Panel deliberation. Within two (2) working days of its having reconvened, the Grievance Panel will present its determination, revised or unchanged, in writing to the Dean. Within five (5) working days of receipt of the determination from the Panel, the Dean may accept it, amend it, reverse it, or refer it back to the Panel for reconsideration. The grievant and the respondent shall be notified in writing of the Dean's decision by certified mail, return receipt requested. The decision of the Dean shall be final, and there shall be no appeal.

If the Dean receives no appeal, by either the grievant or the respondent, within the five (5) working day period described above, the Dean may consider the recommendation at the end of that time period. The Dean may accept the Grievance Panel recommendation, amend it, reverse it, or refer the grievance back to the Grievance Panel for reconsideration. The decision of the Dean shall be final, and there shall be no appeal.

Approved – College of Medicine Executive Committee April 2003

GRIEVANCE PROCEDURE FOR ALLEGED DISCRIMINATION

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs

Subject: Grievance Procedure for Students Alleging Discrimination

Number: 2.2.1

Date Approved (Council of Deans, Provost): June 19, 2013

Date Effective: June 19, 2013

Last Review/Revision: July 15, 2020

Next Review/Revision: July 15, 2022

BACKGROUND

The University of Arkansas for Medical Sciences is committed to the policy of providing educational opportunities to all qualified students regardless of economic or social status and prohibits discrimination on the basis of race, ethnicity, color, sex, creed, age, marital or parental status, pregnancy, national origin, genetic information, gender identity, gender expression, sexual orientation, religion, ethnic origin, disability or veteran status including disabled veterans and veterans of the Vietnam Era.

From time to time, a student may allege that one or more of the University's policies, procedures or practices are discriminatory. In those cases, it is imperative that clear steps to a common system of inquiry, resolution and appeal be established, and that these steps are communicated and accessible to all parties.

This UAMS Division of Academic Affairs policy provides guidance to students who wish to allege discrimination and describes the procedure of investigating and adjudicating those matters.

PURPOSE AND SCOPE

This policy outlines internal procedures to be followed by any student who wishes to submit a grievance alleging the existence of a discriminatory policy, procedure or practice prohibited by either state or federal law/regulation or by University of Arkansas Board of Trustees or UAMS policies.

This policy does not address external routes of redress such as those available in the state or federal courts. Academic challenges may not be pursued under this policy. Report regarding potential claims of sex-based discrimination or harassment are subject to the UAMS Title IX policy, Admin. Guide No. 3.1.48.

DEFINITIONS

1. **Grievance:** Grievance means a complaint of discrimination by a student alleging an occurrence or the existence of any policy, procedure, or practice prohibited by UAMS policy and/or anti-discrimination laws and regulations.

2. **Grievance Panel:** Those individuals selected by the college Deans and, at the discretion of the Provost, appropriate Vice Chancellors, from which grievance committees will be formed, as needed. At the request of the Provost, each Dean or Vice Chancellor will nominate one individual from his or her area to serve on the panel. Should any panel member not be able to serve a full term, the Provost will request a replacement member be nominated to serve out the remainder of the excused member's term. Panel members may serve no more than two consecutive terms of two years. Nominations, as needed, should occur at the beginning of the academic year.

3. **Grievance Committee:** Three neutral persons selected by blind lots from the grievance panel to hear all evidence in a grievance and make a recommendation to the Dean for resolution. For good cause shown, any other selected committee member may be removed and replaced at the direction of the Dean.

4. **Procedure:** The steps set out in this policy shall constitute UAMS's grievance procedure for non-Title IX-related discrimination complaints brought by students, who allege violations of UAMS policy and/or anti-discrimination laws and regulations.

5. **Grievant:** Grievant means a student who submits a grievance alleging a violation of UAMS policy and/or anti-discrimination laws and regulations.

6. **UAMS:** UAMS means any college, division, department, subunit, or program operated by the University of Arkansas for Medical Sciences. When used in this policy, the term "college" shall be deemed to include the Graduate School.

7. **Respondent:** Respondent means a person alleged to be responsible for the violation alleged in a grievance. The term may be used to designate persons with direct responsibility for a particular action or those persons with supervisory responsibility for procedures and policies in those areas covered in the grievance.

8. **Associate Dean:** Refers to the Associate Dean who is responsible for addressing allegations of discrimination in the college where the grievant is enrolled as a student.

9. **Dean:** Refers to the Dean of the college where the grievant is enrolled as a student.

10. **Working Days:** Monday through Friday, excluding official UAMS holidays.

11. **Evidence:** As used in this policy, the term evidence includes all materials, documents, or testimony which will aid the Grievance Committee in making a fair and impartial determination. Federal and State Rules of Evidence and Rules of Civil or Appellate Procedure do not apply.

PROCEDURE

A. Step I: Initial Attempt at Resolution

1. The grievant must submit a written statement to the Associate Dean specifying the alleged violation, the reason for the grievant's belief that he or she is being treated unfairly, and the remedy sought. This written statement must be received by the Associate Dean within ten (10) working days following the incident which forms the basis for the grievance. The Associate Dean will make an official judgment on each student grievance to determine whether the grievance is an academic challenge (e.g., contesting a grade), an allegation of discrimination or another type of complaint. Based on the determination, the Associate Dean will refer the student to the appropriate process for redress, and make sure that the student has the necessary policy information to pursue the grievance. The Associate Dean will maintain an official log of grievances adjudicated under this policy and will provide a report annually to the Dean or his or her designee of discrimination grievances made and the disposition of each.
2. If the Associate Dean determines the grievance is a complaint of discrimination under this policy, the Associate Dean will first attempt to resolve the grievance by a discussion with the grievant and the respondent (individually or jointly) within ten (10) working days of receipt of the written statement.
3. If the grievance is satisfactorily resolved by this discussion, the terms of the resolution shall be reduced to writing and shall be signed by the grievant, the Associate Dean, and the respondent (if the respondent has participated in any discussions with the Associate Dean in an effort to resolve the grievance and is affected by the resolution).
4. This initial attempt of resolution should conclude within ten (10) working days of the Associate Dean's initial discussion with the grievant. At the end of this ten-day period, if the grievance cannot be resolved, the grievant may immediately proceed to Step II, presentation of a formal grievance to the Dean.

B. Step II: Formal Grievance to the Dean

1. Filing a grievance:
 - a. The grievant must submit a written statement to the Dean or his or her designee, which shall contain the following information: name of the grievant; nature, date, and description of the alleged violation(s); name(s) of person(s) responsible for the alleged violation(s); requested relief for corrective action; and any background information and supporting documentation the grievant believes to be relevant.
 - b. A grievance must be submitted to the Dean or his or her designee within ten (10) working days of the completion of the initial attempt of resolution, outlined in Step I above. To avoid a conflict of interest or to avoid the appearance of a conflict of interest, a Dean may recuse from the grievance process. In that event, the Provost shall designate another Dean to stand in place of the recusing Dean.

c. Immediately upon receipt of a formal grievance, the Dean or his or her designee will provide a copy of the same to the Provost. A copy of the grievance will also be provided to the respondent(s), with a written response due to the Dean or his designee within ten (10) working days. The Dean is encouraged to meet with the grievant as soon as possible in an effort to resolve the grievance.

d. Following receipt of the written response, the Dean or his or her designee may elect to review and decide the issue independently or may refer the issue to the Grievance Committee for a hearing. If the Dean or his or her designee decides the issue, the decision shall be final, except in limited circumstances as described in section F(8-9). If the Dean or his or her designee refers the issue to the Grievance Committee, the grievance will be heard pursuant to the procedures listed below. Should a designee be appointed, references to Dean or his or her designee would be replaced with his/her designee.

C. Grievance Hearing

Procedures:

1. Pre-Hearing Procedures:
 - a. Selection of Grievance Committee: Within 5 days of determination that a grievance hearing should take place, the Dean or his or her designee shall draw the names of the three committee members.
 - b. Schedule of Hearing: The Hearing should be conducted no sooner than 10 working days and no later than 15 working days after the names are drawn, unless the Dean or his or her designee determines there is a valid reason why another time should be selected.
 - c. Assistance/Support Person: The grievant and the respondent may have one (1) support person to assist in the initiation, filing, processing, or hearing of the formal grievance. This person may be an attorney, but may not address the Grievance Committee, speak on behalf of the grievant or respondent, question witnesses, or otherwise actively participate in the hearing. The Grievance Committee may be assisted and advised by the Office of General Counsel.
 - d. Evidence (as herein defined): No later than 8:00 am, five (5) working days prior to the hearing, the grievant and respondent shall provide the Dean or his or her designee all documents to be used and relied upon prior to the hearing. The grievant and respondent shall provide all documents to be used and relied upon during the hearing including the name, address, and telephone number of any representative and witnesses, and a summary of the witnesses relevant testimony. Once all documentation has been provided to the Dean or his or her designee, opposing copies will be provided to the grievant and respondent, no later than 5:00 pm five (5) working days prior to the hearing. Failure of grievant or respondent to provide the information in a timely fashion could result in exclusion of that information during the hearing. The Grievance Committee is not bound by any formal rules of procedure or rules of evidence. This is not a formal court proceeding.
 - e. Information to the Grievance Committee and Election of Chairperson: No later than three

(3) working days prior to the hearing, the Dean or his or her designee shall meet with the Committee to provide a copy of all documents and information submitted (as specified in paragraph 4 above), confirm the date and location of the hearing and withdraw from the room. The Grievance Committee will then convene briefly for the sole purpose to elect a chairperson. The substance of the grievance shall not be discussed at this initial meeting and only the Committee members and University counsel are permitted to attend.

2. Hearing Procedures

- a. Record of the Hearing: The hearing will be recorded by recording devices supplied by UAMS. The purpose of the recording is only to assure that the committee members' notes on testimony or evidence are accurate for deliberations. The recording is not considered part of the record and will be destroyed upon completion of the Grievance Committee's deliberations.
- b. Beginning the hearing: At the beginning of the hearing, the Dean or his or her designee will announce the date, time, place, and purpose of the hearing, and will ask the members of the Grievance Committee to identify themselves by name and department. The grievant and the respondent will then identify themselves by name and department. Finally, any representative accompanying the grievant or the respondent shall identify himself or herself by name and title. The Dean or his or her designee will then give the Grievance Committee its charge.
- c. Private Hearing: The hearing shall be conducted in private. Witnesses shall not be present during the testimony of any party or other witness. Witnesses shall be admitted for testimony only and then asked to leave. The grievant and the respondent may hear and question all witnesses testifying before the Grievance Committee. The representatives of the grievant and respondent may attend, but shall not question witnesses or address the Committee.
- d. Presentation of Case: This is a non-adversarial process, the witnesses are not sworn, the grievant and respondent shall be afforded reasonable opportunity for oral opening statements, their own testimony and presentation of witnesses and pertinent documentary evidence, including written statements, and closing statements.
- e. Witnesses are not compelled or subpoenaed to appear and are to appear on their own accord, employees of UAMS are permitted to participate in the grievance process without suffering loss of compensation or leave time for the time spent during the process.
- f. Grievance Committee Rights: The Grievance Committee shall have the right to question any and all witnesses, to examine documentary evidence presented, and to request the appearance of other witnesses or review other documentation as the Grievance Committee deems necessary. The Grievance Committee has the right to limit testimony and presentation of other evidence to that which is relevant to the violation(s) alleged and to further limit testimony and other evidence that is cumulative and unnecessary. Grievance Committee Deliberation: After the hearing is concluded, the Grievance Committee shall convene to deliberate in closed session and arrive at a majority recommendation. The Grievance Committee shall make its determination of whether a rule, procedure or policy was not followed or was applied in an inequitable manner based upon the evidence presented at the hearing, which is relevant to the issue(s) before the Grievance Committee. The Grievance

Committee may make recommendations for resolution of the dispute. No one else is to be present during the Grievance committee's deliberations, except when clarification from University counsel about policy, procedures or rules is requested by the Grievance Committee.

- g. Transmittal of the Recommendation: Within seven (7) working days after the hearing is concluded, the Grievance Committee shall transmit its recommendation in writing to the Dean or his or her designee.
- h. Within five (5) working days, the Dean or his or her designee shall determine whether to accept the recommendation, amend it, reverse it, or to refer the grievance back to the Grievance Committee for further deliberations and reconsideration. The reason for the determination shall be stated in writing. The determination shall be final except in the limited circumstances described below.
- i. Within five (5) working days, either party may appeal the determination to the Provost for reconsideration, but only on grounds of a clear mistake of material fact or consideration of new evidence not available at the time of the hearing. If such an appeal is lodged, the Dean or his designee shall transmit the determination writing and record materials to the Provost, who shall decide the matter within ten (10) working days.

Other

- 1. Maintenance of Written Grievance Records:** Records shall be kept of each grievance process. These records shall be confidential to the extent allowed by law, and shall include, as applicable: the written grievance complaint filed by the grievant, the written response filed by the respondent, Associate Dean's written resolution, any photos, recordings, or documents from the hearing, the written recommendation of the Grievance Committee, the decision of the Dean or his or her designee, and, if applicable, the appeal to and decision of the Provost. A file of these records shall be maintained in the Office of the Dean of the college in which the grievant is enrolled. For purposes of the dissemination of grievance precedents, separate records may be created and kept which indicate only the subject matter of each grievance, the resolution of each grievance, and the date of the resolution. These records shall not refer to any specific individuals and they may be open to the public in accordance with the Arkansas Freedom of Information Act or pertinent Federal laws.
- 2. Non-Retaliation:** No person shall be subjected to retaliation for having used or assisting others to use the grievance process.

APPENDIX E – BY-LAWS OF THE HONOR SYSTEM OF THE UAMS COM

Article 1: Structure and Elections

HONOR COUNCIL

The Honor Council shall consist of two members and one alternate from each class of the College of Medicine and one representative and one alternate from the Graduate School.

INVESTIGATION COMMITTEE

The Investigation Committee shall consist of one member from each class of the College of Medicine and one member from the Graduate School. The representative of the Graduate School shall act as the Investigation Committee Chairman. Members shall not be members of the Honor Council.

ELECTIONS

The freshman members and alternate of the Honor Council and Investigation Committee will be elected early in the fall. The other members and alternates of the Honor Council and the Investigation Committee will be elected near the end of an academic year and shall take office upon their election. The term of office for each member will be one year. In case of a vacancy for any reason, the class concerned will elect another member or alternate within one month of the time the vacancy occurs. If it is not possible to elect a replacement within that time frame, the Class President may appoint a representative to serve until such time as a class meeting can be held or until the absent member or alternate becomes available.

Article 2: Officers

The officers shall be elected annually at a meeting following class elections each spring. They shall take office immediately.

PRESIDENT - The President shall be elected from among the two Honor Council members of the Junior Class.

VICE-PRESIDENT - The Vice-President shall be elected from among the two Honor Council members of the Junior Class. The Honor Council may decide to elect Co-Presidents instead of a President and Vice-President.

SECRETARY - The Secretary shall be elected from among the members of the Honor Council.

Article 3: Duties of Officers and Members

PRESIDENT (or Co-Presidents)

It shall be the duty of the President (or one of the Co-Presidents) to contact the accused and inform him/her of an impending investigation. The President shall preside at all meetings and hearings of the Council, act as interpreter of the constitution, arrange for hearings, personally notify the accused of an impending hearing, and perform all duties common to this office. Each fall the President shall review the Honor Council file for the purpose of updating and maintaining them.

VICE PRESIDENT

It shall be the duty of the Vice President to carry out the duties of the President in his/her absence.

SECRETARY

The Secretary shall keep a record (minutes, notes, tape recording, etc.) of all meetings and proceedings of all hearings.

The members of the Honor Council shall act as voting members at all meetings and hearings. Alternates shall vote at regular meetings but not at hearings, unless they are temporarily substituting for a member in his/her absence.

INVESTIGATION COMMITTEE CHAIRMAN

It shall be the duty of the Chairman of the Investigation Committee to call a meeting of the Committee when informed by the President of an accusation. The Chairman shall preside at all meetings of the Committee, oversee all the proceedings of the Committee, and, prepare a typewritten report of the findings of the investigation for each hearing. This report is to be made an official part of the proceedings of the hearing. The report must be witnessed and signed by all members of the Committee and must be presented to the President at the beginning of the hearing.

The Chairman of the Investigation Committee shall prepare and present the case against the student at a hearing. If the Chairman is unable to perform these duties he or she will appoint, in writing, one of the Committee members to do so.

Article 4: Meetings

The Honor Council shall meet early in the fall after preclinical classes begin. Special meetings may be called at any time. The Honor Council shall meet in the spring to elect officers. The Chairman, upon notification of an accusation, must call a meeting of the Investigation Committee. All meetings shall be conducted according to parliamentary procedures.

Article 5: Quorum

Seven voting members shall constitute a quorum of the Honor Council for hearings and for meetings. Officers of the Honor Council shall vote. If a member of the Honor Council is unable to attend a hearing, the alternate from the same class shall serve as a voting member for that hearing.

Article 6: Honor Council File

The official Honor Council File shall be kept under lock in the office the Associate Dean for Student/Academic Affairs of the College of Medicine. The file shall be kept in loose-leaf binders. With the exception of files concerning hearings (see below), these files shall be exclusively for the educational use of the Honor Council members and shall not be used for any other purpose; including honor council hearings or legal proceedings, unless approved for this use by the Honor Council President and the Honor Council Advisor.

The record of meetings will be typed separately from the record of hearings. The tape recording made at a hearing may be reduced to writing at the discretion of the President. Records from hearings shall be kept in permanent locked file cabinets and shall only be available to the Dean of the College of Medicine, the

Advisor to the Honor Council, and the President of the Honor Council for use during meetings or hearings, or for official Honor Council business.

In the fall of each year the President will review the file for the purpose of destroying outdated records and updating the file. An outdated record shall be defined as one older than six years, or the record of a hearing in which only a reprimand was given and the accused has since either graduated from the College of Medicine or Graduate School or has otherwise left school.

Destruction of any part of the file shall require the presence and witness of both the President of the Honor Council and the Advisor to the Honor Council.

Article 7: Advisor

The Executive Associate Dean for Academic Affairs of the College of Medicine shall, if willing, serve as Advisor to this Council. If he/she is unable or unwilling to do so, the Honor Council shall elect an Advisor from the faculty. The Honor Council Advisor may advise the Honor Council, its members, accusers, and the accused of procedures dictated by the Constitution of the Honor System.

APPENDIX F – CODE OF PROFESSIONAL CONDUCT

UAMS COLLEGE OF MEDICINE PROFESSIONALISM GUIDELINE

Purpose:

This Professionalism Guideline serves to document the expectations we collectively hold for ourselves in our interactions with patients, colleagues, health professionals, students (all medical and graduate students), housestaff/trainees (including medical residents, medical fellows, post-doctoral fellows), staff, and the public.

Our Culture:

The UAMS College of Medicine strives to achieve an environment of collegiality by demonstrating the utmost respect for one another, free from disruptive, threatening, and violent behavior. We will not accept inappropriate, unprofessional, or intimidating behavior within the workplace and learning environment. All persons, including patients, visitors, staff, all students, medical residents/fellows and post-doctoral fellows, and faculty are treated with courtesy, and dignity. All faculty members, housestaff members, post-doctoral fellows and all students who practice at or in affiliation with UAMS conduct themselves in a professional, collaborative, and cooperative manner consistent with the UAMS Employee Handbook, the Medical Staff Bylaws of the affiliated institutions, the UAMS House staff Handbook, College of Medicine Student Handbook, UAMS Human Resources policies, other applicable UAMS policies and procedures, and the University of Arkansas Board of Trustees policies and any applicable University wide Administrative Memoranda.

Our Practices:

Our culture is supported by the pursuit of ethical virtues and professional ideals. [See Appendix I & II for Specific Examples]

A. Ethical Virtues

1. Responsibility for Patient Care
2. Integrity in Research
3. Respect for People
4. Respect for Patient Confidentiality
5. Honesty, Integrity
6. Awareness of Limitations, Professional Growth, and the need for Life-long Learning
7. Deportment as a Professional
8. Avoiding Conflicts of Interest
9. Responsibility for Peer Behavior
10. Respect for Personal Ethics
11. Respect for Property and Laws
12. Commitment to a Diverse, Equitable, and Inclusive work environment

B. Professional Ideals

1. Clinical and Scientific Virtues
2. Conscientiousness and Dedication to Duty
3. Collegiality
4. Personal Health
5. Objectivity
6. Responsibility to Society

GUIDELINE FOR HONORING EXEMPLARY PROFESSIONAL BEHAVIOR

For Faculty, Housestaff, Post-Doctoral Fellows and Students:

- Directly commend the individual whose exemplary professionalism you observed.

For Faculty Housestaff, and Post-Doctoral Fellows:

- Share your observations with the individual's supervisor verbally and/or in writing. Should you choose to write a letter about your observations, consider sharing it with the individual's Department Chair and the Dean. You may choose to use the UAMS Employee Commendation Notice that can be found on the Office of Human Resources web page. (http://www.uams.edu/ohr/Manager's_Information.asp - see Employee Recognition and Employee Commendation Form).

For Medical Students:

- Complete a Student Professionalism Assessment Form and indicate outstanding performance in the appropriate category.

GUIDELINE FOR ACTION WHEN LAPSES IN PROFESSIONALISM OCCUR

When any member of the UAMS community believes that s/he has witnessed or was the recipient of behavior manifest by a COM faculty member, housestaff member, post-doctoral fellow, any ~~medical~~ student, or staff member that is inconsistent with our professional culture and practices, the following options serve as a mechanism for action.

- If possible, it is desirable to discuss the incident with the offending individual who may be unaware of how s/he is perceived or is impacting others (unless you feel that this conversation may result in personal harm and/or retribution).
- If the issue can not be satisfactorily resolved by direct communication, take two subsequent steps:
 - 1) Report the incident up the chain of command to one or more of the following individuals depending on the specific circumstances:
 - The direct faculty supervisor
 - The appropriate Residency Program Director or Laboratory Director
 - The appropriate Divisional Chief of Service
 - The Chair of the Department(s) involved
 - The appropriate Associate Dean of the College of Medicine
 - The Dean of the College of Medicine
- Enter a report into the confidential reporting system: i-Safe, found on the UAMS Intranet. Reports made to i-Safe are reviewed by the Employee Relations Specialists in the Office of Human Resources and the Assistant and/or Associate Dean for Faculty Affairs, as appropriate. Medical Students may also report unprofessional behavior using the College of Medicine O2 online system; reports to this system go to the Associate Dean for Student Affairs and then the appropriate supervisor(s).
- Individuals' concerns need to be taken seriously and addressed appropriately. The UAMS College of Medicine faculty will not tolerate retaliation. <Title VII of the Civil Rights Acts of 1964, 42 U.S.C. 2000e, and the Arkansas Whistleblowers Act, Ark. Code Ann.s.16-123-108>
- If the observer or the recipient of the unprofessional behavior is unsure of the appropriate chain of command, s/he can confidentially consult any of the individuals noted in the list above, as well as the UAMS College of Medicine Wellness Program Director, and the UAMS Employee Assistance Program for guidance as to how s/he should proceed.
- **Imminent danger** - Immediately report to **UAMS Police** any actions which appear to pose an immediate threat of harm to any individual to safeguard the health and safety of others. **(501) 686-7777**.

- **Sexual harassment** represents a serious lapse of professional behavior that, by UAMS policy, must be reported to the Office of Human Resources (Employee Relations Manager, 501-686-5650). When any UAMS employee receives a report of sexual harassment, he or she must immediately notify their supervisor or Department Head who, in turn, must notify the Office of Human Resources prior to taking any action to investigate or resolve the matter informally and must act only on direction from the Office of Human Resources. Employees who need to report an incident of sexual harassment after regular business hours should report the incident to the UAMS Police Department if the employee's supervisor is unavailable or other administrative offices are closed. The UAMS Police Department will take appropriate action and will notify the Office of Human Resources at the beginning of the next business day.
- COM residents and students can also seek help from an ombudsperson (ombuds). The ombuds functions independently of the COM faculty and administration and is not aligned with any department. Interactions with the ombuds are informal and confidential; information will not be shared without the student's permission, the only exception being when the ombuds believes there is an imminent risk of physical harm to self or others, or as required by policy, law, or court order. Conversations with the ombuds will not automatically start a chain of activities that yield formal complaints, but if the student wishes to pursue a formal process, the ombuds can assist with identifying appropriate channels and resources within UAMS.

Corrective / Disciplinary Actions:

It is the intent of the UAMS COM community to support the remediation of Faculty, Housestaff, Post-Doctoral Fellows and Medical Students who have significantly breached this guideline.

For Faculty, Housestaff and Post-Doctoral Fellows:

Performance improvement counseling or corrective action will be initiated depending on the specific facts and circumstances. Significant violation(s) or repeated patterns of disruptive behavior may result in serious action, up to and including termination. A single egregious instance of disruptive behavior may warrant disciplinary or corrective action, including termination, in accordance with appropriate University of Arkansas Board of Trustees policies.

For Medical Students:

Corrective action will be taken according to the academic standards and policies in the COM Student Handbook. Significant violation(s) or repeated patterns of unprofessional behavior may result in serious action, up to and including dismissal. A single egregious instance may warrant corrective action, including dismissal.

SOME USEFUL WEB REFERENCES:

1. [U of A Board of Trustees Policies](#)

[Academic Affairs Policies](#)

[UAMS Administrative Guide/Compliance 360](#)

- 1) [Policies and Procedures](#)
- 2) [UAMS Code of Conduct](#)
- 3) [Drug-Free Workplace](#)
- 4) [Drug Testing](#)

- 5) [For Cause Drug Testing Policy](#)
- 6) [Sex/Gender Based Non-Discrimination Policy](#)
- 7) [Employee Disciplinary Notice](#)

[UAMS Housestaff Handbook](#)

[Appropriate Treatment of Residents/Fellows](#)

[UAMS Employee Handbook](#)

[UAMS Medical Staff Bylaws](#)

APPENDIX I. APPLICABLE TO ALL FACULTY (AND SPECIFIC GROUPS AS DESIGNATED)

A. ETHICAL VIRTUES

1. For Faculty, Housestaff, and Student Clinicians

a. Responsibility for Patient Care

- Maintain the best interest of the patient as the foremost concern.
- When you are off duty, or on vacation, be sure that your patients are adequately cared for by another practitioner.
- Obtain the patient's informed consent for diagnostic procedures, therapies, and all treatments, including surgical procedures.*
- Follow up on ordered laboratory tests.*
- Complete patient record documentation promptly and conscientiously.
- Coordinate with your team the timing of information sharing with patients and their families to present a coherent and consistent treatment plan.
- Maintain collegial relationships among physicians who are jointly involved in the care of a particular patient. Communicate directly with each other when issues, questions or concerns arise.
- Charge patients or their insurers fairly and appropriately.*
- Do not abuse alcohol or drugs that could diminish the quality of patient care or academic performance.
- Do not allow to develop or engage in romantic or sexual relationships with patients. If such a relationship seems to be developing, seek guidance and remove yourself from the situation.
- Be mindful of your personal reactions to patients and colleagues. Seek guidance if you feel your reactions could be impairing your patient care or your professional demeanor and judgment.
- Do not abandon a patient. Once you assume care of a patient, your responsibility continues until the problem has resolved or you are assured that your patient is under the care of another physician.
- Do not withhold urgently needed treatment to a patient because of inability to pay.

*Medical students are not licensed to practice nor can they charge patients. They are expected to participate in patient care under supervision of a faculty physician.

2. Integrity in Research

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Adhere to the highest scientific and ethical standards when engaged in research.

- Adhere to and promote the principles of integrity, accountability, independence/impartiality, respect for persons and communities
- Adhere to institutional, state, and federal regulations that govern research
- Do not engage in research that knowingly and unnecessarily jeopardizes the health, safety, or longevity of human subjects and/or animal subjects.
- Ensure good data management, including the planning, generation, documentation, analysis, use, storage, and appropriate destruction of data
- Register clinical trials with clinicaltrials.gov
- Ensure the research team has the necessary skills, training, resources, and support to carry out the proposed research
- Anticipate issues that may arise as a result of working collaboratively and decide in advance how such issues will be addressed, including in the contract and/or protocol and communicating the outcome to the members of the research team
- When publishing and presenting reports, give proper credit and responsibility to colleagues and others who participated in the conduct and/or initiation of the research.
- Ensure an accurate and complete statement of authorship regarding reports and publications of research and its outcomes. Co-authorship should be assigned to individuals who meaningfully contribute to the project and should satisfy the [criteria for authorship](#) recommended by the International Committee of Medical Journal Editors (ICMJE)
- Ensure the timely and public dissemination of the research and its main outcomes (subject to the protection of confidential information and proprietary rights).
- Facilitate the publication of research and its main outcomes without inappropriate influence on the publications from funders or other interested parties.
- Report research results accurately and honestly in scientific and scholarly presentations and publications and to the press.
- Maintain and make available research documentation for scientific, ethical, and regulatory review as well as for peer review and publications review procedures.
- Ensure the proper security of confidential data, as well as the appropriate access to non-confidential data by interested parties and the public.
- Complete a Conflict-of-Interest Disclosure Statement (Disclosure) annually and within thirty (30) days of acquiring a new significant interest. You may access the COI Disclosure Statement at <http://muse2.uams.edu/> . *
- Follow any management plan(s) that have been implemented to mitigate the conflict of interest. *
- Disclose funding sources, company ownership, and other real or potential conflicts of interest in written and spoken research presentations and in educational presentations.
- Do not engage in intentional, fraudulent, or grossly negligent behavior, including but not limited to inappropriate development of research protocols; inadequate management of a research project; fabrication, falsification, plagiarism, deliberate misrepresentation, or other practices that deviate from the academic and scientific communities' commonly accepted norms. Ensure that action is taken when there is evidence for severe non-adherence to standards, wrongdoing, or poor practice* Medical students are not required to complete COI disclosure statements

3. Respect for People

a. For All Faculty, Housestaff, Post-Doctoral Fellows and Medical Students

- Treat patients, patients' family members, colleagues, health professionals, staff, students, and teachers with respect.
- Do not use offensive or derogatory language, either verbally or in writing when referring to patients or their illnesses.

- Do not harass others physically, verbally, psychologically, or sexually. Do not yell and do not throw objects.
 - Do not discriminate based on sex, religion, race, national origin, disability, age, or sexual orientation.
 - Be mindful of your interactions with students, trainees, and colleagues. Recall that close relationships that span any kind of power hierarchy, especially in a shared work environment, carry risks for both parties. Seek guidance if you feel your reactions could be impairing your professional demeanor or judgment.
 - Do not use your authority to damage or hinder a subordinate's position, career or personal development.
- b. Specific to Faculty, Housestaff, and Student Clinicians**
- Treat patients with kindness, gentleness, dignity, compassion, and honesty.
 - Respect the privacy, modesty, and belief systems of each of your patients.

4. Respect for Patient Confidentiality

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Only share the medical or personal details of a patient's history, diagnostic or therapeutic regimen, or prognosis with those health care professionals integral to the well-being of the patient or within the context of an educational endeavor, at which time the patient's identity must not be disclosed.
- Only reveal confidential information about a patient to their family members after obtaining specific permission to do so (except in the case of a medical emergency when the patient is not conscious and incapable of giving consent).
- Do not discuss patients or their illnesses in public places where the conversation may be overheard.
- Do not publicly identify individual patients, in words or in writing, without adequate justification and the patients' authorization.
- Do not invite or permit unauthorized persons into patient care areas of the institution.
- Do not share your confidential electronic passwords.
- Do not seek confidential data on patients without a professional need to know.
- Do not photograph or videotape a patient without their written authorization.

5. Honesty, Integrity

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Be truthful in all verbal and written communications.
- Acknowledge your errors of omission and commission to colleagues and patients.
- Be aware of how personal, institutional, or financial considerations may influence clinical decision-making.
- Do not knowingly mislead others.
- Do not cheat, plagiarize, or otherwise act dishonestly.
- Do not abuse privileges, e.g., inappropriate expenses being charged to the medical school, laboratories, or the hospital.

6. Awareness of Limitations, Professional Growth, and the need for Life-long Learning

a. For All Faculty, Housestaff, Post-Doctoral Fellows and Medical Students

- Be aware of your personal limitations and deficiencies in knowledge and abilities.
- Know when and from whom to ask for supervision, assistance, or consultation.
- Promptly countersign the work of trainees after providing appropriate supervision.
- Do not engage in unsupervised involvement in areas or situations where you are not adequately trained.

- Give appropriate credit and authorship for trainee and collaborator contributions.

b. Specific for Clinicians

- Be aware of your own physical and emotional limitations. Taking care of and addressing your own personal health and wellness is paramount for you to adequately be present to care for others in need. Also consider your limitations if you are ill, distraught, or overcome with personal problems.

7. Department as a Professional

a. For All Faculty, Housestaff, Post-Doctoral Fellows and Medical Students

- Clearly identify yourself and your professional level to patients and staff. Wear your name tag when in patient areas.
- Dress in a neat, clean, professionally appropriate manner.
- Maintain a professional composure despite the stresses of fatigue, professional pressures, or personal problems.
- Do not make disparaging remarks about other health care professionals to patients, patients' family members, residents, post-doctoral fellows, students, or staff members.

b. Specifically for Clinicians

- Do not introduce medical students as "Doctor"; if a medical student, introduce yourself as such.
- Do not write offensive or judgmental comments of any kind in patients' charts.
- Do not criticize the medical decisions of colleagues in the presence of patients or in inappropriate places, e.g., in areas where patients or families can overhear.
- Refer to patients by the name with which they are most comfortable. Be sure to ask them.
- Ensure that learners feel safe working in your environment by appropriately orienting them to the team and culture in which you are working.
- Create expectations of your team that student mistreatment of any kind will not be tolerated. Ignoring a learner or excluding them from learning opportunities counts as mistreatment. Derogatory comments about a learner will not be tolerated.

8. Avoiding Conflicts of Interest

(See Conflict of Interest and UAMS Gift Policies <https://coi.uams.edu/policies/>)

a. For All Faculty, Housestaff and Medical students

- Maintain the best interests of the patient when making all clinical decisions.
- Do not accept gifts from drug companies or medical equipment vendors or suppliers.
- Do not participate in individual incentive programs sponsored by pharmaceutical or medical equipment companies.
- Do not refer patients to laboratories or other agencies in which you have a direct personal financial stake.
- It is a professional obligation to avoid real or perceived bias in all the educational and professional advice you offer. Therefore, if you serve as a consultant for a commercial entity or within a "speakers' bureau" for pharmaceutical or device manufacturing company, make full disclosure of those relationships to any audiences you teach, any committees on which you serve, and any patients whose care could be influenced by those relationships.
- Avoid direct employment of family members.

(See [UA Board Policy on Nepotism 410.1](#))

b. Specifically for Clinicians

- Maintain the best interests of the patient when making all clinical decisions.
- Do not accept a kickback for any patient referral or non-referral.

c. Specifically for Basic and Clinical Scientists

- Do not participate in grant, manuscript, or professional review procedures of anyone with whom you are collaborating, have worked with, or may have a conflict with, for any reason. Be mindful that the perception of conflict is conflict.

9. Responsibility for Peer Behavior

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical students

- Take the initiative to reach out to students, trainees, physicians, nurses, and other employees who appear to be having difficulty or seem impaired, to offer support and if indicated, link them with resources made available by UAMS.
- Report serious breaches of professionalism consistent with this guideline.

10. Respect for Personal Ethics

a. For Clinical Faculty, Housestaff, and Medical Students

- You are not required to perform procedures (e.g., elective termination of pregnancy, termination of medical treatment) that you personally believe are unethical, illegal or may be detrimental to patients. In the event of conflict between the patient's needs and your conviction – in a non-emergent situation – show respect for the patient and request the prompt help of your supervisor or another competent practitioner willing to care for the patient.
- In any life-threatening emergency, physicians are obligated to provide the patient with emergency care. Physicians should take care to respect any patient wishes or any advanced directives that provide guidance in such cases. There may be times where the patient's capacity to make decisions comes into question in these instances, a consultation with Psychiatry Consultation Team or the Medical Humanities and Ethics team should be considered.

11. Respect for Property and Laws

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Adhere to the regulations and policies of UAMS and its affiliated institutions.
- Adhere to all applicable local, state, and federal laws and regulations.
- Do not misappropriate, destroy, damage or misuse property of UAMS or its affiliated institutions.

12. Commitment to a Diverse, Equitable, and Inclusive work environment

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Actively reinforce a work environment that supports diversity, equity, and inclusion for all.
- Faculty play an essential role in creating a culture of inclusion and addressing challenges that arise in the clinical setting, assuring that hostile environments involving patients or other team members toward our learners will not be tolerated. For anyone who needs assistance in addressing issues that affect the culture for diversity, equity and inclusion, please contact the office Dr. Brian Gittens, Vice Chancellor for DEI at UAMS.

B. PROFESSIONAL IDEALS

1. Clinical Virtues

a. For All Faculty, Housestaff, and Medical Students

- Attempt to cultivate and practice accepted clinical virtues, such as caring, empathy, compassion, fortitude, justice, integrity, and humility.
-

2. Conscientiousness

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Fulfill your responsibilities thoroughly.
- Work with your responsible supervisor to improve the system if something interferes with your ability to perform clinical or research related tasks effectively.
- Learn from experience, recognizing errors to avoid repeating them.
- Dedicate yourself to lifelong learning and self-improvement. Clinicians should invest in a personal program of continuing education and continuous quality improvement.

3. Collegiality

a. For All Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Be willing to teach others at all levels of education and training.
- Thoughtfully answer questions from trainees and colleagues to the best of your ability without belittling or humiliating them.
- Contribute to vital UAMS administrative functions and committees.
- Use communal resources (equipment, supplies, and funds) responsibly and equitably.
- Promote a work environment that fosters diversity, ensuring equity and inclusion.

b. For Clinicians

- Cooperate with other members of the health care team in clinical activities and with other members of the research team in research activities.

c. For Basic and Clinical Scientists

- Cooperate, whenever possible and to a reasonable degree, with other members of the UAMS research community when called upon for advice or consultation concerning their research activities.
- Share resources (reagents, equipment), wherever possible, with other researchers.

4. Personal Health

a. For All Faculty, Housestaff, Pos-Doctoral Fellows, and Medical Students

- Honor your own health and well-being physically, mentally, and emotionally fit to optimize your professional performance.

5. Objectivity

a. For Clinicians

- Avoid providing substantial professional care to members of your family or to any person with whom you have a romantic relationship.

6. Responsibility to Society

a. For all Faculty, Housestaff, Post-Doctoral Fellows, and Medical Students

- Provide responsible advice to policy makers on social and public health issues to which accurate medical knowledge is vital.

b. For Clinicians

- Avoid unnecessary patient or societal health care expenditures.

c. For Basic and Clinical Scientists and Post-Doctoral Fellows

- Disseminate research results in the appropriate venues in an accurate and timely manner.

APPENDIX G – HONORS PROGRAM PROJECT APPLICATION FORM

HONORS RESEARCH PROJECT APPLICATION

DATE: _____

NAME OF STUDENT: _____

1. **STUDENT SAP#:** _____

2. **MEDICAL STUDENT CLASSIFICATION:** _____

3. **UAMS PHONE NUMBER:** _____ **CELL or HOME #:** _____

4. **MAILING ADDRESS:** _____

5. **EMAIL ADDRESS:** _____

SIGNATURE OF STUDENT: _____

ADVISOR SECTION

SIGNATURE OF ADVISOR: _____

PRINT ADVISOR SIGNATURE: _____

PHONE NUMBER: _____ **MAIL SLOT:** _____

*****Please attach on a separate page a brief summary describing in general the project you will be working on (do not exceed one page).**

APPENDIX H – CONSTITUTION AND BY-LAWS OF THE COM STUDENT COUNCIL

Article I (Name)

The organization shall be named the Student Council of the UAMS College of Medicine Student Body.

Article II (Object)

The objective of this student council shall be to maintain good will among medical students and to promote educational and social standing for the medical profession in this state and country.

Article III (Membership)

Membership in this student council shall consist of two representatives and one alternate elected from each class of the College of Medicine during regular class elections.

Article IV (Meetings)

Section 1. Regular meetings of the Student Council shall be held monthly.

Section 2. Special meetings shall be called at any time by the President, by a majority vote of the Student Council, or by a written request from twenty members of the Student Body of the College of Medicine. This meeting must be publicly announced.

Article V (Officers)

Section 1. The officers of this group shall be a President, a Vice-President, a Secretary, and a Treasurer.

Section 2. The officers of this council shall be elected by majority vote of the members of the Council at the last regular meeting of the year. The new officers will assume their duties at the last regular meeting of the year.

Section 3. The voting members of the Student Council shall consist of the Student Council officers and two elected representatives of each class.

Section 4. Vacancies in office may be filled at any regular meeting by vote of the Council.

Article VI (Amendments)

Section 1. The constitution and by-laws may be amended by a two-thirds majority vote cast by the student body.

By-Laws

Article I (Duties of Officers)

Section 1. The duties of the President are to:

- a. Preside at all meetings of the Council.
- b. Officially represent the student body of the College of Medicine.
- c. Appoint any committees necessary to conduct the functions of the Student Council.

d. Alert the Council members in writing, that a regular business meeting is to be called and to state the purpose of the session.

Section 2. The duties of the Vice-President are to:

a. Act for the President in his/her absence.

Section 3. The duties of the Secretary are to:

- a. Keep minutes of all meetings.
- b. Notify all officers of their election and committees of their appointments.
- c. Present a written report at the annual meeting.

Section 4. The duties of the Treasurer are to:

a. Pay all bills and keep a record of all money received and expended, giving a report at each meeting.

Section 5. All officers, upon retiring, shall deliver to their successors all accounts, record books, papers or other property belonging to the Student Council.

Article II (Quorums)

A quorum shall consist of two officers plus a representative from at least three of the four classes. If a quorum is not present, a mailed secret ballot must be initiated the following day to all Council members.

Article III (Passage of Motion)

Passage of all motions shall require an affirmative vote by at least one-half of the quorum present.

Adopted August 6, 1980

APPENDIX J –CONFIDENTIALITY POLICY

NUMBER: 2.1.01

DATE: 03/05/2002

REVISION: 6/06/06, 4/24/08, 9/23/09; 9/8/11;8/07/13; 11/12/15; 05/14/19; 9/11/19 PAGE: 1 of 5

SECTION: HIPAA

**AREA: HIPAA AREA: HIPAA PRIVACY/SECURITY POLICIES SUBJECT:
CONFIDENTIALITY POLICY**

PURPOSE

To inform the UAMS Workforce about the UAMS Confidentiality Policy.

SCOPE

UAMS Workforce as well vendors, consultants and other visitors who may access UAMS Confidential Information.

DEFINITIONS

Confidential Information includes information maintained or transmitted in any form, including verbally, in writing, or in any electronic form. Confidential Information shall include, Protected Health Information, information concerning UAMS research projects and programs; information provided by research sponsors and collaborators; confidential employee and student information; proprietary information, inventions, data, materials, works of authorship, and tangible research property of UAMS; and sign-on and password codes for access to UAMS computer systems.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

UAMS Workforce means for the purpose of this Policy, physicians, employees, volunteers, residents, students, trainees, visiting faculty, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

POLICY

UAMS prohibits the unlawful or unauthorized access, use or disclosure of Confidential Information obtained during the course of employment or other relationship with UAMS. As a condition of employment, continued employment or relationship, or affiliation with UAMS, the UAMS workforce and all non-UAMS employees, vendors, consultants and other visitors who may access Confidential Information shall be required to sign a UAMS Confidentiality Agreement approved by the UAMS Office of General Counsel. UAMS will provide training for each of its workforce members on the importance of maintaining confidentiality and the specific requirements of state and federal law, including the HIPAA Privacy Regulations and laws protecting the privacy of students and employees, as well as UAMS policies, in accordance with Policy 2.1.15 HIPAA Education and Training.

PROCEDURES:

1. **Confidentiality Agreement:** As a condition of employment, continued employment, relationship, or affiliation with UAMS, UAMS will require its workforce and all non-UAMS employees, vendors, consultants and other visitors who may access Confidential Information to sign the UAMS Confidentiality Agreement.

All new employees, students, or vendors requiring access to electronic Confidential Information (computer systems) must have a current Confidentiality Agreement on file in the IT Security Office. The person signing the agreement will receive a copy of the Confidentiality Policy with the Confidentiality Agreement. It is the responsibility of the manager or of the hiring individual vendors or consultants (who do not require electronic access but who may have access to Confidential Information) to require execution of the appropriate confidentiality agreements approved by the UAMS Office of General Counsel and to send those documents to the UAMS IT Security Office.

2. **Restriction on Access, Use and Disclosure of Confidential Information:** UAMS limits and restricts access to Confidential Information and computer systems containing Confidential Information based upon the specific job duties and functions of the individual accessing the information. UAMS will restrict access to Confidential Information to the minimum necessary to perform individual job functions or duties. UAMS will further limit and control access to its computer systems with the use of unique sign-on and password codes issued by the IT Security Office to the individual user authorized to have such access. Users are prohibited from sharing their password or using the access codes of another.

Authorization to access, use or disclose Protected Health Information also is governed by the UAMS Use and Disclosure Policy 2.1.13.

UAMS will control and monitor access to Confidential Information through management oversight, identification and authentication procedures, and internal audits. UAMS managers and heads of departments will have the responsibility of educating their respective staff members about this Policy and the restrictions on the access, use and disclosure of Confidential Information, and will monitor compliance with this Policy.

3. **Sales Representatives and Service Technicians:** Sales representatives and service technicians must register in the appropriate area and execute the Confidentiality Agreement prior to any exposure to UAMS Confidential Information.

4. **Media:** All contacts from the media regarding any Confidential Information must be referred to the UAMS Office of Communications and Marketing (501-686-8998 or pager 501-395-5989).

5. **Violation of Confidentiality Policy:** Individuals shall not access, use, or disclose Confidential Information in violation of the law or contrary to UAMS policies. Each individual allowed by UAMS to have access to Confidential Information must maintain and protect against the unauthorized access, use or disclosure of Confidential Information. When no longer needed for the individual's specific job duties, Confidential Information must be returned to UAMS or destroyed. Any access, use or disclosure of Confidential Information in any form – verbal, written, or electronic – that is inconsistent with or in violation of this Policy will result in disciplinary action, including but not limited to, immediate termination of employment, dismissal from an academic program, loss of privileges, or termination of relationship with UAMS. Any workforce member whose relationship with UAMS is not terminated as a result of intentionally violating this Policy must, in order to continue working at or attending UAMS, complete a HIPAA training module through the UAMS HIPAA Office.

All UAMS employees and others subject to this Policy must report any known or suspected incidents of access, use or disclosure of Confidential Information in violation of this Policy or in

violation of the law to the [HIPAA Office](#) at (501) 603-1379, in accordance with Policy 2.1.08 Reporting Policy for HIPAA Violations.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with Policy 4.4.02 Disciplinary Notice Policy.

Signature:

A handwritten signature in black ink, appearing to read "C. Smith", is written over a light blue rectangular background.

Date: September 11, 2019

CONFIDENTIALITY AGREEMENT

As a condition of my employment, continued employment or relationship, or affiliation with UAMS, I agree to abide by the requirements of the UAMS Confidentiality Policy and with federal and state laws governing confidentiality of a patient's Protected Health Information and other Confidential Information, and I agree to the terms of this Confidentiality Agreement.

I agree to the following terms and conditions:

- The sign-on and password codes assigned to me are equivalent to my signature, and I will not share the passwords with anyone.
- I will not attempt to use or share the passwords of another or ask another individual to share PHI or other Confidential Information inappropriately.
- I will be responsible for any use or misuse of my network or application system sign-on codes.
- I will not attempt to access information on the UAMS computer and information systems or otherwise except to meet needs specific to my job, position, or other affiliation with UAMS.
- I understand that UAMS owns, and I hereby assign to UAMS, all proprietary information, inventions, data, materials, works of authorship, and tangible research property that I produce within the scope of my employment, relationship, or other affiliation with UAMS.
- I will not provide any Confidential Information to any third party unless there is a contract as may be required between UAMS and the third party that has been (1) approved by the UAMS Office of General Counsel and (2) signed by an authorized UAMS signatory. Confidential Information includes, but is not limited to, PHI, research collaborator and sponsor information, and UAMS proprietary information, inventions, data, materials, works of authorship, or tangible research property.
- UAMS reserves and intends to exercise the right to review, audit, intercept, access, and act upon inappropriate use of UAMS's computer systems at any time, with or without user notice.
- A violation of this user agreement may result in any or all of the following: (i) permanent revocation of my access to UAMS computer and information systems; (ii) disciplinary action related to my employment or other affiliation with UAMS, including termination or dismissal from the academic program; (iii) legal action; (iv) a report to federal and/or state authorities charged with professional licensing, enforcement of privacy rules and regulations, and/or criminal prosecution; (v) civil or criminal penalties imposed against me and/or my employer.
- The confidentiality laws require me to maintain the confidentiality of this information even when I am not at work or acting within the scope of my relationship with UAMS and also after my employment or relationship or affiliation with UAMS ends. When no longer required for my specific duties and/or activities at UAMS, I agree to return to UAMS or destroy all PHI in my possession.
- I will adhere to all of the limitations, prohibitions and requirements applicable to covered health care providers under HIPAA as described in 45 CFR 160-164, and use all reasonable and necessary safeguards as required by HIPAA to ensure confidentiality.
- I assume full responsibility for any resulting harm caused by misuse of or failure to maintain confidentiality, and agree to immediately report any unauthorized use or disclosure of any portion of UAMS's medical record or UAMS information to UAMS immediately.
- I will not print, screen shot, or copy data from the electronic medical record for use on any other device or at any non-UAMS location.

- I will take appropriate precautions to ensure that patients, visitors, or unauthorized personnel will not be able to see the computer screen while I am accessing UAMS computer and information systems, and to logout or secure the screen when the application is not being used.
- Access is provided on an "as-is, as-available" basis and UAMS does not guarantee that I will be able to access UAMS computer and information systems at any particular time in the case of system failures, back-up procedures, maintenance, or other causes beyond the control of UAMS.

I acknowledge that I have read and agree to comply with the terms of this Confidentiality Agreement, and that I have received a copy of the Confidentiality Policy.

Electronically sign and submit your Confidentiality Agreement here:

<https://apps.uams.edu/ConfidentialityAgreement/internalforms/default.aspx>

APPENDIX K - E-MAIL ACCESS AND USAGE



University of Arkansas for Medical Sciences

UAMS ADMINISTRATIVE GUIDE

NUMBER: 2.1.31 DATE: 11/15/2001 REVISION: 07/19/2006;
09/23/2009; 09/08/2011; 10/02/2013; 08/25/2021 PAGE: 1 of 9 SECTION: HIPAA AREA: HIPAA
PRIVACY/SECURITY POLICIES SUBJECT: E-MAIL ACCESS AND USAGE

PURPOSE

To inform departments within the University of Arkansas for Medical Sciences (“UAMS”) of the procedure to be followed while accessing and using e-mail.

SCOPE

This policy applies to all use of electronic mail systems within UAMS where the mail either originated from or is forwarded to the UAMS computer network. It applies to all e-mail users including, but not limited to, faculty, staff, students, volunteers, and official visitors if UAMS information is involved regardless whether UAMS computer resources are used or not.

DEFINITIONS

Confidential Information includes information concerning UAMS research projects, confidential employee and student information, information concerning UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential information shall include Protected Health Information. Confidential Information includes information maintained or transmitted in any form, including verbally, in writing, or in any electronic form.

Protected Health Information (“PHI”) means information that is part of an individual’s health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

Other terms or definitions referenced in this policy are available on the UAMS HIPAA Office website at hipaa.uams.edu.

POLICY

UAMS shall provide email services to UAMS faculty, employees, students, contract personnel, vendors, volunteers, and official visitors for the express purpose of conducting UAMS business.

Use of UAMS email services must be consistent with UAMS’s mission and comply with local, state and federal laws and university policies.

PROCEDURES

A. PRIVACY, CONFIDENTIALITY AND PUBLIC RECORDS CONSIDERATIONS

The UAMS electronic mail (e-mail) system is available to authorized users for the expressed purpose of conducting UAMS business. Reasonable efforts will be made to maintain the integrity and effective operation of its electronic mail systems (e-mail), but users are advised that those systems should not be regarded as a secure medium for the communication of sensitive or Confidential Information. Any e-mails sent outside of the UAMS network containing Confidential Information, including ePHI, must be encrypted.

Refer to Section D below.

B. PERMISSIBLE USES OF ELECTRONIC MAIL

Authorized Users: Only UAMS faculty, staff, and students and other persons who have received permission under the appropriate UAMS authority are authorized users of UAMS electronic mail systems and resources.

Purpose of Use: The express purpose of UAMS electronic mail resources is for UAMS business, including academic, clinical and research pursuits.

C. PROHIBITED USES

E-mail is the property of UAMS. Prohibited uses of electronic mail include, but are not limited to:

1. Using for personal monetary gain or for commercial purposes that are not directly related to UAMS business.
2. Sending copies of documents in violation of copyright laws.
3. Including the work of others in electronic mail communications in violation of copyright laws.
4. Unapproved capturing or opening of another individual's electronic mail except as required as part of assigned job duties for authorized employees to diagnose and correct delivery problems.
5. Using electronic mail to harass or intimidate others or to interfere with the ability of others to conduct University business (this includes inappropriate or offensive content, chain-letters and/or "spamming" - sending non-approved / non-solicited advertisements to other individuals on campus.)
6. Using electronic mail systems for any purpose restricted or prohibited by state and federal laws and regulations or by UAMS Policy.
7. Using your UAMS email for communication on social media, dating, and sites considered to be obscene or indecent.
8. "Spoofing" - constructing an electronic mail communication so it appears to be from someone else.
9. Attempting unauthorized access to electronic mail or attempting to breach any security measures on any electronic mail system, or attempting to intercept any electronic mail transmissions without proper authorization.
10. Broadcasting messages to "Everyone" within UAMS without prior permission from the UAMS e-mail administrator (see Section I below).
11. Using custom backgrounds, special formats, or colors within your email. Refrain from this practice and use plain, white backgrounds and professional formats. The only exceptions to this are special emails crafted to be official UAMS business invitations, announcements, advertisements, or pamphlets.
12. Use of quotations or sayings within your message or signature block. This practice has great potential to offend so quotations must not be used and any that exist must be removed. Again, the exceptions would be special official UAMS business emails crafted for specific purpose.

D. CONFIDENTIAL INFORMATION AND ePHI IN E-MAILS/ELECTRONIC COMMUNICATIONS

1. E-mail is secured automatically inside the UAMS network. Any e-mails sent outside of the UAMS network containing Confidential Information, including ePHI, must be encrypted.
 - a. The UAMS workforce may utilize encryption methods of their own choosing.
 - b. It is recommended that the UAMS workforce utilize the enterprise secure email gateway solution.
 - 1) This is easily accomplished by clicking on the “mark secure” button provided on the standard toolbar in Outlook, or
 - 2) The word [secure] typed with the brackets into the subject line will also encrypt the message
 - 3) Communication with other organizations in many cases will be set up for automatic encryption and a list of these organizations will be provided.
2. The patient’s e-mail address is part of the patient’s Protected Health Information and must be protected as any other PHI in accordance with all applicable laws, regulations and UAMS policies.
3. For PHI that is subject to the minimum necessary requirements of the HIPAA regulations, reasonable efforts must be made to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.
Administrative Guide Policy 2.1.10, Minimum Necessary Policy
4. UAMS takes the steps necessary to make sure that your e-mail and other computer messages are secure, but no one can guarantee the security and privacy of e-mail messages. Therefore, it is best not to use e-mail to send highly sensitive information.
5. Confirm the e-mail address before sending any e-mail containing Confidential Information or ePHI.
6. Caution must be taken when using distribution lists or forwarding e-mails that contain Confidential Information and ePHI.
7. UAMS e-mail may not be auto-forwarded to any non-UAMS account, including but not limited to personal and commercial e-mail accounts such as Gmail, Yahoo, iCloud, or MSN, with the exception that UAMS e-mail may be auto-forwarded to VA and Arkansas Children’s Hospital e-mail accounts.
8. ePHI contained within the content or in attachments of UAMS email should be deleted after use especially in the case of larger attachments containing multiple patients’ PHI.

E. PROVIDER COMMUNICATIONS WITH PATIENTS VIA E-MAIL

1. The decision to correspond with patients via e-mail is left to the discretion of the physician or clinic. It is the responsibility of the clinic to determine additional email communication guidelines, such as (a) how often e-mail will be checked; (b) instructions for when and how to escalate to phone calls and office visits; and (c) the types of transactions that are appropriate for e-mail.
2. Any ePHI originated by UAMS must be encrypted when being sent via e-mail.
3. UAMS takes the steps necessary to secure e-mail and other computer messages, but no one can guarantee the security and privacy of e-mail messages. Use caution when sending highly sensitive information.
4. E-mail communication is a convenience for the patients and should not be used for emergencies or time-sensitive situations.
5. Keep in mind that the patient’s e-mail address is part of the patient’s Protected Health Information and must be protected as any other PHI in accordance with all applicable laws, regulations and UAMS policies.
6. Before sending the e-mail containing Confidential Information or ePHI, confirm the e-mail address to ensure it does not contain any typographical errors.

7. E-mail messages must include (a) information in the subject line, such as prescription refill, appointment request or other information generally describing the purpose of the e-mail; and (b) patient name, telephone number and patient identification number in the body of the message.
8. Clinically relevant messages and responses will be documented in the patient's medical record.
9. Upon a patient's receipt of e-mail, patients will be provided guidelines of using email for communicating with their provider.

F. UAMS ACCESS AND DISCLOSURE OF COMMUNICATIONS

To the extent permitted by law, UAMS reserves the right to access and disclose the contents of faculty, staff, students, and other users' electronic mail without the consent of the user. UAMS will do so when it believes it has a legitimate business need including, but not limited to, those listed in section F 6. (below), and only after explicit authorization is obtained from the appropriate UAMS authority (see Section G below).

1. Faculty, staff, and other non-student users are advised that UAMS' electronic mail systems should be treated like a shared filing system, i.e., with the expectation that communications sent or received on UAMS business or with the use of UAMS resources may be made available for review by any authorized UAMS official for purposes related to UAMS business.
2. Electronic mail of students may constitute "education records" subject to the provisions of the federal statute known as the Family Educational Rights and Privacy Act of 1974 (FERPA). UAMS may access, inspect, and disclose such records under conditions that are set forth in the statute.
3. Any user of UAMS electronic mail resources who makes use of an encryption device to restrict or inhibit access to his or her electronic mail must provide access to such encrypted communications when requested to do so under appropriate UAMS authority.
4. UAMS will not monitor electronic mail as a routine matter but it may do so to the extent permitted by law as UAMS deems necessary for purposes of maintaining the integrity and effective operation of UAMS electronic mail systems.
5. **Limitations on Disclosure and Use of Information Obtained by Means of Access or Monitoring:** To the extent permitted by law, the contents of electronic mail communications, properly obtained for UAMS purposes, may be disclosed without permission of the user. UAMS will attempt to limit disclosure of particular communications if disclosure appears likely to create personal embarrassment, unless such disclosure is required to serve a business purpose or satisfy a legal obligation. **Special Procedures to Approve Access to, Disclosure of, or Use of Electronic Mail Communications:** Individuals needing to access the electronic mail communications of others, to use information gained from such access, and/or to disclose information from such access and who do not have the prior consent of the user must obtain approval in advance of such activity from the appropriate UAMS authority. The request for approval shall take into consideration ways to minimize the time and effort required to submit and respond to requests, the need to minimize interference with UAMS business, and protection of the rights of individuals. The request for granting access to electronic communications is provided in Section L below.
6. UAMS will inspect and disclose the contents of electronic mail in accordance with the established approval process (see section G below). Such action will be taken as necessary; to include:
 - a. To respond to legal processes or fulfill UAMS obligations to third parties,
 - b. in the course of an investigation triggered by indications of misconduct or misuse,
 - c. as needed to protect health and safety
 - d. as needed to prevent interference with the academic, clinical or research missions of the organization,
 - e. as needed to locate substantive information required for UAMS business, or
 - f. as required under the Arkansas Freedom of Information Act.

G. PROCEDURE FOR GRANTING APPROVAL TO ACCESS ELECTRONIC COMMUNICATIONS OF OTHERS

1. The following information will be required prior to approval of access to electronic communications addressed to others:
 - a. Name and title of the person whose communications will be accessed;
 - b. Name and title of the person who is requesting access;
 - c. Name and title of the person who will do the accessing;
 - d. Detailed description of why the access is needed;
 - e. Required duration of the access or dates within which access is desired;
 - f. What will be done with the accessed messages? With whom will they be shared?
2. Anyone may request access of messages through the UAMS Technical Support Center. The following approvals are required.
 - a. Department Chairpersons and Unit Directors are the first level of approval;
 - b. Deans or Vice Chancellors are the final level of approval.
3. The IT Security Office will obtain appropriate approval and will maintain copies of all requests.
4. The person requesting the access will be given the following advice and reminders:
 - a. A reminder that concerns about fiscal misconduct or criminal activity should not be investigated by individuals or departments but should be referred to University Police, Hospital Compliance, or Internal Audit staff.
 - b. A reminder that to the extent permitted by law, the contents of electronic communications obtained after appropriate authorization may be disclosed without the permission of the employee. At the same time, UAMS will attempt to refrain from disclosure of particular messages if disclosure could create personal embarrassment, unless such disclosure is required to serve a business purpose or satisfy a legal obligation.

H. RETENTION & STORAGE OF E-MAIL

UAMS utilizes a hosted email solution from Microsoft that ensures email services will be highly available. Specific emails are not able to be recovered once deleted.

I. E-MAIL ARCHIVE

The UAMS hosted email system includes services designed for archiving email. Retrieval of this archived email can be done through Microsoft Outlook version 2016, 2019, or M365 Apps for Enterprise as well as through Outlook on the web. Mailbox folders are set, by default, to delete email older than 6 months from the Inbox, per the UAMS 3.2.01 Record Retention policy. Users must manage their email, moving what needs to be saved to other folders or to the individual's Archive Mailbox. UAMS email based archive application is to be used for long term storage of email in accordance with the policies and procedures contained within this document.

J. E-MAIL SITE MESSAGES

Site messaging is a tool used for campus e-mail alerts and notifications that are directed to the entire campus or a select group (i.e., Department Heads, Business Managers). These notifications are restricted and may ONLY be sent by the e-mail administrator. Messages must also have prior approval before delivery of the site message is transmitted by the email system. To request sending of a site message:

1. The party requesting an e-mail site message should contact the UAMS IT Technical Support Center (TSC) by calling (501) 686-8555 or sending an e-mail message to 'Tech Support Center'

utilizing the “Campus-Wide Email Request” web site

<http://intranet.uams.edu/announcements.htm>

2. Except in emergency situations, the requested Site Message text must be received by the UAMS Technical Support Center no later than two days prior to the requested send event.
3. Technical Support Center logs the call and assigns call to Communications and Marketing.
4. Communications and Marketing will contact requesting party for verification of message and targeted individuals or group.
5. Communications and Marketing formats messages and forwards to the IT Enterprise Operations Unified Communications group.
 - a. Non-UAMS function announcements will not be approved.
 - b. Emergency site messages are processed by the IT EO Unified Communications group.

K. E-MAIL ETIQUETTE

When you send e-mail, remember these points:

1. Don't say anything in an e-mail that you wouldn't say in a letter on your office letterhead. E-mail should contain appropriate language and be rational, reasonable and respectful.
2. Communication should be done within a framework that does not constitute negligence or willful disregard of harmful consequences that might ensue to the institution and its employees.
3. Be aware of the difference between reply and reply-all. Assure that your communication is sent to the proper individual(s) - not inadvertently sent to someone that has no need for the information, or is adversely affected by the communication.
4. E-mail is not a forum to discuss significant events, opinions affecting health care in the institution, lengthy debates or arguments.

L. VIRUS AND ATTACHMENT BLOCKING

One of the industry-wide guidelines for reducing risk of virus infection to organizational networks and workstations is to "block" high-risk attachments at the firewall level. The block prevents virus-type attachments from becoming widely available. UAMS will utilize automatic tools to block high risk attachments within email.

1. Virus protection on the local workstations will block messages that contain malware from internal users.
2. Infected messages coming to UAMS recipients from external sources or the Outlook web client will be cleaned or dropped at the email gateway.
3. High risk attachments (exe, bat, com, scr, vbs, pif) will be stripped from all messages both internally and externally. The user will receive the email with an “alert.txt” attached.
4. In the event of a major trojan, phish, or virus breakout that utilizes a particular file extension for propagation, such extension will be blocked until a patch is available to negate it.
5. Network access will be disabled for workforce members that become infected until their accounts can be cleaned.

M. SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with *Administrative Guide Policy 4.4.02, Employee Discipline*.

Signature:

A handwritten signature in black ink, appearing to read "C. A. Smith", is written over a light blue rectangular background.

Date: August 25, 2021

APPENDIX L - APPROPRIATE TREATMENT OF MEDICAL STUDENTS IN AN EDUCATIONAL SETTING

Preamble: It is the philosophy of the UAMS College of Medicine that optimal learning occurs in an atmosphere of mutual respect. The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective caring and compassionate health care. The development and nurturing of these attitudes requires mutual respect between teachers (including faculty, residents, fellows, nurses, staff, and students in a teaching role) and students at all levels, and between each student and his or her fellow students. While it is the responsibility of the Faculty and the College to provide a proper atmosphere for education, it is also the responsibility of the student to develop and maintain personal honor and integrity, as well as compassionate and ethical behavior. Students must pledge their utmost effort to acquire the knowledge, skills, attitudes and behaviors required to fulfill all educational objectives established by the faculty. This policy is set forth to assist in the maintenance of an optimal learning environment, but is not meant to be used as an excuse for students to disregard their own responsibilities in the educational process.

Definition of Mistreatment:

Mistreatment is behavior that adversely affects the learning environment and negatively impacts the student/teacher relationship. Inappropriate and unacceptable behaviors promote an atmosphere in which abuse is accepted and perpetuated in medical training.

Mistreatment arises when behavior indicates disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of discrimination based on race, religion, ethnicity, sex, age or sexual orientation; sexual harassment; psychological cruelty; and physical punishment.

Examples of mistreatment include, but are not limited to:

- Harmful, injurious, or offensive conduct
- Verbal attacks or offensive remarks
- Insults or unjustifiably harsh language in speaking to or about a person
- Public belittling or humiliation
- Threats of physical harm, physical attacks (e.g., hitting, slapping, or kicking a person)
- Requiring performance of personal services outside of the educational environment (e.g., shopping, baby sitting)
- Threatening with a lower grade or poor evaluation for reasons other than course/clerkship performance
- Disregard for student safety
- Intentional neglect/exclusion or being left out of communications
- Unnecessary or avoidable acts or words of a negative nature inflicted by one person on another person or persons intended to cause humiliation. (Pointing out during rounds, conferences, and the like, that a student has not adequately prepared for his/her assignments or learned required material is **not** mistreatment unless it is done in an inappropriate manner)

Procedures for Reporting and Dealing with Allegations of Mistreatment:

Option 1: Students may file a mistreatment report, as defined in this policy, in the COM O2 system. This is a **fully anonymous** reporting system that will allow the student to correspond with one of the UAMS COM officials who can help address the concerns. The report may be made under the "announcements" section in O2 at the right upper corner of the screen. (see screen shot below)

Option 2: Students may use the I-SAFE reporting form on the COM webpage or the Academic Houses webpage. This is also a fully anonymous reporting system.

Option 3: Students may seek assistance from representatives of the Student Advocacy Council. These elected peers in the various classes may, with the help of their faculty advisors or Student Affairs Dean, be able to resolve the matter by counseling the student with a complaint on appropriate steps to take.

Option 4: The student may directly consult the Executive Associate Dean for Academic Affairs, the Associate Dean for Student Affairs or the Associate Dean for Northwest Arkansas College of Medicine.

There are NEW and UPDATED notices

Announcements

- Set your [O2 PIN](#).
- Set your [default font size](#).
- Set your [default O2 year](#).
- You have [Requirement Checklist](#) items to complete.
- View your [GradeBook](#).
- View your [Academic History](#).
- Create a new [Mistreatment Report](#).

Mechanism for Investigating Mistreatment

The Associate Dean for Student Affairs is responsible for the oversight of mistreatment against students. It is anticipated that most situations can be resolved in a timely manner by discussions with appropriate parties and/or their supervisor. The Associate Dean for Student Affairs will monitor trends by departments, as well as by individual residents and faculty. The Associate Dean for Student Affairs may report trends to the appropriate department chairs (or their designee) and/or to the associate deans at the involved sites so that the departments or deans can investigate the issues and decide if and what action is warranted on a systemic level. In addition, if the accused is within the College of Medicine, the student will be advised of their right to file a formal grievance utilizing the “Grievance Procedure” as defined under “Academic, Disciplinary, Administrative Actions, and Grievance Procedures” in the Student Handbook. If the accused is outside of the College of Medicine (e.g., Nurse, Respiratory Tech, etc.), the Executive Associate Dean for Academic Affairs will communicate the problem to the accused’s supervisor and they will work together to determine the appropriate formal grievance procedure.

Protection from Retaliation: Retaliation will not be tolerated. Every effort will be made to protect students from retaliation if they seek redress. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation itself is regarded as a form of mistreatment. If retaliation has occurred, it will be handled in the same manner as accusations concerning other forms of mistreatment.

Malicious Accusations: A complainant or witness found to have been dishonest or malicious in making the allegation of mistreatment will be subject to disciplinary action.

Mistreatment based on sexual harassment: Any allegations of mistreatment based on sexual harassment will be reported to the University Title IX coordinator and the COM Deputy Title IX Coordinator.

Offensive remarks or names, or the denial of training opportunities because of membership in a protected category may constitute discrimination or harassment. These incidents must be reported to the Office of Diversity/Equity/Inclusion

Education: Education is the cornerstone in the prevention of student mistreatment. A thorough and on-going effort should be made to inform all involved individuals about the appropriate treatment of medical students,

and of this policy dealing with alleged mistreatment. To that end, the following notification mechanisms will be utilized:

1) Medical Students – This policy will be included in the Student Handbook. A discussion of mistreatment in general, as well as of this policy in particular, will take place each year during freshman and junior orientations. Each course and clerkship director will be encouraged to include this policy in course and clerkship related policy materials.

2) 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 Basic Science Chairs to convey the information to all Basic Science Course Directors. The Course Directors, in turn, will be asked to convey the information to all faculty teaching in their courses. The Dean will direct the Clinical Chairs to assure that all clerkship and course directors of clinical courses, as well as all residency/fellowship training program directors, faculty, fellows, and residents in their departments, are aware of the College’s philosophy on the appropriate treatment of medical students, and of this policy. The Dean’s Office will also ask the AHEC office to convey this information and policy to all AHEC directors, as well as to their faculty and residents.

3) Nurses – An informative written message will be sent each year from the Dean’s Office to the individual in charge of nursing at each of the major teaching hospitals utilized by our students. They will be asked to make this information, and this policy in particular, known to the nurses in their institution by whatever means they feel the most appropriate.

Summary: It is hoped that this policy will promote a positive environment for learning in the College of Medicine and will affirm the importance of collegiality and respect for others.

Approved by the Council of Department Chairs – 4/1/2002; Approved and authorized by the Dean’s Executive Committee – 4/25/2002 (pending approval by full faculty); Approved by vote of the Faculty – 12/18/02. Approved COM curriculum committee 6/2021

APPENDIX N – SMOKING POLICY

PURPOSE

The University of Arkansas for Medical Sciences (UAMS) is committed to promoting health, wellness, prevention and the treatment of diseases within the community as well as to providing a safe, clean and healthy environment for our patients, visitors, employees and students. UAMS serves as a model for our community in the area of promoting the good health of our staff and influencing public attitudes about the use of tobacco products. It is, therefore, UAMS's policy to provide a tobacco-free work environment.

SCOPE

All UAMS employees, faculty, staff, students, contractors, vendors, volunteers, patients, visitors and anyone on any UAMS property.

POLICY

Smoking and the use of tobacco products (including cigarettes, cigars, pipes, smokeless tobacco and other tobacco products) by employees, faculty, students, patients, and visitors are prohibited on all properties of the University of Arkansas for Medical Sciences.

DEFINITIONS

Tobacco products include, but are not limited to: cigarettes, smokeless tobacco, pipes, cigars and any tobacco containing product.

Employee – for the purpose of this policy, all UAMS employees while in UAMS facilities (leased or owned) or on the grounds of those facilities.

Students – for the purpose of this policy, any student attending any of the colleges or clinical areas on the UAMS grounds, leased or owned buildings.

Contractors/subcontractors/vendors/volunteers- individuals who enter UAMS Property for the purpose of providing a service to the institution.

Visitors- individuals who do not fall under the above categories including patients and their families.

PROCEDURES

All Persons are prohibited from using tobacco products on or in all UAMS owned or leased properties, UAMS owned or leased vehicles, and UAMS adjacent grounds, including parking lots and ramps.

Patients in the UAMS Medical Center are prohibited from tobacco use in accordance with the [UAMS Medical Center Policy Manual Policy PS 1.09](#).

Compliance with this -tobacco free policy will be the responsibility of all administrators.

Lack of cooperation or repeated violations by employees or vendors should be reported to the individual's supervisor. The supervisor shall then attempt to resolve the problem.

Standard disciplinary procedures will be followed for compliance problems with employees. Violations will result in progressive disciplinary actions, including termination.

In the event the tobacco violation involves a potential threat to health or safety (e.g. smoking where combustible supplies, flammable liquids, gasses or oxygen are used or stored) the UAMS Police may be called for additional support.

UAMS Police will be notified as the final resource to resolve problems arising with visitors or employees during the enforcement of this policy.

Under Arkansas law violators of the smoking ban may be fined an amount not less than \$100 and no more than \$500.

New employees will be informed of the UAMS tobacco free policy during orientation. The Office of Human Resources will also inform employment candidates of the tobacco free policy during the application process.

Tobacco products will not be sold or dispensed within the UAMS property.

Employees may not use tobacco products in any vehicle when the vehicles are on UAMS property.

References:

Arkansas Law, [ACT 134](#) of 2005, “*An Act to prohibit the use of tobacco products in and on the grounds of all medical facilities in Arkansas and for other purposes,*”

Arkansas Law, [ACT 734](#) of 2009, “*The Arkansas Clean Air on Campus Act of 2009*”.

[UAMS Medical Center Policies and Procedures, Policy PS.109](#)

Joint Commission Accreditation Standards, EC.02.01.03

[Administrative Guide policy, 4.4.01, Employee Disciplinary Notice](#)

APPENDIX P – USE OF SOCIAL NETWORK SITES

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs

Subject: Use of Social Networking Sites (included in all college/school catalogues)

Number: 2.1.1

Date Approved (Council of Deans, Provost): January 18, 2012

Date Effective: January 18, 2012

Last Review/Revision: January 20, 2021 Next

Review/Revision: January 20, 2023

The University of Arkansas for Medical Sciences recognizes that social networking websites and applications such as Facebook, MySpace, Twitter, Instagram, TikTok, etc. are important and timely means of communication. Students who use these websites and applications must be aware of the critical importance of privatizing these websites and applications so that only trustworthy “friends” have access to the sites. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from the University.

The following actions are strictly forbidden:

- Students may not report the personal health information of patients. Removal of an individual’s name does not constitute proper de-identification of protected health information. Furthermore, inclusion of data such as age, gender, race, or date of evaluation may still allow the reader to recognize the identity of a specific individual.

- Students may not report private (protected) academic or financial information of another student or trainee. Such information might include, but is not limited to: course grades, narratives, evaluations, examination scores, adverse academic actions, or financial aid information.

- In posting information on social networking sites, students may not present themselves as official representatives or spokespersons for the University of Arkansas for Medical Sciences or their college, department, or program.

- Students may not represent themselves as another person. However, students are not prohibited from having an anonymous account or an account with a fictitious identity as long as the student’s use of the account does not violate this policy or any other UAMS policy. Students may not utilize websites and/or applications in a manner that interferes with educational or work commitments.

In addition to the absolute prohibitions outlined above, the following types of actions but not limited to these examples, are strongly discouraged as these are considered unprofessional and reflect poorly on the individual, the healthcare profession, program, department, college, and the University of Arkansas for Medical Sciences. Engaging in these types of behaviors may invoke applicable professionalism policies:

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, sexual orientation, or disability.
- Presentations of photographs that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual misconduct.

The following actions are strongly encouraged:

- Students should use privacy settings to limit unknown or unwanted access to the student's profile or application.
- When listing an email address on a social networking site, students should use a personal email address (not a uams.edu address) as the primary means of identification.

When using these social networking sites, students are strongly encouraged to present themselves in mature, responsible, and professional manners. Discourse should always be civil and respectful. No privatization measure is perfect and undesigned persons may still gain access to the site. Once an item is posted on a networking site, it may not be easily removed. Future employers (e.g., residency or fellowship program directors, representatives of employers) may review these sites when considering potential candidates for employment.

APPENDIX R – HEALTH CARE AGREEMENT

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE

Statement of Agreement

I have received, read, understand, and agree to abide by the *UAMS* COLLEGE OF MEDICINE POLICY ON STUDENTS WITH A MEDICAL DIAGNOSIS WHICH COULD ADVERSLY AFFECT PATIENT CARE.

By my signature on this Agreement, I understand and consent to the terms within this Agreement and specifically release the Board of Trustees of the University of Arkansas, its trustees, officers, and employees, from liability related to the release of my medical/substance abuse information as described below. Specifically, I understand and agree that this Agreement means that I will be referred by the Dean or his/her designee to the UAMS Student Wellness Center or other appropriate healthcare provider. I must follow the recommendations of the UAMS Student Wellness Center or my healthcare provider, as defined in the policy, which will include, at a minimum, an evaluation of my condition and treatment from a care giver approved by the UAMS Student Wellness Center and/or the Dean or designee. I understand that I may be monitored by the Arkansas Medical Foundation for adherence with prescribed treatment and follow-up on an ongoing basis while I remain a student in the College of Medicine unless other arrangements are made by the UAMS Student Wellness Center and/or the Dean or designee. I consent to allow the Dean, or his/her designee, to receive information from my healthcare provider and/or the Arkansas Medical Foundation regarding the nature of my illness, the treatment I am receiving, the recommendations for on-going care, my prognosis, my fitness to return to school, and my ability to fulfill the Technical Standards of the College of Medicine. Further, I consent to allow the Dean, or his/her designee, to receive periodic updates regarding my condition and compliance with the recommendations as noted above. I consent to random drug or alcohol screens at times chosen by the Dean or designee, the UAMS Student Wellness Center or designee, the Arkansas Medical Foundation, and/or my care giver. I understand that the drug screens (if indicated) will be continued until my graduation from the College. In the event that I have a drug screen demonstrating non-compliance with prescribed treatment, or if I am not compliant with the prescribed treatment and follow-up in any way, I understand that this fact will be reported to the Dean or designee and I will receive an inadequate Student Professionalism Assessment form. I further understand that the inadequate Student Professionalism Assessment form will be referred to the Student Promotions Committee, which will determine the correct course of action under Academic Procedures, as detailed in the Student Handbook, and that the consequences may be any of the outcomes as noted in the Student Handbook, up to and including dismissal from the College of Medicine. I understand and agree that information relevant to my history of illness will be forwarded to the program director of the residency program I enter following graduation. This information will include the nature of the illness, information on treatment and follow-up (to include compliance with prescribed treatment), results of drug screens obtained during treatment, and any recommendations for ongoing treatment felt appropriate. Additionally, the following statement will appear in my Dean's letter (MSPE): "This student had a medical issue during medical school. The student will provide details of this medical issue."

I understand that if I do not agree to and abide by this policy and agreement; I will be dismissed from the College of Medicine. I further understand that this policy and agreement may be altered at any time and I agree that I will abide by the altered policy as soon as I am notified of the change. A copy of this document and/or my signature shall serve as the original.

Name: _____
(Please Print)

Signature: _____

Date: _____

APPENDIX S – STUDENT HEALTH SCREENING

UAMS Academic Affairs Policy - 1.4.2

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs Subject: Student Health Screening Number: 1.4.2

Date Approved (Council of Deans, Provost): May 20, 2017 Date Effective: May 20, 2017 Last Review/Revision: March 15, 2022 Next Review/Revision: March 15, 2024

PURPOSE

The purpose of this policy is to help minimize potential exposure to infectious disease for or by UAMS students who are enrolled in classes at UAMS.

SCOPE

All UAMS students who are enrolled in classes at UAMS.

DEFINITIONS

- A. **New Student** — A student not previously enrolled in an education program / plan at UAMS. This includes applicants who have been accepted by their program and/or college and will enroll for coursework at UAMS.
- B. **Continuing Student** — A student who is in an active status and has not officially withdrawn from his/her academic program.
- C. **MMR**--The MMR vaccine is a "3-in-1" vaccine that protects against measles, mumps, and rubella.
- D. **SEHS** — Student and Employee Health Services
- E. **Tdap** — The adult vaccine that protects against Tetanus-Diphtheria-Pertussis
- F. **GUS** – The student information system at UAMS: Gateway for UAMS Students.

POLICY

1. NEW STUDENTS' TB TEST AND IMMUNIZATION REQUIREMENT

- A. Newly enrolled students are required to submit a Student Pre-enrollment Health Screening Form (PREN) along with documentation of requirements to Student and Employee Health Services (SEHS)*. The PREN includes information on TB tests/screenings and immunizations. This documentation must reflect the student's current health information; therefore, the PREN must be dated not more than 180 days prior to the first day of class for the program in which the student is enrolled and must be submitted to SEHS via the GUS portal no less than 30 days prior to the first day of class** for the program in which the student is enrolled. COVID-19 vaccination verification (dosing or exemption) must comply with Administrative Guide Policy 3.3.02 COVID-19 Vaccination Policy. Enrollment is contingent on pre-enrollment form compliance and COVID vaccination or exemption verification. Students who do not submit timely documentation will be blocked from enrollment and are subject to dismissal.

***100% Online Program Students:** Students enrolled in 100% online programs without clinical placements are not required to submit the PREN. The **program** must be approved as 100% online for exemption to the policy. If a student takes courses online, that does not exempt them from the PREN requirement.

****Late Admission Students:** Those students admitted into a program less than 30 days prior to matriculation must submit documentation to SEHS within 30 days of matriculation. Students not in compliance with these requirements within 30 days of matriculation are subject to disciplinary action up to and including dismissal. Students must provide verification of their COVID vaccination status or submit an exemption by their first day of class.

- B. The effective date for immunization documentation for visiting students may be longer than 180 days but must be the most current documentation available. For the College of Medicine Visiting Student program students may be deemed eligible and be accepted as visiting students but also be subject to updated immunizations.
- C. TB Test and Immunizations required are:
- i. Two (2) MMR vaccines after first birthday (at least one month apart) or laboratory evidence of positive measles, mumps, and rubella titers.
 - ii. Tdap vaccine given within the last ten (10) years.
 - iii. All students are required to provide three (3) Hepatitis B vaccines or laboratory evidence of hepatitis B surface antibody (anti-HBs). Those students who perform tasks that may involve exposure to blood and body fluids are required to provide serologic testing of hepatitis B surface antibody (anti-HBs). For those recently vaccinated this testing should occur one to two months after dose #3. If serologic testing is negative student should receive an additional 3 doses followed by serologic testing. Those who are negative for the second serologic testing should be considered non-responders.
 - iv. Students must show documentation of two (2) doses of Varicella vaccine (at least one month apart), or laboratory evidence of positive varicella titer.
 - v. Negative IGRA (T-spot or Quantiferon-Gold) or negative two-step TB skin tests within (12) months of the anticipated date of matriculation. The definition of a two- step TB skin test can be found on the CDC website listed in References.

Additional information regarding TB testing procedures detailed in Administrative Guide #4. 5.18 including steps for positive results includes:

- a) New students with reported positive IGRA or TB Skin Tests must provide documented proof of the positive screening and a current health card from the a public entity dated within twelve months prior to the first day of class. SEHS will obtain a current symptom screening checklist.
 - b) Students with positive IGRA or TB skin test will be asked if they have completed an adequate course of treatment for latent TB infection.
 - c) Students with radiographic finding consistent with active TB disease will be required to seek additional evaluation and/or treatment to ensure the student does not pose a risk of TB infection to others. The student will be notified by UAMS Infection Prevention department and or Student and Employee Health Services and instructed to remove themselves from the workplace/classroom until, a) a diagnosis of TB is ruled out OR, b) a diagnosis of TB is established, the student receives treatment, and a determination has been made that the student is non- infectious. **Only** the Tuberculosis Control for the State of Arkansas, or his designee, may determine the adequacy of a course of treatment or documentation of treatment for an active case of TB disease.
- vi. **Exceptions to Health Screening Requirements** - Students with existing medical conditions which prohibit them from participating in the TB test or immunizations must contact SEHS. Arrangements will be made to complete the annual medical screening requirements or waive

the requirement. If a student disagrees with the decision of the SEHS, he/she may elect to secure a second opinion at his or her own expense. Results must be presented to SEHS within two weeks of notification to SEHS of the student's request for a second opinion. If the two medical opinions disagree, Student and Employee Health's Medical Director will make the final determination on the medical status of the student. The determination of the Medical Director will be reported to the student in writing, within two weeks following receipt of the second opinion.

D. COVID-19 vaccine requirements, exemptions, and exceptions are outlined in Administrative Guide Policy 3.3.02 COVID-19 Vaccination Policy.

E. New Students Responsible for Costs of Immunizations

Students are responsible for the costs associated with the initial TB tests, and all immunizations/titers except the annual influenza immunization and the COVID-19 vaccine(s). These services may be provided at Preventive Occupational Environmental Medicine (POEM) clinic but students will be charged.

2. CONTINUING STUDENTS' IMMUNIZATIONS AND TB TESTS

- A. Annual medical screenings will minimally consist of a review of immunization compliance, a medical questionnaire and a TB symptom screening and education for all students. SEHS will enter information into GUS and will audit compliance status. Students not in compliance may be blocked from enrollment and are subject to dismissal.
- B. Students who have withdrawn and re-enrolled at UAMS within the last ten (10) years and whose health records are on file at SEHS are regarded as "continuing students" for the purpose of this policy as long as their student health record is on file at SEHS.
 - i. Continuing students are expected to stay up to date on health screening requirements described in this policy. Students who do not comply will be blocked from future enrollment, including pre- and early enrollment.
 - ii. Student and Employee Health will notify all students monthly who are not compliant with health requirements.
 - iii. Students who fail to comply will be subject to dismissal from their college. Colleges may elect to issue code of conduct violations against the student, up to and including dismissal from the program.

3. INFLUENZA – ALL STUDENTS

- A. Seasonal influenza vaccine (or novel influenza vaccine if recommended by the Center for Disease control) (INACTIVATED) will be required annually for all UAMS students. Student and Employee Health will provide inoculations free of charge to UAMS students according to a published schedule each academic year. Typically, flu shots become available in the fall (October).
 - i. Students unable to comply for specific reasons may be subject to special requirements such as wearing protective masks and/or coverings during influenza season or other infectious outbreaks. Influenza season and other infectious outbreaks will be defined by the UAMS University Hospital Infection Control Committee chair or his/her designee.
 - ii. Those unwilling to comply with special requirements may be reassigned or suspended from class at the discretion of the appropriate hospital division director, clinical director, education program director, or at the request of Hospital administration for a period to be determined by the chairman of the Infection Control Committee.

iii. **Exceptions:** Those who have had anaphylactic reaction to a previous dose of influenza vaccine. Risk of influenza infection from the INACTIVATED vaccine is zero for any person, pregnant or otherwise. Individuals who received live flu vaccine should not have contact with immunocompromised patients for seven days. Those who have not received the vaccination due to medical or religious exemption will be required to wear a mask.

4. COVID-19 – ALL STUDENTS

All students must follow UAMS Administrative Guide Policy 3.3.02 COVID-19 Vaccination regarding COVID-19 vaccination(s), exemptions, and exceptions.

5. OTHER FACILITIES THAT PROVIDE STUDENT INSTRUCTION

Health care facilities that provide instruction to UAMS students may require additional tests, physical examinations or immunizations. Because the use of these facilities is a part of the curriculum and essential to health professions education, students should be prepared to comply with the policies and procedures at any facility where they engage in rotations or learning experiences at their own expense. Students are expected to attend all training sites as assigned and to comply with all applicable policies of each respective site. Failure to attend or to adhere to all applicable policies may be cause for dismissal from the program.

6. RECORDS

All medical records, including the results of all medical screenings are considered confidential by SEHS. All medical records will be updated by SEHS within 30 days after matriculation. These medical records are not considered a part of the student's academic record but will be maintained permanently as a medical record by SEHS. Students may access their immunization and TB screening records through GUS.

7. STUDENTS OFF-CAMPUS

Students located outside of Pulaski County may not have access to the SEHS offices on the UAMS main campus. These students may visit a local Regional Campus unit or with their private physician at their own expense. All required documentation must be provided to SEHS.

- A. Those who remain non-compliant will be blocked from enrolling in any future coursework by the Office of the University Registrar, including pre- or early enrollment opportunities.
- B. Students who fail to comply will be subject to disciplinary action from their college. Colleges may elect to issue a code of conduct violations against the student, up to and including dismissal from the program.

8. STUDENTS ENROLLED IN 100% ONLINE PROGRAMS

Students who are enrolled in 100% online programs without clinical placements are exempt from all SEHS requirements described above. The **program** must be approved as 100% online to receive the exemption. If a student takes courses online, that does not exempt them from the PREN requirement.

9. ADDITIONAL INFORMATION

If a student disagrees with the medical screening report, he or she may elect to secure a second opinion at this or her own expense. Results must be presented to SEHS within two weeks of notification to SEHS of the student's request for the second opinion. If the two medical opinions disagree, UAMS Medical Center's Medical Director will make the final determination on the medical status of the student. The determination of the Medical Director will be reported to the student and SEHS, in writing, within two weeks following receipt of the second opinion.

10. STUDENTS WITH KNOWN BLOOD BORNE PATHOGENS

Students with a known Blood Borne pathogen are required to disclose information to their college's dean office and follow the procedures and disclosure forms laid out in Academic Affairs Policy 2.2.6 Non-Discrimination in Admission and Retention of Students Known to be infected with a Blood Borne Pathogen (With or Without symptoms).

STANDARDS

Health screening standards at UAMS will reflect recommendations set by the Centers for Disease Control, found in its Recommended Adult Immunization Schedule for Health Care Workers and the Hospital Infection Control Practices Advisory Board.

REFERENCES

Academic Visitor Policy, Administrative Guide #12.1.01

Employee Medical Screening Policy, Administrative Guide, #4.5.18

UAMS Policy of Non-Discrimination in Admission and Retention of Students Known to be infected with a Blood Borne Pathogen (With or Without symptoms), Academic Affairs Policy, #2.2.6

COVID-19 Vaccination, Administrative Guide #3.3.02

CDC website "TB Screening and Testing of Health Care Personnel"

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

APPENDIX T - UAMS POLICY ON REQUESTS FOR ACCOMMODATIONS

Policy: University of Arkansas for Medical Sciences, Division of Academic Affairs Subject: Student Request for Academic Accommodations Number: 2.2.5

Date Approved (Council of Deans, Provost): November 23, 2014 Date Effective: November 24, 2014

Last Review/Revision: February 28, 2022 Next Review/Revision: February 28, 2024

PURPOSE

The University of Arkansas for Medical Sciences (UAMS or University) is committed to a policy of ensuring that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in University programs or activities due to their disability. The University is fully committed to complying with all requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973 (Section 504) and to providing equal educational opportunities to otherwise qualified students with disabilities. The purpose of this policy is to define the process students should follow if accommodations in an academic setting are needed due to a disability.

SCOPE

This policy applies to all academic programs, facilities, housing, co-curricular and extra-curricular activities that affect students in all UAMS colleges and the Graduate School. The ADA/Title IX Coordinator (Coordinator) is granted authority on behalf of all UAMS colleges and the Graduate School to serve as the central point of contact for students seeking accommodations.

DEFINITIONS

Auxiliary aids: services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in, and enjoy the benefits of, programs or activities (34 C.F.R. § 104.44)

Disability: a physical or mental condition that substantially limits one or more of the major life activities; a record of such a condition, or the individual is regarded as having such a condition (34 C.F.R. § 104.3)

Qualified individual: a student with a disability who, with or without reasonable accommodation, meets the same eligibility requirements, academic, and technical standards required for admission or participation in UAMS educational programs or activities (34 C.F.R. § 104.3)

Reasonable accommodation: a modification of rules, policies, or practices; adjustments to environments or facilities, or the provision of auxiliary aids and services which do not result in undue financial hardship or administrative burden. Accommodations that pose a threat to the health, safety and/or comfort of patients or others; or result in a fundamental alteration of a program, technical, or professional standard are not considered reasonable.

Temporary condition: a change in a person's physical, mental, or emotional condition that is of limited duration; and significantly impacts one's ability to access educational programs, activities, or facilities. Temporary conditions do not rise to the level of disability in that they are expected to resolve within a predictable period of time. Examples of temporary conditions include, but are not limited to: broken limbs or other bodily injuries, short-term illness such as the flu, or medical complications due to pregnancy.

DOCUMENTATION REQUIREMENTS

The rationale for seeking documentation about a student's condition is to support the Coordinator in establishing that a disability or temporary condition exists, understanding how the disability or condition impacts the student, and making informed decisions about accommodations. The evidence of disability or temporary impairment and the need for a specific accommodation should be logically connected. Interim accommodations may be granted for apparent disabilities/conditions pending the receipt of formal documentation. Documentation should not be so dated that it no longer reflects the student's current level of functioning.

Students should be aware that documentation requirements for standardized testing administered by third parties may vary significantly from UAMS requirements. Therefore, the provision of accommodations in the academic setting should not be construed as a guarantee of accommodations on a standardized test administered by a third party. Students are responsible for understanding and following all policies or procedures related to those tests.

Student records of disability and documentation are educational records and protected under the Family Educational Rights and Privacy Act. The ADA/TIX Office will hold confidential personally identifiable health information.

PROCEDURE

The accommodation process begins when a student identifies themselves to their instructor or to the Coordinator as an individual with a disability and asks for assistance. If the instructor recognizes that the structure of the course presents a barrier to equal access, the student should be referred to the Coordinator for consultation and assistance. The student should complete and submit a Student Request for Accommodation Application via <https://bear.accessiblelearning.com/UAMS/ApplicationStudent.aspx>. Students are encouraged to submit their requests prior to the beginning of the academic year/semester as accommodations are not retroactive.

The university will make reasonable efforts to consider and accommodate late requests, however fewer options may be available once the semester or rotation is underway.

Upon receipt of the accommodation request, the Coordinator will:

- Conduct a preliminary review of the request and any associated documentation
- Make an initial determination of disability
- Meet with the student in order to fully identify barriers in the student's learning environment and discuss potential accommodations
- Develop a proposed accommodation plan

The Coordinator will then notify the appropriate Associate Dean (AD) of the request and through consultation/collaboration with the AD, as well as any other appropriate faculty and or staff members with a legitimate need to know of the student's condition or disability, make a final determination regarding reasonable accommodations. Once an accommodation is approved by the Coordinator and Associate Dean, the Coordinator will update the student's profile within the online system and a written notice of eligibility will go out to the student informing them of the approval of accommodations and how to request their accommodations for each course.

The student will review their eligibility letter and login to the Online Portal and request accommodations for each course they are enrolled in. After the student submits the request for the course, the Coordinator will review and approve the requests for accuracy. Once the request is approved by the Coordinator students will be able to login and send their accommodation notification letter to faculty. The AD will ensure faculty members are responsible for implementation of the approved accommodations and understand their responsibility to implement the approved adjustments.

Faculty members expressing concerns with the reasonableness of the approved accommodations should immediately contact their AD and the Coordinator. Accommodations should be implemented pending further review by the Coordinator and the appropriate AD regarding the reasonableness of the approved accommodations.

APPROVED ACCOMMODATIONS

Short-term, temporary accommodations or accommodations identified as needing to be reviewed annually will be valid for a specific duration as documented in the notification letter. Otherwise, approved accommodations will be valid until the student completes the degree program or until the student notifies the Coordinator that the accommodation is no longer necessary. Students may seek additional accommodations or request a modification to an existing accommodation at any point in time.

If a requested accommodation cannot be approved, every effort will be made to implement an alternate adjustment that will provide the student with equal access. The rationale for denied accommodations will be formally documented and provided to the student.

Students may request reconsideration of denied accommodations by submitting an additional request accompanied by new substantive supporting documentation.

NOTICE OF NON-DISCRIMINATION

It is the policy of UAMS (Academic Affairs Policy, 2.1.3, *Non-Discrimination Statement*) that members of the University community neither commit nor condone acts of bigotry, racism or discrimination. The University prohibits discrimination on the basis of race, ethnicity, color, sex, creed, age, marital or parental status, pregnancy, national origin, genetic information, gender identity, gender expression, sexual orientation, religion, ethnic origin, disability or veteran status including disabled veterans and veterans of the Vietnam Era with respect to all aspects of the student experience, including but not limited to, acceptance and admission, enrollment, financial aid, and access to student resources and support.

GRIEVANCE PROCEDURE

Any student who believes they have been subjected to discrimination on the basis of disability or has been denied access or accommodations required by law, has the right to file a grievance in accordance with Academic Affairs Policy 2.2.1, *Grievance Procedure for Students Alleging Discrimination*. Generally, the following concerns may be addressed under the procedure:

- Disagreements or denials regarding requested services, accommodations, or modification to University practices or requirements;
- Alleged lack of access to a University facility, program or activity;
- Alleged harassment or discrimination on the basis of a disability; and
- Any other alleged violations of the ADA/Title IX and/or Section 504.

Students may contact the ADA Coordinator with complaints or concerns:

Ms. Michelle Zengulis
Academic Affairs
4301 W. Markham St. #586 ED II / 2/109
Little Rock, AR 72205-7199
Office: 501-526-5641
mzengulis@uams.edu

Although students are encouraged to attempt to resolve complaints pertaining to disabilities by using this grievance procedure, they have the right to file a complaint directly with the U.S. Department of Education, Office for Civil Rights (OCR):

Office for Civil Rights, Dallas Office
U.S. Department of Education
1999 Bryan St., Suite 1620
Dallas, TX 75201-6810
Telephone: 214-661-6900
TTD: 877-521-2172
Fax: 214-661-9587
E-mail: OCR.Dallas@ed.gov

REFERENCES

Section 504 of The Rehabilitation Act of 1973
Title II of The Americans with Disabilities Act, as amended September 15, 2010
The Family Educational Rights and Privacy Act
The Code of Federal Regulations, Title 34 – Education, Subtitle B, Part 104 -
Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance
UAMS Academic Affairs Policy – 2.1.3, Non-Discrimination Statement
UAMS Academic Affairs Policy – 2.2.1, Grievance Procedure for Students Alleging Discrimination



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

STUDENT REQUEST FOR ACCOMMODATION

Personal Information

First Name:

Last Name:

Middle Name:

Optional - Preferred Name:

UAMS Student ID (seven digits): Click or tap here to enter text.

Contact Information

Cell Phone Number: ()

Land Line Phone Number: ()

UAMS Email Address:

Local Address

Address:

City:

State:

Zip:

Permanent Address Same as Local Address

Address:

City:

State:

Zip:

Date of Request: Click or tap to enter a date.

Type of Request: (check all that apply):

Physical

Learning

Temporary From: Click or tap to enter a date. To Click or tap to enter a date. **Accommodation Sought:**

Initial Accommodation Request

Increase in Accommodation Request

Decrease in Accommodation Request

1. Please describe your primary disability:

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Chronic Medical Condition
- Hearing
- Learning Disability
- Physical or Mobility
- Psychological
- Temporary Medical Condition
- Traumatic Brain Injury
- Vision
- I have not been formally diagnosed with a disabling condition

Additional Note or Comment

2. Any secondary disabilities?

- Attention Deficit Disorder
- Autism Spectrum Disorder
- Chronic Medical Condition
- Hearing
- Learning Disability
- Physical or Mobility
- Psychological
- Temporary Medical Condition
- Traumatic Brain Injury
- Vision
- I have no other disabilities

Additional Note or Comment

3. Describe the barriers you experience with regard to academics, access to facilities, or clinical rotations -

4. Describe the accommodations you are seeking at this time.

5. Describe any accommodations you have received in previous academic settings.

6. Please list all programs and the colleges in which you are enrolled:

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Return this form and all supporting documentation to:
Michelle Zengulis, Campus Disability Coordinator

APPENDIX U - UAMS POLICY ON INCIDENT/INJURY REPORTING



University of Arkansas for Medical Sciences

UAMS ADMINISTRATIVE GUIDE

NUMBER: 11.4.01

DATE: 01/15/1997

REVISION: 10/11/04; 09/01/07; 07/07/10, 04/13/13; 09/02/15; 04/09/19; 04/14/21 PAGE: 1 of 3

SECTION: CAMPUS OPERATIONS AREA: GENERAL AND OCCUPATIONAL SAFETY
SUBJECT: EMPLOYEE/STUDENT INCIDENT/INJURY REPORTING

PURPOSE

The purpose of this policy is to establish procedures for reporting incidents/injuries in a timely manner.

SCOPE

All UAMS employees, students, volunteers, contractors and vendors.

POLICY

All incidents on UAMS property that result in injury to employees, students, volunteers, contractors and vendors shall be reported to Occupational Health & Safety (OH&S) within forty eight (48) hours.

Reporting of incidents and injuries is essential for the identification of hazards in the workplace.

PROCEDURE

EMPLOYEES

1) All incidents resulting in injury to employees and students must be reported on the

[Employee/Student/Injury and Incident Report Form \(I&I\)](#).

- a. If the Employee suffers a needle stick injury, blood/body fluid exposure Immediately—
Notify Supervisor and **call 501-398-8636**.
 - i. Call the Company Nurse Hotline, 1-855-339-1893
 - ii. Complete the online or paper I&I
- b. Employees who have been injured on the job AND require medical treatment must also:
 - i. Call the Company Nurse Injury Hotline 1-855-339-1893 to report a Worker's Compensation claim before seeking medical treatment.
 - ii. Complete the online or paper I&I
- c. For Employees, the report can be completed by the employee, or his/her supervisor;
- d. The I&I report form can be found online at <http://www.uams.edu/campusop/depts/ohs/forms/Accident.aspx> and can be completed electronically or by paper. A paper copy can be obtained by clicking on the following link: <http://www.uams.edu/campusop/depts/OHS/docs/Forms/EmpInjury.pdf>
- e. Routing of handwritten paper copy I&I:
 - i. The online copy is sent to the appropriate departments listed below automatically once submitted.
 - ii. The handwritten paper report should be sent to OH&S, Human Resources, and Preventative Occupational Environmental Medicine within 48 hours of the occurrence of the incident.

STUDENTS

- 2) For Students, the report is to be completed by the student or faculty advisor or preceptor;
- a. If the Student suffers a needle stick injury, blood/body fluid exposure - Immediately— Notify Faculty Advisor or Preceptor and call 501-398-8636.
 - i. Complete the online or paper (I&I) and report the injury to their faculty advisor or preceptor as soon as possible.
 - b. The I & I report form can be found online at <http://www.uams.edu/campusop/depts/ohs/forms/Accident.aspx> and can be completed electronically or by paper. A paper copy can be obtained by clicking on the following link: <http://www.uams.edu/campusop/depts/OHS/docs/Forms/EmpInjury.pdf>
 - c. Routing of handwritten paper copy:
 - ii. The online copy is sent to the appropriate departments listed below automatically once submitted. The handwritten paper report should be sent to OH&S within 48 hours of the occurrence of the incident.

MEDICAL TREATMENT LOCATIONS

- a. Preventative Occupational Environmental Medicine (POEM), in person during regular business hours (Monday – Friday 8-4:30), located on the ground floor of Central Building, across the hallway from the satellite Student & Employee Health Services Clinic, 501-686-6565.
- b. The Emergency Department after regular hours
 - i. Designated Providers in our Arkansas Worker’s Compensation Provider List (employees only).
- a. Outside of Central Little Rock, the employee will be sent directly to closest ER for emergency, needle sticks or blood/body fluid exposure incidents. All other injuries needing treatment must call the Company Nurse Hotline 1-855-339-1893 to be directed to the appropriate clinic.

VOLUNTEERS, VENDORS, CONTRACTORS & OTHER NON-EMPLOYEES

Injuries to volunteers, vendors, contractors and other non-employees must be reported to their specific department/employer and this information forwarded to Occupational Health and Safety by filling out the online I&I.

PATIENTS AND VISITORS

All patient and visitor-related incidents/injuries must be reported on the Patient Safety Event Reporting System, available at: <http://inside.uams.edu/patientsafety/>.

*Employee/Student Injury And Incident Report Form available by downloading this pdf file: <http://www.uams.edu/campusop/depts/ohs/docs/Forms/EmpInjury.pdf>

REFERENCE

UAMS Worker’s Compensation Policy, Admin Guide 4.1.08
ML 1.02 Patient and Visitor Variance Reporting

Signature:



Date: April 14, 2021

APPENDIX V – EXPORT CONTROL



UAMS ADMINISTRATIVE GUIDE

NUMBER: 15.1.06

DATE: 01/06/2016

REVISION: 2/13/2018; 02/11/2020, 07/13/2021

PAGE: 1 of 4

SECTION: INSTITUTIONAL COMPLIANCE

AREA: GENERAL ADMINISTRATION

SUBJECT: INTERNATIONAL COMPLIANCE & EXPORT MANAGEMENT POLICY

PURPOSE

To communicate the commitment of the University of Arkansas for Medical Sciences (“UAMS”) to comply with U.S. export control laws and other U.S. and Arkansas state laws & regulations relating to international matters, including, but not limited to those found in the Export Administration Act and the Export Administration regulations.

SCOPE

This policy applies to all UAMS faculty, staff, students, visitors, and guests (collectively referred to herein as ‘workforce’), and it applies to certain software, hardware, technology and other restricted items (collectively referred to as ‘restricted items’) that are carried or sent outside of the United States by any means or released to in-country, foreign nationals.

DEFINITIONS

Export shall mean the shipment or transfer, by whatever means, of controlled items, software, technology, or services out of U.S.

Deemed Export shall mean the release or transmission of information or technology subject to export control to any foreign national in the U.S., including graduate students and training fellows. Such a release of information is considered to be an export to the foreign national’s home country.

Foreign National shall mean anyone who is not (1) a U.S. citizen, (2) a lawful permanent resident of the U.S., or (3) an otherwise “protected individual” under 8 USC § 1324b(a)(3). Any foreign corporation, business association, partnership, trust, society, or any other foreign entity or group as well as international organizations and foreign governments are considered foreign national(s).

Fundamental Research shall mean research in science, engineering, or mathematics, the results of which ordinarily are published and shared broadly within the research community, and for which the researchers have not accepted restrictions for proprietary or national security reasons. The techniques used during the research are normally publically available or are part of the published information.

Export Controls shall mean Federal laws and regulations that regulate and restrict the release of critical materials and services to foreign nationals and foreign countries for reasons of national security, foreign policy, anti-terrorism or nonproliferation. When faculty, staff, and/or students

look to collaborate internationally or with foreign persons within the US or abroad, individuals are dealing with the Export Control Regulations of the United States, as defined below. Export control regulations apply to all activities – not just sponsored research.

The three main export regulations applicable to UAMS are (1) the International Traffic in Arms Regulations (ITAR), (2) the Export Administration Regulations (EAR), and (3) the Office of Foreign Assets Control (OFAC). However, other federal agencies also regulate the export, re-export or re-transfer of certain items and technologies, including, but not limited to, the Nuclear Regulatory Commission (nuclear equipment and materials), the Department of Energy (nuclear technology, high-energy lasers, etc.), the Food and Drug Administration (drugs and medical devices) and the Drug Enforcement Agency (drugs and certain chemicals). (All aforementioned regulations are collectively referred to herein as the “Export Control Regulations”).

POLICY

A. Export Controls

UAMS is committed to compliance with all U.S. government export control laws and regulations. Export control regulations limit the export of certain restricted items for reasons of national security, foreign policy, competitive trade reasons and national defense. UAMS supports efforts against terrorism and efforts to prevent transactions involving entities engaged in prohibited missile, nuclear, chemical or biological warfare activities. UAMS acknowledges that while international collaboration benefits the medical and academic communities as a whole, the government has an interest in regulating certain transactions and working agreements. Accordingly, in some circumstances, UAMS may be required to obtain prior approval from the appropriate agency before allowing foreign nationals to participate in research, collaborate with a foreign company, or share research results with foreign nationals. Therefore, UAMS has implemented an Export Management and Compliance Program to help prevent restricted items from being exported in violation of U.S. export regulations, and, if necessary, to prevent foreign nationals from accessing certain restricted items unless a valid export license has been obtained or an exemption from licensing requirements applies.

While all activities at UAMS need to be in compliance with export controls, it should be noted that many research activities will be exempted from export control laws. The Fundamental Research Exclusion covers scientific research that results in publications and open dissemination of research results, as is typically found in academic research. Generally speaking, if the information to conduct research is in the public domain and the results of the research are publishable, the research is covered by the Fundamental Research Exclusion. However, all workforce members engaged in research and research administration involving contact with foreign nationals must be aware of the potential applicability of federal laws and regulations on export controls and recognize when an export license may be required.

For export control purposes, high risk areas include, but are not limited to, research involving contact with foreign nationals and originating in the fields of Engineering, Space Sciences, Computer Sciences, Biology, Biomedical, Energy, Agricultural Development, Chemistry, and Physics. All foreign nationals seeking affiliation with UAMS are required to comply with this policy and U.S. export control regulations. On-going education and training opportunities will be provided through the Office of International Compliance.

UAMS will assist its workforce in complying with export control laws, including pursuing licenses from U.S. Government agencies, where appropriate. However, the primary responsibility

for export control regulatory compliance rests with the individual(s) involved in any given project, as they are the most informed about the details of their respective project(s).

B. Other US and State Laws

UAMS is committed to compliance with all other U.S. and Arkansas state government laws and regulations relating to other international matters, including but not limited to, import regulations and laws related to foreign gift/foreign contract reporting. UAMS will assist its workforce in complying with applicable laws, including pursuing licenses from U.S. Government agencies, especially as relates to the import of medical & biological items, where appropriate. However, the primary responsibility for such regulatory compliance rests with the individual(s) involved in any given project, as they are the most informed about the details of their respective project(s).

PROCEDURES

The UAMS International Compliance & Export Management Guide (“the Guide”) has been developed to implement this Policy and to assist with U.S. export control compliance and other US regulations related to international matters. The Guide can be accessed at: <http://internationalcompliance.uams.edu/>. For questions or further information, please contact the Office of Institutional Compliance, Director of International Compliance.

Penalties for noncompliance can be imposed on institutions and individuals. These may include partial or complete denial of export privileges, civil fines, or seizure of equipment. Criminal penalties for willful violations of U.S. export regulations may include fines of up to \$1,000,000.00 and imprisonment for up to a period of 20 years.

Any workforce member who becomes aware of a potential violation of this policy must immediately report the violation to their supervisor or the Office of Institutional Compliance.

Violation of this Policy may result in disciplinary action, in accordance with UAMS *Administrative Guide Policy 4.4.02, Employee Discipline* or the University of Arkansas System Board of Trustees [Policy 405.1, Appointments, Promotion, Tenure, Non-Reappointment, and Dismissal of Faculty](#), as applicable.

TITLE VII DISCLAIMER

Title VII of the Civil Rights Act of 1964 prohibits discrimination based on race, color, religion, sex, or national origin. UAMS does not condone discrimination of any sort, including discrimination based on national origin and is committed to compliance with Export Control Regulations in a manner consistent with Title VII.

REFERENCES

[Bureau of Industry and Security \(BIS\)](#)
[Export Administration Regulations \(EAR\)](#)
[International Traffic in Arms Regulations \(ITAR\)](#)
[Office of Foreign Assets Control](#)
[Food & Drug Administration-Importing Medical Devices](#)

Signature:

A handwritten signature in black ink, appearing to read "C. Felt", is placed on a light blue rectangular background.

Date: July 13, 2021

APPENDIX W

PURPOSE

The purpose of this policy is to establish that the University of Arkansas for Medical Sciences (UAMS) is committed to the principle and practice of nondiscrimination and equal opportunity in all areas of employment and other services that affect employees, students, and the general public. The principle and practice of nondiscrimination includes acknowledgment of and training on cultural humility and implicit bias. All UAMS employees will complete annual cultural humility and implicit bias training.

SCOPE

All UAMS employees, students, non-employees (contractors, vendors, delivery persons, and volunteers), applicants, and visitors.

POLICY

The ability of UAMS to meet its mission will increasingly depend on, and be strengthened by, incorporating constructive diversity and inclusion in its employees and students. Any form of racism, bigotry, or discrimination subverts the mission of UAMS and its core values. UAMS is committed to providing a wholesome environment where comprehensive educational, research and employment opportunities are offered to employees, students, and applicants. In both obvious and subtle ways, racism, bigotry, and discrimination adversely affect an individual's ability to function at optimal level. They also have a harmful effect on one's ability to study, work, and engage in leisure activities within the University community.

The University of Arkansas for Medical Sciences abhors and condemns all forms of bigotry and racism. Such behavior is a violation of an individual's human rights and is also unlawful. UAMS will comply with and enforce Titles VI and VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246 (as amended), Title IX of the Educational Amendments of 1972 (as amended), the Rehabilitation Act of 1973 (Sections 503 and 504) (as amended), the Vietnam Era Veterans' Readjustment Assistance Act of 1974, (as amended), the Age Discrimination in Employment Act (as amended), the Americans With Disabilities Act of 1991, the ADA Amendments Act of 2008 (as amended), Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, U.S. Federal Court Decree in the Adams Cases of 1973 and Acts 99 and 962 of the Arkansas General Assembly. UAMS shall recruit, retain, promote and graduate students without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation. Specifically, UAMS will not discriminate on the basis of race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran,

sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation as a criterion in deciding against any individual in matters of admission, placement, transfer, hiring, dismissal, compensation, fringe benefits, training, tuition assistance, and other personnel or educationally-related actions. Therefore, the policy of UAMS is that members of the University community neither commit nor condone acts of bigotry, racism, or discrimination. Actions on the part of any employee or official of the University contrary to this policy will be addressed promptly and appropriately, according to current UAMS disciplinary procedures. To ensure compliance with this adopted policy of nondiscriminatory behavior, UAMS will operate under the following guidelines:

1. UAMS shall institute an on-going program designed to familiarize UAMS personnel with the fundamental principles of cultural humility, implicit bias, and inclusive excellence.
2. UAMS will require in-person cultural humility and implicit bias training for all employees and offer distributive learning options as part of an **annual training requirement**.
3. The Division for Diversity, Equity, and Inclusion (DDEI) Office of Intercultural Education will provide UAMS employees with the knowledge and skills to help the University foster inclusive excellence and reach its important goals set forth in Vision 2029 related to diversity, equity, and inclusion.
4. In accordance with Vision 2029, DDEI, in partnership with Human Resources, will prepare and implement the appropriate education and training to satisfy the annual training requirement.
5. Deans and division heads, in conjunction with the DDEI Office of Intercultural Education, will lead the implementation of educational programs in their respective areas. The DDEI Office of Intercultural Education will be available, as a primary resource, for consultation in all areas of program development. The DDEI Office of Intercultural Education and DDEI Training and Strategy Advisory Council will lead the development, coordination, and presentation of educational programs. DDEI will ensure that all appropriate employees and management are knowledgeable of the various opportunities for education and training.
6. All promotional programs designed to solicit funds, provide customer information, or create community goodwill, shall reflect the diversity and inclusion of the University community and the general public. The appropriate dean/division head, or designee, shall review such material **prior** to publication to ensure the above standard is met.
7. Production of all faculty handbooks, student handbooks, employee handbooks, as well as any other communication designed to publicize policy and procedure, or any other information, must be written in a manner to promote nondiscriminatory and tolerant behavior. The appropriate administrative personnel shall review such material prior to publication to ensure the above standard is met as well as compliance with applicable laws referenced above.
8. Any questions or uncertainty regarding the education requirements should be directed to the DDEI and/or Human Resources, Employee Relations.

DISCRIMINATION POLICY VIOLATIONS

If an employee believes they are the victim of discriminatory behavior, they should talk to their department head or report the incident to the Office of Human Resources, Employee Relations, as soon as possible. Employee Relations will hear your claim and investigate the issue. All complaints or allegations of slurs, inscriptions, jokes, or other offensive behavior based on race, color, religion, national origin, creed, service in the uniformed services, status as a protected veteran, sex, age, marital or family status, pregnancy, physical or mental disability, genetic information, gender identity, gender expression, or sexual orientation which occur in the workplace or are related to the workplace are violations of this policy. Employees and residents may contact the Office of Human Resources, Employee Relations, should the complainant feel uncomfortable in reporting the incident to the department head. Students should also report complaints to the Associate Dean of their respective college.

Violations of this policy will result in disciplinary action in accordance with the Employee Disciplinary Policy, Administrative Guide Policy 4.4.02, Employee Discipline. Training courses in the *Academy for Inclusive Excellence* may also be required for those found to be in violation of this policy.

EMPLOYMENT

UAMS is an equal opportunity employer. UAMS will not discriminate and will take measures to ensure against discrimination in employment, recruitment, and advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, creed, color, national origin, or sex.


MONITORING

DDEI will collaborate with HR to track mandatory training compliance.

Annually, the Division for Diversity, Equity, and Inclusion will review and report to the Chancellor on the University's progress in the above areas of operation. This will be accomplished by review of the University's Affirmative Action plans, reports of accomplishments submitted by division heads, reports submitted to the Chancellor, and any other documented activities designed to accomplish the goals set out in this policy.

REFERENCES

Administrative Guide Policy 4.4.02, Employee Discipline
Academic Affairs Policy 2.2.1, Student Grievance Procedure

Signature: 

Date: June 23, 2021