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STUDENT HANDBOOK

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College of Medicine
Office of Academic Affairs

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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 – 526-2000
POISON CONTROL CENTER - 686-6161
POLICE - 686-7777
FIRE - 686-5333
INFORMATION - "0" OR 686-7000

Code Active Shooter

In the event of an active shooter or other violent actions on campus, special procedures are needed to ensure maximum safety and prevention of injury / loss of life. As a result, multiple responses are necessitated by all components of UAMS. Law enforcement is paramount in securing the situation, but the rest of the campus must work to ensure patient, student, visitor, and staff safety. Violent actions on campus could include an active shooter, hostage situation, terroristic threatening and other scenarios not depicted here.

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. The following steps are to be followed when fire and/or smoke are discovered within University Hospital or the Ward Bed Tower:
1. Activate the nearest FIRE ALARM PULL STATION.

2. Dial 686-5333 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.

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

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 be 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 - 686-5333). Time is critical. Always sound the alarm before attempting to extinguish a fire.

CONTAIN: Close doors where the fire/smoke is located to isolate and contain. Smoke is the biggest killer in the event of fire. Be sure no one is inside the area.

EXTINGUISH: Attempt to extinguish the fire. Use whatever means available: fire extinguishers, water, blankets, pillows, etc. Do not put yourself at risk. Remember that help is on the way.

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.

To operate all types of portable extinguishers, remember the word PASS:

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

Residence Hall: Evacuate the building.

Hospital and Bed Tower: 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: OPC, WPRCI, Jones Eye Institute, Center on Aging, Stephens 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").


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. If you find yourself in the hospital and don’t know what to do, go to the cafeteria. A Labor Pool of undesignated individuals will mass in the cafeteria and can then be dispatched to any area in which they are needed.

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

A MEDICAL EMERGENCY is called a Code Blue – If you are in the UAMS Medical Center Hospital, the Central Building, the Shorey Building, the MRI building, or the Bridge to the VA Hospital up to the VA doors, call a Code Blue by dialing 686-7333 and give the location (Building, floor, and room number). If you are in the Out-Patient Building, the Jones Eye Clinic or the Arkansas Cancer Research Center, you should call 686-7333 to alert our Code Blue Team, and also call “911” to notify the community “911” Paramedics. For medical emergencies that occur outdoors and in all other buildings not listed above, call the community “911” number to obtain emergency assistance, and notify UAMS Polices at 686-7777

A MASS CASUALTY INCIDENT is reported as a Code Green. If you hear the announcement for a Code Green, do not go to the emergency room, as confusion will ensue. As noted above, unless you are a third or fourth year student and are given a specific assignment by the service on which you are rotating, you should proceed to the Labor Pool, located in the cafeteria. A pool of undesignated individuals will mass in the cafeteria and can then be dispatched to any area in which they are needed. If you are at home and hear the announcement of a Code Green, do not come to the hospital unless a media announcement is made “Recalling University Hospital employees, staff and students.”
A suspected bioterrorism event is designated as a **Code Pathogen**. It will not be announced overhead. If you become aware of a Code Pathogen in progress, do not report to the Emergency Room. Those individuals with responsibility for this Code will be notified by the hospital operator.

When victims are received who are contaminated with chemical or biological agents that require decontamination, a **Code Yellow** may be activated. It will not be announced overhead, but if you become aware of it, do not go to the Emergency Room. The employees with direct responsibility will be notified through the Emergency Notification System.

A **Code Gray** is called for severe weather. If you are on campus, you should proceed to the basement, or to a protected internal hallway and away from windows. If you are working in a patient care area, you should close windows, doors, and drapes in patient care and visitor areas and direct visitors and patients away from windows to a protected internal hallway. If patients cannot be moved to safe areas, they should be moved as far from windows as possible and covered with blankets and pillows, at the direction of the medical and nursing staff.

If you become aware that it may be necessary to evacuate a location for any reason, you should contact the Hospital Administrator on Duty, or the supervisor of the location (if these individuals cannot be located, then call the UAMS Police). That individual will determine if the area should be evacuated. If so, the UAMS police will then be called (686-7777) for assistance. They will assist in the evacuation of those in immediate danger and then activate a **Code Evacuation**. It will be announced overhead. Obviously, if you are not in the area being evacuated, you should sit tight and await further instructions.

Every precaution is taken to protect infants and children in our facility. However, if an infant or child cannot be located, the **Code Pink** Plan is activated. It will be announced overhead and the police will be called. All staff and students should abandon non-urgent tasks and place themselves in hallways, stairwells, exits and entrances to watch for a potential abductor. You should check containers, empty rooms, or any other spot where a baby or child could be hidden or abandoned. 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 a Code Pink 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 heavyset, 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.

A bomb threat is called a **Code White**. In most cases, Code White will not be announced overhead. UAMS Police and other personnel will assist with evacuation and isolation of the area, if needed. However, if you hear a Code White overhead in your building, listen for specific instructions to follow. If you actually receive a bomb threat call, signal someone nearby to call the UAMS Police at 686-7777. Attempt to keep the caller on the line.

## 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 your 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 seven 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 College of Medicine, Curriculum Committee, University of Arkansas for Medical Sciences, with the unanimous approval of the faculty, established the medical student competencies listed below.

_Undergraduate Medical Education Competencies_

- Medical Knowledge
- Patient Care
- Professionalism
- Interpersonal and Communication Skills
- Lifelong Learning and Medical Informatics
- Population Health and Preventive Medicine
- Practice-Based and Systems-Based Medical Care

1. **Medical Knowledge**

Competent graduates must demonstrate that they have a firm grasp of the clinical sciences and the basic sciences that underpin medicine; and as well the ability to apply that knowledge appropriately in the clinical setting. The competent graduate is expected to:

A. Explain the scientific underpinnings of both health and disease states and apply concepts of science appropriately to clinical problems
B. Demonstrate an analytic thinking approach to clinical situations

2. **Patient Care:**

Competent graduates must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Competent graduates are expected to:

A. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
B. Demonstrate proficient clinical skills in the taking of a patient history and in carrying out a physical examination
C. Develop appropriate patient treatment and management plans
D. Appropriately counsel and educate patients and their families
E. Perform competently those medical procedures considered essential for their education
F. Provide health care services aimed at preventing health problems or maintaining health
G. Demonstrate ability to work with teams of multidisciplinary health care professionals to provide patient-focused care
H. Demonstrate cultural competence in dealing with patients and their families

3. Professionalism:

Competent graduates must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Competent graduates are expected to:

A. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
B. Explain and demonstrate a commitment to ethical principles pertaining to the provision of clinical care, confidentiality of patient information, and informed consent
C. Demonstrate sensitivity and responsiveness to patients’ culture, age, sexual orientation, gender, and disabilities
D. Dress in a manner consistent with that of a medical professional

4. Interpersonal and Communication Skills

Competent graduates must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, and professional associates. Competent graduates are expected to:

A. Create a therapeutically and ethically sound interaction with patients
B. Use effective verbal and non-verbal listening skills to elicit appropriate information and communicate effectively in writing
C. Work effectively with others as a member of a health care team
D. Effectively communicate with a patient’s family and other health care professionals

5. Lifelong Learning and Medical Informatics:

Competent graduates must be able to efficiently consult the scientific literature as a means of optimizing patient care. Competent graduates are expected to:

A. Perform appropriate computerized medical literature searches as a means of leaning about patients’ diseases, and the most sound and proven effective therapeutic interventions grounded in evidence based medicine
B. Determine what information is usable based on various patient findings
C. Convey their findings in a coherent manner to other physicians, health care professionals, and patients
D. Demonstrate ability to use information technology to manage information, support their own education, and practice medicine

6. Population Health and Preventive Medicine

Competent graduates must be cognizant of the association between the health of their patients and that of the population at large and this understanding must be grounded in a solid knowledge base and appreciation of the principles of disease prevention. Competent graduates are expected to

A. Describe the importance of preventive medicine principles in disease avoidance and be able to convey to their patients the central importance of prevention
B. Extrapolate the disease findings of their patients with disease prevalence locally and nationally
C. Describe the impact of complementary and alternative medical practices on their patients
D. Explain importance of lifestyle choices on disease prevention and health maintenance and be able to counsel patients on their lifestyle choices

7. Practice-Based and Systems-Based Medical Care

Competent graduates must demonstrate an understanding of the larger context and system of health care. Competent graduates are expected to:

A. Explain the dynamic relationship between patient, community, and the health care system
B. Explain how patient care practices impact on the larger society and how elements of the larger system may impact on their future practice
C. Describe the primary types of medical practice and health care delivery systems
D. Describe the main elements of cost effective health care and quality improvement

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

POLICIES AND PROCEDURES DETERMINING ACADEMIC STATUS

ACADEMIC REQUIREMENTS FOR PROMOTION OF MEDICAL STUDENTS

INTRODUCTION

Certain personal characteristics as set forth on the form, Scholastic Non-Cognitive Performance, are important to individuals preparing for a career in medicine. Therefore, scholastic non-cognitive
evaluations are requested as appropriate, in addition to the scholastic cognitive evaluations, and are designed to point out the outstanding or the inadequate personal characteristics of students. While the majority of students accepted to medical school will possess these positive personal characteristics, it is important to have a method to recognize either outstanding students or that unusual student who does not possess the character traits necessary to practice medicine. For this reason, scholastic non-cognitive grades are given. A grade of "Outstanding" or "Inadequate" will be accomplished by appropriate form(s) and/or letter(s). The lack of a scholastic non-cognitive grade will be interpreted as meaning either that the student has been judged to possess the proper characteristics or that there has been inadequate contact with the student on which to base an evaluation. Scholastic Non-Cognitive Performance is considered an academic requirement by the College.

In the following discussion, and throughout this Student Handbook, the terms “Module” and “Course” are used interchangeably. They both refer to a period of study in the curriculum in which subjects of like or related nature are taught and for which credit hours are calculated and a grade is given. The term “Module” is more commonly used in the M1 and M2 years, and “Course” is more commonly used in the M4 year. Instructional units in the M3 year are frequently referred to as “Clerkships”, but again, the basic definition is the same as “module” and “course.”

The consequences of a failing (F) grade, with respect to recommendations for promotion, probation or dismissal, are the same irrespective of the number of credit hours designated for the course in which the failing (F) grade was received. All courses in the medical school curriculum are considered to be of equal importance in the education of a future physician; the differences in the assignment of credit hours is due to the number of hours and the type of contact (e.g., lecture vs. laboratory) with the student.

For students in classes graduating before 2021, grade point averages are calculated in two ways. One of these, the promotion GPA for a given academic year (M1, M2, or M3), is based on grades received in courses taken during that year and is used to determine promotion, probation, and dismissal. When it is necessary to repeat a course or courses, the grade(s) received in the repeated course(s) only is (are) used to determine the grade point average for promotion. The second type of grade point average is calculated to determine class rank. One rank is based on all the course work within a given year; the other is based on performance in all courses of all years completed to the date of computation, i.e., the cumulative grade point average. Since the class rank is important in obtaining postgraduate training positions, it is felt that all grades, including failing (F) grade(s), should be used in this calculation in order to be fair to the student who successfully completed all courses the first time and who did not have to repeat any course(s). GPA and Class Ranks are only calculated through the junior year.

For students in classes graduating in 2021 and thereafter, traditional grade point averages are not calculated. Instead, class rank is determined using the final percentage in each course or clerkship adjusted by the credit hours for each course. Class rank is reported on the Medical Student Performance Evaluation (Dean’s letter) for residency application by quartile. When it is necessary to repeat a course or courses, both the failing grade(s) and the repeat grade(s) are reported on the College transcript. For class rank/quartile purposes when a student repeats a failing course, the
final percentage reported for both the first and repeat courses are averaged in calculating class rank/quartile.

**Repetition of Courses:** The options for the timing of repeated courses differ as stated below. Again, the requirements placed on students who have to repeat a course or courses differ according to the academic year involved, the course(s) involved, and/or decisions made by the Promotions Committee.

Freshman and sophomore year: Under some circumstances, if only one course needs to be repeated and an equivalent course is available and acceptable to the appropriate course director and the Promotions Committee, a course may be repeated in the summer, either at UAMS or at another location. However, if an acceptable course is not available in the summer either at UAMS or at another center, or if more than one course needs to be repeated, or if the Promotions Committee decides that it is in the best interest of the student, the student may be required to repeat the entire academic year the next year at UAMS.

Junior Year: Students who fail a junior clerkship at UAMS cannot repeat it at another institution since, as a general rule, U.S. medical schools do not accept students other than their own into junior clerkships. Therefore, the Promotions Committee must require a student who has failed a clerkship to repeat that clerkship at UAMS. Second, since the scholastic cognitive grading systems of the junior and the senior year are different, a student cannot be promoted into the senior year on probation. All inadequacies of the junior year must be removed before a student can be promoted into the senior year. Third, every attempt is usually made to provide the student with the option to complete all requirements within a time frame that does not delay his/her anticipated date of graduation. However, if circumstances dictate that the student must take more than 12 weeks of junior rotations at the beginning of the “senior” year, the student will usually not have sufficient time to complete all requirements of the senior year. Therefore, that student’s graduation may be delayed. Such students may be admitted to take senior-level courses immediately following the junior year, prior to grade tabulation and to the meeting and actions of the Promotions Committee. If a student is not promoted, he/she must drop the senior course work and will receive no credit for that work.

Senior Year: There is no probationary status during the senior year. A student may fail an elective course in the senior year and still graduate as long as all other requirements of the senior year have been met (33 hours of passing credit, a passing grade in all required courses, etc.). The failing grade will, of course, be included on the student’s transcript. Since the senior year is the final year of medical school and since probationary status resulting from a failure requires performance improvement for the following year, it is not possible to place a student on probation for failing a senior course. As in all other years (see below), failing two courses (the same course twice or two different courses) in the senior year will result in immediate dismissal.

I. General Regulations

A. Types of Grading or Evaluation
1. **Scholastic cognitive grades:** These grades are based on the academic performance in a course or clerkship. The notation of grades described below was adopted by the College of Medicine Curriculum and Executive Committees in 2017:

For students in classes graduating before 2021, grades in the M1 and M2 years shall be as follows:

- **Honors (H)** – reserved for students in a given course with a cumulative total score of 90% or above
- **Pass (P)** – considered a satisfactory passing grade and representing a cumulative total score in a course of 70% or greater up to less than 90%
- **Fail (F)** – Unsatisfactory, failing achievement in a course and representing a cumulative total score in a course of less than 70%.

For students in classes graduating in 2021 and thereafter, grades in the M1 and M2 years shall be as follows:

- **Pass (P):** considered satisfactory performance; representing a cumulative score in a course of 70% or greater
- **Fail (F):** Unsatisfactory, failing achievement in a course and representing a cumulative total score in a course of less than 70%.

In the junior clerkships the following letter grades will be used:

- "A" represents outstanding achievement,
- "B" represents very good achievement,
- "C" represents satisfactory achievement,
- "D" represents poor achievement, less than satisfactory, and is considered in the College of Medicine to be a marginal academic performance,
- "F" represents unsatisfactory achievement and failure in the course,

**Grades for the Senior year:**

The performance of a senior student shall be reported as: "Pass (P)" representing satisfactory performance, and "Fail (F)" representing unsatisfactory performance with no credit given. Faculty members are encouraged to document truly exceptional (superior) performance in detail for the student's record.

In all years of the curriculum, "I" or "incomplete" will continue to indicate that some portion of the course work has not been completed. The incomplete or "I" is a temporary grade that must be removed by a date set by the Course director and the Executive Associate Dean for Academic Affairs (or designee) in consultation with the student, or as determined by the Promotions Committee. The course work must be completed by the beginning of the following academic year unless the above officials set a different date, in which case the student shall be notified of that date in writing.
2. **Scholastic non-cognitive grades**: These grades are based on scholastic non-cognitive performance whether on campus, or away from UAMS. They are evaluations of certain characteristics that are important to individuals preparing for a career in medicine. Included in these evaluations are attentiveness, demeanor, maturity, cooperation, inquisitiveness, responsibility, respect for authority, etc. Students shall receive a grade of "Outstanding" or "Inadequate", when appropriate. The lack of either grade indicates that the student has been judged to possess the demonstrated characteristics or that contact with the student has been insufficient to allow evaluation. Evaluations can be made by faculty members of each medical school course in which the student is enrolled, or other faculty and staff having contact with the student, and will be submitted to the Executive Associate Dean for Academic Affairs or designee. In addition, the Dean of the College of Medicine or his designee may submit such an evaluation to the Executive Associate Dean for Academic Affairs or designee at any time.

B. Reporting and Releasing Grades

1. At the termination of a course or a clerkship, the responsible course director shall submit the following for each student to the office of the Registrar within 4 weeks after the end of the course or clerkship:
   
a. A scholastic cognitive grade (A, B, C, D, F, I) or (H, P, F) or (P,F) as appropriate, to be entered on the student’s official record.
   
b. A scholastic non-cognitive grade of Outstanding or Inadequate shall be submitted when appropriate. This scholastic non-cognitive grade will be made a part of the student's official record. When such a grade is submitted, it must be accompanied by the form, Scholastic Non-Cognitive Performance, and/or a letter or statement explaining the assignment of that grade. Such forms, letters, and/or statements will be placed in the student’s file.
   
c. Narrative evaluations on the student’s activities should be submitted by courses in all years of the curriculum when sufficient contact has occurred with the student to enable such comments.

2. Concurrent with submission of grades to the Registrar, the final grades of each student will be posted through secure electronic means, such as the O2 system. In addition, grades may also be released by means of a transcript authorized by the student, or on an interim grade report released to the student by the Dean’s Office. Final course grades are also available using the campus-wide student information system (GUS). Telephone calls cannot be honored except under unusual circumstances, and then only if the student is able to supply his/her UAMS ID number. Students may access their narrative evaluations via the electronic O2 system.

C. Grade Point Average and Class Rank

1. For students in classes graduating before 2021

Grade point averages are calculated by multiplying the semester hours (credit hours) for a course by the unit designation for the grade (A=4.0, B=3.0, C=2.0, D=1.0, F=0.0, H=4, P=2, F=0) and dividing
the total points obtained by the total credit hours for the year. The grade point average shall be calculated to the second decimal point; e.g., 2.55. For purposes of calculations, a semester hour is defined as an hour of lecture or other didactic or small group teaching experience, or two hours of laboratory per week for a semester of 18 weeks (regardless of the actual length of the course). Semester hours of credit will be calculated to the nearest whole hour (half-hour prior to the 2015-2016 academic year).

For clerkships and courses in the M3 and M4 year, responsibilities of the student are not limited or defined by a class schedule. Credit of 1 semester hour for one full week's involvement in these programs is a reasonable approximation. For “longitudinal” courses in the senior year, credit hours will either be determined in advance in consultation between the Dean’s office and the course director, or in the case of ad hoc electives, credit hours will be calculated by dividing the total hours of work the student is actually engaged in the elective by 36.

Grade Point Averages for Class Rank (rank in a given year; cumulative grade point average). The rank in class for a given year shall be determined on the basis of all grades attained within that designated year (freshman, sophomore, junior, but not senior). The Cumulative Grade Point Average is determined on the basis of all courses completed and all grades attained by the student to the date the computation is made. This average is used to determine the student’s rank or position within his/her class (Class being defined as those students expected, at the time of the calculation, to graduate within that class). The Cumulative Grade Point shall be calculated for students through the completion of the junior year.

D. Class rank for students in classes graduating in 2021 and thereafter

Grade point averages will not be calculated. Class rank will be determined by adding the final percentage in each course or clerkship multiplied by the number of credit hours for each course and then dividing by the total number of credit hours for the year or period. Class ranks will be reported only by quartile on the Medical Student Performance Evaluation used in residency applications.

II. Promotions Committee

A. Responsibilities and Duties: The Promotions Committee shall evaluate and make recommendations for each student in accordance with the guidelines established and approved by the faculty and included in this Student Handbook. It shall evaluate unusual problems and assure that the guidelines are applied in a fair and equitable manner. It shall recommend promotion, non-promotion, probation or dismissal for scholastic cognitive and/or scholastic non-cognitive reasons.

The Promotions Committee also has the special responsibility for reviewing the entire academic records of senior medical students in order to ascertain that each student has met all requirements for the degree of Doctor of Medicine. Following this review, the Promotions Committee shall make appropriate recommendations to the Council of Departmental Chairs, which is responsible for certifying that each student has met all requirements for the degree of Doctor of Medicine. This certification serves as the validation presented by the Dean of the College of Medicine to the Chair of the Board of Trustees during the Commencement ceremony. The Promotions Committee shall
also participate in the Honor System when necessary and as defined in the document, Constitution of the Honor System.

B. Composition of the Promotions Committee: In August of each year, the Office of Academic Affairs shall select twelve faculty members to constitute the Promotions Committee for the next academic year. These twelve faculty members shall be selected from a pool made up of all freshman, sophomore, and junior course and clerkship faculty, as well as required senior courses in Little Rock. Initially, four members were selected by random drawing from each of three groups: (Group A) the freshmen course faculty, (Group B) the sophomore course faculty, and (Group C) the remaining course and clerkship faculty. One person from each of these three groups shall rotate off of the Committee each year, and be replaced by another faculty member from the same group, selected by the Executive Associate Dean for Academic Affairs (or designee) by random drawing. The individuals from this pool not assigned to the Committee that year will be alternates. If the faculty member’s Department Chair wishes to do so, he/she can substitute another faculty member from the Department for the course or clerkship faculty assigned as a member or alternate. If, a course or clerkship is eliminated or added, or other unusual circumstances occur to change the makeup of the Committee or the pool of faculty eligible to be on the Committee, the Executive Associate Dean for Academic Affairs, or designee, shall have the right to assign any faculty member to the Committee in order to ensure a twelve member Committee and sufficient alternates. The Executive Associate Dean for Academic Affairs (or designee, if the Executive Associate Dean is unavailable) shall serve as Chair of the Committee without vote. The Regional Associate Dean for the NW campus (or designee) will be invited to attend Promotion Committee meetings as a non-voting guest when a NW campus student is to be considered, in case the Promotions Committee members have questions unique to that campus. If a member of the Committee cannot attend a meeting, he/she will be asked to contact a member of the alternate pool to arrange for a substitute. If he/she is unable to arrange for a substitute, the Executive Associate Dean for Academic Affairs, or designee, shall appoint an alternate from the full time faculty for that particular meeting. All Promotion Committee members must be members of the full-time faculty. Any member of the Promotions Committee who feels that he/she has a conflict of interest concerning any student to come before the Committee is required to recuse him/herself from discussion and vote of that student. If possible, a faculty member with such a conflict will identify the conflict at the time the Committee is called together so that a different faculty member can be assigned, thereby ensuring a quorum at the meeting.

C. Meetings of the Promotions Committee: The Promotions Committee shall meet at least once each academic year, as soon as possible after the close of the academic year. In addition, the Committee may meet at any time at the request of the Chair in order to be advised of or to evaluate specific issues bearing on student status. Information bearing on promotional factors will be presented at the meetings of the Committee by 1) the Chair (in conjunction with the course directors of the respective courses taken during the academic term, when appropriate) or 2) any faculty member who has documented information believed to be germane to the promotion process. A quorum shall consist of at least 8 members. Recommendations of the Promotions Committee to the Dean of the College of Medicine or designee require a 3/4 vote of the members present for a motion to dismiss (6 if 8 members present; 7 if 9 members present, 8 if 10 members present; 9 if 11 members present, 9 if 12 members present, and 10 if 13 members present (NW Representative making the 13th when appropriate)), and a simple majority for all other motions.
D. Replacement or Dismissal of Members of the Promotions Committee: If a Course or Clerkship faculty member is replaced in that position by his/her Department Chair or the Curriculum Committee, the replacement will assume his/her position with the Promotions Committee (either member or alternate) and will continue that faculty member’s term. If a member fails to carry out his/her responsibilities, especially by being absent from meetings repeatedly, the Executive Associate Dean for Academic Affairs (or designee) shall notify his/her Department Chair by letter.

III. Requirements for Promotion: Both Scholastic Cognitive and Scholastic Non-Cognitive requirements will be considered in evaluating each student in recommending promotion, non-promotion, probation or dismissal.

A. Scholastic Cognitive Requirements

For the M1 and M2 years:

A student successfully passing all modules in the M1 and M2 year shall be promoted in good standing into the next year. (Promotion from the M2 year to the M3 year will be contingent upon passing the USMLE Step 1 examination according to the USMLE Step 1 policy of the College).

A student failing one module shall repeat the module with the permission of their Promotions Committee according to the section above: “Repeat of Courses.” If the student fails the repeat attempt, he/she shall be dismissed from the College of Medicine for failure to maintain academic standards.

A student failing two modules in a given academic year shall be required to repeat the entire year the next year here at UAMS. The student must complete the repeat year with no failing grades in any courses, or they shall be dismissed for failure to maintain academic standards.

A sophomore student failing three modules in a given academic year or a freshman student failing more than 50% of the credit hours for that academic year shall be dismissed from the College for failure to maintain academic standards.

A freshman student failing three or more modules in a given academic year but failing 50% or fewer of the credit hours for that academic year shall be required to repeat the entire academic year. The student must complete the repeat year with no failing grades in any course, or they shall be dismissed for failure to maintain academic standards. (This provision in the academic standards acknowledges that some incoming students have difficulty in adjusting to medical school, or may have a number of problems, including a weaker academic background, that contribute to what is a weak, but not totally inadequate academic performance their first year. In all subsequent years, the student is required to perform at a level expected of all medical students)

A student in the M1 or M2 year who has been placed on academic probation by his/her Promotions Committee for that year, must pass all courses in the year. Failure to pass all courses
while on academic probation will result in dismissal of the student for failure to maintain academic standards.

No student shall be allowed to repeat more than one academic year. Repeating more than one module from a given academic year will be considered repeating the entire year. A student with an academic record which would otherwise require them to repeat a second year will be dismissed.

For the M3 year:

For clerkships and courses in the M3 and M4 year, responsibilities of the student are not limited or defined by a class schedule. Credit of 1 semester hour for one full week's involvement in these programs is a reasonable approximation.

Junior students who have failed one course shall be required to repeat that course and to attain a grade of "C" or better prior to promotion into the senior year. Upon successful completion of this requirement, the student shall be promoted into the senior year in good standing. A student who earns a grade of less than “C” in a repeat course will be dismissed for failure to maintain academic standards.

Junior students who have more than one or more D grades in the junior year will be considered by the promotions committee and may be required to repeat such clerkships. The grades attained in the repeated courses must be a "C" or better; failure to complete this requirement successfully will result in dismissal. Upon successful completion of these requirements, the student shall be promoted into the senior year in good standing.

Junior students failing more than 1 clerkship shall be dismissed from the College for failure to maintain academic standards.

For the M4 year:

A senior student failing one course may be allowed to repeat that course. The student must pass the repeat course or he/she will be dismissed from the College for failure to maintain academic standards. (A failed required course must be repeated and successfully passed, or the student will be dismissed. A single failed elective course does not necessarily have to be repeated, and the student can still graduate if they complete all other requirements for graduation.)

Senior students failing more than one course (or the same course twice) in the senior year shall be dismissed for failure to maintain academic standards.

To graduate from the College of Medicine, a student must complete all requirements of the M4 year (pass 33 hours, including the one week resident survival course, a 4 week Acting Internship, and a 4 week Geriatric Clerkship.), be ACLS certified, and pass Step 2CK and Step 2 CS. They must also successfully complete any other requirements imposed on them by their Promotions Committee.
Repeated courses and LOA

Any student taking a course for the second (or more) time (even if the course(s) was (were) passed the first time through) must pass the repeat course(s) or he/she will be dismissed from the College of Medicine for failure to maintain academic standards.

If a student returning from a LOA into the M1 or M2 year had a failing grade in any module the year the leave was taken or was failing the module he/she was taking at the time of the leave, he/she shall be treated as a new M1 or M2 student when he/she returns and will be required to complete the entire M1 or M2 year as any other beginning M1 or M2 student. If the student fails any repeated course in the year that they return, even if they had passed the course the first time through, they will be dismissed for failure to maintain academic standards. All grades earned the first time through in the M1 or M2 academic year prior to the leave that year will be expunged except for failing grades. If a student has failed a module prior to taking the leave, the module shall be repeated upon their return only upon approval of the appropriate Promotions Committee. These conditions of return are subject to Promotions Committee discretion and may be modified by the Promotions Committee. The student must attain a grade of "C" or better in any repeat junior course, and must pass all repeated courses in the M1, M2, and M4 year or be dismissed for failure to maintain academic standards. The repeated grade and the grade attained originally shall be used in calculating the grade point average for class rank for students in classes graduating before 2021. For students in classes graduating after 2021, the final percentages for the original attempt and the repeat course will be averaged and that number used in class rank/quartile calculation.

If an M1 or M2 student has passed all modules in the academic year prior to a leave and was passing the module being taken at the time of a leave, the student will complete the modules not yet completed when the student returns unless the Promotions Committee decides otherwise.

Dismissal – In addition to the reasons for dismissal as noted above:

1. A student shall be subject to dismissal at any time during the academic year when College of Medicine policies call for dismissal. It is not necessary to wait until the end of the academic year. The Dean’s office will notify the student. An Administrative Dismissal will then be initiated, and/or the Promotions Committee will then take action leading to the dismissal.

2. Students who receive a "D" or an "F" in a course being repeated in the M3 year or fail a repeat course (or any other course, if stipulated by the Promotions Committee) in any other year shall be dismissed at the time that grade is received.

3. A student who has been placed on probation for a given academic year must complete that year with no failing grades otherwise the student shall be dismissed from school.

4. A student failing to pass the USMLE Step 1 examination in three tries or by the deadline imposed by the College according to the USMLE Step 1 policy of the College shall be dismissed.
(5) 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 Promotions Committee, the Student Promotions Committee 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.

(6) Other policies of the College of Medicine faculty may state conditions under which a student shall be dismissed. These policies shall have the same validity as if noted in this section of the Academic Standards.

Rules Specific to a Given Year:

Sophomore Year:

(1) During Practice of Medicine courses in the M1 and M2 year, all students must take the Objective Structured Clinical Examinations (OSCE). These are tests that consist of several stations like those described above. Detailed information about the OSCE is included in the syllabus for the courses. **A student must have a passing grade on the End of Year OSCE in POM 2 in order to advance to the junior year.**

   If the student has not met this requirement by the end of the first twelve weeks of the junior year, the student must go before his/her Promotions Committee to determine appropriate action.

(2) A passing composite score on the USMLE Step 1 examination is required before final promotion into the junior year.

b. Junior Year:

   See above “For the M3 Year”

c. Senior Year:

(1) The Senior year is considered as officially begun when the student has been promoted into that year by the appropriate Promotions Committee. Credit for courses begun following the end of classes in the junior year, but before the regular end-of-year meeting of the Promotions Committee, will be officially transferred into the senior year following promotion as described above.

(2) To be eligible for graduation a senior student must pass all required courses taken in the senior year and complete at least 33 semester hours of courses in the senior year.

(3) To be eligible for graduation, students must be ACLS certified.

(4) To be eligible for graduation, students must pass the USMLE Step 2 examination (both the CK component and the CS component).
Additional rules exist for the senior year and are listed in detail in the Senior Handbook. It is the responsibility of all senior students to be familiar with this handbook, and the policies and regulations noted in it. This handbook is distributed annually to M3 students and a copy can always be obtained in the College of Medicine Dean’s office.

Repetition of Course(s) or Year

Repetition of Course(s):

A course or courses shall be repeated only upon approval of the appropriate Promotions Committee in accordance with the guidelines stated above. Permission from the Promotions Committee must be obtained prior to repetition of such course or courses. The student must attain a grade of "C" or better in any repeat junior course, and must pass all repeated courses in the M1, M2, and M4 year (and any additional courses as required by the Promotions Committee). The repeated grade and the grade attained originally shall be used in calculating the grade point average for class rank for students in classes graduating before 2021; for those students in classes graduating in 2021 and thereafter, the final percentages in the originally taken course and the repeat course shall be averaged and that number used in class rank/quartile calculation.

Repetition of Year:

At the discretion of the Promotions Committee, a student may be required to repeat an academic year in full or in part and can be placed on academic probation during that time.

B. Scholastic Non-Cognitive Requirements

1. Grading Categories:
   a. Outstanding
   b. Inadequate

2. Actions to be Taken:
   a. If the student receives a grade of Outstanding, the Associate Dean for Student/Academic Affairs:
      (1) Will mail a copy of the grade to the student, and;
      (2) Will place a copy in the student’s file.
   b. If the student receives the grade of Inadequate in two (2) or more separate situations or incidents, the Executive Associate Dean for Academic Affairs will undertake the following action, (In the case of a serious violation, a single grade of Inadequate will suffice):
(1) Notify the student in writing that he/she has received an excessive number of, or serious, Inadequate grade(s);

(2) Require the student to arrange an informal interview within one week with the Executive Associate Dean for Student/Academic Affairs or designee;

(3) Forward to the appropriate Promotions Committee the results of this interview, including the student's explanation for his/her behavior.

The Promotions Committee may choose any or several of the following:

(1) To take no further action;

(2) To counsel the student in writing only;

(3) To interview and counsel the student;

(4) To interview and counsel the student and to place him/her on leave of absence for an interval to be recommended by the Executive Associate Dean for Academic Affairs, or designee, and approved by the Promotions Committee;

(5) To interview and counsel the student and to place him/her on scholastic non-cognitive probation for an interval to be recommended by the Executive Associate Dean for Academic Affairs, or designee, and approved by the Promotions Committee;

(6) To interview the student and recommend that the student repeat a course;

(7) To interview the student and recommend the student to repeat the entire academic year; or

(8) To interview the student and recommend his/her dismissal from the College.

IV. Dismissal From School: Dismissal of a student for academic performance failing to meet academic requirements, cognitive and/or non-cognitive, as herein outlined, may be recommended. All students whose dismissal has been recommended by the Promotions Committee will be informed of the fact, in writing, by the Executive Associate Dean for Academic Affairs or designee.

V. Administrative Dismissal: Under certain circumstances, when an Academic Standard calls for an action of dismissal, or when a motion is passed by a Student Promotions Committee calling for an action of dismissal, the action may be applied administratively without the need for a Student Promotions Committee meeting unless one is specifically requested by the affected student or the Administration feels a Promotions Committee meeting is warranted.

If an action of dismissal is to be applied administratively, the student will be notified by certified letter. The student will have seven (7) working days from the date of the notification letter to ask for a Promotions Committee meeting or the dismissal becomes final.
VI. Student Grievance Procedure: A student who has a complaint of unfair treatment may request an informal hearing as described in the UAMS document on Academic, Disciplinary, Administrative Actions and Grievance Procedures (see below).

VII. Leave of Absence: As stated in the document, Leave of Absence, the Executive Associate Dean for Academic Affairs or designee may grant or deny a request for a leave of absence with or without the recommendation of the Leaves of Absence Committee.

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 on page 119.

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 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. 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 on page 166.

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 insure 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 on page 138.
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. The Code consists of two complementary sections: professional obligations and professional ideals. "Obligations" refer to necessary professional behaviors that are required by the ethical foundation of medical practice, teaching, learning, and research. "Ideals" refer to desirable professional behaviors that professionals at all levels should make every effort to acquire because they enhance professional excellence. Please see the full Code of Professional Conduct in Appendix F on page 147.

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. Details about the White Coat Award can be found in Appendix O on page 171.
ILLUMINE: professionalism reporting system

Professionalism is not only expected of students, but of the faculty as well. Because of the importance the College places on professionalism, the following policy and procedures are in place to allow the reporting of unprofessional conduct of clinical faculty members, interns, residents, and fellows:

Professional behavior on the part of all physicians who practice medicine in association with the UAMS College of Medicine, whether faculty physicians or residents, is critically important for effective teamwork on which all good medical care and research depends. It is vital for the cultures of all the institutions affiliated with UAMS, the morale of that broad community, the role-modeling and education of our students, and the safety of our patients.

ILLUMINE and the Dean’s Senior Advisory Council are mechanisms established by the UAMS College of Medicine to support the professional conduct of its clinical faculty members and residents, in accordance with the UAMS College of Medicine Faculty Professionalism Guideline. The purpose of ILLUMINE and the Council are to provide constructive feedback to physicians who, repeatedly, behave unprofessionally. The intent of the feedback is to support reflection and learning about what it takes to behave professionally, consistently.

ILLUMINE is a confidential reporting system that can be found on the UAMS Intranet and the Arkansas Children’s Hospital Intranet (via Safety Tracker). All members of the UAMS, ACH and UAMS Regional Campus communities who have access to those intranets can access and use ILLUMINE. Reports should be made to ILLUMINE by any individual who feels s/he has witnessed or been the victim of behavior on the part of a physician that significantly breached the Professionalism Guideline.

The Dean’s Senior Advisory Council is a standing committee of the College of Medicine. Council members are appointed by the Dean for 3-year terms that are renewable. Council members are known widely in the UAMS, ACH and Regional Campus communities as individuals who are fair-minded and of good judgment. The Council meets, typically quarterly, to review reports made to ILLUMINE. If reports indicate that a physician is repeatedly behaving unprofessionally, an individual Council member will arrange a confidential visit with the physician of concern to share and discuss the information that has accumulated in ILLUMINE (an Awareness Intervention). The Council member may recommend resources to the physician that may aid reflection and learning. The Council member will arrange follow-up meetings with this physician after subsequent meetings of the Council to inform him/her as to whether any further reports have been made to ILLUMINE. If reports of unprofessional behavior continue to be made to ILLUMINE, the Council may determine that the individual’s department chair, division director, and Service Line Director (at UAMS) must be made aware of the reports, and participate in the creation of a remediation plan (an Authority Intervention). If this becomes necessary, a report about the plan will be submitted to the Dean and the Medical Directors of the hospitals at which the individual physician practices (UAMS and ACH; to the appropriate Regional Campus Director and Executive Director of the Regional Programs). If the physician is a resident, the report will also be shared with the Associate Dean of
Graduate Medical Education, (Associate Director for Education for Regional Campuses) and the individual’s residency program director. If, subsequently, reports to ILLUMINE indicate a continued pattern of unprofessional behavior, the Dean (or Executive Director for Regional Programs) will be asked to take appropriate disciplinary actions.

Accountability for professional behavior is the overarching goal of ILLUMINE and the Dean’s Senior Advisory Council. These processes will operate confidentially and will serve to buttress the “chains of command” that exists within UAMS, ACH, and Regional Campuses to take prompt action when seriously unprofessional behaviors are evident.

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.

LICENSENCE EXAMINATIONS

USMLE STEP 1 POLICY

FOR STUDENTS IN THE CLASS OF 2020 and earlier:

All students of the College of Medicine in the Class of 2020 and earlier are required to take the United States Medical Licensing Examination (USMLE) Step I examination within eight weeks after the successful completion of their sophomore year. A passing composite score 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 13 months following the completion of their sophomore year. Students failing to take the USMLE Step 1 examination within eight weeks after the successful completion of their sophomore year, students failing the USMLE Step 1 examination three times, and students not passing the USMLE Step 1 examination by 13 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 USMLE program.

Students who fail the USMLE Step 1 examination on the initial or second attempt are not automatically pulled from their rotations and may register for, and proceed into, the M3 and, even occasionally, the M4 curriculum, while attempting to pass the Step 1 examination in the three tries and 13 month window allowed in the policy above, although they remain officially M2 students since their promotion by the Promotions Committee into the junior year is contingent upon passing the Step 1 examination within three tries and within 13 months following their sophomore year. Any student in this situation wishing to arrange time to prepare for the second or third administration can work this out individually with the Executive Associate Dean for Academic Affairs or designee. (Time taken off during clerkships to study, or even an official Leave of Absence, does not stop the clock on the 13 month time limit to take and pass the Step 1 examination. Even if a student takes time off to study, or takes a Leave of Absence, they must still pass the USMLE Step 1 examination within three tries and by 13 months following the completion of their sophomore year, as stated in the policy above.) Time taken out of the clerkships specifically to study for the USMLE examination is not automatically considered a leave of absence, since the student is preparing for a requirement of the College. Time taken out of the junior year for personal reasons unrelated to preparation for Step 1, will be considered a leave of absence, and a student requesting such a leave must follow all rules concerning a leave of absence. In general, if a student misses more than twelve weeks of the junior year, he/she will not be able to graduate with his/her class. Students missing more than ½ of the junior year must repeat the entire junior year. (Approved by the Dean and the Executive Committee of the College of Medicine on April 9, 1998 – Explanation (second paragraph) modified by Dean and Executive Committee on September 10, 2010 – Policy (first paragraph) unchanged)

FOR STUDENTS IN THE CLASS OF 2021 AND LATER:

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 30 th 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 2 nd 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 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, as stated in the policy above. 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 and executive committee January 2018)

Clerkship Postponement to Study for Step 1

This clerkship postponement policy provision will apply to the class of 2020 and later classes:

Given the complexities of scheduling students on clinical services, the College can accommodate only a limited number of junior year schedule changes and clerkship postponements. Therefore, postponement of the first M3 clerkship and permission to take step 1 after the first day of junior orientation is a limited resource and the purpose of this policy is to allocate this limited resource in a manner most likely to assist the most students in passing the step 1 exam.

Only two categories of students are eligible to postpone their first clerkship for additional step 1 study time. Only students in one of the following categories may apply for and receive permission to delay their first clerkship and take step 1 later than the first day of junior year orientation:

- Those students who fail an M2 year course and are required to remediate that course
- Students who have a mean M2 year organ system module average score (mean of all M2 module scores not including POM, capstone, or independent study) of 83% or lower and who apply for the postponement

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 Associate Dean for Undergraduate Medical Education or the Assistant Dean for Clinical Education; the Associate Dean or Assistant Dean 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.

Prepare a study plan for the extended dedicated study time that is approved by either the Associate Dean for Undergraduate Medical Education or the Assistant Dean for Clinical Education.

The maximum postponement allowed under this policy is 4 weeks after the first day of the junior year.

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 USMLE Step 2 examination consists of two parts: a written examination (USMLE Step 2-CK), and a clinical skills component (USMLE Step 2-CS). It is necessary to pass both the written and the clinical skills component to successfully pass the USMLE Step 2 examination. Therefore, passing both components is a requirement for graduation from the UAMS College of Medicine. 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 these examinations 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.


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 2 examination (both components) 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 seven 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 seven 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 Office of Educational Development, 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 seven 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.


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 demonstrated 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. At the time of this writing, the Curriculum Committee is considering a policy that would require a student to achieve a passing grade on the final OSCE in POM III before being promoted into the senior year.

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

Students are required to pass the USMLE Step 2 CS examination, which is a summative examination on clinical skills in order to graduate from the College of Medicine. 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 three academic periods (the initial one and two 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 60). 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 (“SEVEN YEAR RULE”)

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. Therefore, 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. 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.
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 Scholastic Non Cognitive Evaluation. Approved by the COM curriculum committee, June, 2013

POLICY FOR MISSED EXAMINATIONS

Students are required to be present, and on time, for all quizzes and examinations.

There are occasions when a student is unable to sit for a quiz or exam due to extreme circumstances. Under such conditions, excused absences from quizzes and exams will be granted. Conditions which warrant excused absences are: 1) illness to the extent that a student is unable to sit for a quiz or exam; 2) accident or injury severe enough to prevent the student from sitting for the quiz or exam; 3) death, sudden serious illness, accident, or other catastrophic event involving an immediate family member, e.g., parents, sibling, spouse, children. Excuses, other than those listed, are not acceptable for missing a quiz or exam, except for very unusual and extenuating circumstances.

If a student is seriously ill, or has a valid emergency situation, the course or clerkship director, in accordance with College policy, must be notified IN ADVANCE of the scheduled examination time, if possible, or in the case of an emergency, as soon after the event as possible, to determine whether or not the student is allowed to take a make-up examination.

If it should be necessary to miss an examination or quiz, medical students must notify the course or clerkship director (or their designee) PRIOR TO THE EXAMINATION (if possible) by email and/or phone. Junior and senior medical students must notify the clerkship director or rotation coordinator. If, due to the nature of the problem, it is not possible to notify the aforementioned individuals prior to an examination, such notification must take place as soon as possible following the examination. An acceptable reason for not notifying the Course Director prior to an exam would involve circumstances which make it IMPOSSIBLE for communication to occur, not merely an inconvenience.

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. The physician’s statement must be given to the course or clerkship director within one week after the excused quiz or examination.

If a student has an unexcused absence from a quiz or examination, or if the student does not appropriately notify the Course Director, a zero grade for that examination or quiz will be given.

Please note that clerkships may have different policies regarding excused absence from exams or quizzes as to whether or not a make-up will be given.

Special promotion rules apply to freshmen, one of which is a waiver of the rule that prescribes dismissal if a student fails two or more courses. However, students in the first year do not have the prerogative of deciding to discontinue studying and taking exams in a course because of previous failing test scores. Even if a failing grade is anticipated, the student must make every effort to
master the material at a level that will convince the Promotions Committee that a second chance to be successful in freshman courses is warranted. (Approved by the Executive Committee, August 8, 1994; amended by the COM curriculum committee June, 2013)

**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 Missed Examination 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. Many times, these make-up exams will 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 scholastic non-cognitive evaluation. Two such negative evaluations 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.

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**

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. Furthermore, no bonus points shall be awarded on freshman or sophomore examinations or quizzes. If a course director/faculty finds that one additional answer (in addition to the keyed answer) is correct in the exam review process, the question will be rescoring 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 course, the course director may add that question back (adding both to the numerator and denominator) for that student before assigning a final grade.

Approved by the COM curriculum committee 2016

ABSENCE FROM CLASSES

Class attendance records are not routinely maintained by the College of Medicine. However, each course and clerkship is 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 scholastic non-cognitive 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 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 teach 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.

ABSENTEE POLICY FOR THE JUNIOR YEAR

The UAMS College of Medicine recognizes that students are not, and cannot be, legally responsible for patient care. Regardless, the College, as an academic requirement, demands that its students develop a sense of responsibility toward patient care. That means that the College considers students to be responsible for the care of assigned patients just as if the students were physicians. Students must be present to carry out
these duties. It is for that reason that this Absentee Policy for the Junior Year has been developed:

It is the prerogative of each clerkship director in the junior year to determine which activities within the clerkship are essential for the fundamental understanding of the clerkship material and are, therefore, mandatory. The following rules apply to those activities that the student has been informed are mandatory.

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. (See the clerkship syllabi for details).

Only three days of absence will be allowed to take USMLE Step 2 CS and one day will be allowed for Step 2 CK. The student will need to provide documentation of the date and location of their exam in order to be excused. The number of days allowed to be absent for an interview will be at the discretion of the clerkship director.

Any absence that is not approved in advance will be considered an unexcused absence. Pre-approval may be granted with certain stipulations that other requirements be fulfilled. In that case, failure to complete these additional requirements will result in the absence being considered unexcused.

D. In the case of a personal or family illness/emergency or other unplanned situation causing the student to be absent from a mandatory activity, the service needs to be notified along with the clerkship director at the earliest time possible. Appropriate documentation (physician’s note, written explanation of the emergency, etc.) needs to be provided to the clerkship director. If the service and clerkship director are not notified in a timely manner, or if the clerkship director (at his/her sole discretion) deems the documentation unacceptable, this absence will also be considered an unexcused absence.

The number of unexcused absences is determined by the number of days on which mandatory activities are missed. Absence for two separate days without permission would count as two unexcused absences. Absence for one two-day period would also count as two unexcused absences. One unexcused absence will result in an inadequate scholastic non-cognitive evaluation being turned into the Dean’s Office. A second unexcused absence will result in the lowering of the clerkship grade by a letter. A third unexcused absence will result in failure of the clerkship. In the case of a pass/fail course, one unexcused absence will result in a warning letter. The second unexcused absence will result in an inadequate scholastic non-cognitive grade being turned into the Dean’s office, and a third unexcused absence will result in failure of the clerkship.
F. 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.

G. The clerkship director reserves the right to make alternate decisions in the case of any other extenuating circumstances or unforeseen situation.

Approved by Clerkship Directors – August 2015.
Approved by COM curriculum committee – September, 2015

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)

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.
• 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 4 days (24 hours) off averaged over a 4 week period of time.

Reviewed and approved by the Curriculum Committee in 2011

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 (see page 101). 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, the Executive Associate Dean for Academic Affairs, and
the Associate Dean for Undergraduate Medical Education, 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 Associate Dean for Undergraduate Medical Education 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.

4. 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

LIBRARY

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

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

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:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Monday-Thursday</td>
<td>7:30 am – 10:00 pm</td>
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<tr>
<td>Friday</td>
<td>7:30 am – 6:00 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>9:00 am – 6:00 pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>1:00 pm – 10:00 pm</td>
</tr>
</tbody>
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The Library web site and main phone have current accurate information on hours. Consult the [Holiday Calendar](#) on the web site for scheduled closings and holiday hours.

After Hour Access: After hours access (24 hours a day/7 days a week) to the Library 1st floor study areas is restricted via card swipe to current UAMS students and residents only.

READ IMPORTANT [AFTER HOURS ACCESS PROCEDURES AND POLICY](#).

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
• 20 free [interlibrary loans](#) per student

Education and Reference Services:

• Librarians are available from 8:00 a.m. - 5:30 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, reference 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:  686-6743
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 9:00am – 4:30 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:
  - Copyright information
  - Guidelines for students using copyrighted materials
  - Copyright law

**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). These rights include the right to reproduce or distribute a copyrighted work. 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](http://www.copyright.gov), and especially their FAQs at [www.copyright.gov/help/faq/](http://www.copyright.gov/help/faq/).

College of Medicine Liaison: Jan K. Hart, Ed.D, Director of Library Operations, [hartjanicek@uams.edu](mailto:hartjanicek@uams.edu), 501.686.6751, Library Administrative Suite.
Dr. Hart has placed a ‘Medicine Portal’ under ‘Subject Portals’ that showcases materials and services specifically selected to support learning and informatics activities especially important to College of Medicine students.

**STUDENT SUCCESS CENTER**

Heather L. Smith, Director, Student Success Center
Email: [hlsmith@uams.edu](mailto:hlsmith@uams.edu)
Phone: 501-686-8116

Dr. Jasna Vuk, MD, PhD
Email: [jvuk@uams.edu](mailto:jvuk@uams.edu)
Phone: 501-686-7347

The Student Success Center is located on the 3rd floor of the North end of the UAMS Library. Please see our website, [www.studentsuccess.uams.edu](http://www.studentsuccess.uams.edu) 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 to 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, the Associate Dean for Undergraduate Medical Education, and the Assistant Dean for Undergraduate Clinical Education 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 must request a locker by signing a locker assignment list in the Office of Academic Services through the online request form: 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. Juniors requesting a locker will receive their locker number and combination in their registration packet.

**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.

“All 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 CLINICAL ROTATIONS, 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. Wheeler, 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. Wheeler, Graham, 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. Unlike other UAMS programs, the Regional Centers are off-campus 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 www.arkansasahecresidencies.com.

**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

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. Wheeler, 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). Students who complete the requirements of one of the Honors programs have it noted on their diploma at graduation.

Here is more information specifically on the 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 month’s 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 – page 150).

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 a 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:

[www.studentfinancialservices.uams.edu](http://www.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. Janice Nottenkamper is the College of Medicine financial/debt management counselor. Ms. Nottenkamper 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; Janice Nottenkamper: 501-686-7832
Email – celane@uams.edu; jenottemkamper@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. A LOA cannot exceed 180 days in any 12 month period and may have a serious impact on a student’s financial aid. 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

<table>
<thead>
<tr>
<th>Class Days</th>
<th>1-5 Class Days</th>
<th>6-10 Class Days</th>
<th>11th Class Day and after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>100%</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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)

SEHS is located on the ground level of the Family Medical Center (FMC) at 6th and Jack Stephens Drive, across from the Jones Eye Institute Building. SEHS has a separate entrance at the back of the FMC adjacent to the parking lot.

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.

A satellite clinic 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. Both locations are closed on holidays. An appointment is not necessary at either clinic for TB screening or vaccines.

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/).

STUDENT COUNSELING

See the section below on UAMS Student Wellness Service below.

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 student insurance portal through the GUS system. 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 or dial (501) 686-5850 for assistance.

COLLEGE OF MEDICINE FACULTY GROUP PRACTICE

At the time of this writing, UAMS issues two types of bills for medical care received here, the physician bill from MCPG, and the hospital bill for everything else, including the clinics. It is the policy of the College of Medicine Faculty Group Practice (called the Medical College Physician’s Group, or MCPG) that if a medical student (including the spouse and children of a medical student) is seen by a UAMS or ACH physician for a reason that is medically necessary, and if the student has health insurance coverage as required, the student should not pay any co-pay at the clinic, and any physicians charges will be written off after insurance pays what it will. However, hospital charges (the bill would come from University Hospital, sometimes called “Patient Accounts”), including any clinic charges, incurred by medical students and their families are NOT written off after insurance. Discounts and payment plans for hospital charges can sometimes be arranged if the student contacts the hospital very soon after the charge is generated (don’t wait for insurance to respond to the charge before applying for the discount). Also, as noted at other places in this handbook, any charges (physician and hospital) incurred by a medical student because of a needle stick or mucosal splash injury while on duty as a medical student will be paid for by the College of Medicine IF the student has the required health insurance. Please be aware that this policy is outside the control of the Academic Affairs office, and could be changed at any time, as can any provision in this Handbook.

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: Puru Thapa, MD, Medical Director, Jim Holland, LCSW, & Angie Moore, LCSW
Program Manager/Assistant: Ms. Meshelle Helms & Ms. Tareana Jackson

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 between 7:45 AM to 4:30 PM Monday through Friday. Students are seen by appointment only. To schedule a confidential appointment, telephone Ms. Meshelle Helms or Ms. Tareana Toney at (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. For an after hour emergency, call 911 or go to an Emergency Department.
Location:
The Student Wellness Program is located at 201 Jack Stephen’s Drive, in a two story grey building. 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:

a) To provide an accessible safety net to all medical students who experience a wide array of difficulties
b) To have trained SAC representatives who understand and recognize the warning signs and symptoms signaling that a peer is in trouble
c) 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
d) To develop preventative educational programs to meet the evolving needs of the student body
e) To maintain a supportive presence to peers throughout medical school during times of high stress
f) 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

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.

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. until 2:30 p.m. It is located on the first floor of the Ward Tower.

THE LOBBY CAFÉ

The Lobby Café is open 24/7 providing breakfast, lunch, and dinner. This facility is located in the main lobby of the University Hospital. It provides fabulous sandwiches, salads, gourmet coffee and pizza.

METRO CAFE

Metro Cafe is a freshly prepared sandwich and self-serve yogurt shop located next to the Cafeteria with a 2nd location in the Rahn building. It is open Monday-Friday from 11:00 a.m. until 4:00 p.m.

BOULEVARD BREAD

Boulevard Bread serves breakfast and lunch food; it is located in the Student Center building near the I. Dodd Wilson building. It is open from 7 am until 3 pm weekdays.
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 PC’s 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 on page 172.

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.

**CADUCEUS YEARBOOK**

The Caduceus is the UAMS yearbook and is published annually. A portion of each student’s tuition is directed toward publication and entitles the student to a yearbook.

**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. For parking in a handicapped space (marked) (per violation) - $100.00
5. For all other violations (per violation) - $25.00
6. 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.
7. Habitual violators of these regulations will be referred to a Dean or other administrative official for action deemed appropriate.
8. 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.
9. Failing to adhere to parking regulations could result in the vehicle being towed. Towing fees will be the responsibility of the registrant.
10. 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. There are currently 2 student dedicated parking lots (Lot 10) located at West 7th Street across from the VA Hospital and on Cottage Drive. Currently, there is no charge for this parking, however a decal is required.
2. 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 for $21.00 per year. NOTE: Students may not enter A-level prior to 4:30 p.m. and must exit the deck by 7:30 a.m.
3. Free parking options:
   a. 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.
   b. Lot 18 (located on 7th Street south of the VA Hospital) after 4:30 pm. Vehicles without a permit should be off the lot prior to 7:15 am.
   c. Lot 6 (located at 5th and Cedar) 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.
4. Free parking is also available any time at Ray Winder Field. War Memorial is available Monday through Friday excluding any previously scheduled events.
5. 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 Tricia Edstrom, Associate Director for Education, UAMS Regional Programs, at edstrompatriciaj@uams.edu, or 501-686-6557, or Tammy Henson, Rural Practice Administrator, at TAHenson@uams.edu, or 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 69.

**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 I on page 150).

PASTORAL CARE SERVICES

Chaplain George Hankins Hull 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 is open every day from 6:00 a.m. to 8:30 p.m. for quiet prayer and meditation, and the hospital chaplains offer a morning worship opportunity each Sunday from 10:00 to 10:30 a.m. The chapel is located on the first floor of the Ward Tower in University Hospital.

The Pastoral Care office, also on the first floor (Room 1E50) near the chapel, is open from 8:00 a.m. to 4:30 p.m. Monday through Friday. You may reach the Pastoral Care office at extension 686-6217; you may also reach Staff Chaplain Susan McDougal at (501) 414-1092, or Associate Clinical Chaplain Libby Grobmyer at (501) 516-4979.

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 on page 153.

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, 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 one of the following notations on his/her transcript for each course in which he/she is enrolled at the time of withdrawal:

1. "W" if he/she withdraws during the first half of the course.
2. "WP" if he/she withdraws during the second half of the course and is passing at the time of withdrawal.
3. "WF" if he/she withdraws during the second half of the course and is failing at the same 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. In addition, they receive Thanksgiving Day and the Friday and weekend after Thanksgiving. 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. 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/](http://www.uamshealth.com/) and [http://www.uams.edu](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 169), 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 169).

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 Campus Registrar’s office. 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 Office of Global Health or 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 on page 195 of this Handbook.

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 Associate Dean for Undergraduate Medical Education, and Sara Tariq, M.D., the Assistant Dean for Undergraduate Clinical Education. 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 (page 185).
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.

POLICY ON PREJUDICE AND DISCRIMINATION

Policy of the University of Arkansas for Medical Sciences Division of Academic Affairs
Subject: Anti-Discrimination Statement
Number: 2.1.3
Date Approved (Council of Deans): January, 2014
Last Review/Revision: January 7, 2015

It is the policy of UAMS 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, 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 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.

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 the UAMS Grievance Procedure for Alleged Discrimination. The Office of Human Relations acts on a campus-wide basis for all students, faculty, and employees regarding such matters and will coordinate with the appropriate Administrator to examine issues of alleged discrimination, and to communicate when ameliorative or punitive actions are deemed necessary.

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 receiving senior credit in the senior year. Students who fail a single junior clerkship are usually allowed to take the clerkship over at the beginning of their senior year. 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 33 credit hours. In addition, the faculty requires that part of this 33-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 regional program; 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. If not confirmed, persons should be referred to a Chest Clinic for consideration of treatment with isoniazid (INH). "Tuberculin positive persons" do not have to be X-rayed annually, but a film should be made if a cough persists longer than 3 weeks or there is unexplained weight loss or fever. "Tuberculin positive persons" are required to obtain a health card annually from Student and Employee Health, or from the Pulaski County Health Unit.
All tuberculin negative persons must be re-tested annually, but this time with a single test. This is done at registration in order to detect any new infections that may have occurred. All new reactors found on the annual test must be referred to an appropriate physician or county health unit for prophylaxis with INH.

Because of the importance placed on the TB skin test, the Executive Committee of the College of Medicine has placed the following policy into effect:

**TB SKIN TEST**

All Students in the College of Medicine must be tested annually with a TB skin test (unless exempt, as above). Each student must complete the TB testing process by a date announced by the campus. If a student fails to comply, the student will be removed from class until such time as the requirement is met and/or the campus may impose stricter policies and sanctions, such as turning off network access for those not complying by the date that is set by the campus.

See also the Campus TB policy on page 181

**NEEDLE STICK POLICY**

**Policy:** University of Arkansas for Medical Sciences, Division of Academic Affairs  
**Subject:** 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:** March 7, 2018  
**Next Review/Revision:** March 7, 2020

**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.

The central points for UAMS students who experience a parenteral, mucous membrane, or cutaneous exposure to a blood/body fluid, regardless of practice site location, are:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and appropriate college administrator.
2. Call the Preventive Occupational Environmental Health Clinic (POEM), 686-6565 as soon as possible regardless of where the incident occurs. However, in all cases, evaluation of the incident must occur IMMEDIATELY, and is not to be delayed pending discussion with the POEM staff.
3. 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.

Students who perform tasks that may involve exposure to blood and body fluids are required to complete annual blood borne pathogen training. This 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), 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/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.
Reporting
Incidents Occurring at UAMS Medical Center
For incidents that occur at the UAMS Medical Center, students will follow all procedures detailed in the UAMS policy HR.4.01 located in Compliance 360. These include:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and the appropriate College administrator.
2. Call IMMEDIATELY to Student and Employee Health Service (SEHS), 686-6565 or page 501-405-6734, if it is during regular business hours. For after-hours incidents, students are to report to the UAMS ED – 526-2047.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment, if indicated, must be started as soon as possible for best efficacy.
4. Complete the UAMS Incident and Injury (I&I) Report form
http://www.uams.edu/campusop/depts/ohs/forms/accident.aspx
5. All students who have a blood/ body fluid exposure are to be evaluated either by the SEHS or the ED regardless of the type of exposure or risk status of the source patient.
6. 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.
7. 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 either SEHS or the UAMS ED, for triage.
8. 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.

Incidents Occurring at Off-campus Locations
When students participate in experiential training in a variety of practice locations, the procedures for handling a needle stick or mucosal splash injury as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general guidelines include:

1. 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.
2. In general, regardless of the practice site, if a student receives a needle stick or other sharp injury or has a body fluid exposure, the student should seek treatment IMMEDIATELY. If a specific site has not been identified through training/orientation materials, the student should go to the nearest Emergency Room for evaluation and possible treatment. Students must also IMMEDIATELY inform their clinical supervisor (i.e., resident and/or attending, preceptor, etc.) of the exposure, and make sure that an incident report, or reasonable facsimile, from the site/facility where the incident occurred is completed.
3. The student should make sure that Student and Employee Health (SEHS) and his/her College is informed of off-campus incidents since ongoing monitoring may be required.
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 lymphotrophic 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.

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1 Which may be obtained through confidential and anonymous testing facilities.
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 $5 \times 10^3$ GE (Genomic Equivalents) per ml, no restrictions (other than EPIPs 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 $5 \times 10^3$ 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 $5 \times 10^3$ GE per ml, no restrictions (other than EPIPs 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 $5 \times 10^3$ 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 $5 \times 10^2$ GE per ml, no restrictions (other than EPIPs 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 $5 \times 10^2$ 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.

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 116) 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 insure 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 Scholastic Non-Cognitive Evaluation. 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 Scholastic Non-Cognitive Evaluation 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 – Appendix R on page 179

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) are given to freshmen in the College (the entering freshman should have had the first of the three, and the second and third will be given at UAMS by SEHS). There is no charge for these two shots. 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. After the semester has started, the class officers will work with the Dean’s office, as well as the Student/Employee Health service, to set-up immunization schedules for the class. Students are given the hepatitis B immunizations in group sessions. Students who miss a group session may be charged an additional administration fee for the Hepatitis B immunization given in the Family Medical Center clinic. Students who have questions regarding this policy should call the Student/Employee Health Service coordinator at 686-6565.

OTHER IMMUNIZATIONS

Other immunizations are available in Student/Employee health, some free and some for a fee. 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 at registration or in the Student/Employee health clinic. 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 on page 181.

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 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 4.4.06) Any student 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 insure 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 Scholastic Non-Cognitive Evaluation. 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 Scholastic Non-Cognitive Evaluation 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)

Approved – Executive Committee and Dean 6/11/2008
(See Appendix B – Substance Abuse Policy Agreement Form on page 116)

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 on page 169. 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 on page 153 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 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, most of the faculty and staff in the College of Medicine Dean’s office refuse to “friend” students and resident 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 on page 172.

**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 students’ 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 Drs. Wheeler or Graham.

For the complete Title IX policy, see Appendix C on page 119, 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 Scholastic Non-Cognitive Evaluation. I further understand that the inadequate Scholastic Non-Cognitive Evaluation 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 Sexual Harassment and Title IX Policy

UAMS ADMINISTRATIVE GUIDE
NUMBER: 3.1.48 DATE: 04/16/2014
REVISION: PAGE: 1 of 10

SECTION: ADMINISTRATION
AREA: GENERAL ADMINISTRATION
SUBJECT: TITLE IX, SEX DISCRIMINATION, SEXUAL HARASSMENT, SEXUAL ASSAULT, SEXUAL MISCONDUCT, SEXUAL VIOLENCE, STALKING, GENDER-BASED HARASSMENT AND RETALIATION

PURPOSE

To establish the policy and procedure for reporting, investigating, and responding to complaints of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment, and retaliation.

SCOPE

All UAMS employees, faculty members, staff members, students, non-employees (such as contractors, vendors, delivery persons, and volunteers) and guests and visitors of the UAMS campus.

DEFINITIONS

Complainant: Any party who makes a complaint/grievance against another student, employee, faculty member, staff member, non-employee, guest or campus visitor.

Respondent: The person(s) against whom a complaint has been made.

Definition of Status: A full-time employee will be considered as an employee, regardless of student status. A student who is a part-time employee will be considered a student unless the incident under consideration occurred in connection with employment.

Sexual Harassment: Sexual harassment generally includes any unwanted or unsolicited sexual gesture, physical contact, or statement which, when viewed from the perspective of a reasonable person similarly situated, is offensive, threatening, humiliating, or interferes with a person’s ability to perform his or her job, educational pursuit, or participation in campus life. Sexual harassment may include: (1) submission to or rejection of the conduct is made either explicitly or implicitly a term or condition of employment or status in a UAMS-sponsored course, program, or activity; (2) submission to or rejection of the conduct is used as a basis for employment or academic decisions affecting that individual; or (3) such conduct unreasonably interferes with an individual’s work or academic performance, or creates an intimidating, hostile, or offensive environment for work or learning.
**Hostile Environment:** A hostile environment exists when harassment: (1) is sufficiently serious (i.e., severe, pervasive, or persistent) and from both the alleged victim’s and reasonable person’s
viewpoint offensive so as to deny or limit a person’s ability to participate in or benefit from the UAMS’s programs, services, opportunities, or activities; or (2) when such conduct has the purpose or effect of unreasonably interfering with an individual’s employment opportunities.

**Sexual Misconduct:** includes sexual assault, inducing incapacitation for sexual purposes, sexual exploitation, and relationship violence.

**Sexual Assault:** means an actual or attempted sexual contact with another person without that person’s consent.

**Inducing incapacitation for sexual purposes:** includes using drugs, alcohol, or other means with the intent to affect or having an actual effect on the ability of an individual to consent or refuse to consent (as “consent” is defined in this policy) to sexual contact.

**Sexual Exploitation:** Occurs when a person takes non-consensual or abusive sexual advantage of another for his/her 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 the other sexual misconduct offenses.

**Relationship Violence:** Abuse or violence between partners or former partners involving one or more of the following elements: (1) battering that causes bodily injury; (2) purposely or knowingly causing reasonable apprehension of bodily injury; (3) emotional abuse creating apprehension of bodily injury or property damage; or (4) repeated telephonic, electronic, or other forms of communication- anonymously or directly - made with the intent to intimidate, terrify, harass, or threaten.

**Stalking:** includes repeatedly following, harassing, threatening, or intimidating another by telephone, mail, electronic communication, social media, or any other action, device or method that purposely or knowingly causes substantial emotional distress or reasonable fear of bodily injury or death.

**Consent:** is informed, freely given, and mutual. Consent must be knowing, willing, and voluntary.

**Non-Consensual Sexual Contact:** Non-consensual sexual contact is any intentional sexual touching, however slight, with any object by a person upon another person that is without consent and/or by force.

**Non-Consensual Sexual Intercourse:** Non-consensual sexual intercourse is any sexual intercourse however slight, with any object by a person upon another person that is without consent and/or by force.
Gender-based Harassment: Non-sexual harassment of a person because of the person’s sex and/or gender, including, but not limited to harassment based on the person’s nonconformity with gender stereotypes.

Retaliation: action taken by an accused individual or an action taken by a third party against any person because that person has opposed any practices forbidden under this policy or because that person has filed a complaint, testified, assisted, or participated in any manner in an investigation or proceeding under this policy. This includes action taken against a bystander who intervened to stop or attempt to stop discrimination, harassment, sexual assault, sexual violence, or sexual misconduct. Retaliation includes intimidating, threatening, coercing, or in any way discriminating against an individual because of the individual’s complaint or participation. Action is generally deemed retaliatory if it would deter a reasonable person in the same circumstances from opposing practices prohibited by this policy.

POLICY

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 and retaliation, and this behavior will not be tolerated. This right is protected by Title VII of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972 Act, the Clery Act, the SaVE Act, and the Violence Against Women Act.

No person at UAMS will be subjected to sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation under any employment, academic, educational, extracurricular, or other program of UAMS, whether these programs take place in UAMS facilities, in transportation, at a class, training program, or event sponsored by UAMS at another location or elsewhere. All complaints or any concerns about conduct that may violate this policy and retaliation must be filed with the Campus Title IX Coordinator or a Deputy Title IX Coordinator.

| Campus Title IX Coordinator | This position is vacant at the time of this printing; any issues should be reported to the Deputy Title IX coordinator for the COM, Dr. Sara Tariq |
Title IX Deputy Coordinators – Student Issues

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean for Academic Affairs, College of Nursing, (501) 686-8349</td>
</tr>
<tr>
<td>Executive Associate Dean for Academic Affairs, College of Medicine, (501) 686-8499</td>
</tr>
<tr>
<td>Associate Dean for Undergraduate Medical Education, College of Medicine, (501) 686-7407</td>
</tr>
<tr>
<td>Assistant Dean for Undergraduate Clinical Medical Education, College of Medicine, (501) 526-5968</td>
</tr>
<tr>
<td>Associate Dean for Professional Programs, College of Public Health, (501) 526-6673</td>
</tr>
<tr>
<td>Associate Dean for Academic Affairs, College of Public Health, (501) 526-6604</td>
</tr>
</tbody>
</table>

Title IX Deputy Coordinator – Employee Issues

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audrey Bradley, Office of Human Resources <a href="mailto:bradleyaudreyy@uams.edu">bradleyaudreyy@uams.edu</a> (501) 603-1579</td>
</tr>
</tbody>
</table>

Consensual Relationships

Consenting romantic relationships between faculty and students, supervisors and subordinates or fellow employees are strongly discouraged. Faculty members exercise power over students as do supervisors over subordinates, whether in promotions, raises, evaluations, recommendations, study, job duties, grades, assignments, or other benefits. This difference in power increases the opportunity for abuse of power, thus endangering the professional environment. Employees and students involved in a consenting relationship in the actual or equivalent context of educational/employment supervision and evaluation should be and are deemed to be aware of the possible costs of even an apparently consenting relationship, including the possible difficulty in defending a future charge of violating this policy on the grounds of mutual consent. The element of power implicit in sexual relationships occurring in the supervisory context has the potential to diminish a subordinate’s freedom of choice. It is incumbent upon those with authority not to abuse, or appear to abuse, the power with which they have been entrusted.

Disciplinary Actions

Disciplinary actions for violations of this policy may include, but are not limited to, the following: oral or written warning, reassignment, counseling, demotion, termination, suspension, or expulsion, or any combination thereof. Sanctions will depend upon the circumstances in each
case. The severity of sanctions or corrective action will depend on the circumstances in each case, taking into consideration the frequency and severity of the offense and any history of past misconduct. In instances of non-employee or guest/visitor violations of the policy, the appropriate action will be taken. In addition to disciplinary action, those who engage in violations of this policy may be subject to legal consequences, including civil and criminal penalties and monetary damages.

Confidentiality

Subject to the other provisions of this policy and the requirements of law, every possible effort will be made to ensure that any information received as part of UAMS’s resolution and complaint procedures is treated discreetly. All parties to the complaint will be asked to assist in maintaining the privacy of the parties involved. Because of UAMS’s obligation to investigate allegations of misconduct, it is not possible to guarantee that complaints will be handled confidentially.

Except as compelled by law, in the interest of fairness and problem resolution, disclosure of complaints and their substance and the results of investigations and complaint procedures will be limited to the immediate parties, witnesses and other appropriate administrative officials. Disclosure may also be necessary to conduct a full and impartial investigation.

Malicious Allegations/Complaints; False Information

UAMS is committed to protecting the due process rights it provides to the respondent as well as the complainant. Allegations of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation that are malicious, intentionally false, or without foundation are very serious with potential for great harm to all persons involved and are prohibited by this policy. Such actions constitute grounds for disciplinary action as described above. Further, repeated filing of frivolous complaints is considered a malicious action and may be grounds for disciplinary action.

The failure to substantiate a sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation complaint does not automatically constitute a malicious or frivolous complaint. In the event that allegations are not substantiated, every reasonable effort will be made and all reasonable steps taken to restore the reputation of the accused if it was damaged by the proceedings.

Training

The Campus Title IX Coordinator, Title IX Deputy Coordinators, and all organizational units and colleges must make reasonable efforts to provide training for their employees and students each year. All new employees and students should receive a copy of this policy and training within the first six months of becoming an employee or student at UAMS. Employees
should receive refresher training from the Office of Human Resources every three years.

PROCEDURE

Reporting Violations of this Policy

MANDATORY EMPLOYEE DUTY TO REPORT: To enable UAMS to respond effectively and to stop conduct that violates this policy, all UAMS employees must, within 24 hours of witnessing or receiving information about a violation of this policy, report it to a Title IX Coordinator regardless of whether an informal or formal complaint has been filed. Employees who are statutorily prohibited from reporting such information are exempt from these reporting requirements, including licensed health-care professionals. Any student, non-employee, or campus visitor/guest who has witnessed or received information about conduct that violates this policy is strongly encouraged to report it to a Title IX Coordinator.

COMPLAINANTS: A complainant who wishes to make an informal or formal complaint about an incident involving an employee must report the incident to either the Title Deputy Coordinator for Employees or his/her immediate supervisor or department head, who must report it to the Title IX Deputy Coordinator. If the respondent is the employee’s supervisor, the employee may contact someone outside his or her chain-of-command, who then must also report the incident to the Title IX Deputy Coordinator for Employees.

A complainant who wishes to make an informal or formal complaint about an incident involving a student must report the incident to the respective college’s Title IX Deputy Coordinator.

Complainants who need to report violations of this policy after regular business hours should report the incident to the UAMS Police Department if the Title IX Deputy Coordinator is not available. The UAMS Police Department will take appropriate action and will notify the Title IX Deputy Coordinator for Employees and the Campus Title IX Coordinator at the beginning of the next business day.

ANONYMOUS COMPLAINTS: All members of the UAMS community may contact the Campus Title IX Coordinator, Title IX Deputy Coordinators, or the Office of Human Resources at any time to ask questions about sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation or complaint procedures without disclosing their names and without filing a complaint. However, because of the inherent difficulty in investigating and resolving allegations from unknown persons, individuals are discouraged from making anonymous complaints. Although anonymous complaints are discouraged, UAMS will respond reasonably to all allegations. In order to determine the appropriate response to an anonymous allegation, UAMS will weigh the following factors:

The source and nature of the information;
The seriousness of the alleged incident;
The specificity of the information;
The objectivity and credibility of the source of the report;
Whether any individuals can be identified who were subjected to the alleged incident; and
Whether those individuals want to pursue the matter.

If, based on these factors, it is reasonable for UAMS to investigate the matter; the Office of Human Resources will conduct an investigation and recommend appropriate action to address substantiated allegations. However, a reasonable response would not include disciplinary action against a respondent if a complainant insists that his or her name not be revealed, if there is insufficient corroborating evidence, and if the respondent could not respond to the charges without knowing the name of the complainant.

TITLE IX COORDINATORS: Upon receiving a report of an alleged violation of this policy, the Title IX Deputy Coordinators must notify the Campus Title IX Coordinator. The Title IX Deputy Coordinators, in coordination with the Campus Title IX Coordinator, will evaluate the information received and determine what further actions should be taken. The Title IX Deputy Coordinators will follow the procedures described in this policy. The Title IX Deputy Coordinators will take steps, either directly with the complainant or through a reporting individual, to provide information about this policy and its procedures, as well as available health and advocacy resources and options for criminal and civil reporting. A statement of the rights of the complainant and the respondent will be provided to the parties upon an allegation of a violation of this policy.

Informal Complaint Process

Before pursuing the formal complaint process, every reasonable effort should be made to constructively resolve issues with students, faculty members, staff members, or administrators. Whenever possible and safe, the complainant should discuss the problem or complaint with the respondent. If satisfactory resolution is not reached after discussion with the respondent, the complainant should contact the respondent’s direct supervisor or college to resolve the complaint. If these efforts are unsuccessful, the formal complaint process may be initiated. UAMS does not require a complainant to contact the respondent or the respondent’s supervisor or college if doing so is impracticable, or if the complainant believes that the conduct cannot be effectively addressed through informal means.

In the event that an individual believes that a violation of this policy has been or is occurring, he or she is encouraged, but not required, to maintain careful written records the violation and to continue to maintain current records throughout the process.

The complainant should consider meeting with their designated Title IX Deputy Coordinator to discuss the allegation. If the complainant cannot decide whether to initiate a formal complaint or is reluctant to discuss the matter with the respondent, he or she may seek the advice of their designated Title IX Deputy Coordinator who, along with the HR Director of
Employee Relations or a designee, and with the complainant’s permission, may seek to resolve the issue informally through discussions with the complainant, the respondent, and the respondent’s supervisor or college. The Title IX Deputy Coordinator shall provide a written summary of the agreed upon informal resolution to the Campus Title IX Coordinator.

If the complainant does not wish to prepare a signed, written complaint, written documentation shall be prepared by the designated Title IX Deputy Coordinator with the assistance of the Director of Employee Relations, or a designee. Such written documentation shall include the nature of the complaint, the date(s) on which the alleged incident(s) occurred, and any witness(es) to the incident(s). The complainant shall be asked to read and sign the written documentation to acknowledge its accuracy; a written acknowledgment will be prepared and may be made in a separate document.

If the complainant refuses to sign the written documentation, the designated Title IX Deputy Coordinator shall note such on the documentation. The designated Title IX Deputy Coordinator, along with the Director of Employee Relations and the Campus Title IX Coordinator, will make a determination of whether the complaint will be investigated despite the complainant’s refusal to acknowledge the written documentation.

Written documentation shall be prepared before any informal discussions are held with the respondent and the respondent’s supervisor or college. The respondent shall be given an opportunity to read the written documentation that may be edited to protect the anonymity of the complainant and any other collateral witnesses to the process.

If the parties are unable to reach a mutually satisfactory agreement after an informal discussion, the option of filing a formal complaint is available.

The Informal Complaint Process may also include referral of either or both parties to confidential counseling through UAMS’ Employee Assistance Program (EAP). This referral may be made by the designated Title IX Deputy Coordinator, the Director of Employee Relations, or the Campus Title IX Coordinator.

The complainant or the designated Title IX Deputy Coordinator may elect to refer the complaint to the Formal Complaint Process at any time as deemed necessary to resolve the complaint in an appropriate and timely manner.

**Formal Complaint Process**

When the Informal Complaint Process fails to resolve the complaint, or in instances where the designated Title IX Deputy Coordinator and the Office of Human Resources determines the nature of the allegations requires formal investigation, the Formal Complaint Process will be used. A preponderance of the evidence standard will be used to decide complaints (i.e., it is more likely than not that the allegation occurred). The designated Title IX Deputy Coordinator or a designee in the Office of Human Resources may assist the complainant in
preparing his or her complaint, in writing, as necessary.

If the complainant wishes to file a formal complaint, he or she must submit a signed, written statement alleging violation of this policy to his or her designated Title IX Deputy Coordinator. The designated Title IX Deputy Coordinator will forward a copy of the statement to the HR Director of Employee Relations and to the Campus Title IX Coordinator. The written statement should include the name of the complainant, the name of the respondent, the nature of the complaint, date(s), witness(es), and any other information relevant to the complaint. If some of this information is not available, the reason(s) of unavailability, if known, should be documented. Upon receipt of the written complaint, the HR Director of Employee Relations will initiate an investigation of the complaint and appoint the investigators. The investigators will meet with the respondent and allow him or her to view the complaint and present a copy of this policy. The respondent will be given an opportunity to respond to the complaint orally and in writing, and may provide evidence and witnesses. The investigators will also explain that there is to be no contact with or retaliation against the complainant. If necessary, interim steps to protect the complainant prior to the final outcome of the investigation may also be taken. The investigators will gather relevant evidence by interviewing the complainant, the victim (if different from the complainant), the respondent, and any witnesses or other individuals deemed appropriate to conduct a thorough investigation. Every effort will be made to ensure an impartial, fair, thorough and timely investigation of the complaint. All parties will be provided a written status update of the investigation after 30 days. Unless the complexity of the investigation and the severity and extent of the offense requires otherwise, or the allegation involves multiple incidents or multiple complainants, the investigation should be completed sixty (60) calendar days following receipt of the complaint.

Following completion of the investigation, the investigators will present their written findings to the Assistant Vice Chancellor of Human Resources and to the Campus Title IX Coordinator. The Assistant Vice Chancellor of Human Resources will prepare a written report, containing a recommended course of action for the complainant’s Division Head or Dean (as applicable) and may provide further consultation when necessary. A copy of the report shall be given to the Campus Title IX Coordinator. It is the responsibility of the Division Head or Dean to take action consistent with the written findings. Once a final determination is made by the appropriate Division Head or Dean, both the complainant and the respondent will be notified in writing of the outcome of the complaint, including whether the campus determined that sexual harassment or violence occurred, and in accordance, with federal and state privacy laws, the sanction imposed against a student, employee or third party.

The complainant or respondent may appeal a finding, pursuant to the timeframe in the applicable grievance procedure, of whether or not a violation of this policy has occurred. The respondent may also appeal sanctions imposed as a result of a policy violation. All appeals shall be made through the campus grievance procedures (See Grievance Procedure for Alleged Discrimination, Academic Affairs Policy Number 2.400 and Employee Grievance Procedure, Administrative Guide Policy Number 4.4.16). Both parties will be notified.
concurrently in writing of the outcome of any appeal.

Pursuant to FERPA (Family and Educational Rights to Privacy Act), the Clery Act, and VAWA (Violence Against Women Act), student disciplinary records will remain confidential unless the accused consents to release of information, or the sanction impacts the complainant, or there is an allegation of a sex offense, including sexual violence.

RECORD KEEPING

Each complaint should be documented and kept in a confidential file separate from the personnel or student files normally maintained by the Office of Human Resources or college’s Associate Dean. Documentation should include the name of the complainant, the name of the accused, the nature of the complaint, date(s), witnesses, the name(s) of the person(s) who received the complaint, the name(s) of the person(s) who prepared the written documentation and the date of the written documentation, and any other information relevant to the case. If some of this information is not available, the reason(s) for unavailability, if known, should be documented. Such file will be maintained as provided by law.

Questions regarding this policy may be directed to the Title Campus IX Coordinator or Office of Human Resources at (501) 686-5650.

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
Violence Against Women Act (VAWA), as amended
Family and Educational Rights to Privacy Act, as amended
Academic Affairs Policy 2.400, Grievance Procedure for Alleged Discrimination
Administrative Guide Policy 4.4.16, Employee Grievance Procedure

Date: April 16, 2014
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 this Appendix 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 Scholastic Non-Cognitive Evaluation. The Promotions Committee will then meet using the "Academic Procedure" as detailed in this same Appendix 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 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 Scholastic Non-Cognitive Evaluation. The Promotions Committee will then meet using the “Academic Procedure” as detailed in this same Appendix 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 this same Appendix 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 of the University of Arkansas for Medical Sciences - Division of Academic Affairs
A. 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 will not discriminate 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.

The UAMS Office of Human Resources acts on a campus-wide basis for all students, faculty, and employees regarding such matters, and within each college or school there is an associate or assistant dean designated to assist students of that college access and understand the special grievance procedure defined in this policy.

B. Purpose and Scope

UAMS prohibits discrimination as defined by state and federal laws & regulations, which prohibit 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.

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 UAMS policy. This policy does not address external routes of redress such as those available in the state or federal courts.

C. Definitions

Grievance: Grievance means a complaint of discrimination by a student alleging occurrence or existence of any policy, procedure, or practice prohibited by UAMS policy and/or anti-discrimination laws and regulations.

Grievance Panel: Those individuals selected by the college Deans and Vice Chancellors, from which grievance committees will be formed, as needed. At the request of the Associate Vice Chancellor for Human Resources, each vice chancellor and dean 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 Associate Vice Chancellor for Human Resources will request a replacement 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.

Grievance Committee: Three neutral staff employees shall be selected by blind lots from the grievance panel to hear all evidence in a grievance and make a recommendation to the chancellor for resolution. Any panel member from the grievant’s division will automatically be excluded from the selection process to establish the committee. For good
cause shown, a selected committee member may be removed and replaced at the direction of the Title IX Coordinator.

Procedure: The steps set out in this policy shall constitute UAMS’s grievance procedure for discrimination complaints brought by students, who allege violations of UAMS policy and/or anti-discrimination laws and regulations.

Grievant: Grievant means a student who submits a grievance alleging a violation of UAMS policy and/or anti-discrimination laws and regulations.

UAMS: UAMS means any college, 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.

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.

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.

Dean: Refers to the Dean of the college where the grievant is enrolled as a student.

Working Days: Monday through Friday, excluding official UAMS holidays.

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. The Federal and State Rules of Evidence do not apply.

A. Step I: Initial Attempt at Resolution

1. The grievant must submit a written statement to the Associate Dean specifying the violation 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 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 information to pursue the grievance. The Associate Dean will maintain an official log of all grievances made and the categorization of each as either an academic challenge, discrimination allegation or other complaint (noting specifics). The Associate Dean will provide a report annually to the Campus Title IX Coordinator of the discrimination grievances made and the disposition of each.

2. If the Associate Dean determines the grievance is a complaint of discrimination, the Associate Dean will attempt to resolve the grievance by a discussion (individually or jointly) with the grievant and the respondent 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 must 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 can immediately proceed to Step II, presentation of a formal grievance to the Dean.
E. Step II: Formal Grievance to the Dean

1. Filing a grievance:

The grievant must submit a written statement to the Title IX Coordinator, Office of Human Resources, 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 Title IX Coordinator within ten (10) working days of the completion of the initial attempt of resolution, outlined in Step I above.

c. Immediately upon receipt of a formal grievance, the Title IX Coordinator will give the Dean a copy of the grievance and will request a written response be made to the Title IX Coordinator within ten (10) working days. The Dean is encouraged to meet with the grievant during this step in an effort to resolve the grievance.

d. Following receipt of the written response, the Title IX Coordinator may elect to review and decide the issue, or the Title IX Coordinator may refer the issue to the Grievance Committee for a hearing. If the Title IX Coordinator decides the issue, the decision shall be final, and there shall be no appeal. If the Title IX Coordinator refers the issue to the Grievance Committee, the grievance will be heard pursuant to the procedures listed below. The Title IX Coordinator has the discretion to designate an alternate Human Resources Director to serve in his/her stead during the hearing process. Should a designee be appointed, references to Title IX Coordinator would be replaced with his/her designee.

F. Step III Grievance Hearing Procedures:

Pre-Hearing Procedures:

a. Selection of Grievance Committee: Within 5 days of determination that a grievance hearing should take place, the Title IX Coordinator shall draw the names of the three committee members.

b. Schedule of Hearing: The Hearing will be conducted no sooner than 10 working days and no later than 15 working days after the names are drawn, unless the Title IX Coordinator determines there is a specific reason why another time must be selected.

c. Representation: The grievant and the respondent may have one (1) 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 also be assisted and advised by University counsel at its discretion.

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 Title IX Coordinator all documents to be used and relied upon prior to the hearing. The grievant and respondent shall provide five copies of 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 and copies have been provided to the Title IX Coordinator, a copy 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.
e. Information to the Grievance Committee and Election of Chairperson: No later than three (3) working days prior to the hearing, the Title IX Coordinator 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 and to decide whether the Committee requests the assistance of University counsel. The substance of the grievance shall not be discussed at this initial meeting and only the Committee is permitted to attend.

2. Hearing Procedures

a) Record of the Hearing: The hearing will be recorded by recording devices supplied by UAMS. These recordings shall be maintained for a period of five years after resolution of the grievance. The grievant or respondent may obtain a copy of the recordings from any recorded hearing, at the requesting party’s expense.

b) Title IX Coordinator: At the beginning of the hearing, the Title IX Coordinator 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 Title IX Coordinator will then give the Grievance Committee its charge. The Title IX Coordinator duty at that point is only to keep the investigation focused on the issue(s) for which the grievance was filed.

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, closing arguments, their own testimony, and presentation of witnesses and pertinent documentary evidence, including written statements. 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.

e) 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.

f) 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 about policy, procedures or rules is requested by the Grievance Committee from the Title IX Coordinator or University Counsel.

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 Title IX Coordinator.

h) Within five (5) days, the Title IX Coordinator shall transmit the grievance record and the Grievance Committee’s recommendation, to the Provost.

i) The Provost may decide to accept the recommendation, amend it, reverse it, or refer the grievance back to the Grievance Committee for further deliberations and reconsideration. Within ten (10) working days of receipt of the Grievance Committee’s recommendation, the Provost shall prepare and send a written statement addressed to the grievant containing the Provost’s decision for resolution of the grievance and the reason for the decision. A copy of the Provost’s decision will be sent to the Title IX Coordinator and the respondent. The Provost’s decision is considered final and no further administrative review shall be available to the grievant.

j) The Title IX Coordinator shall inform the grievant’s dean and of the action required to carry out the Provost’s decision.

G. Other

a. 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, the recording and documents of the hearing, the written recommendation of the Grievance Committee, the results of any appeal, the decision of the Provost, and other material designated by the Title IX Coordinator. A file of these records shall be maintained in the Office of the Title IX Coordinator.

b. 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.

c. 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

Preface

The Code of Professional Conduct is a series of principles and attendant rules that govern professional interactions. The Code consists of two complementary sections: professional obligations and professional ideals. "Obligations" refer to necessary professional behaviors that are required by the ethical foundation of medical practice, teaching, learning, and research. "Ideals" refer to desirable professional behaviors that professionals at all levels should make every effort to acquire because they enhance professional excellence.

A. Professional Obligations

1. Respect for learning - Students of medicine should recognize that ultimately learning the science and art of medicine is their responsibility and, importantly, that what they learn will impact on the quality of patient care they render.

2. Respect for persons - "Simply treat others as you would like to be treated."
   - Treat patients, colleagues, other health professionals, students, and teachers with the same degree of respect you would wish them to show you.
   - Treat patients with kindness, gentleness, and dignity.
   - Do not use offensive language, verbally or in writing, when referring to patients or their illnesses.
   - Respect the privacy and modesty of patients.
   - Do not harass others physically, verbally, psychologically, or sexually.
   - Do not discriminate on the basis of sex, religion, race, disability, age, or sexual orientation.

3. Respect for patient confidentiality - “Mind the patient’s business.”
   - Do not share the medical or personal details of a patient with anyone except those health care professionals integral to the well being of the patient or within the context of an educational endeavor.
   - Do not discuss patients or their illnesses in public places where the conversation may be overheard.
   - Do not publicly identify patients, in spoken words or in writing, without adequate justification.
   - Do not invite or permit unauthorized persons into patient care areas of the institution.
   - Do not share your confidential Clinic Information System or VA computer system passwords with unauthorized persons.
   - Do not look up confidential data on patients without a professional "need to know".
   - Do not misuse electronic mail.

4. Honesty, Integrity - “Play by the rules of the ideal doctor.”
   - Be truthful in verbal and in written communications.
   - Acknowledge your errors of omission and commission to residents and attendings.
   - Do not knowingly mislead others.
   - Do not cheat, plagiarize, or otherwise be dishonest.
   - Do not abuse special privileges, eg, making unauthorized long-distance telephone calls.

5. Responsibility for patient care - “It’s on your shoulders.”
   - Obtain the patient’s informed consent for diagnostic tests or therapies.
   - Follow up on ordered laboratory tests and complete patient record documentation conscientiously.
   - Coordinate with your team the timing of information sharing with patients and their families to present a coherent and consistent treatment plan.
   - Do not abuse alcohol or drugs that could diminish the quality of patient care or academic
performance.
• Do not have romantic or sexual relationships with patients.

6. Awareness of limitations, professional growth—“Don’t be a super-doc.”
• Be aware of your personal limitations and deficiencies in knowledge and abilities and know when and whom to ask for supervision, assistance, or consultation.
• Know when and for whom to provide appropriate supervision.
• Do not engage in unsupervised involvement in areas or situations where you are not adequately trained.
• Avoid patient involvement when you are ill, distraught, or overcome with personal problems.
• Have all patient work-ups and orders countersigned by the appropriate supervisor.

7. Deportment as a professional—“Look, feel, and act like a physician.”
• Clearly identify yourself and your professional level to patients and staff; wear your name tag when in patient areas.
• Do not introduce yourself as “doctor” or allow yourself as a medical student to be introduced as “doctor.”
• Maintain a professional composure despite the stresses of fatigue, professional pressures, or personal problems.
• Do not write offensive or judgmental comments in patients’ charts.
• Dress in a neat, clean, professionally appropriate manner.

8. Avoiding conflicts of interest—“Place your patients and your reputation first.”
• Resolve all clinical conflicts of interest in favor of the patient.
• Do not accept non-educational gifts of value from drug companies or medical equipment vendors or suppliers.
• Do not participate in incentive programs, especially when this involves prescribing drugs made by the company.

9. Responsibility for peer behavior—“You are your brother- and sister-physician’s keeper.”
• Take the initiative to identify and help rehabilitate impaired students, physicians, nurses, and other employees with the assistance of the UAMS Physicians Health Committee, the Employee Assistance Program, or the employee’s supervisor.
• Report breaches of the Code of Professional Conduct to the appropriate person.

10. Respect for personal ethics—“To thine ownself be true.”
• You are not required to perform procedures (eg. elective abortions, termination of medical treatment) that you, personally, believe are unethical, illegal, or may be detrimental to patients.
• You have an obligation, however, to inform patients and their families of available treatment options that are consistent with acceptable standards of medical care.

11. Respect for property and laws—“Treat it like it’s yours.”
• Do not misappropriate, destroy, damage, or misuse property of UAMS or its component institutions.
• Adhere to the regulations and policies of UAMS, and its component institutions, such as policies governing fire safety, hazardous waste disposal, and universal precautions.
• Adhere to local, state, and federal laws, and regulations.

12. Integrity in Research—“Be true to the search for truth.”
• Report research results honestly in scientific and scholarly presentations and publications.
• Give proper credit and responsibility to colleagues and others who participated in the research when publishing and presenting reports.
• Report research findings to the public and press honestly and without exaggeration.
• Avoid potential conflicts of interest in research; disclose funding sources, company ownership, and other potential conflicts of interest in written and spoken research presentations.
• Adhere to the institutional regulations governing research using human subjects and animals.
B. Professional Ideals

1. Clinical virtues- “The art of medicine.”
   - Attempt to cultivate and practice clinical virtues, such as caring, empathy, and compassion.

2. Conscientiousness- “Listen to your voice.”
   - Fulfill your professional responsibilities with conscientiousness.
   - Notify the responsible supervisor if something interferes with your ability to perform clinical tasks effectively.
   - Learn from experience and grow from the knowledge gained from errors so as not to make the same mistake repeatedly.
   - Dedicate yourself to lifelong learning and self-improvement by implementing a personal program of continuing education and continuous quality improvement.
   - Complete all assignments accurately, thoroughly, legibly, and in a timely manner.
   - Attend required classes, laboratories, seminars, and conferences except for justified absences.

3. Collegiality- “Be there for others.”
   - Cooperate with other members of the health care team in clinical activities and with other members of the research team in research activities.
   - Teach others at all levels of education and training.
   - Be generous with your time to answer questions from patients, and patients’ family members.
   - Adopt a spirit of volunteerism and altruism in teaching and in patient care tasks.
   - Use communal resources (equipment, supplies, and funds) responsibly and equitably.

4. Personal health- “Take care of yourself and then you can care of your patients.”
   - Develop a life style of good dietary habits, recreation, disease prevention, exercise, and outside interests to optimize physical and emotional health to enhance professional performance.

5. Objectivity- “Know who your patients should be.”
   - Avoid providing professional care to members of your family or to persons with whom you have a romantic relationship.

6. Responsibility to society- “Do for the good of all.”
   - Avoid unnecessary patient or societal health care monetary expenditures.
   - Provide services to needy patients regardless of their ability to pay.

Conclusion

If the above rules are followed you as a medical student, and in the future a physician, should find your professional life extremely rewarding.

Adapted from Dartmouth-Hitchcock Medical Center, Code of Professional Conduct, 1996, with permission
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 I – 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

You will be asked to sign this policy on-line as a requirement to obtain a UAMS Network Log-on

PURPOSE

To inform the UAMS Workforce about the UAMS Confidentiality Policy.

SCOPE

UAMS Workforce as well as non-UAMS employees, vendors, consultants and other visitors who may access Confidential Information.

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.

**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.

To access any other terms or definitions referenced in this policy: [http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf](http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf)

**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 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 (Example: [Appendix A](#)). 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, or relationship 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. The UAMS IT Security Office will maintain signed Confidentiality Agreements. 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

Signature: [Handwritten Signature]

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CONFIDENTIALITY AGREEMENT

As a condition of my employment, continued employment or relationship 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 I agree to the terms of this Confidentiality Agreement. I understand and agree that 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 with UAMS ends. When no longer required for my specific job duties at UAMS, I agree to return to UAMS or destroy all PHI in my possession.

I understand and agree that if I access, use or disclose Confidential Information in any form—verbal, written, or electronic—in a manner that is inconsistent with or in violation of the Confidentiality Policy, UAMS may impose 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.

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 workforce member to share PHI 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 Network and Systems or otherwise except to meet needs specific to my job or position at UAMS.

I acknowledge that I have read 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
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
UAMS faculty, employees, students, contract personnel, vendors, volunteers, and official visitors.

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.

To access any other terms or definitions referenced in this policy:
http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf
POLICY

This policy applies to all usage of electronic mail systems within UAMS where the mail either originated from or is forwarded into a UAMS computer network. It applies to all e-mail users including, but not limited to, faculty, staff, students, and volunteers if UAMS information is involved regardless of whether UAMS computer resources are used or not.

PROCEDURES

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.

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.

PROHIBITED USES

mail is the property of UAMS. Prohibited uses of electronic mail include, but are not limited to:

Using for personal monetary gain or for commercial purposes that are not directly related to UAMS business.
Sending copies of documents in violation of copyright laws.
Including the work of others in electronic mail communications in violation of copyright laws.
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.
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.)
Using electronic mail systems for any purpose restricted or prohibited by state and federal laws and regulations or by UAMS Policy.
"Spoofing" - constructing an electronic mail communication so it appears to be from someone else.
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.

Broadcasting messages to “Everyone” within UAMS without prior permission from the UAMS e-mail administrator (see Section I below).

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.

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.

CONFIDENTIAL INFORMATION AND ePHI IN E-MAILS/ELECTRONIC COMMUNICATIONS

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.

The UAMS workforce may utilize encryption methods of their own choosing.
It is recommended that the UAMS workforce utilize the enterprise secure e-mail gateway solution.

This is easily accomplished by clicking on the “mark secure” button provided on the standard toolbar in Outlook, or
The word [secure] typed with the brackets into the subject line will also encrypt the message
Communication with other organizations in many cases will be set up for automatic encryption and a list of these organizations will be provided.

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. For Protected Health Information (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. Policy 3.1.25 Minimum Necessary
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.

Confirm the e-mail address before sending any e-mail containing Confidential Information or ePHI.
Caution must be taken when using distribution lists or forwarding e-mails that contain Confidential Information and ePHI.
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 AOL, Yahoo, or MSN, with the exception that UAMS e-mail may be auto-forwarded to VA and Arkansas Children’s Hospital e-mail accounts.

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.

**PROVIDER COMMUNICATIONS WITH PATIENTS VIA E-MAIL**

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 e-mail 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.

Any ePHI originated by UAMS must be encrypted when being sent via e-mail.

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.

E-mail communication is a convenience for the patients and should not be used for emergencies or time-sensitive situations.

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.

Before sending the e-mail containing Confidential Information or ePHI, confirm the e-mail address to ensure it does not contain any typographical errors.

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.

Clinically relevant messages and responses will be documented in the patient’s medical record.

Upon a patient’s receipt of e-mail, patients will be provided guidelines of using e-mail for communicating with their provider.

**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).

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.

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.

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.

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.

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.

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:

To respond to legal processes or fulfill UAMS obligations to third parties, in the course of an investigation triggered by indications of misconduct or misuse, as needed to protect health and safety, as needed to prevent interference with the academic, clinical or research missions of the organization, as needed to locate substantive information required for UAMS business, or as required under the Arkansas Freedom of Information Act.

PROCEDURE FOR GRANTING APPROVAL TO ACCESS ELECTRONIC COMMUNICATIONS OF OTHERS

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The following information will be required prior to approval of access to electronic communications addressed to others:

Name and title of the person whose communications will be accessed;
Name and title of the person who is requesting access;
Name and title of the person who will do the accessing;
Detailed description of why the access is needed;
Required duration of the access or dates within which access is desired;
What will be done with the accessed messages? With whom will they be shared?

Anyone may request access of messages through the UAMS Technical Support Center. The following approvals are required.

Department Chairpersons and Unit Directors are the first level of approval;
Deans or Vice Chancellors are the final level of approval.

The IT Security Office will obtain appropriate approval and will maintain copies of all requests.

The person requesting the access will be given the following advice and reminders:

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.
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.

**RETENTION & STORAGE OF E-MAIL**

E-mail servers are backed up completely on a daily basis. Two (2) full backups are retained in secure storage in the event of a complete network server failure. The e-mail backup and recovery system is intended to provide a means of recovery from failure of an entire e-mail server or e-mail storage device. Routine recovery capabilities and procedures do not include a capacity to recover e-mail of a specific user. E-mail recovery procedures will not be used to recover specific e-mail messages.
The UAMS email system includes an application and servers specifically designed for archiving email. Retrieval of this archived email can be done through Microsoft Outlook version 2007 or higher as well as through Outlook Web Access (OWA). Mailbox folders are set, by default, to archive email older than 6 months to the individual’s Archive Mailbox. These default settings can be changed per person per folder to meet individual business requirements. UAMS email server based archive application is to be used for long term storage of email in accordance with the policies and procedures contained within this document.

**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 e-mail system. To request sending of a site message:

The party requesting an e-mail site message should contact the UAMS IT Technical Support Center (TSC) by calling 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](http://intranet.uams.edu/announcements.htm)

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. Technical Support Center logs the call and assigns call to Communications and Marketing. Communications and Marketing will contact requesting party for verification of message and targeted individuals or group. Communications and Marketing formats messages and forwards to the IT Server Support group.

Non-UAMS function announcements will not be approved. Emergency site messages are processed by the Server Support group.

**E-MAIL ETIQUETTE**

When you send e-mail, remember these points:

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. 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.

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. E-mail is not a forum to discuss significant events, opinions affecting health care in the institution, lengthy debates or arguments.
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.

Virus protection on the local workstations will block messages that contain viruses from internal users. Infected messages coming to UAMS recipients from external sources or the Outlook web client will be cleaned or dropped at the email gateway. 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. In the event of a major trojan or virus breakout that utilizes a particular file extension for propagation, such extension will be blocked until a patch is available to negate it. Network access will be disabled for workforce members that become infected until their accounts can be cleaned.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with Policy 4.4.02.

Date: October 2, 2013
Appendix L - Appropriate Treatment of Medical Students in an Educational Setting

Preamble:

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 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. Examples of mistreatment include, but are not limited to:

- Harmful, injurious, or offensive conduct
- Verbal attacks
- 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)
- 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
- A pattern of intentional neglect or lack of communication
- Disregard for student safety
- 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)
Exclusions from this Policy:

Specifically, this policy is not intended to include complaints of sexual harassment or complaints of discrimination on the basis of disability, race, color, sex, creed, veteran’s status, age, marital or parental status, or national origin. The College of Medicine has specific policies to address these complaints (Please see Student Handbook).

Process for Reporting and Dealing with Allegations of Mistreatment:

Stage 1: When it is felt that an incident of mistreatment has occurred, the parties directly involved should try to resolve the matter themselves. Many such situations are amenable to resolution in this manner. However, it is acknowledged that this informal approach may fall short at times, because of reluctance of the student with a complaint to directly interact with the accused, intransigence of the accused, or differing perceptions of the incident by the parties involved. In such cases, the following steps shall be taken:

Stage 2: When the matter cannot be resolved in Stage 1, assistance should be sought from representatives of the Student Advocacy Council. These elected peers in the various classes may, with the help of their faculty advisors, be able to resolve the matter either by counseling the student with a complaint on appropriate steps to take, by directly intervening with the accused, or by referring the matter to the next stage. When the situation is elevated to Stage 2, anonymity of the student and the accused can no longer be maintained. Nevertheless, confidentiality is critical, and no information may be given to those not directly involved in the process.

Stage 2B: If the matter cannot be resolved at Stage 2, the Student Advocacy Council or the accuser should directly consult the Executive Associate Dean for Academic Affairs. It is possible that an individual in the administration, such as the Executive Associate Dean, can intervene in a manner not possible for students in the Student Advocacy Council. For example, it might be possible for this individual to directly discuss the problem with the accused or his/her Chair or supervisor. When the situation reaches this stage, in the case where the accused is a faculty member, the Chair of the involved department should be notified so that he/she can be involved in any discussions with the accused if appropriate. In a case where the accused is a Chair, the Dean should be notified.

Stage 3: It is anticipated that most situations will be resolved in Stages 1 or 2. For those unusual cases that are not resolved, the student should discuss the problem with the Executive Associate Dean for Academic Affairs. 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:

Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Retaliation will not be tolerated. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations
that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment.

**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.

**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:

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.

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.

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
Appendix M - Hold Directory Information Form

Please Print:

Name ___________________________________________  ___________________________  _____
                  First                                     Last                              MI

College ___________________________  UAMS ID ___________________________

Pursuant to the “Family Education Rights and Privacy Act of 1974” (FERPA), I request that the information
classified as “directory information” be withheld by UAMS from public disclosure.

includes, but is not limited to, 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.

I am aware that any information which has already been published cannot be removed from that publication.

I understand that my picture and name will appear in the annual UAMS Caduceus (yearbook); the UAMS
global e-mail list, class schedules, and graduation materials unless I contact my college personally to make
arrangements to exclude this information.

I understand this request will remain in effect until I revoke it in writing.

RESTRICT ___________________________________________  Date: _______________
Sign here to RESTRICT information

RELEASE ___________________________________________  Date: _______________
Sign here to RELEASE information previously restricted

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](#).

3. 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: October 5th, 2016
Next Review/Revision: October 5th, 2016

The University of Arkansas for Medical Sciences recognizes that social networking websites and applications such as Facebook, MySpace, Twitter, Instagram, 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 undesignated 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 Q – Code Active Shooter

CODE ACTIVE SHOOTER

Campus Violence Plan

Revised November 4, 2014

CODE ACTIVE SHOOTER
Campus Active Shooter Plan

PURPOSE/INTRODUCTION OF PLAN:
In the event of an active shooter occurrence on Campus, special procedures are needed to ensure maximum safety and prevention of injury / loss of life. As a result, multiple responses are necessitated by all components of UAMS. Law enforcement is paramount in securing the situation, but the rest of the campus must work to ensure patient, student, visitor, and staff safety. An active shooter on campus could include a single gunman or multiple shooters, hostage situation and other scenarios not depicted here. While this is primarily a law enforcement operation; incident management, sheltering in place and crisis communications are integral to the safety and security of the Campus.

PART I: ACTIVATION OF CODE ACTIVE SHOOTER

UAMS Notification:
Notification may come by way of reports of violent actions or potential for violence from staff / employees, students, visitors, patients, or by UAMS Police. All reports should be transmitted to the UAMS Police Department (UAMSPD) by calling 686-7777 or personally notifying an officer. The persons providing the initial notification should immediately notify the UAMSPD Dispatch Center, providing as much information of the incident and person(s) involved as possible. UAMSPD Dispatch will immediately notify the Shift Commander as well as the Chief. Shift Commander will determine the level of response needed. After determining the event is beyond the ordinary capacity of the PD and poses an imminent danger to life and property, Dispatch and the Shift Commander will follow the Implementation protocol, to activate the Emergency Notification System (ENS) and the Emergency Incident Command System (EICS) – Code ACTIVE SHOOTER.

Implementation of CODE ACTIVE SHOOTER:
After being advised that a potential emergency situation exists, in which violent means have been employed or are threatened, the UAMSPD Dispatcher in conjunction with the Shift Commander:
1. Determines the level of response needed;
2. UAMSPD Dispatcher activates both the Emergency Notification System (ENS) which notifies the UAMS Tactical Team, Code Active Shooter EICS Command Structure – UNIFIED COMMAND, The Chancellors Cabinet, all Building Managers; and other designated personnel, as well as the WAVES system which triggers all internal and external speakers;
3. ENS notifies Communications & Marketing;
4. Communications & Marketing immediately initiates email and list serve notifications to all personnel on global email as well as enrolled on the student or other list serves.
5. Unified Command assumes overall management of the incident, including disaster response; while UAMSPD maintains tactical control of the active shooter response;
6. Notifies Little Rock Police Department and Pulaski County Sherriff’s Office and other law enforcement agencies, if warranted;
7. Notifies MEMS and metropolitan hospitals that UAMS is temporarily closed and cannot receive ambulance
traffic. MEMS STAR Teams and Little Rock Fire Department Bomb Squad will be automatically placed on standby as well as regular MEMS and LRFD assets will be alerted to possibly respond and assist with triage, treatment and potential transport of any victims as designated by Unified Command;

8. Delegates roles/responsibilities per organizational chart as deemed necessary for the specific situation. Once the decision to implement the EICS is made and ENS is activated both internally and externally; all decision making devolves to the UNIFIED COMMAND (Incident Commander, Hospital Administrator, Chief of Police, Vice Chancellor of Campus Operations, and Emergency Preparedness Manager). The Unified Command may need to include Little Rock Police Department (LRPD), Little Rock Fire Department (LRFD), Metropolitan Emergency Medical Services (MEMS), Pulaski County Sheriff’s Office (PCSO) and FBI/other federal law enforcement agencies depending upon the nature and severity of the incident. This may initially be the ADON (Assistant Director of Nursing) and the PD Shift Commander after hours and the accepted hierarchy listed above during normal business hours. The After Hours Activation Policy command staff will be utilized until Hospital Administration, VC for Campus Operations, Chief of Police and Emergency Preparedness Manager are available and briefed. Transmission of Emergency Information when instructed by either the UAMSPD Dispatcher/Shift Commander and/or UNIFIED COMMAND to implement the Code ACTIVE SHOOTER Plan, the automated internal/external warning system will make the following announcement continuously over the public address system in all buildings and through the external sirens outside:

“THE UAMS CAMPUS IS NOW IN A CODE ACTIVE SHOOTER STATUS. EVERYONE SHOULD IMMEDIATELY MOVE OUT OF ANY HALLWAY OR OTHER OPEN AREAS INTO THE NEAREST OFFICE, PATIENT ROOM, OR CLASSROOM. CLOSE AND LOCK THE DOOR. DO NOT LEAVE THE BUILDING. DO NOT ENTER STAIRWELLS OR HALLWAYS UNTIL FURTHER NOTICE. IF YOU ARE CURRENTLY OFF CAMPUS, DO NOT COME TO CAMPUS”

The announcement will be repeatedly played until either an update is provided, or until the "all clear" has been called by both the UAMS Police Department and the Unified Command.

Recall of UAMS Police Officers/Call Out of Additional Law Enforcement
If the UNIFIED COMMAND determines additional personnel are needed, above and beyond that already on campus, UAMSPD Dispatch will begin a call out to all officers of the Department. Interfacing with outside agencies/entities may be required. The Emergency Preparedness Manager will serve as the Liaison Officer per EICS on behalf of and at the direction of the Unified Command, in support of requests from UAMSPD.

Assembly of Employees, Staff and Students:
All UAMS employees, staff, and students should be aware that all public assembly or transit throughout any campus area during a Code Active Shooter is strictly prohibited. All UAMS personnel are instructed to follow their departmental plans, if in place or in lieu of, to shelter/secure in place or immediately find a place of shelter and secure themselves until further notice or suspension of law enforcement operations. Off duty employees should not return to the hospital, unless a Code Green (mass casualties) is called in response to the Code ACTIVE SHOOTER and only as directed by their departmental plan or as requested by Code Green officers or their Department’s chief. Each department should keep a current recall list of all employees and call in additional personnel as needed, in consultation with the Incident Commander.

Law Enforcement Communications:
All internal UAMS communications will be conducted on radio channels Disaster 1, 2, and 3 as determined by the UNIFIED COMMAND. Any outside communications with other law enforcement and responding agencies will utilize an AWIN “LAW” Frequency as assigned by the Arkansas Department of Emergency Management (ADEM) at the time of the event. Metropolitan channels may also be utilized such as the PDASP2, by incoming law enforcement agencies, UAMSPD and Unified command. The Emergency Preparedness Manager will also function as a Communications Unit Leader (COML) and work with Little Rock and other responding parties to find the appropriate frequency/talk group.
PART II: EMERGENCY INCIDENT FACILITIES:

Specific locations of support functions during a Code Active Shooter event are as follows:
- Command Center is to be in one of the following locations, depending upon activity of the event and if a particular area is compromised
- Hospital Administration Conference Room
- UAMS Police Department / Distribution Center
- Little Rock Fire Station #7
- Any other location as determined by the UNIFIED COMMAND
- Media Vehicle Staging will be the gravel lot adjacent to Bio Med building II
- Media Conference Center will be in the first floor lobby of the Boozman College of Public Health Building or I. Dodd Wilson Education Building, depending upon incident and immediate availability
- Law Enforcement Staging will be as determined by the UNIFIED COMMAND

PART III: VITAL/SPECIAL CONTINGENCIES & RESPONSIBILITIES

Community Law Enforcement Response:
Law Enforcement personnel from other agencies may be responding either at the request of UAMSPD or in support of investigative or response operations. During Code ACTIVE SHOOTER operations all outside Law Enforcement officers must check in with the UAMSPD Staging Officer for assignment and instructions. Upon termination of Code ACTIVE SHOOTER Operations, investigative measures may be necessary. All investigative teams will need to check in with and report to UAMSPD designated staff once directed by the Unified Command.

Hospital & Campus Operations:
Upon the activation of Code Active Shooter, certain clinical areas, procedures, treatments and therapies will not immediately cease. These include, but are not limited to the following:
- Emergency Department
- Surgical Services (non-elective or in progress procedures)
- Intensive Care Units
- Labor & Delivery

The Unified Command will endeavor to provide relief and support based upon the incident needs and capability on hand at the time of the incident.

Deceased Victims:
Upon Code Active Shooter activation, the Morgue will serve as the Black Treatment Area for deceased/expectant patients. It will be staffed by Pathology and other Clinical Staff and operate in the following manner:
- Complete list of bodies/remains and identities will be kept. Crime Scene Technicians will be allowed to work within the morgue or other spaces.
- Communication with the Patient Information & Family Services Officers will be maintained for contacting next-of-kin.
- Coordination with Pulaski County Coroner and investigative bodies as dictated by Arkansas Law.
- Should the incident be categorized as a mass fatality incident, the Memorandum of Agreement between the Pulaski County Coroner and UAMS will be enacted for support and materials. The Emergency Preparedness Manager will work with the Coroner to identify and bring in authorized Subject Matter Expertise in this field.
Staff Identification / Hospital Access:
ALL PERSONNEL MUST DISPLAY PROPER UAMS CREDENTIALS
NO CAMPUS ACCESS WILL BE ALLOWED UNTIL DETERMINED BY THE UNIFIED COMMAND.

In the event Code Active Shooter becomes a Code Green event:
• Only ED employees and those assigned to the Red Treatment Area are allowed access to the ED
• All other employees are encouraged to access the Hospital, through the Central Building on the first floor/A level of Parking 2 (formerly the North Deck);
• All assigned Treatment Area Leaders and other Officers will be identifiable by vests. They have authority to grant or limit access to their respective area;
• Elevators are to be used only for transport of Patients and necessary supplies;
• Staff should use stairs in the event of a Code GREEN;
• Phone Calls should be limited to Official Use ONLY.

Metro Hospital & MEMS Communications between first responders and other Hospitals will be accomplished by the METRO Hospitals dedicated phone line and the METRO Hospitals Radio Talk Group/ AWIN System. Reports may be transmitted via the Hospital Communications Radio located in the ED.

PART IV:
DISCONTINUING THE PLAN:

Upon determination by the UNIFIED COMMAND the campus no longer needs to operate within Code Active Shooter status, the Incident Commander will notify the Call Center to cancel Code Active Shooter. The automated system will then announce overhead three (3) times:

"CODE ACTIVE SHOOTER ALL CLEAR, CODE ACTIVE SHOOTER ALL CLEAR, PLEASE RETURN TO NORMAL OPERATIONS."

The UAMS Police Dispatcher or Telecommunications will activate the Lockdown All Clear in the Emergency Notification System. The all clear message: "Code Active Shooter ALL CLEAR, Code Active Shooter ALL CLEAR, please return to normal operations." will be sent to the same list as above. The Unified Command will direct Communications & Marketing to send out a campus-wide email with the same scripted message as above.

Scene Control and Management
Once the incident has been brought under control and the Code Active Shooter is discontinued, crime scene operations and investigations will be initiated. There may be local, state and federal law enforcement and investigative bodies responding. Areas in which there was shooting or other actions inflicting damage or harm, injuries or deaths will be considered a crime scene, until cleared. All UAMS personnel not actively working or participating in the crime scene will be ordered out of the area. The Unified Command will assign law enforcement or security personnel to secure the area until cleared. Furthermore, all investigative entities will register with UAMSPD and/or the Unified Command upon arriving and leaving the Campus.

Media Briefings and Availability:
Once the Code Active Shooter is cleared, Communications & Marketing will facilitate and provide any official commentary to the media. All briefings and availability will be conducted initially in the I. Dodd Wilson auditoriums or other locations as determined by the PIO – Public Information Officer and Unified Command. UAMS personnel, Faculty, Staff and Students are not permitted to give interviews to the media without the knowledge of Communications & Marketing.

PART V: RESUMING NORMAL OPERATIONS:
Following the conclusion of any Code Active Shooter plan activation, the effectiveness of the response will be evaluated. Changes to the plan will be initiated as necessary to correct any problems identified during the response. Resources used during the response will be inventoried and replaced in conjunction with the usage of the UAMS Disaster Recovery Checklist.

PART VI: POLICY INCLUSION & CROSS WALK

Please see additional Policies and instruments that augment and support the Code Active Shooter Procedures:

- UAMS Administrative Guide #11.3.08 – Emergency Procedures for Active Shooter (Code ACTIVE SHOOTER/Campus Lockdown)
- UAMS Administrative Guide #3.1.28 – Use and Disclosure of PHI and Medical Records
- UAMS Administrative Guide #3.1.38 – Safeguarding Protected Health Information
- UAMS Medical Center Policies & Procedures #A.2.01 – Media Relations and Release of Information

Initiated: December 2008
Revised August 2009
Revised June 2011
Revised August 2012
Reviewed January 2013
Revised November 2014
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 ADVERSELY 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 ongoing 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 Scholastic Non-Cognitive Evaluation. I further understand that the inadequate Scholastic Non-Cognitive Evaluation 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)
APPENDIX S - UAMS Policy on Vaccines and TB Screening

Number: HR.3.03
Policy Title: Employee, Student, Volunteer & Non-Employee Vaccinations and Tuberculosis Screening

Source: Administration
Approved By: Executive Administrative Committee
Date Approved: July 8, 1991
Review/Revised Date: 9/95, 8/02, 3/04, 4/05, 8/10, 1/13, 3/14

PURPOSE
Minimize potential exposure to vaccine preventable diseases and Tuberculosis (TB) for all UAMS employees, students, volunteers, non-employees who work in a UAMS facility or with UAMS patients, and visitors. This policy applies to all students, employees, volunteers, visiting faculty and contracted non-employees who are routinely in the UAMS Medical Center contributing to the fulfillment of its institutional mission. Student Shadowers, as defined by UAMS Administrative Job Shadowing Policy and Procedures, may be on the UAMS Medical Center campus for up to 16 hours, but they are not considered to be routinely on the campus and therefore not subject to the scope of this policy.

POLICY
UAMS Medical Center makes optimal use of immunizing agents and TB screening to safeguard the health of workers, students, non-employees and volunteers and protect patients from becoming infected with vaccine preventable diseases or TB. Vaccines will be administered as indicated unless contraindicated or refused.

DEFINITIONS
I. Contracted Non-Employee
A term used to describe individuals who are not paid by UAMS and who are employed by other agencies or companies. These contracted non-employees are routinely on the premises of the UAMS Medical Center and need access to UAMS resources such as UAMS identification badges, data access, or email. Non-employees are not UAMS employees and do not fall under any aspect of employment law, regulations, or policies. Number: HR.3.03
II. Student
A term used to describe a student enrolled at UAMS or another Institution of Higher Education.

III. Volunteer
A non-UAMS employee who freely gives their time on a part-time basis, providing services that would not otherwise be considered compensatory services and there is no assurance or understanding of advancement either through means of employment, admission to graduate school or medical residency. Non-employees are not UAMS employees and do not fall under any aspect of employment law or regulations, but are required to adhere to all other UAMS or Medical Center policies, Code(s) of Conduct, and other governing policies.

IV. Visiting Faculty / Academic Visitor
A non-employee who has been approved by the department to serve as a non-employee from another institution (with or without academic appointment or rank) and who receives continued compensation from their current employer, or who has some other means of financial support such as a scholarship, fellowship or in some cases, personal funds. Visiting Faculty and/or Academic Visitors are required to adhere to all UAMS or Medical Center policies, Code(s) of Conduct, and other governing policies.

V. High Risk
Activities requiring routine physical contact with patients. This term does not refer to activities routinely associated with providing customer service, conducting administrative tasks, or engaging in fundraising, marketing, or entertainment.

PROCEDURES

I. The UAMS Student and Employee Health Services (SEHS) provides a medical screening for vaccine preventable diseases and TB screening for employees as described below. All UAMS students are required to complete a student physical exam. All UAMS students must obtain required vaccines prior to matriculation. Subsequent annual limited screenings for students will be performed by SEHS.

A. All personnel are required to have a completed TB step one screening before starting employment. All personnel are required to complete the new hire medical screening and annual medical screening thereafter. Annual medical screening includes TB screening and updating of required vaccinations. Special populations may be required to have more frequent screenings.

B. All personnel who do not have documentation of Rubella vaccine or do not have laboratory evidence of immunity are required to be vaccinated.

C. All personnel are required to be vaccinated for Measles/Mumps if they do not have one of the following:
   1. Proof of two doses of live measles vaccine no closer than one month apart or of one dose of live Measles vaccine after age 12.
   2. Documentation of physician-diagnosed Measles,
   3. Laboratory evidence of Measles immunity

D. Employees, Volunteers and non-employees are required to be vaccinated annually for both seasonal and, if recommended by the CDC, novel types of influenza.
E. Personnel with the potential for occupational exposure to Hepatitis B on the average of one or more times per month, and who do not have documentation or history of completion of the vaccine series or laboratory evidence of prior disease, are required to obtain this vaccine. Occupational exposure means reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonable nor routinely expected and that the worker is not required to incur in the normal course of employment. Employees who are at increased risk for Hepatitis B infection are in locations or occupations where contact with blood or body fluids from infected patients is frequent. The location and occupations are as follows:

<table>
<thead>
<tr>
<th>Locations</th>
<th>Occupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Banks</td>
<td>Dentists and Dental Surgeons</td>
</tr>
<tr>
<td>Clinical Laboratories</td>
<td>Dialysis Technicians</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>Laboratory Technicians</td>
</tr>
<tr>
<td>Dialysis Wards</td>
<td>Nurses</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Physicians (Especially Surgeons)</td>
</tr>
<tr>
<td>All Patient Areas</td>
<td>Animal Lab Workers</td>
</tr>
<tr>
<td>Pathology Laboratories</td>
<td></td>
</tr>
</tbody>
</table>

F. All personnel are offered the Influenza vaccine according to CDC guidelines for that particular year.

G. All personnel are recommended to have a Tetanus Diphtheria and Pertussis (Tdap) booster every 10 years. A current booster is required for all employees who work with animals. A history of the vaccination is sufficient.

H. All personnel working in high risk areas with neonates, children and oncology patients without a reliable history of Varicella disease or proof of vaccination must have a Varicella titer. Those who are seronegative for Varicella are required to be vaccinated.

I. Microbiologists routinely exposed to isolates of Neisseria Meningitides, will be offered the Meningococcal Vaccine.

J. Volunteers identified as high risk will be required to provide verification of Measles, Mumps and Rubella vaccination and Varicella where appropriate, in addition to the required flu vaccine and TB skin testing. If verification cannot be presented, volunteer can receive the vaccinations at a UAMS clinic.

II. UAMS employee, student, non-employee volunteer who works in UAMS facility or with UAMS patients that refuses to receive the required vaccines and testing (as listed above) will be subject to disciplinary measures up to suspension or termination. UAMS employees not completing required new hire screening or annual screening will be suspended without pay or terminated. Those unable to comply for specific reasons may be subject to special requirements such as wearing protective masks and/or covering during influenza season or other infectious outbreaks. Influenza season and other infectious outbreaks will be defined by the Infection Control Division of UAMS Medical Center. Those unwilling to comply with special requirements may be furloughed for medical reasons for the duration of the season or outbreak.
III. Volunteer and non-employees who work in UAMS facilities or with UAMS patients that are non-compliant with required vaccines will subject the person to restrictions in activity and authorized locations depending on the status of current infectious outbreaks and medical conditions as defined by the UAMS Infectious Control Division.

IV. The financing of necessary vaccinations will be in accordance with UAMS Medical Center Employee Testing/Services Policy.

REFERENCES
Epidemiology and Prevention of Vaccine-Preventable Diseases, CDC, January 2001.
Department of Labor, Occupational Safety & Health Administration Bloodborne Pathogens 29 CFR 1910.1030.
Administrative Guide Job Shadowing Policy and Procedure
Infection Control Manual Policy 6.11
UAMS Medical Center Employee Testing/Services Policy
**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: June 16th, 2017  
Next Review/Revision: June 16th, 2019

**PURPOSE**

UAMS is subject to the requirements of Section 504 of the Rehabilitation Act of 1973, which states: 
"No otherwise qualified individual with a disability in the United States, as defined in section 705 (20) of this title, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance…"

Additionally, UAMS is subject to the requirements of the American with Disabilities Act (ADA), Title II, Subpart B, as amended September 15, 2010, which states: 
"No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.”

UAMS recognizes its obligations under Section 504 and the ADA, as amended. In addition, UAMS embraces the philosophy of inclusion and consistent with its overall vision, mission, and core values, strives to reflect diversity in its staff, faculty and student body. Inherent to this philosophy is the belief that all students, including those with disabilities, are entitled to equal and appropriate access in the educational experience and a welcoming and supportive environment for learning.

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 form (Attachment 1) to the ADA/TIX Office. Students are
couraged 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:

1. Conduct a preliminary review of the request and any associated documentation
2. Make an initial determination of disability
   3. Meet with the student in order to fully identify barriers in the student’s learning
evironment and discuss potential accommodations
4. 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. The Coordinator will prepare and provide
a written notice of the formal accommodation plan to the student and AD.

Upon receipt of the accommodation plan, the AD will ensure faculty members responsible for
implementation of the approved accommodations are notified in a prompt manner of the
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

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. Short-term,
temporary accommodations will be valid for a specific duration as documented in the notification
letter. 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

UAMS Academic Affairs Policy, 2.1.3, *Non-Discrimination Statement*, prohibits members of the University community from committing or condoning acts of bigotry, racism or discrimination. Furthermore, the University prohibits discrimination 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 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:

1. Disagreements or denials regarding requested services, accommodations, or modification to University practices or requirements;
2. Alleged lack of access to a University facility, program or activity;
3. Alleged harassment or discrimination on the basis of a disability; and
4. Any other alleged violations of the ADA/Title IX and/or Section 504.

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
# 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
- **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:

James Graham, M.D.
Associate Dean, College of Medicine
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 must be reported to Occupational Health & Safety (OH&S) within forty eight (48) hours.

PROCEDURE
Reporting of incidents and injuries is essential for the identification of hazards in the workplace.

All incidents resulting in injury to employees and students must be reported on the Employee/Student/Injury and Incident Report Form (I&I). In the case of an employee, the report is to be completed by the employee, or his/her supervisor and in the case of a student, by the student or supervisory faculty. The I&I report may be completed online at [www.uams.edu/safety/Accident.aspx](http://www.uams.edu/safety/Accident.aspx) or via hard copy. The report will be sent to OH&S, Human Resources, and Employee & Student Preventative Health Services within 48 hours of the occurrence of the incident.

When an employee has an “on the job injury” requiring medical treatment, Worker’s Compensation forms must also be completed by calling the Company Nurse Injury Hotline 1-855-339-1893. These forms must be completed before seeking medical treatment except...
when the injury involves a needle stick, blood/body fluid exposure or requires immediate attention.

Individuals who suffer a needle stick injury or blood/body fluid exposure should report immediately to Employee & Student Preventative Health Services, in person during regular business hours (Monday – Friday 8-4:30 main clinic and 7:00 – 3:30 satellite clinic in the Central Building) or to the Emergency Department after regular hours. Individuals who suffer an injury that is serious and requires immediate attention should report immediately to the Emergency Department. The I&I form must be completed and the injury reported to the Company Nurse Injury Hotline as soon as possible after initial treatment.

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.


**REFERENCE**

UAMS Worker’s Compensation Policy, Admin Guide 4.1.08
Medical Center Policy, ML.1.04, Visitor Incident and Injury Reporting
APPENDIX V - EXPORT CONTROL

PURPOSE

This policy communicates UAMS' commitment to comply with U.S. export control laws and regulations, 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 ('deemed exports').

DEFINITIONS

Export – an actual shipment outside of the U.S. of controlled equipment or materials (actual items) or any disclosure of information or technical data related to controlled equipment or materials by any means (verbal, email, fax, visual inspection, internet or training) outside the U.S.

Deemed Export - 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 – Anyone who is not a U.S. citizen, or who is not a lawful permanent resident of the U.S., or who does not have refugee or asylum status in the U.S. 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 – Fundamental research is basic and applied research in science and engineering, where the resulting information is ordinarily published and shared broadly within the scientific community. The techniques used during the research are normally publically available or are part of the published information.

Export Controls – 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 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 the International Traffic in Arms Regulations (ITAR), the Export Administration Regulations (EAR), and 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: 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

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 to prevent foreign nationals from accessing 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 basic and applied 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 Export Control Office.

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 rests with the individual as the most informed person about the contemplated project. The UAMS Export Management and Compliance Program Guide has been developed to assist with U.S. export control compliance and can be accessed on the UAMS Website at: http://exportcontrol.uams.edu/. For questions or further information, please contact the Office of Institutional Compliance, Director of Export Control at (501) 686-6168.

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. The federal export laws that this policy aims to address only apply to non-citizens. Different restrictions apply to persons of different nationalities. Because of these restrictions, UAMS may be required to impose certain prohibitions upon, or request accommodations from, foreign nationals. These actions are based on federal law and citizenship status and are not discriminatory under Title VII.

PENALTIES

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.

REFERENCES

Bureau of Industry and Security (BIS) Export Administration Regulations (EAR) International Traffic in Arms Regulations (ITAR), Office of Foreign Assets Control