

MICHIGAN STATE
UNIVERSITY

College of Human Medicine



SHARED DISCOVERY
CURRICULUM

Student Guidebook 2016

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The College of Human Medicine (CHM) has several key units that work collaboratively to administer students programs, the curriculum, and community programs. This section provides you with a list of key administrators and staff.

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The Interim Associate Dean is responsible for the supervision and management of student programs. The Interim Associate Dean is also the chief academic administrator for the College of Human Medicine.

Student Programs encompass the following major units: Office of Student Affairs and Services, Undergraduate Medical Education, Office of Curriculum, Office of Admissions, and the Community Campuses. Students use the resources of these units through their enrollment at the College of Human Medicine. Therefore, it is critical that you become acquainted with the various units and their respective functions. Collectively, Student Programs are responsible for the following: student selection and recruitment; student enrollment; student records; documentation of student progress; medical education curriculum and related academic programs; administration of academic and student policies; student educational and academic support services; and student development and services.

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The Shared Discovery Curriculum encompasses the following major units: The Academy, Assessment, Clinical Experiences, JustInTime/Chief Complaints and Concerns, and Simulation

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The Associate Dean for Student Affairs and Services is the lead administrator responsible for the operations, programs, services and activities coordinated by the Office of Student Affairs and Services (OSAS). The Associate Dean works closely with the other units of academic affairs, the Community

Assistant Deans, and Community Administrators to coordinate the delivery of all student services to students enrolled at the College of Human Medicine. These services span a broad continuum: enrollment services, career education and development, professional development, student organizations, student service in community, community assignments, scholarships, health and wellness, counseling and mental health, student safety, student diversity affairs, financial assistance, student climate and access, student ceremonies and events, Alpha Omega Alpha Medical Honor Society, Gold Humanism Society, student advisory committees, OSR, Student Council, Dean's Student Advisory Committee, and student affairs representation at the Association of American Medical Colleges.

The Assistant Dean for Student Wellness and Engagement promotes the well-being of medical students and their engagement in the community throughout their years of training. The Assistant Dean serves as a liaison to the community for student outreach and engagement activities. The Assistant Dean is the Adviser for the Student Council. The Assistant Dean serves as a liaison to the Office of the University Physician and the Human resources Benefits Group. The Assistant Dean serves as the point person for student immunizations, health training requirements, and student insurance. The Director of Student Counseling and the Assistant Director of Student Counseling and Wellness triages and refers medical students to appropriate mental health and other health care resources, counsels individual students on the management of stressors that may affect academic and personal success and promotes personal well-being through health education and related activities.

The Assistant Dean for Student Career and Professional Development promotes the career and professional development of students throughout their years of training. The Assistant Dean works with the Chairs of the Clinical Departments, the Community Assistant Deans and Community Administrators to insure that medical students are well prepared and organized for the residency selection process. The Assistant Dean works with the Faculty Advisers of the Student Medical Specialty Interest Groups to assist in the delivery of programming designed to help students better understand a range of medical specialties. The Assistant coordinates the Gold Humanism Society and serves as a liaison for the National Public Health Service Program.

The Coordinator of Career Education and Counseling is available to all students throughout their medical education experience. The Coordinator delivers a curriculum over the course of the four year medical education that explores the specialties in a meaningful way so that students can identify a career in medicine best suited for their personality, interests and goals. The Coordinator meets with students regarding: specialty exploration; values/interests assessment; CV assistance; work trends and salary evaluation; research/internship/externship/study abroad opportunities; alumni connection; and understanding specialty competitiveness. The Coordinator also serves as the primary point person for student organizations and medical specialty interest groups. The coordinator offers various educational and leadership development activities for student groups.

The Coordinator of Enrollment Services and College Records Officer handles all matters related to enrollment, registration, transcripts, and student records. These include, but are not limited to, early enrollment, changing enrollment (dropping or adding classes), documentation of grades, student status changes, student official files, and the academic calendar. Though related to registration, financial aid issues should be directed to MSU Financial Aid Office or to the Office of Student Affairs and Services. The Assistant College Records Officer works to support this area.

Office of Admissions

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The Office of Admissions coordinates the admissions process for the College of Human Medicine. Medical students may participate in the admission process serving as interviewers, tour guides, and panel members after attending an Admissions Ambassador orientation session. In addition, there are six (6) students elected annually in the spring/summer to serve on the Committee of Admissions as Block II student members.

CHM Community Campuses

Flint Campus
200 East 1st Street
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John Molidor, PhD
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Kathy Assiff, MA
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Grand Rapids Campus
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GRAND RAPIDS, MI 49503
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Community Administrator
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Assistant Dean
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Sarah McVoy, BA
Community Administrator and Director of
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**Midland Regional Campus
MidMichigan Medical Center Midland
4611 Campus Ridge Drive
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(989) 488-5538**

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Assistant Dean
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Bridget Hinds, MA, MEd
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**Southeast Michigan Campus
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Valerie Overholt, DO
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Adrian De Gifis, PhD
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**Traverse City Campus
Munson Family Practice Center
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Traverse City, MI 49684
(231)-392-8220**

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**Upper Peninsula Regional Campus
418 West Magnetic Street
Marquette, MI 49855
(906) 228-7970**

William Short, MD
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Shared Discovery Curriculum Guiding Principles and Structures

The Shared Discovery Curriculum (SDC) at the Michigan State University College of Human Medicine (CHM) emphasizes usefulness and experience as a framework for our students' education. The Shared Discovery Curriculum leverages the following information:

- The **active** processing of information by learners enhances understanding.
- Learning with others is more effective than learning individually.
- Learning in a social context focuses attention on learning as a social and collaborative enterprise, rather than an individual experience.
- Feedback is one of the most powerful components of learning.
- Coaching supports learners through the use of reflection and feedback, enhances personal and professional development, increases engagement and reduces burnout.
- Engagement in a curriculum leads to a high level of satisfaction for learners and faculty.

The Shared Discovery Curriculum employs the following strategies:

1. Our graduation expectations are organized by [Chief Complaints and Concerns \(C3s\)](#) rather than disciplines (like anatomy) or systems (like the cardiovascular system). C3s function to integrate the necessary patient care knowledge and skills that prepare students for how problems are encountered in residency and practice.
2. Students begin their clinical experiences soon after matriculating. Designed so that students are useful members of the health care team and divided into **Early, Middle and Late Clinical Experiences** which take place in authentic patient care environments, these pillars of the curriculum enable medical school learning to continually be placed in the context of patient care and patients' experiences.
3. **The Learning Societies** provide a longitudinal, supportive structure for small group learning, coaching and professional development. They provide the place where trusting relationships can develop and on-going achievement data can be utilized to maximize the chances that students will achieve their goals.
4. Regular weekly assignments and quizzes will enable students and their faculty to best understand developing strengths and needs for improvement. Twice a semester, a group of tests will determine progress toward graduation requirements. This group of tests is called the **Progress Suite of Assessments**, which includes the following:
 - a. The Progress Clinical Skills Examination (PCSE) which utilizes standardized patients and simulators to assess development of communication skills, data-gathering, clinical reasoning, safety behaviours and the application of necessary science to patient care
 - b. The Comprehensive Necessary Science Examination (CNSE) which is a multiple choice examination designed to assess acquisition of biopsychosocial knowledge and preparation for USMLE Step examinations

- c. Multisource Feedback (MSF) from academic and health care team members, peers and faculty about behaviour, team functioning and professionalism
- d. Portfolio review for required elements from weekly course assignments or other curricular activities
- e. End Semester Self-Assessment (ESSA) which utilizes data from the student's portfolio and the Progress Suite of Assessments to guide reflection on the progression toward acquisition of the competencies that MSU CHM requires for graduation.

This suite of assessments will provide guidance to students and their faculty coaches as individual learning plans are created and implemented.

- 5. **The cloud-based [JustInTimeMedicine \(JIT\)](#)** software powers our curriculum and assessment in the SDC. Designed to centralize access to calendars, resources, information, assessment forms, and test results, JIT literally puts what is needed by students and faculty into “the palm of your hand” and on to any internet enabled device.

SCRIPT Competency Framework

Medical education at Michigan State University College of Human Medicine is based on a competency framework that defines the outcomes of our training, provides the foundation for our curriculum, and defines our graduation requirements. These competencies are Service, Care of Patients, Rationality, Integration, Professionalism and Transformation -- known to our students, faculty and staff as SCRIPT.

SCRIPT Competency Goals

SERVICE

- Participates in the provision of beneficial services within the community
- Demonstrates preparation and planning to provide services which respond to community need
- Demonstrates reflection on their participation in service activities

CARE OF PATIENTS

- Demonstrates kindness and compassion to patients and their families
- Collects complete and accurate patient data
- Synthesizes patient and laboratory data to formulate reasonable assessments and plans
- Demonstrates the incorporation of patient values into illness assessment and care plans
- Communicates effectively in writing and orally
- Effectively counsels and educates patients and their families

RATIONALITY

- Identifies personal strengths and weaknesses and develops ongoing individual learning plans
- Demonstrates use of faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
- Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems

INTEGRATION

- Demonstrates awareness of cost and access issues in the formulation of patient care plans
- Demonstrates respect for all members of the health care team
- Demonstrates understanding of and contributes to a culture of safety

- Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
- Demonstrates knowledge of how social and economic systems in which people live impact health, delivery of health care and wellbeing.

PROFESSIONALISM

- Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
- Contributes actively to group/team process
- Demonstrates respect to patients, colleagues and team members
- Fulfills responsibilities in courses and on clinical rotations
- Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.

TRANSFORMATION

- Applies essential basic, social, clinical science and systems knowledge in the care of patients
- Creates new knowledge through research
- Participates in lifelong teaching and learning with peers, trainees, and patients

The Virtuous Professional: A System of Professional Development for Students, Residents and Faculty

At the Michigan State University College of Human Medicine (MSU/CHM), we recognize the importance of educating professionals who will bring strong scientific knowledge to bear on problems in a humane and compassionate manner.

In addition to creating and delivering a robust academic curriculum, we also recognize the need to establish an educational environment that encourages all of us to strive for excellence and to aspire to be virtuous professionals.

There are many kinds of ideals to which we could aspire, which at MSU/CHM we call “virtues.” The faculty has engaged in a great deal of dialogue and reflection as we determined what the three central CHM virtues would be and decided on the following:

1. Courage
2. Humility
3. Mercy

The faculty also developed six core responsibilities as follows:

1. Competence
2. Honesty
3. Compassion
4. Respect for Others
5. Professional Responsibility
6. Social Responsibility

Striving to become a virtuous professional is an ongoing process. The goals of this process are embedded within our SCRIPT competencies, and are illustrated by the competency progression from “novice” to “developing (competence)” to “competent.” Most of the time, faculty and students are moving in a positive direction towards these goals. However, problems along the road to being a virtuous professional sometimes occur, and descriptions of these problems are contained within many of the “critical deficiencies” detailed in our SCRIPT competency framework. As newcomers to the culture of medicine, students may not be clear about what constitutes a problem or “critical deficiency,” which is why examples have been detailed in the SCRIPT competency progressions found in the Student Manual of Assessment and Promotion. Please look through this document thoroughly. It has been created to be as transparent as possible about what the requirements and goals of our educational program encompass. Read more about The Virtuous Professional [here](#).

Conduct in a Patient Care Setting

Those who participate in the care of others are privileged to do so. As professionals and professionals-in-training, we have fiduciary responsibilities to those who entrust us with their care. Additionally, we are all representatives of the college and of the medical profession as a whole as we provide or participate in the care of patients. Important guidelines for conduct in patient care settings include:

- Treat all patients/professionals/teachers and fellow students with respect at all times.
- Address all patients with their full, formal names until or unless they request something else—for example “Mr./Mrs./Ms./Dr. Lastname.”
- Address all health care team members by their full, formal names until or unless they request something else—for example “Dr./Ms./Mrs./Mr. Lastname.”
- Your short white coat and the identifying badges and insignia are there to provide others with the information that you are a medical student--these must be worn at all times during patient care. This is to clarify what you can safely do and also to prevent you from being put in a situation where unrealistic expectations are made. ***Always make clear to patients that you are a student, and provide the year of your training: “Hello, my name is....and I am a first year medical student at the College of Human Medicine.”***
- Patient confidentiality is paramount and is a central obligation of patient care. Never speak about patients in public places (elevators, cafeterias, hallways). Reserve those important conversations for places designed to keep patient information private and shared only with those who need to know it.
- Never record patient data or images on electronic devices/never share information electronically/never utilize social networking sites/blogs/Facebook/any other method of sharing patient data.
- Never remove patient data from a patient care environment in any form (chart/notes/flash drive/other)
- Attendance at all clinical activities is required and punctuality is expected. Your team is counting on you. If you are going to be late for any reason, call and let the appropriate persons know. If you are in an accident or other circumstance where calling ahead is not possible, do so when it is safe.
- The dress code for clinical activities is for patient’s comfort and assurance, not personal expression. The same dress code pertains for standardized and real patients. Professional, conservative, modest dress is appropriate. Always wear your white coat, which should be clean and pressed. The appropriate button and epaulet should be on your white coat at all times. Your ID should be easily viewable. Cologne, perfume and aftershave should not be worn, as patients can be allergic to the components.

Necklines and hemlines should be modest, and midriffs must not be exposed, even on movement. Button down shirts, professional tops, pants, slacks, khakis, skirts and dresses suitable for an office environment are good choices. Clothing should allow for appropriate movement. No jeans, tennis shoes, or flip flops. In fact, most clinical environments require socks or hose and close-toed shoes for your own protection.

- Awareness of limitations is critical; always err on the side of asking for help. There can be pressure in a patient care environment to look smart—to know the right answers or to know how to do something. ***It can take courage to be honest about your limitations—be courageous—it is one of the CHM Virtues.*** [The Virtuous Professional](#)

Safety First

Safety in a patient care setting has multiple components. These include psychological and physical safety for patients and psychological and physical safety for providers and team members. We must all strive to contribute to the safety of the health care system. Important considerations overlap with those above and also include the following:

Safety for Patients

- Medical errors occur, as do “near misses” that could have resulted in error but didn’t. Every member of a health care team can be a part of keeping colleagues and patients safe. If you become aware of something that you think endangers safety, speak up.
- Wash your hands CORRECTLY before and after every patient encounter. Healthcare associated infections account for staggering amounts of morbidity and mortality. See details at: <https://www.cdc.gov/hai/surveillance/index.html>
- ***Never pretend to have done something or to know something you don’t. Never guess about a patient’s situation or results. Always err on the side of truth and disclosure when patient care or patient safety is at stake.***

Safety for Students

- Employ Universal Precautions at all times with all patients. Repeated requirements for blood-borne pathogen training are aimed at creating health care providers for whom appropriate behaviors are second nature and therefore reliably protective. If you have an exposure to blood or body fluids, follow the process detailed below.
- Discernment about/awareness of limitations is critical for patient safety, it is also important for your own psychological well-being. As stated above: always err on the side of asking for help. Though it seems completely straightforward, ***it can take courage to be honest about your limitations. Speak up and focus on what is right for the patient. Talk to trusted faculty and/or staff if you have worries or concerns about safety.***

Exposure Control Policies and Procedures

The College of Human Medicine will provide course instruction on protecting students against infectious agents (e.g., HIV, TB, and Hepatitis B), transmission, and universal precautions. Instructions will be given on how the student can minimize the risk of becoming infected with HIV and HBV and other blood borne pathogens while taking care of patients. Student certification is mandatory and must be completed annually.

Mandatory testing of CHM students for HIV and HBV antibody is not recommended.

The following process related to exposures to infectious pathogens has been developed by the College of Human Medicine in collaboration with the MSU Office of the University Physician in accordance with OSHA and CDC regulations

Immediately following a potential exposure to an infectious pathogen (i.e., tuberculosis, Hepatitis B, or HIV), the following procedures should be followed:

- **Needle sticks** and **cuts** should be washed with soap and water.
- Splashes to the **nose, mouth, or skin** should be flushed with water.
- **Eyes** should be irrigated with clean water, saline, or sterile irrigants.
- **Please note:** no scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended.

Report the potential exposure to the appropriate parties responsible for managing exposures (e.g., supervising physician, attending, resident). Prompt reporting is essential because, in some cases, post-exposure treatment may be recommended, and it should be started as soon as possible – **preferably within one (1) hour if at all possible.**

In addition to HIV, discuss the possible risks of acquiring Hepatitis B and Hepatitis C with your health care provider. You should have already received the Hepatitis B vaccine, which is extremely safe and effective in preventing Hepatitis B.

If you believe you have been exposed to one of the pathogens that requires immediate evaluation (HIV, Hepatitis B, Hepatitis C, and Rabies), go to the nearest emergency room. For Monkey B exposures, go to the nearest designated care facility, as your site supervisor indicates.

If, however, you believe you have been exposed to one of the pathogens for which evaluation is not time-critical, please see your site supervisor.

Additionally, the student must contact the associate dean for undergraduate medical education or his/her designee **within 24 hours of exposure.** The exposure control reporting form must be filled out at the time of contact and the original forwarded to the MSU Occupational Health Nurse (see Addendum D) with a copy to the CHM Senior Associate Dean for Academic Affairs. The Office of the Community Assistant Dean will also maintain a copy of the completed form in a separate file designated for medical purposes only. For further information, please visit the [Exposures to Blood Borne and Other Pathogens website](#).

If the cost of the **initial testing** after an exposure to infectious pathogens and initial post-exposure prophylaxis is not covered by the student's health insurance, the College will cover the cost.

It is the **student's responsibility** to obtain post-exposure follow-up (per the attached guidelines for HIV and HBV). The cost of such follow-up may be covered by the student's health insurance. If the student's health insurance does not cover the cost, the cost must be covered by the individual student.

Policy Regarding Student Who May be Infectious for HIV/HBV

In concert with the existing CHM policy on communicable diseases, students who are HIV or HBV positive have a professional responsibility to report their status to their Associate Dean for Undergraduate Medical Education or their Community Assistant Dean and/or Associate Dean.

When the college is informed that a student is HIV or HBV positive, the student will meet with an established expert panel composed of CHM faculty with expertise in HIV or HBV infections. The panel will determine issues related to confidentiality and the recommended levels of participation of that student within the clinical settings of CHM programs. Recommendations will be given to the Dean who will make the final decision. When appropriate, the panel will serve as an advocate group for HIV or HBV positive CHM students training in CHM participating hospitals and clinics.

According to the Centers for Disease Control (CDC) guidelines, health care workers (HCW) who are infected with HIV should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform these procedures. Such circumstances would include notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone invasive procedures. **

CHM students, whose educational experience is modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling will be available to promote the continued use of the student's talents, knowledge, and skills.

*** An invasive procedure is defined as "surgical entry into tissues, cavities, or organs or repair of major traumatic injuries" associated with any of the following: (1) an operating or delivery room, emergency department, or outpatient setting, including physician's offices; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or (4) the manipulations, cutting, or removal of any organ or perioral tissues.*

Hepatitis B Virus Post-Exposure Management

A student who has previously received HBV vaccine and has been exposed to an HBsAg-positive source, should be tested for antibody to hepatitis B surface antigen (anti-HBs), and given one

dose of vaccine and one dose of HBIG if the antibody level in the student's blood sample is inadequate (i.e., 10 SRU by RIA, negative by EIA).

HBIG administration should be considered on an individual basis when the source individual is known or suspected to be at high risk of HBV infection. Management and treatment, if any, of previously vaccinated students who receive an exposure from a source who refuses testing or is not identifiable should be individualized.

HIV Post-Exposure Management

This is a rapidly evolving area with many uncertainties. Students are referred to the *CDC Morbidity and Mortality Weekly Report (MMWR)* of June 29, 2001, Vol. 50, No. RR-11. The most important immediate management steps include:

- Washing wounds and skin sites with soap and water; mucous membranes should be flushed with water.
- Assessment of infection risk
- Evaluation and testing of an exposure source
- Clinical evaluation and baseline testing
- Consideration of post-exposure prophylaxis (PEP) with anti-retroviral therapy

Timing of Post Exposure Prophylaxis (PEP) Initiation

PEP should be initiated as soon as possible but **definitely** within 36 hours of exposure.

Chief Complaints and Concerns (C3)

End-Competency Documents

The C3 documents are the backbone of our Shared Discovery Curriculum. Each C3 document includes the end-competencies we expect our graduating students to master in relationship to specific clinical situations.

Each C3 document follows the same general template as listed below

- Rationale Statement
- Capstone Patient Assessments
- Data-Gathering
- Differential Diagnosis/Problem List
- Management Plan
- Necessary Science
- Controversies/Complexities
- Guidelines/Links/Resources

How to utilize the C3 documents

These documents comprise the end-competencies or expectations of your undergraduate medical education (UME—medical school is known as “undergraduate medical education” whereas residency training is referred to as “graduate medical education” or GME). Topics are divided into Early, Middle and Late Clinical experiences so that the material is most tightly linked to the patient experiences you are likely engaged in during a given curricular component. Capstone patients have been chosen to relate to each experience by using the same principle. For example, during the Early Clinical Experience, you will learn enduring themes and introductory concepts about Blood Pressure Concerns while taking part in the care of ambulatory patients in your clinical locations. One of the relevant Capstone Patients for the ECE has “well-controlled hypertension and is being seen for a follow up visit.” During the Middle Clinical Experience, you will learn more detailed information about Blood Pressure Concerns as you participate in the care of the sicker patients who will be admitted to the hospital with blood pressure-related problems. One of the relevant Capstone Patients for the MCE has “inadequately controlled hypertension and dyspnea.” In the Late Clinical Experience you will care for patients with significant sequelae of blood pressure problems, such as a Capstone Patient with “chest pain and a very high blood pressure.” You will learn the most complex information about that topic during your Late Clinical Experience clerkships and electives. This trajectory will be clarified by tagging material related to the ECE/MCE/LCE clearly within Just In Time Medicine.

Your individual calendar takes you to each week's resources and activities that will take place for a given C3 topic. Links from the C3 documents enable you to access resources, pictures, videos and other educational materials felt to aid in your study of a given week's C3 topic or topics.

The Clinical Experiences

The Early Clinical Experience (ECE)

During the ECE, students will be placed in primary care settings for two half-days each week for sixteen weeks. They will be trained to provide many patient care functions (rooming patients, taking vital signs, giving shots, doing diabetic foot exams), to work with care managers (making follow up phone calls, providing motivational interviewing, connecting patients with community resources) and then physician data-gathering tasks (taking brief histories and physicals).

Throughout the ECE, the necessary science and clinical skills are integrated with what students are experiencing in their clinical sites.

Students work under the supervision of medical assistants and/or nurses, performing useful functions that nurses, medical assistants, or care managers might currently do.

Students will be trained to perform common tasks in workshops and simulation centers conducted by MSU CHM faculty. Participating offices will be updated regularly about new skills and training that the students will receive, and will evaluate student progress in attaining relevant skills throughout the ECE.

For more details about the Early Clinical Experience, see course syllabi.

Middle Clinical Experience (MCE)

During the MCE, students will rotate through a variety of inpatient and outpatient clinical experiences, with durations from two to four weeks. The emphasis during the clinical rotations will be on developing skills in diagnosis and management, being useful members of the health care team and developing skills in interprofessional collaboration as well as integrating these clinical experiences with the necessary science.

A typical week will differ based on each student's specific rotation. For specifics, please see course syllabi.

Late Clinical Experience (LCE)

During the LCE, students will enroll in a variety of departmental clerkships. The emphasis during these clerkship experiences will be on preparing students to become exemplary residents. Students will be encouraged to take responsibility for care of patients to the best of their ability, to develop and practice advanced patient care skills and to interact with patients in intensive care settings and at the end of life. The Advanced Skills and Knowledge course that

runs concurrently with departmental clerkships will be the structure within which students will continue to enrich their necessary science knowledge and participate in the Progress Suite of Assessments.

In addition to required departmental clerkships, there will be space in the LCE for electives to allow students to explore additional clinical interests, pursue certificates and complete other tasks geared toward career development.

For details, please see course syllabi.

Interessions

Between the ECE and the MCE, and between the MCE and the USMLE Step 1 examination, there will be a series of four-week courses termed the Interessions, which will provide an opportunity for students to focus on particular areas of interest as well as to strengthen their knowledge base of the necessary sciences. Students will participate in two interession periods; one after the ECE and one after the MCE.

Between the ECE and MCE, students will have the ability to take as many as 8 courses, each 1 month in duration, and taken in pairs; one session in the morning and one in the afternoon. This interession period is four months in duration and occurs March through June. Between MCE and the USMLE step 1 exam, students may take up to 4 courses, each 1 month in duration and taken in pairs. This interession period is March and April. Students will be required to take at least 7 offerings in the first Interession period, and at least 3 in the second Interession period.

There are three types of interessions:

1. Core interessions are required of all students. There are two core interessions in the first interession period, which are Maximizing Health Outcomes in Diverse Populations and Epidemiology/Biostatistics. During the second interession period, the core interession will be Preparation for USMLE Step 1.
2. Foundation interessions are meant to be both a review of ECE necessary science/clinical skills topics as well as a preview of what students will need to know in the MCE. The necessary science topics are presented in pairs, and students will have the opportunity to sign up for all five pairs should they desire to do so.
3. Students may also choose among several specialized interessions, which include topics such as bioethics, medical humanities, current topics in microbiology, nutrition and health, management of chronic pain, as well as several other topics.
 - a. Students will be given a menu of the various options and their descriptions during fall term, and asked to sign up for their choices by the beginning of spring term.

Attendance in the Shared Discovery Curriculum

Timely attendance at all scheduled activities (clinic, post clinic groups, rotational groups, simulations, labs, large group sessions) is expected. Absences should be extremely unusual. Any anticipated absences from clinic, post clinic/rotational groups, or simulation should be communicated to the designated leaders and curricular assistants for these experiences (see table). Emergent/urgent absences should have follow up communication at the earliest reasonable time. Students who are absent for any reason are responsible for attaining the knowledge and skills covered in the sessions.

Recurrent or significant absence or tardiness, unpreparedness or instances of other types of unprofessional behavior not otherwise reported using the multisource assessments should be reported to the Office of Assessment. The Office of Assessment will communicate concerns to the appropriate Academy Faculty and students (and may result in a no pass grade).

Equipment and Materials

Medical students must have the use of a variety of equipment and materials to allow them to successfully engage in the curriculum and meet performance expectations. These include but are not limited to: a personal computing device (e.g. laptop, desktop computer, notebook computer, smart phone); motorized transportation; portable medical equipment (e.g. stethoscope, reflex hammer, ophthalmoscope, otoscope, blood pressure cuff, tuning fork, reflex hammer, near vision test card) and gloves for use in anatomy lab. Lists of required portable medical equipment will be provided to each entering medical student.

The Academy

The Learning Societies

Learning societies are intentional groups of faculty and students engaged in learning from one another. Though relatively recent in undergraduate medical education, they have been part of higher education for over 30 years. Over half of U.S. medical schools have already established learning societies. Learning societies promote active, student-centered learning, and provide a natural model for integrated interdisciplinary education. Proponents report better student outcomes in terms of academic, social and personal metrics. The rationale is that through intentional small groups, long-term relationships between faculty and students are possible; these relationships can be used to:

- Facilitate learning
- Establish mentoring and coaching
- Enhance role-modeling
- Maintain educational continuity for medical students and faculty

In the CHM model, learning societies represent a unifying and longitudinal infrastructure for medical student education in the Shared Discovery Curriculum. The learning societies will support learning, both formally (through discussions, small group instruction and problem-based learning), and informally (through debriefing of clinical experiences, coaching and role modeling).

The CHM class is divided into four learning societies: Jane Addams, John Dewey, Justin Morrill and Daniel Hale Williams. Each learning society has a dedicated group of faculty from the clinical, basic and social sciences supporting their education. The learning societies are cross-campus organizations: the same learning societies exist in East Lansing and Grand Rapids.

Within each learning society, medical students are divided into smaller scholar groups of approximately eight students. Each scholar group has a physician faculty member as a small group leader—their faculty fellow. The faculty fellow takes primary responsibility for facilitating post-clinic groups and will also meet with students individually several times each semester to review their progress as documented in the student portfolio, to coach students for skill enhancement and develop individualized learning plans, as well as to provide mentoring and support.

Additional clinical, social and basic science faculty within the learning society form a team of faculty fellows who also participate in the instruction and support of medical students.

Frequently more than one learning society fellow will be present in the post-clinic groups to participate in the facilitation and discussions.

Post Clinic Groups (PCG)

During the first phase of the curriculum—the Early Clinical Experience (ECE)—students meet in their small Post Clinic Groups twice a week for two hours- scheduled after their previous clinic experiences. The weekly agenda for the post-clinic groups is structured to provide an opportunity for students to debrief about their experiences in their clinic settings and for the student groups to work through relevant basic, social and clinical science using a modified problem-based learning approach. Each week, students will be directed to specific curricular resources that they will need to prepare for their modified problem-based learning experience in the post-clinic groups. The fellow facilitating their small group will act as a guide through the modified problem-based learning content, but is not expected to be a content expert.

Post-Clinic Group Expectations: Group meeting time is the cornerstone of the educational process in the post-clinic groups and group attendance is expected. All groups must meet at the assigned time and in the assigned room, unless the fellow requests a change for a compelling reason. Students are expected to be on time, prepared, and ready to work. All members of the small group are expected to be active participants in their small groups for both the clinic debriefing and the modified problem-based learning sessions. The modified problem-based learning process is a discussion-based process and is critical to learning and understanding clinical reasoning as well as the necessary science underlying a patient's experience. Students should use the whiteboard or an electronic "board" in order to illustrate the relationships between events and concepts visually for all group members.

Role of the learning society fellow: Your fellows are experienced educators who have been trained in the process of facilitating group discussion. The fellow has two primary tasks during any PCG encounter: 1) facilitate a debriefing of students' recent clinic experiences and 2) guide students through the modified problem-based learning sessions. Overall, the fellow's primary task is to maximize the group's efficiency and productivity. The primary responsibility for contributing ideas to the group discussion rests with the students, not with the fellow. The group should see itself as being student-centered rather than fellow-centered. With time, student members of the group will find themselves talking to each other, rather than to the fellow. The fellow will work to keep the group focused.

From time to time a few minutes will be set aside to review the "group's performance." This debriefing should address how you are doing as a group and as individuals (students and fellows). Be honest, recognize problems that exist, and cooperate to find solutions. Remember, your group will spend a long time together.

The fellow is NOT there as an expert teacher or lecturer. The fellow will be there as guide or advisor, but the students are the center of the activity. The fellow and each student will be evaluating the performance of each group member as part of the multisource feedback

process. The goal of the fellow in this area will be to help each of you improve your work with the group and with the modified problem-based learning.

Reason for modified Problem-Based Learning (mPBL): Problem-based learning has been a common method of medical school instruction for many years. Its strategy allows for student-centered learning and the development of life-long learners. In true PBLs the faculty provides minimal if any didactics and instead is only a facilitator. In the Shared Discovery Curriculum, students will need early additional guidance and didactics from the fellow in order to navigate the new material in the PCGs and thus will be taught with an mPBL strategy. Each modified problem-based learning session is organized around one or more patient cases. Learning society fellows facilitate the discussion of the case content, which is designed to help the group elucidate the necessary (basic, social and clinical) science behind the patients' illnesses. The organization of the modified problem-based learning sessions is designed to mirror the clinical reasoning process of practicing physicians, to help students begin to practice "thinking like a doc." With practice, this process will quickly become automatic to the group.

Basic Rules of Group Process: Certain rules govern the conduct of students within the post-clinic groups.

- All students should be given the opportunity to and be encouraged to participate.
- No student should be interrupted by another student and only one person should be speaking at a time.
- All ideas presented in the group should be received with respect by group members; no idea or question should be seen as inappropriate or too basic.
- The process of learning in small groups invariably means that there will be disagreement. However, disagreement should invoke mature and reasoned discussions of the issues consistent with the goals of the Shared Discovery Curriculum.
- All students should meet the group's expectations regarding preparation for meetings, attendance and punctuality.

Attendance Expectations

As mentioned before, attendance in PCGs is expected and routine tardiness or absences may result in a no pass grade. If there is an event or emergency that requires a student to be absent from her/his post-clinic group, the student needs to follow the steps of notification, detailed elsewhere in this guidebook. In the interests of maintaining the dynamics and learning process of all post-clinic groups and to avoid disruption of ongoing small group work, students must attend only their assigned post-clinic group and may not substitute groups. If a student chooses to miss a PCG session, it is his/her responsibility to learn the material that was covered in that session.

Advising/Coaching/Mentoring (Meetings with Learning Society Fellows)

Twice each semester, students are expected to meet with a learning society fellow to review their academic progress and develop or update an individualized learning plan that specifies knowledge, skill or attitude enhancement goals for the student. This meeting is a time that

students can seek out coaching for specific areas of enhancement or mentoring around more general educational and career goals.

Students also meet once each semester with a learning society fellow to review their portfolio, which is a summary of their academic accomplishments. The meeting provides additional opportunities for fellows to support, coach and mentor students as they assemble a portfolio of evidence of their accomplishments and competencies. During these meetings, fellows might also make referrals, recommending the student access other CHM or MSU resources as appropriate to support and enhance students' academic success.

What do I do if I am concerned about my learning society fellow or the way that my group is functioning?

Students who have group concerns should try to work them out initially in the group if possible. However, sometimes this cannot be done comfortably or is not feasible. Under these circumstances, it is important to contact the Chief for your learning society as soon as possible so that intervention to improve the situation can occur. If your concern is with the learning society chief, you should contact the Director of the CHM Academy. The administration takes student concerns very seriously and will attempt to resolve group problems quickly. Not all groups will function optimally all the time, but it is important that administrators find out about problems in a timely fashion so that they can be promptly addressed.

Does our post-clinic group and fellow remain together for the entire year?

You and the students in your small group will be meeting in post-clinic groups with your fellows twice per week during the Early Clinical Experience (ECE) and once per week during the Middle Clinical Experience (MCE). You will stay together as a scholar group throughout the ECE and MCE.

Academic Achievement

Overview of Services

The College of Human Medicine Academic Achievement Department offers a variety of structured learning activities to assist students in reaching their educational goals. These interactive learning activities allow students an opportunity to use study strategies and techniques in order to realize their learning potential.

We believe in a *Holistic Approach* to working with students. We consider all factors in assisting students such as undergraduate degree /master's degree; MCAT; grade point average; high school attended and any other available information. We encourage students to develop a weekly schedule that enables them to get enough sleep, exercise, eat well, etc. We have learned that living a well-balanced life is a vital part of a student's success in medical school.

Assessment is an essential part of the services provided by Academic Achievement. Assessment consists of the evaluation of learning skills through formal assessment tools, inventories, and other informal instruments. Entering students are asked to take the *LASSI (Learning and Study Skills Inventory)* and the Watson Glaser Critical Thinking Assessment prior to Orientation. Both assessments are given via the web. The inventories help students determine their strengths and potential areas for improvement. We will review the results with individual students, upon request, and provide advice on how to get the most out of your educational abilities.

Skill Enhancement is a key component to success in medical school and the foundation to lifelong learning. We construct and present programming for skill enhancement that includes: study skills, critical thinking/problem solving, test taking, time management, note taking, effective study techniques, key word diagrams, and Socratic questioning technique.

The East Lansing students should contact should contact Mrs. Wrenetta Green, Director of Academic Support Services, in A112 Clinical Center, 517-884-1849, greenwr@msu.edu, and Grand Rapids students should contact Mr. Renoulte Allen, Assistant Director of Academic Support, Renoulte.Allen@hc.msu.edu in room 371 Secchia Center, 616-234-2624.

Description of Services

These learning activities were created from the premise Jean Piaget holds that learning is not the same as making a mental copy of something; "To learn, one must interact with the material or act upon it. Students explaining the material to each other is a way of manipulating it, a way of knowing it." This corresponds to the concept of "elaboration" of content.

Tutoring: is available on an individual or small group basis. Any student may request a tutor. Students should approach the tutor with questions about material in the requested readings or to clarify understanding of any of the necessary science areas i.e. anatomy, biochemistry, microbiology etc.

Clinical Skills Coaching: This is available on an individual or small group basis. A student requesting clinical skills coaching will specify the area(s) of difficulty to be addressed: These would include:

- a. Interactional Skills
- b. Hypothesis- Driven History Gathering
- c. Hypothesis-Driven Physical Examination
- d. Counseling Skills
- e. Safety Behaviors
- f. Clinical Reasoning
- g. Application of Necessary Science

Approach to Questions Sessions (AQS) are organized to help students to learn a process on how to approach USMLE Step 1 Licensure Exam type questions. The questions used to drive the sessions will come from the USMLE QBank and we will align those questions closely with the Chief Complaints and Concerns learning objectives covered during the week. The goal of the sessions is to become efficient with the “Anatomy of a Question” concepts which are:

- a. Presentation
- b. Mechanism
- c. Course/Complications
- d. Treatment

(note: Adapted from the Step 1 Method @www.step1method.com)

Learning this approach to questions will not only assist you with USMLE Step 1 Licensure Exam questions but will assist you in approaching the Comprehensive Necessary Science Examination (CNSE) portion of the Progress Assessments as well.

USMLE Step 1 Preparation: Preparing for the USMLE Step 1 Licensure Exam is not a singular process but something that you will be preparing for on a regular basis as you immerse yourself in the Shared Discovery Curriculum. One of the ways that will assist you will be notating your First Aid text at the beginning of the Middle Clinical Experience (MCE). As you learn about different systems and concepts you input additional information into First Aid. Once you enter your Intensive Study Period after you have completed the MCE, this will serve as a central text for you to use as a reference as you begin your review for the USMLE Step 1 Licensure Exam.

During your Middle Clinical Experience, you will purchase a USMLE QBank and begin to do questions weekly, coordinated with Chief Complaints and Concerns weekly objectives. We will continue the Approach to Questions Sessions (AQS) with increased depth. You will be

challenged to look at each USMLE Qbank question and be able to address the presentation, mechanism, course/complication, and treatment. This approach will allow you to integrate more of your knowledge giving you more of a 360-degree approach to looking at clinical cases.

How to be Successful in the CHM Shared Discovery Curriculum

Students need to clearly be aware of all facets of medical school and adequately understand their roles and responsibilities. An important key to success is **organization**. You are not merely a medical student. In order to be successful you must maintain a balanced life. You must have time to study, exercise, eat well, and do all the things that are necessary (i.e. laundry, run errands, grocery shop, etc.). Sleep is important so plan to get the amount of sleep you need regularly. We encourage you to organize your study.

You must set **goals**. Your primary goal is to do well in medical school and make steady progress toward course and graduation requirements.

It is extremely important that you are able to determine how, when and where to study. It is helpful that you **maintain a weekly schedule**. You must study independently for 60-80 hours a week. Determine how much time you need to spend working on a task that must be completed and be consistent. You must determine which strategies and techniques will help process the material to be learned. As you read take notes, make charts, etc. Use techniques for condensing important information and select the techniques appropriate to the content.

You must learn to **navigate the material**. Scrutinize the resources at your disposal and determine the best way to use them. Come to each educational experience prepared and ready to participate. Specify. Enumerate. Draw diagrams. Determine material to be learned from textbooks through the use of cues that identify the relative importance of information, including summaries, tables, graphics, etc.

Being prepared for each session allows you to reap maximal understanding of what has been programmed into each session. Resist the temptation to procrastinate. Once you are behind it is will be difficult to catch up. Cramming is not an effective learning method and the Shared Discovery Curriculum's Progress Testing strategy has been designed to enable you to engage with the material week by week instead of cramming for frequent tests.

It is important that you process the information as you go. Evidence tells us that highlighting and re-reading are not helpful, but that interactive exercises such as quizzing each other or explaining things to each other, improve learning. Working with a study partner or in small study groups may be beneficial. "Learning is not the same as making a mental copy of something. To learn one must interact with the material or act upon it. Students explaining the material to each other is a way of manipulating it, a way of knowing it." *Jean Piaget*

In summary, we suggest these behaviors will help you to reach your learning potential:

Organization
Self-assessment

BE PREPARED

Set goals

Maintain a weekly schedule.

Actively engage with the material and make connections as it relates to clinical practice

Navigate the material

Do not procrastinate.

Learning Skills Checklist

In order for students to reach their full learning potential in medical school, they must take an organized approach to life. They must learn to manage time efficiently and effectively.

Organizing Your Study Create a weekly schedule. It is essential you write it out.

- Insert required activities, specific time to run errands, exercise other essential,
- Get enough sleep-- if you need eight hours, get eight hours
- Use realistic goals for setting aside time for task
- Allow flexibility
- Avoid scheduling marathon study sessions
- Set clear starting and stopping times

Learn how to set and use goals to accomplish task

- Set a plan-planning each day and week
- You can change the plan
- Choose how to achieve the plan
- Planning frees you from constant decision making
- Planning makes adjustments easier
- Plan ahead for exams, papers, meetings, etc

Maintain Balance for Effective Study

- Determine study method that best ensures efficient learning and long term memory
- Use effective approach to study
- Study difficult (or boring) subjects first, be aware of your best time of day.
- Where to study; use a regular study area, study where you will be alert.
- Eliminate distractions, i.e. turn off your phone, set designated times to check and respond to messages, be on social media, etc
- Agree with living mates, spouses and /or significant other, about study time.
- Do NOT procrastinate

Processing Information

- Implement an active study approach in a time efficient manner
- Use strategies and techniques to process information
- Get involved in the process using charts, Concept Maps, Summaries you create
- Be able identify critical information
- Learn effective techniques for reviewing information

Effective note taking consist of three parts: Observe, Record, Review

- Complete reading assignments and bring the right materials
- Conduct a short preview; clarify intentions; Be mentally present while studying
- Watch for clues -- alert to repetition; highlight obvious clues;
- Notice level of instruction
- Postpone debate let go of judgments while learning the material

Record Note taking process:

- Cornell format
- Create mind maps
- Write notes in outline form
- Use key words
- Use pictures and diagrams
- Use both sides of a sheet of paper
- Use three by five cards
- Keep your own thoughts separate
- Identify areas for further clarification
- Label, number, and date all notes
- Use standard abbreviations
- Use blank spaces
- Use complete sentences when material s important
- Take notes in or highlight important facts in different colors

Review (weekly)

- Edit notes
- Fill in key words
- Use words as cues to recite
- Create summaries of notes, charts, etc.

Test taking

What do you do before the test?

- Manage reviews: weekly review, major reviews
- Create review materials: study checklist, mind map summary sheets, flash cards

Note: The reviews and materials are things you will need to build into your schedule using the weekly C3 objectives as your guide. Making sure you review your notes regularly will assist you in remembering topics that you had learned previously, so your progress exam results will be an accurate reflection of what you have learned.

What do you do during the test?

- Good preparation helps anxiety
- Pace your self

Note: Do not obsess over questions that you do not know the answer to. Please make your best guess and move on. You will want to make sure you have time to answer all the questions that you can in the time specified.

- Do not change answers unless there is information that you overlooked that is pertinent to the question that is being asked of you.

Cooperative Learning

- Be more actively involved in your learning.
- Positive interdependence in working with others.
- Maintain connection between information already learned and new information
- Use the needed leadership, decision making, trust building and communication skills when interacting with your peers in formal or informal group settings.

Assessment and Promotion

Extensive information about performance expectations, course grades, promotion within the curriculum, appeal and grievance procedures are available within the Student Manual for Assessment and Promotion (MAP) (add link when available). To minimize confusion, detail is not reproduced here. Some key points:

- Students' promotion within the Shared Discovery Curriculum is based upon attainment of the knowledge, skills, and behaviors, described by the SCRIPT framework and C3 documents and assessed through the Progress Suite of Assessments.
- The Progress Suite uses multiple modes of assessment that are aligned with the types and depth of assessments physicians experience in graduate medical education and throughout their careers.
- Students' ability to develop insightful, achievable Individual Learning Plans and End of Semester Self Assessments is critical for ongoing success in this adult learning environment.
- College courses are graded No Grade/Conditional Pass/Pass. Grade criteria by course, and the process for grade assignment, is described in the MAP. Departmental courses (e.g. Family Medicine, Surgery, etc) are graded No Grade/Conditional Pass/Pass/Honors. Grade criteria are described in the course handbooks. From time to time, students may experience interruptions of their curriculum. The overarching goal is for students to continue to progress through the curriculum whenever feasible, using intersessions, vacations, or other opportunities to make up missed experiences.
- A student receiving a total of 12 cumulative credits of N or CP/N is suspended pending dismissal from the medical school. (For reference, HM 552-556 are worth 16 credits each, HM 651-655 2 credits each, and departmental courses 6 credits per 4-week assignment.) Additional information is available under College and University Policies and within the MAP.

Grade Appeals for College Courses

A student may appeal a grade to the Instructor of Record within ten class days of grade notification. Below is a suggested format for such letters. The subsequent appeals process is described fully within the MAP.

GRADE APPEAL LETTER

Date

Instructor of Record (refer to Who's Who table for names)

cc: Curriculum Assistant for Course

re: Grade Appeal for (course number, semester and academic year)

Dear Dr. __,

I write to formally appeal my grade in (course number, semester and academic year). I ask for reconsideration of the grade based on the following:

[Include bulleted list and description of particular areas or assessment items that you feel did not receive their full potential credit towards the grade decision. While extenuating circumstances may be included, the focus of the appeals process is on the evidence supporting your attainment of the SCRIPT competencies for that semester.]

I look forward to your response.

Yours truly,

Name

Contact information

Semester Course Structure and Syllabi

SCRIPT Competency Goals by Course

Each semester comprises one college course. The charts below detail the competencies students are expected to demonstrate by the end of each semester course. For full details about each semester course, consult the Course Syllabi.

| HM 552: ECE content | | | | | |
|---|---|--|--|---|--|
| Service | Care of Patients | Rationality | Integration | Professionalism | Transformation |
| <p>Freely accepts a commitment to service</p> <p>Has not identified service project yet</p> <p>Does not articulate what community need will be addressed as part of project</p> <p>Has not yet developed goals or outlined plan for project</p> | <p>Acknowledges the vulnerability of patients and their families</p> <p>Avoids bias regarding any protected characteristic (e.g. sex, gender, race or sexual orientation) in interactions</p> <p>Identifies personal assumptions about others</p> <p>Demonstrates kindness and compassion in uncomplicated situations and/or with people from similar backgrounds routinely</p> | <p>Identifies areas for personal growth based on feedback and self-reflection, but does not develop a individual learning plan independently.</p> <p>Admits when s/he does not know the answer to a question</p> <p>Self corrects if provides misinformation in academic work</p> <p>Accepts feedback from preceptors and peers when offered</p> <p>Attempts to modify behavior based on</p> | <p>Consistently demonstrates basic behaviors that contribute to a culture of safety (e.g. use of hand hygiene, universal precautions, surgical time outs)</p> <p>Articulates the World Health Organization’s definition of health</p> <p>Describes limited examples of social systems’ impact on health and healthcare</p> <p>Identifies health insurance as the greatest predictor of</p> | <p>Is prompt</p> <p>Demonstrates honesty and integrity</p> <p>Generally completes assignments and individual learning plans in a timely fashion</p> <p>Accepts feedback from preceptors and peers when offered</p> <p>Attempts to modify behavior based on feedback</p> <p>Comes prepared for team/group activities</p> <p>Identifies personal knowledge, skills and attitudes pertinent to situation</p> | <p>Identifies opportunities to teach and learn from others outside the formal curriculum</p> <p>Actively engages in small group educational sessions</p> |

| | | | | | |
|--|--|----------|----------------|--|--|
| | | feedback | access to care | <p>Seeks to partner with other team members to accomplish goals</p> <p>Treats group/team members fairly and consistently</p> <p>Avoids assuming responsibility beyond personal level of competence</p> <p>Interacts respectfully, based on generally accepted US norms, with others</p> <p>Recognizes and responds to unexpected reactions to generally accepted behavior</p> <p>Puts patient needs first</p> <p>Demonstrates ownership for assigned tasks</p> <p>Articulates desire to participate in systems of care for the betterment of patients and the greater public</p> | |
|--|--|----------|----------------|--|--|

HM 553: ECE and Interession content

| Service | Care of Patients | Rationality | Integration | Professionalism | Transformation |
|--|--|---|--|---|---|
| <p>Describes actions, without reflection, as part of reflective service log</p> <p>Struggles to articulate personal assumptions, biases, values, or perspectives</p> <p>Demonstrates basic understanding of relationship between social issues and medicine/health</p> | <p>Obtains history using a rubric, without tailoring approach to the situation</p> <p>Able to perform basic components of physical exam with good technique (e.g. vital signs)</p> <p>Correlates surface anatomy with basic portions of physical exam</p> <p>Recognizes patient values when they are offered spontaneously</p> <p>Inconsistently makes connections between values and health seeking behavior</p> <p>Respects patients' rights to control access to personal information about their lives and health by</p> | <p>Reflects accurately on the adequacy of personal knowledge and skill development</p> <p>Identifies and begins to address personal limitations and barriers to learning and growth</p> <p>Develops an individual learning plans with support and guidance</p> <p>Takes responsibility for learning in group settings</p> <p>Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others</p> <p>Seeks support from coach/mentor and incorporates suggestions</p> <p>Reflects with colleagues on the success of group work</p> <p>Demonstrates rudimentary understanding of evidence based medicine</p> | <p>Describes skills of other members of the health care team in general terms</p> <p>Interacts respectfully with everyone participating in educational or patient care structure</p> <p>Values the dignity of every human being</p> <p>Respects the personal and sexual boundaries of others</p> | <p>Actively but inconsistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others</p> <p>Seeks support from coach/mentor and incorporates suggestions</p> <p>Reflects with colleagues on the success of group work</p> <p>Routinely completes assignments and individual learning plans in a timely fashion</p> | <p>Articulates basic concepts of basic science and social science</p> <p>Applies clinical and systems knowledge commensurate with providing care for patients at the level of a medical assistant with direct supervision</p> <p>Reflects on role of collaborative learning and practice within individual learning plan</p> <p>Educates patients about their health with mixed success</p> <p>Seeks assistance from peers and more senior colleagues to optimize individual growth</p> |

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|--|---|--|--|--|--|
| | disclosing information only to those who are directly involved in the care of the patient | Retrieves information only from secondary/mediated resources (e.g. textbooks) Describes the difference between expert opinion and higher levels of evidence | | | |
|--|---|--|--|--|--|

| HM 554: Intersession and MCE content | | | | |
|--|---|---|--|--|
| Care of Patients | Rationality | Integration | Professionalism | Transformation |
| Identifies patients with obvious medical emergencies (e.g. anaphylaxis) and activates emergency response system | Develops ongoing individual learning plans with minimal support or guidance, and acts accordingly | Describes in very general terms the costs associated with various diagnostic and/or treatment plan options | Completes all assignments and individual learning plans in a timely fashion | Inconsistently integrates concepts of basic science and social science with simulated and real patient care. |
| Does not make meaningful connections among data | Sets aside time and energy for personal wellness, relationships with friends and family | Describes general information about access and barriers to care | Seeks additional experiences to support development of competence and/or mastery | Applies clinical and systems knowledge commensurate with providing care for patients with single or common, uncomplicated conditions with direct supervision |
| Constructs a problem list but may be basic and/or un-prioritized | Strives consistently for mastery | Describes how social factors affect the health and well-being of individuals and communities in the abstract | | Routinely incorporates collaborative learning and practice into individual learning plan |
| Proposes minimal differential diagnoses Implements a strategy for identifying potential diagnostic and screening tests, with variable success | | Describes social and economic influences on health seeking behavior, access to care, and outcomes of care in the abstract | | Educates patients about their health and the health care system using lay terms and generally accepted strategies |
| Unable to identify when common procedures are indicated | | | | Mentors or assists peers and trainees |
| Able to enter basic data (e.g. chief complaint and vital signs) into medical record | | | | |
| Only records data that | | | | |

| | | | | |
|---|--|--|--|---|
| <p>have been personally elicited or observed, unless functioning formally as a scribe</p> <p>Uses generally accepted formats for patient-related written and oral communication but without sophistication (e.g. disorganized, important information omitted, unimportant or misleading information included, read presentation directly from written notes)</p> <p>Doesn't articulate clinical reasoning</p> <p>Performs handovers for patients for medical assistant-level data (e.g. chief complaint, vital signs, medication reconciliation)</p> <p>Able to enter basic data (e.g. chief complaint and vital signs) into medical record</p> <p>Only records data that have been personally elicited or observed, unless functioning formally as a scribe</p> <p>Uses generally accepted formats for patient-related written and oral communication but without sophistication (e.g. disorganized, important information omitted, unimportant or misleading information included, read presentation directly from written notes)</p> <p>Doesn't articulate</p> | | | | <p>with goal of optimizing individual growth and team performance</p> |
|---|--|--|--|---|

| | | | | |
|--|--|--|--|--|
| <p>clinical reasoning</p> <p>Performs handovers for patients for medical assistant-level</p> <p>Identifies strategies to counsel and educate patients and their families</p> <p>Attempts to counsel or educate patients and their families, but without tailoring messages to the contexts</p> | | | | |
|--|--|--|--|--|

| HM 555: MCE content | | | |
|---|---|--|---|
| Rationality | Integration | Professionalism | Transformation |
| <p>Uses mediated or unmediated primary and secondary sources to access information</p> <p>Demonstrates knowledge of the appropriate application, content, and limitations of available information resources and tools</p> <p>Formulates clinical questions with assistance</p> <p>Performs medical literature searches without sophistication</p> <p>Appraises the quality of research studies broadly</p> | <p>Identifies the skills of other team members, and applicability of those skills to current circumstances</p> <p>Demonstrates humility in interactions with others</p> <p>Values the role of every person in the health care system</p> <p>Demonstrates a commitment to resolve conflict in a collegial manner</p> <p>Seeks knowledge about different types of medical practice and delivery systems</p> | <p>Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others</p> <p>Incorporates feedback into every day performance</p> <p>Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues</p> | <p>Articulates appreciation for scholarly inquiry</p> <p>Demonstrates knowledge of the basic tenets of research ethics</p> <p>Takes credit in publication only for work actually performed.</p> |

| HM 556: MCE and Intersession content |
|---|
| Service |
| <p>Has begun service project</p> <p>Identifies social factors that threaten the health of individuals and communities</p> <p>Discusses how project responds to community need while utilizing personal skills and expertise</p> <p>Describes goals of project and can outline a reasonable plan for community engagement</p> <p>Describes actions and includes a developing understanding of the population served in reflective service log</p> <p>Shows understanding of personal assumptions, biases, values, perspectives (world view)</p> <p>Articulates relationship between social issues and medicine /health</p> <p>Experiments with approaches to reflective practice</p> <p>Communicates consciousness of personal responsibility to respond to community, national, and global needs and issues</p> |

| HM 651 ASK I: LCE content | | | |
|--|--|---|---|
| Care of Patients | Rationality | Integration | Professionalism |
| <p>Recognizes a patient requiring urgent care (e.g. symptomatic hypotension, prolonged third stage of labor) and seeks help immediately</p> <p>Compares, contrasts, and recommends common diagnostic and screening tests</p> <p>Constructs relevant problem lists with reasonable differential diagnoses for uncomplicated scenarios</p> <p>Suggests reasonable management plans for common or uncomplicated problems, including use of common procedures</p> <p>Performs common procedures (see separate list) with varying levels of supervision</p> | <p>Actively and consistently seeks feedback from preceptors and peers on personal knowledge, skills, attitudes, and effects of behavior on others</p> <p>Incorporates feedback into every day performance</p> <p>Demonstrate a willingness and ability to identify, discuss, and/or confront both own problematic behaviors and those involving colleagues</p> | <p>Considers cost-effectiveness when determining care plans</p> <p>Assesses access and barriers to care for individual patients</p> <p>Asks questions about ethics, access, cost, benefit, and rationing</p> <p>Expresses appreciation for contributions of all team members</p> <p>Shows sensitivity to the needs, feelings, and wishes of health team members</p> <p>Demonstrates use of advanced behaviors that contribute to a culture of safety (e.g. closed-loop communication,</p> | <p>Clarifies group/team needs and goals</p> <p>Cooperates and collaborates with others</p> <p>Notifies others, in advance whenever possible, when unavoidable absence or tardiness occurs</p> <p>Takes responsibility for learning in a group setting</p> <p>Discusses impact of cultural diversity on those behaviors which are perceived as respectful</p> <p>Adapts interactions to show respect for</p> |

| | | | |
|--|--|---|---|
| <p>Elicits patients' emotions and values using patient-centered interviewing techniques</p> <p>Forms hypotheses about how emotions and values influence health seeking behaviors, without reflecting these in assessments or plans</p> <p>Seeks to engage patients in shared decision making</p> <p>Uses accepted strategies to counsel and educate patients and their families in uncomplicated situations</p> <p>Assesses suitability of patient education materials (e.g. language proficiency, health literacy)</p> <p>Articulates possible concerns of patients and responds to them with empathy</p> <p>Obtains informed consent for tests and/or procedures with minimal risk (e.g. routine blood draw)</p> | | <p>speaking up, structured handovers)</p> <p>Participates in institutional safety activities when available (e.g. safety huddles)</p> <p>Demonstrates knowledge of differing types of medical practice and delivery systems</p> | <p>people from other cultural backgrounds, with mixed success</p> |
|--|--|---|---|

| HM 652 ASK II: LCE content | |
|--|---|
| Rationality | Transformation |
| <p>Formulates clinical questions independently</p> <p>Regularly uses high quality mediated or unmediated primary and secondary resources to access information</p> <p>Performs focused and systematic literature searches using a variety of search techniques</p> <p>Appraises the validity and applicability of research studies to individual patients</p> <p>Uses evidence to support clinical decision making</p> | <p>Identifies clinical question(s) that can be developed into research study(ies) or other scholarly projects</p> |

| HM 653 ASK III: LCE content | | | | | |
|-----------------------------|------------------|-------------|-------------|-----------------|----------------|
| Service | Care of Patients | Rationality | Integration | Professionalism | Transformation |
| No new end competencies | | | | | |

| HM 654 ASK IV: LCE content | | | |
|---|---|--|--|
| Care of Patients | Integration | Professionalism | Transformation |
| Identifies, articulates, and responds to the fear, suffering, and hopes of others | Describes health policy implications related to cost and access | Is available and responsive when "on call" | Participates in design and/or implementation of a research project <u>or</u> completes another form of scholarly project |
| Continuously questions personal assumptions about others | Routinely incorporates evidence on cost-effective care and access issues into plans | Demonstrates sense of responsibility for care and outcomes of assigned patients | |
| Strives to embrace cultural and lifestyle differences among people | Collaborates with other health professionals to address barriers to care for patients | Identifies and contributes to systems for quality and safety | Assures that personally collected research data are recorded fully and accurately |
| Demonstrates kindness and compassion in complicated situations and with people from diverse backgrounds | Describes the role of ethics in the development of patient care plans, particularly around access, cost, benefit, and rationing | Seeks additional information about legal, policy and ethical expectations for physicians | |
| Performs a patient-centered interview ¹ | Advocates for the best possible care regardless of ability to pay | Contributes to a positive learning and health care delivery environment | |
| Begins to use hypothesis-driven ² , doctor-centered ³ questioning | | | |
| Correctly interprets physical exam findings | | | |
| Performs a complete physical exam using a standardized approach, without attempt to tailor to patient circumstances | | | |
| Able to enter and retrieve data using paper and electronic medical records routinely | | | |
| Verifies information obtained from secondary sources | | | |
| Communicates information in a hypothesis-driven fashion, with occasional flaws or lack of fluidity | | | |
| Answers questions openly and accurately; acknowledges when uncertainty exists | | | |
| Creates prescriptions or orders with only minor deviations from accepted formats | | | |
| Performs handovers for patients with straightforward problems or limited data | | | |

HM 655 ASK V: LCE content

| Service | Care of Patients | Integration | Professionalism | Transformation |
|--|--|---|---|---|
| <p>Completes 40 hours of participation in an approved service project</p> <p>Proactively addresses social factors that adversely affect the health of individuals and communities</p> <p>Describes implementation of service project and its effect on the targeted community</p> <p>Describes action, reflects on needs and unique characteristics of the population served, and incorporates reflection on personal growth and understanding of needs of the community</p> <p>Discusses how world view</p> | <p>Articulates and embraces differences among people</p> <p>Demonstrates awareness of how interpersonal differences affect interactions</p> <p>Demonstrates kindness and compassion even in challenging circumstances (e.g. in situations which evoke high levels of emotion)</p> <p>Performs a hypothesis-driven interview that integrates patient- and doctor-centered questioning</p> <p>Assesses impact of disease on patient/family and of patient/family on disease</p> <p>Performs a hypothesis-driven physical exam with appropriate emphasis on systems related to the patient's chief complaint(s)</p> <p>Initiates assessment and management for patients in urgent and emergent situations</p> | <p>Identifies and reports system failures</p> <p>Contributes to a culture of safety and improvement through role modeling and mentoring</p> <p>Describes the implications of different types of medical practice and delivery systems for controlling health care allocation and cost</p> <p>Frames individuals' health within a biopsychosocial model</p> <p>Accounts for social and economic influences when discussing approaches to population health</p> | <p>Articulates possible concerns, provides feedback, and responds with empathy</p> <p>Negotiates expectations and roles as needed</p> <p>Transitions between team member and leader roles readily</p> <p>Uses verbal and nonverbal communication that demonstrates respect for individuals from different cultures, across settings, and in challenging circumstances</p> <p>Identifies provider and patient needs around transitions of care</p> <p>Participates in quality improvement activities</p> <p>Advocates for high quality, cost effective care</p> <p>Complies with ethical and legal standards, including public health regulations</p> <p>Creates and</p> | <p>Consistently integrates concepts of basic science and social science with simulated and real patient care.</p> <p>Applies clinical and systems knowledge commensurate with providing care for patients with single or common, uncomplicated conditions with indirect supervision</p> |

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| <p>may have changed as result of service participation</p> <p>Communicate s approach to reflective practice</p> | <p>Initiates assessment and management for patients in urgent and emergent situations</p> <p>Interprets common diagnostic and screening tests</p> <p>Constructs relevant, prioritized problem lists</p> <p>Constructs complete differential diagnoses informed by available data</p> <p>Determines appropriate management plan, applying concepts of evidence based medicine and cost effective care for common problems</p> <p>Performs common procedures with skill commensurate with indirect supervision</p> <p>Discusses controversies, concerns, and complexities of patient presentation</p> <p>Frames the context of illness within a biopsychosocial model</p> <p>Verifies how patients' values influence health seeking behaviors</p> | | <p>maintains a positive learning and health care delivery environment</p> <p>Copes with challenges, conflicts, and ambiguities</p> <p>Seeks to assist colleagues in dealing with the challenges of professional work</p> <p>Reports observed instances of dishonesty to appropriate authorities, regardless of their relationship to the subject of the report</p> | |
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| | <p>Incorporates shared decision making into assessments and plans</p> <p>Respects patients' autonomy and privacy</p> <p>Involves family members, spiritual advisors, or professionals from other fields based on patient wishes</p> <p>Provides written notes and oral presentations that are clear, concise, hypothesis driven and complete</p> <p>Uses written and oral communication to effectively partner with other health care professionals</p> <p>Enters and discusses orders and prescriptions using accepted formats</p> <p>Gives and receives patient handovers to transition care responsibly</p> <p>Gives "bad news" in an honest, understanding, and empathic manner</p> <p>Uses accepted strategies to counsel and educate patients and their families in complicated</p> | | | |
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| | situations Obtains informed consent for tests and/or procedures of low risk (e.g. stress test, nasogastric tube) | | | |
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Weekly Educational Modalities

Preparatory Learning Materials and Expectations

A major educational framework of the CHM Shared Discovery Curriculum involves deployment of the "flipped-classroom". This necessitates that adult learners come prepared by reviewing prerequisite content so that they may apply and synthesize knowledge when interacting with other students and faculty in the Large Group Sessions, Post Clinic Groups, Biomedical Science Labs and in Clinical Simulation. Multidisciplinary Preparatory Learning content is comprised of weekly learning objectives, extramural content, content developed by MSU faculty and quizzes which provide an opportunity to confirm your understanding. These materials need to be covered prior to educational sessions in which faculty and students directly interact.

Large Group Sessions

Early in the week, the whole class on each campus meets for a Large Group Session. Preparatory reading or activities will be assigned for the weekend prior to each session (see above.) The session begins with an assessment of each student's preparation for the session, known as the Individual Readiness Assessment Test or IRAT. After taking the assessment individually, each small group will take the same test together; this is now referred to as the Team Readiness Assessment Test or TRAT. The IRAT/TRAT sequence enables each student to assess the quality of their own preparation, and then enables each student to benefit from the wisdom of each member of the small group. After the assessment of readiness, students will grapple with problem sets or discuss questions or quandaries, followed by discussion of the answers to questions or principles developed by the group. The Large Group Session is designed provide students with the opportunity to elaborate on topics, engage in discourse with fellow students and faculty, and to enable them to go beyond memorization of facts to a deeper understanding of the material.

Clinic

Clinic experiences vary by component of the curriculum. During the Early Clinical Experience, and occurring twice a week, students will spend a half-day in their primary care clinic. This longitudinal experience begins in October and lasts until early March. Prior to their first week in their clinic, students will learn how to do many patient care tasks and to be safe in an authentic patient care environment. Over the course of the Early Clinical Experience, students will be taught and able to participate in patient care tasks, care management tasks and finally more robust data-gathering activities. The experience is designed to enable students to be useful members of the ambulatory, primary care team, and to learn from and with health care team members. The necessary science that will be focused on during this clinical experience has been chosen for and integrated with the patient complaints and concerns students will see during their clinic work. Twice a week, part of the Post Clinic Group (see below) will be devoted to

debriefing clinic experiences and to connecting the necessary science and clinical skills to the patient complaints and concerns students are seeing in their clinics.

During the Middle Clinical Experience, students will participate in a variety of clinical settings in both inpatient and outpatient care environments. The number of half-days of patient care experience will vary by rotation (more half days during rotations like Adult or Pediatric Wards, fewer half days during rotations like Nutrition or Physical Therapy). Students in the MCE will not only learn the necessary science that underlies the care of patients they see on these rotations, but also become well-informed about team functioning and health care team members' expertise while they learn with and from them.

During the Late Clinical Experience students will participate in disciplinary clerkships (Internal Medicine, Family Medicine, Pediatrics, Psychiatry, Surgery, Obstetrics and Gynecology and Intensive Care). Students will also take various Electives focused on areas of intellectual and career interest. Most of the time will be spent in the relevant inpatient or outpatient environments that characterize these specialties and subspecialties.

Post Clinic Group (PCG)

A significant portion of the Shared Discovery Curriculum will be delivered in small groups within the learning societies. A **scholar group** of students will develop a longitudinal relationship with each other and with one primary clinical faculty member over an entire clinical experience. Additional faculty may participate in these groups at various times as well. The PCG occurs in two hour blocks, typically twice a week throughout the clinical experience. The purpose of these groups is to integrate clinical experiences with underlying **necessary science**.

The Post Clinic Group has two main components:

1. Debriefing

Debriefing involves reflection on, processing of and learning from the clinical experiences. Students will be expected to discuss their own patient experiences in a safe, confidential environment. They will practice clinical case presentations, a core skill for physicians. The group will explore the clinical, ethical, social, and scientific aspects of these patient experiences and make connections to the core SDC curriculum. Typically, 30 minutes of each two-hour block of time will be spent debriefing.

2. Modified Problem Based Learning (mPBL)

Modified Problem Based Learning is a student-centered process that involves active engagement of the student with a set of learning objectives using a clinical case or cases as a framework. Students will be given learning objectives in advance of each session along with a list of recommended resources to complete the objectives. During each session they will collaborate to discuss the learning objectives in applying them to a patient and his complaint. Typical activities during a mPBL session will include discussion of key features of clinical presentations and creating hypotheses as well as diagramming, charting, or labeling to elaborate the underlying necessary science. A typical mPBL session will last 60-90 minutes.

The learning objectives for each session derive from the **C3 documents** that undergird the SDC curriculum. The mPBL sessions are intentionally designed to integrate with other learning activities across a week of curriculum.

Rotational Group

During the Middle Clinical Experience, the curriculum continues to be defined by the C3 documents, but is delivered via both a “weekly topic” and a “rotational topic.” All students have the same “weekly topic” sequence, and portions of the week are devoted to experiences designed around that topic. Additionally, students are divided into rotational groups (physical therapy, respiratory therapy, pharmacy dosing service, adult wards, pediatric wards, ambulatory obstetrics and gynecology, etc.) and study topics of particular relevance to those rotations via other experiences including one similar to the Post Clinic Group of the ECE, in this case called a Rotational Group. Debriefing and necessary science teaching will take place within these small groups.

Biomedical Science Labs

Throughout the Early Clinical Experience and into the Middle Clinical Experience students will have a many weeks that incorporate biomedical science laboratory experiences in gross anatomy, neuroanatomy, histopathology, microbiology and/or physiology up to two labs per week. These faculty-mentored labs will afford students a setting to visually, and often tactilely, explore foundational necessary science concepts and interact with real data or clinically-simulated data related to the Chief Complaint & Concern of the week or of the upcoming week.

Clinical Simulation

ECE – Each student will spend four hours per week between 8am and noon in the simulation center. Specific topics will vary from week to week, but overall the focus will be on learning a variety of useful clinical skills under direct faculty supervision, including patient interviewing, physical exam, and procedural skills. When preparatory material is available, it will be provided on JIT under the C3 topic for the week. Most days will begin in the sim classrooms and students should plan to arrive in the sim center in plenty of time to begin the day’s experience at 8am. Students should bring their stethoscopes, and be professionally attired, wearing their white jacket. Unless otherwise notified, personal computing devices should not be brought to the sim center, and cell phones should be turned off.

Progress Testing – During weeks when you are engaged in progress testing you will take the Progress Clinical Skills Exam in the Simulation Center. Details of the Progress Suite are found elsewhere in this document.

Intersessions – Simulation will play a role in many, but not all intersessions, but will be uniquely tailored to support specific content covered by different intersessions. The frequency and duration of simulation time will likewise be quite variable.

MCE – Simulation during the Middle Clinical Experience will follow a similar pattern as described above and will again consist of a 4-hour simulation experience every week. The focus

will more often be on preparing students for upcoming clinical experiences, and therefore will be different depending on which rotation a particular group of students has scheduled.

LCE – Simulation during the Late Clinical Experience will be even more varied and may sometimes occur at individual clinical campus rather than in East Lansing or Grand Rapids.

Guided Independent Learning

Every week students will complete a multidisciplinary collection of Guided Independent Learning modules related to the Chief Complaint and Concern of the week. Like Preparatory Learning Materials, GILs will comprise Learning Objectives, extramural content, content developed by MSU faculty and an opportunity to confirm your understanding. GIL content, like other content during the week, will be assessed in End of Week Formative Assessments and, most importantly, in the Progress Suite of Assessments.

Student User's Guide to Just In Time (JIT) Medicine

JIT is the Michigan State University College of Human Medicine educational resource integrating core curricular content with logging capabilities and evaluation tools. It has been designed to enable students to carry much of their curriculum and their assessment requirements “in the palm of their hands.” JIT will also enable students to keep ongoing track of their progress through the curriculum, and to prepare their individual learning plans and End Semester Self Assessments.

Developed with responsive web-design, JIT is displayable on most internet-enabled devices. You will be using JIT for many required activities, including accessing curricular resources, many assessments, as well as patient/procedure logging requirements. Portfolio management capabilities will also become a part of the JIT software. You will also use your specific dashboard within JIT to view your assessment data which is designed to visually represent your academic progress.

Accessing basic content within JIT (for example the Chief Complaints and Concerns (C3) documents) does not require you to log in. Logging in with your MSU Net credentials will authenticate you within the system and allow access to MSU resources supporting the curricular content such as the MSU library and D2L.

Much like online banking, you will want to always log off when you are finished with your session. Your assessment dashboards are viewable (e.g. on public computers) to anyone who accesses JIT after you, if you have not logged out.

There are a host of other resources within JIT designed to facilitate MED 608 (the current year 3 internal medicine clerkship), including brief synopses on “Diseases you should really know about”, image libraries, Chest x-ray tutorials etc. These typically will not be required in the SDC, but are available for your *ad hoc* use.

Other key elements you should know about include:

- 1) What you need to know and prepare for is displayed in two ways within JIT
 - a. A weekly agenda (by activity) and via calendar, both contain the same content, but allows you maximum flexibility in accessing what you need to know and prepare for.
 - i. The calendar function will display your Scholar Group's weekly schedule (using Google Calendars)

1. Within the calendar, clicking on most events (e.g., Post Clinic Group 1) will display a URL that will display the specific learning objectives and required resources for that activity.
 - ii. The weekly agenda is displayable in an expandable fashion within JIT that will display all events simultaneously, or only a single one at a time for maximum viewing flexibility.
- 2) Your weekly formative assessments (WFA or quizzes) will be displayed in JIT under the “Take Test” tab.
 - a. These tests will generally be available for you to complete at the end of a given week and be available for several days into the subsequent week
- 3) If desired, you can print most pages within JIT with a nicely formatted output.

JIT will continue to evolve as an educational resource. Please contact us with any problems. This is a Michigan State University product that we all want have maximal functionality and one that we can all be proud of.

Office of Student Affairs and Services **(OSAS)**

General Information

The Office of Student Affairs and Services (OSAS) has faculty and staff located in the East Lansing and Grand Rapids campuses.

Student Access - Office Procedures

Due to the confidential nature of materials and services in the Office of Student Affairs and Services, the need for strict security requires the following guidelines:

- Please check in with a staff member before entering the main office area beyond the reception desk and counter.
- Please do not use the College of Human Medicine school address for the receipt of individual/personal mail, such as personal letters, magazines, bills and bank statements. OSAS is not staffed to handle large volumes of incoming personal mail.
- The copy machines located in the Office of Student Affairs and Services, Admissions, and Office of Curriculum are for faculty and staff use only.
- Student organizations and others interested in reaching the most medical students should use the e-mail List Serves as the preferred method for conveying that information.
- The Student Affairs staff are available to assist student organizations in placing materials in the student mailboxes. When placing a large number of materials into student mailboxes, student organizational leaders are required to complete a request form (located on the main counter) and give the form and materials to a staff person.

Information Dissemination

Desire2Learn

Desire2Learn (website: <https://d2l.msu.edu/>) is one web location used to disseminate and house information that is restricted to students in the College of Human Medicine. You must log on using your MSU Net ID and password to gain entry to the Desire2Learn site. Examples of use by the Office of Student Affairs and Services: posting of presentations from Orientation, student elections, student community assignments, student organizations, student scholarship application, and posting of Career Development and Health and Wellness materials.

Bulletin Boards

The bulletin boards in the College of Human Medicine are public places where communication can take place to students of the College. Due to placement of these bulletin boards this material may be viewed by members of the public. For this reason information on the bulletin boards needs to be accurate, timely and must represent the College well.

All announcements should be placed on one of the designated bulletin boards and not on the walls or doors in the hallways. Students will find a variety of announcements and bulletins, ranging from upcoming activities to educational and employment opportunities. Students are advised to check these boards frequently.

All materials to be posted on bulletin boards must be approved by the Office of Student Affairs and Services. Examples of appropriate postings include : 1) Student Organization information, 2) Housing options, 3) Health and Wellness materials, 4) Monthly Awareness Flyers, 5) Current research articles of interest to the College and 6) Current photos or articles pertaining to student activities. Examples of inappropriate postings include: 1) out-of-date housing options, 2) inappropriate cartoons or articles, 3) photos of inappropriate activities.

Administrative bulletin boards are located in the hallway outside of Student Affairs. Student bulletin boards are also located in the Student Lounge in the lower level of the Radiology Building. There are a number of bulletin boards on the first and second floors of the Secchia Center. Student bulletin boards are also located in the Student Lounge on the second floor of the Secchia Center.

E-Mail

The Office of Student Affairs and Services is responsible for the creation and maintenance of the student email distribution lists in the College of Human Medicine. These distribution lists are designed to be used for official communications only. For this reason information transmitted through the official distribution lists needs to be accurate, timely and must represent the College well.

E-mail provides students a means of receiving and sending important information and messages. **E-mail is the primary source of communication between the College administration and students.** Therefore, it is critical that all students have active Michigan State University e-mail accounts. Your MSU email account is the only e-mail address recognized by the faculty, administrators, and staff of the College of Human Medicine. Please contact the Office of Student Affairs if you experience problems with your account.

Examples of appropriate use of e-mail include: 1) official college communication, 2) student organization information and fundraisers, 3) student housing options, and 4) sale of used student books. Examples of inappropriate use of email include: 1) any commercial promotions outside of student organization fundraisers and 2) solicitation for participation in student social events involving alcohol.

A listserv has been created for each class. All messages sent to a list serve are also delivered to CHM administrators.

- The address for the Early Clinical Experience (ECE) cohort of the Shared Discovery Curriculum is CHM-2020@list.msu.edu.

- The address for the entire Legacy Curriculum Block II class is CHM-2019@list.msu.edu.
 - The address for the Legacy Curriculum Block II East Lansing students only is CHM-2019-EL-Pre@list.msu.edu.
 - The address for the Legacy Curriculum Block II Grand Rapids students only is CHM-2019-GR-Pre@list.msu.edu.
- The address for the entire Legacy Curriculum Block III year 3 class is CHM-2018@list.msu.edu.
- The address for the Legacy Curriculum Block III year 4 class is CHM-2017@list.msu.edu.

Student Mailboxes

Each medical student at the College of Human Medicine is assigned a mailbox. Students are strongly encouraged to check the contents of their mailboxes weekly since important messages and information are disseminated there. Checking mailboxes regularly is advisable so information is received promptly.

In East Lansing, mailboxes are located immediately outside of the Office of Student Affairs and Services at A-112 Clinical Center during normal building hours.

In Grand Rapids, mailboxes are located in the student lounge on the second floor of the Secchia Center and may be accessed anytime a student is in the building.

Student Organization Google Calendar

The Office of Student Affairs and Services coordinates a Student Organization Google Calendar. Student leaders can provide the Office of Student Affairs and Services staff with information to place upcoming student meetings and activities on the calendar. The calendar is available to all students and can be found at

https://www.google.com/calendar/embed?src=msu.edu_859r0t2cmf80ml5krvuh4vrf74%40group.calendar.google.com&ctz=America/New_York

Access, Management, and Retention of Student Records

What Constitutes the Student's Academic Record?

"Education records are those records, files, documents, and other materials which contain information directly related to a student and are maintained by the University or by a party acting on behalf of the University." (Michigan State University Access to Student Information, Academic Programs Catalog)

Contents and Location of the Official Student File

The medical student's academic record file (hereby referred to as the "Official Student File") for students enrolled in the College of Human Medicine is a paper record that contains the following types of documents:

- Admissions Summary Data: Admissions materials forwarded from the Office of Admissions upon matriculation which include the American Medical College Application

Service (AMCAS) application for admission, transcripts from institutions attended prior to enrollment in medical school, and other Office of Admissions correspondence

- Academic Information: Student End of Semester Grades and End of Semester Academic Performance Summary from the Student Competence Committee, End of Semester Dashboard Reports from Just in Time Medicine, letters of commendation, United States Medical Licensing Examination (USMLE) scores, academic performance summaries, and Medical School Performance Evaluation (MSPE)
- Gold Humanism Award and AOA recognition
- Student Status Information: Leave of Absence forms, Requests to Extend Curricular Program forms, Student Course Plans, correspondence from the Student Competence Committee related to student academic performance, academic status and dismissal, and correspondence related to official action taken against the student by the College/University e.g., Professional Behavior Hearing Body
- Other Information: Medical licensing verification forms, enrollment status verification forms, name change documentation, and loan deferment forms

The Office of Student Affairs and Services maintains one Official Student File for each enrolled medical student. The official file is housed within the Office of Student Affairs and Services, which has branch offices in East Lansing and Grand Rapids, Michigan. The Official Student File is housed in East Lansing or Grand Rapids, based on the ECE campus that the student is assigned to, and remains at that location throughout the student's medical training, regardless of the community campus that the student is assigned to for LCE training.

Policies and Procedures for Access to Student Records

Access by Students to Their Own Records

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the College receives a request for access.

Requests for access to records must be granted within a reasonable period of time, but in no case later than forty-five (45) days from the date of request. While FERPA guidelines state that access to records must be granted within 45 days, requests are routinely granted within three to five business days. Students should submit the CHM Student Request to Review Academic Record form to the College Records Officer or Assistant College Records Officer. The College Records Officer or Assistant College Records Officer will review the request, make arrangements for access, and notify the student of the time and place where the records may be inspected within three to five business days.

2. The right to request the amendment of the student's education records that the student believes are inaccurate or misleading.

Students may ask the College to amend a record that they believe is inaccurate or misleading. They should write the College official responsible for the record, clearly

identify the part of the record they want changed, and specify why it is inaccurate or misleading.

FERPA was not intended to provide a process to be used to question substantive judgments which are correctly recorded. The rights of challenge are not intended to allow students to contest, for example, a grade in a course because they felt a higher grade should have been assigned.

If the College decides not to amend the record as requested by the student, the College will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing. For more information about the Michigan State University Policy, see the Michigan State University Access to Student Information section of the Academic Programs catalog at <http://reg.msu.edu/AcademicPrograms/Text.asp?Section=112#s542>.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, collection agent, or official of the National Student Loan Clearinghouse); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

The College may disclose education records in certain other circumstances:

- to comply with a judicial order or a lawfully issued subpoena;
- to appropriate parties in a health or safety emergency;
- to officials of another school, upon request, in which a student seeks or intends to enroll;
- in connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid;

- to certain officials of the U.S. Department of Education, the Comptroller General, to state and local educational authorities, in connection with certain state or federally supported education programs;
 - to accrediting organizations to carry out their functions;
 - to organizations conducting certain studies for or on behalf of the University;
 - the results of an institutional disciplinary proceeding against the alleged perpetrator of a crime of violence may be released to the alleged victim of that crime with respect to that crime.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University 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, 20202-8520.
 5. The University designates the following as public or “Directory Information.” The student’s name, level, curriculum, class, local address and telephone number, home address and telephone number. A student may restrict the release of directory information by completing a form online at: <https://www.reg.msu.edu/StuForms/StuInfo/DirRestrict.asp> or in writing at: <https://www.reg.msu.edu/read/pdf/InformationRestriction.pdf>. With the exception of directory information, all student records are confidential and release is restricted according to University policy outlined in the *Academic Programs* section of the University catalog.

The Michigan State University Access to Student Information section of the Academic Programs catalog states that the University may, without the student’s written consent, disclose confidential information to officials of another school, school system, or institution of postsecondary education where the student seeks to enroll.

For purposes of compliance with FERPA, the University considers all students independent.

Access by Administrators and Staff

In all cases, access to student records is governed by the need to know. In general, it is expected that administrators and staff in each unit have access to student records for the purposes of performing their administrative and staff functions. Additionally, the Student Competence Committee, appropriate Community Assistant Deans, the Dean, Associate Deans, and Student Affairs administrators will have access to the Official Student Files on a “need to know” basis as needed to dispense their duties.

Under all circumstances, individuals with access to student record information are expected to maintain the confidentiality of those records. Keeping information confidential means that careful attention must be given to security of files such that persons not authorized to see the file or parts therein cannot easily obtain or read file information. This applies to storage of files and storage of loose material that is in preparation for filing.

1. Administrators with access to student educational records include the following:

For Official Student File: The Dean, Senior Associate Dean for Academic Affairs, Associate Dean for Undergraduate Medical Education, Assistant Dean for Clinical Experiences, Associate Dean for Student Affairs and their designees (including the College Records Officer and Assistant Records Officer); Community Assistant Deans, Community Administrators and their designees

For Late Clinical Experience File (housed in the LCE Community): Community Assistant Deans and Community Administrators and their designees

2. Faculty and administrators needing to examine the Official Student File must submit written request to the College Records Officer or Assistant College Records Officer outlining the specific components of the file needing to be reviewed. The College Records Officer or Assistant College Records Officer will provide a password-protected electronic copy of the items needing to be reviewed. The faculty or administrator will be instructed to confidentially discard the file upon completion of the review.
3. Administrators may not make copies of materials in student files for their own administrative records.

Access by Others

Faculty, other students, and relatives (parents, spouses, etc.) are third parties. Their access to confidential information is subject to the University's guidelines on Disclosure of Confidential Information to Third Parties but in general, third parties may have access to student records only when granted permission by the student. There are circumstances such as when records are subpoenaed for legal purposes where student permission is not required.

Procedure for Students to Grant Access to Their Academic Records for Third Parties

1. Students must complete the appropriate portion of the Release for Records Access for Third Parties form.
2. The College Records Officer or Assistant College Records Officer will provide to the named third party, copies of items specified on the Release form.
3. The College Records Officer or Assistant College Records Officer will complete the appropriate portion of the Release form and file in the student's file.

Please see next two pages for forms (Student Request to Review Academic Records and Release for Records Access for Third Parties).

STUDENT REQUEST TO REVIEW ACADEMIC RECORDS

Date:

Student Name (please print):

I understand that I may view the contents of my academic record at any time under the supervision of a monitor. I also understand that I may not remove any documents, but I may request copies of any items. Additionally, I have the right to add items to the file to correct errors or otherwise rebut information that I believe to be inaccurate. Such items will be submitted and reviewed by the Senior Associate Dean for Academic Affairs prior to inclusion in the file.

Signature:

For Office use

Date of records review:

Monitor:

List any items copied for student below:

Please submit form to the Coordinator of Enrollment Services and College Records Officer or Assistant College Records Officer at chmstudentrecords@hc.msu.edu.

RELEASE FOR RECORDS ACCESS FOR THIRD PARTIES

Date:

Student Name (please print):

PID:

I grant permission for release of the documents listed below to:

Name of individual or agency

Street Address

City, State, Zip

Documents to be duplicated and released:

Student Signature:

Signature of Witness:

For Office use

Date of records duplication and mailing:

Completed by:

Please submit form to the Coordinator of Enrollment Services and College Records Officer or Assistant College Records Officer at chmstudentrecords@hc.msu.edu.

Student Health Services

The College of Human Medicine is committed to the maintenance of the health and well-being of all students throughout their medical education. Health resources are available on both the East Lansing and Grand Rapids campuses to meet the personal health needs of students.

MSU Student Health Services – East Lansing

1. Student Health Services

Olin Memorial Health Center

463 East Circle Drive

Hours: Fall/Spring Semesters: Monday - Friday 8:00 am – 6:00 pm
Saturday 10:00 am - 1:00 pm
Sunday Closed

Breaks/Summer Semester: Monday - Friday 8:00 am – 5:00 pm
Saturday/Sunday Closed

Appointments/Information (517) 353-4660

Website address: www.olin.msu.edu

Student Health Services provides medical services for all students during their enrollment at MSU. The Olin Memorial Health Center offers preventive medical care, treatment for illness or injury, and health education -- all on an outpatient basis. The following services are available: primary care clinic, walk-in clinic, gynecology clinic, allergy and immunization clinic, health education services including workshops, audiovisual, and printed resources as well as specialty services such as psychiatry, dermatology, orthopedics, sports medicine, and nutrition. Also located within the Student Health Services at the Olin Memorial Health Center are a pharmacy, a radiology department, and a laboratory department. The first three medical office visits of each school year are pre-paid for enrolled MSU students. Student Health Services offers the following services for a nominal fee: administration of allergy medicine, laboratory tests, X-rays, pharmacy, physical therapy, medical supplies, and limited medical/surgical procedures. Saturday hours are limited to primary care, pharmacy and some lab services.

Student Health Services is the "gatekeeper" for medical students on the East Lansing Campus who carry the MSU Student Health Insurance through Blue Care Network. All medical treatment should begin at the Student Health Services.

If in need of immunizations, call (517) 353-8933

Office of the University Physician

463 East Circle Drive, Room 346

www.uphys.msu.edu

2. Mental and Behavioral Health Services – East Lansing Campus

Many medical students naturally experience a range of mental health concerns. Often, the assistance of professional mental health providers may be beneficial. Students are strongly encouraged to seek help in times of difficulty. The following mental health resources are recommended:

2a. Judith E. Brady, Ph.D.

Assistant Dean for Student Wellness and Engagement

Director of Student Counseling

B-212 Life Sciences Building

(517) 353-9010

Professionals in the Office of Student Affairs and Services provide limited personal counseling and make referrals when needed. Referrals may be made to one of the counseling facilities available through Michigan State University listed below or to providers in the community outside of the university. Since referrals help expedite being seen at many of these facilities, please make an appointment with the Director of Student Counseling for assistance. All records are kept in the strictest confidence.

2b. MSU Counseling Center

Student Services Building

556 East Circle Drive, Room 207

Walk-in Consultation Hours: Monday – Friday 10:00 am -12:00 pm and 1:00 pm – 3:00 p.m.

Fall/Spring Monday and Tuesday hours extended to 6:00 pm

For appointments call: (517) 355-8270

Website address: www.counseling.msu.edu

The Counseling Center offers a range of services including, individual counseling sessions, group therapy or support sessions, and special workshops to assist students on-or off-campus in their personal adjustment as well as with career concerns. Most services are free of charge. Initial consultations are provided on a walk-in basis. Subsequent sessions, if necessary, are made via appointments with an assigned counselor. Students are encouraged to turn to the Counseling Center for both immediate, crisis or short-term help as well as for more extensive counseling.

2c. Psychiatry Clinic

Student Health Services

Olin Memorial Health Center

463 East Circle Drive

Appointments available Monday through Friday

For appointments call: (517) 353-8737 (Initial Appointments require referral)

Psychiatric services are available through Student Health Services at Olin Memorial Health Center. Initial appointments are scheduled by referral only. Referrals can be made directly by the Director of Student Counseling and/or the Assistant Director of Student Counseling and

Wellness. Referrals are also made by Student Health Service physicians and the Counseling Center.

There is a fee for service. Most health insurance policies require a co-payment. The first three life-time Psychiatry appointments at the Student Health Services are pre-paid by the University for enrolled MSU students. In addition to MSU-based services community psychiatric referrals can be made through the Director and Assistant Director of Student Counseling and Wellness.

3. Urgent and Emergency Care – East Lansing Campus

3a. For after hours care, go to

Lansing Urgent Care (517) 333-9200

505 N. Clippert, Lansing,
2289 W. Grand River, Okemos

98.6 Emergicenter (517) 913-6711

1540 Lake Lansing Rd., Ste. 203, Lansing

3b. In a medical emergency, call

24/7 Phone Nurse, Student Health Services (517) 353-5557

Or go directly to

Sparrow Hospital Emergency (517) 364-4149

1215 E. Michigan Ave., Lansing

3c. For mental health emergencies, call 24 hrs.

Community Mental Health Crisis Services (800) 372-8460 or (517) 346-8460

812 E. Jolly Rd., Lansing

Or go directly to

Sparrow Health/St. Lawrence Campus (517) 364-7000

1210 W. Saginaw Hwy., Lansing

MSU Student Health Services – Grand Rapids

1. Student Health Services- Grand Rapids Campus

1a. Spectrum Health Medical Group

Spectrum Health serves as the primary care provider for medical students who choose to designate Spectrum Health as their primary care provider. All medical treatment for students who designate Spectrum Health as their primary care provider should begin with a Spectrum Health office. Students may designate any Spectrum Health location that is currently accepting new patients. The Gaslight Village location is the office closest to downtown Grand Rapids. Spectrum Health locations and hours can be found at: www.spectrumhealth.org.

As necessary and indicated, referrals for specialty treatment, labs, radiographs, and other ancillary medical services can be coordinated through Spectrum Health.

1b. Student Health Services

Olin Memorial Health Center

463 East Circle Drive

Hours: Fall/Spring Semesters: Monday - Friday 8:00 am – 6:00 pm
Saturday 10:00 am - 1:00 pm
Sunday Closed

Breaks/Summer Semester: Monday - Friday 8:00 am – 5:00 pm
Saturday/Sunday Closed

Appointments/Information (517) 353-4660

Website address: www.olin.msu.edu

Student Health Services provides medical services for all students during their enrollment at MSU. The Olin Memorial Health Center offers preventive medical care, treatment for illness or injury, and health education -- all on an outpatient basis. The following services are available: primary care clinic, walk-in clinic, gynecology clinic, allergy and immunization clinic, health education services including workshops, audiovisual, and printed resources as well as specialty services such as psychiatry, dermatology, orthopedics, sports medicine, and nutrition. Also located within the Student Health Services at the Olin Memorial Health Center are a pharmacy, a radiology department, and a laboratory department. The first three medical office visits of each school year are pre-paid for enrolled MSU students. Student Health Services offers the following services for a nominal fee: administration of allergy medicine, laboratory tests, X-rays, pharmacy, physical therapy, medical supplies, and limited medical/surgical procedures.

Students traveling to East Lansing from MSU campuses outside of a 45-mile radius can receive priority for Saturday appointment times. Saturday hours are limited to primary care, pharmacy and some lab services. Students should identify themselves as medical students when calling for an appointment.

1c. If in need of immunizations, call (616)-632-7200

Kent County Health Department

Appointment required

GVSU Family Health Center

72 N. Sheldon Blvd, Suite 130

Grand Rapids, MI 49503

Call to schedule an appointment: (616) 988-8774

Office of the University Physician (517) 353-8933

463 East Circle Dr., Rm. 346

East Lansing, MI 48824

2. Mental and Behavioral Health Services- Grand Rapids Campus

Many medical students naturally experience a range of mental health concerns. Often, the assistance of professional mental health providers may be beneficial. Students are strongly encouraged to seek help in times of difficulty. The following mental health resources are recommended:

2a. Terry McGovern, Ph.D.

Assistant Director, Student Counseling and Wellness
624 Secchia Center
(616) 234-2739

Professionals in the Office of Student Affairs and Services provide limited personal counseling and make referrals when needed. Referrals may be made to one of the counseling facilities available through Michigan State University or to providers in the community outside of the university. Since referrals help expedite being seen at many of these facilities please make an appointment with the Director or Assistant Director of Student Counseling and Wellness for assistance. All records are kept in the strictest confidence.

2b. ENCOMPASS, LCC

For appointments call: (800-788-8630) or (616) 459-9180
Website address: www.encompass.us.com (Username: secchiamsu)

MSU-CHM contracts with Encompass LLC to provide behavioral health services to the students in Grand Rapids at no additional charge to the students. Students may self-refer or be referred by a faculty or staff person on the Grand Rapids campus. All visits are strictly confidential. Students may be referred for psychiatric care outside of Encompass.

2c. Psychiatry Services

Securing psychiatric services usually requires a referral. Students are strongly encouraged to seek assistance from the Assistant Director of Student Counseling and Wellness when seeking psychiatric consultation and/or care.

Psychiatric services are also available through Student Health Services at Olin Memorial Health Center in East Lansing. Initial appointments are scheduled by referral only. Referrals can be made directly by the Director and/or Assistant Director of Student Counseling and Wellness. Appointments are available Monday through Friday. The first three life-time Psychiatry appointments at Student Health Services are pre-paid by the University for enrolled MSU students.

There is a fee for service. Most health insurance policies require a co-payment. In addition to MSU-based services community psychiatric referrals can be made through the Director and Assistant Director of Student Counseling and Wellness.

3. Urgent and Emergency Care

3a. For after hours care, go to a Spectrum Health Urgent Care Center

Plainfield Urgent Care, (616) 391-6230

5378 Plainfield Ave., NE, Grand Rapids

Alpine Urgent Care, (616) 391-6230

2332 Alpine Ave., NW, Grand Rapids

3b. In a medical emergency, go directly to

Butterworth Hospital, (616) 391-1680

100 Michigan St., NE, Grand Rapids

Blodgett Hospital, (616) 774-7444

1840 Wealthy St., SE, Grand Rapids

St. Mary's Hospital, (616) 685-5000

200 Jefferson, Grand Rapids

3c. For mental health emergencies, call

Forest View Psychiatric Hospital, (800) 949-8439, (616) 942-9610

1055 Medical Park Dr., SE, Grand Rapids

Pine Rest Christian Mental Health Svc., (800) 678-5500, (616) 455-5000

300 68th St., SE, Grand Rapids

Student Insurance Coverage

Health Insurance

The College of Human Medicine **requires every medical student** to carry health insurance coverage that includes illness, injury and mental health benefits as well as coverage for treatment of HIV infection, including Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex, and a positive HIV test. All CHM students will be automatically enrolled in the Michigan State University Student Health Insurance Plan at the beginning of each academic year. The premiums for the plan are charged to semester tuition bills; approximately one-half of the annual premium with fall registration and one-half of the annual premium with registration for the spring semester.

The **MSU Student Health Insurance Plan** is an illness, injury and preventative care insurance plan that covers a variety of health care services including, physician office visits, diagnostic services such as lab work and x-rays, hospitalization, mental health and substance-related treatment, discounted prescription with co-pays, and specialty care. Information about the MSU Student Health Insurance Plan is available online at www.hr.msu.edu/benefits/studenthealth/index.htm or on the Blue Cross Blue Shield of Michigan website at www.bcbsm.com/msu.

Although every medical student must carry health insurance coverage, **students are not limited to the MSU Student Health insurance Plan**. If a CHM student has other health insurance coverage that meets the MSU requirements, **a request to waive the MSU Student Health Insurance Plan may be submitted**. The waiver criteria for medical students for the 2016-17 academic year can be located

online at

[www.hr.msu.edu/benefits/student_insurance/documents/MSU Graduate Medical Waiver Criteria.pdf](http://www.hr.msu.edu/benefits/student_insurance/documents/MSU_Graduate_Medical_Waiver_Criteria.pdf).

Upon approval of a waiver request, the cost of the insurance premium will be credited to the student's MSU account accessible through STUINFO. Waiver requests may be submitted online by logging into www.stuinfo.msu.edu and clicking on the link **Insurance Waiver** under **Other**. The deadline for waiving the MSU Student Insurance Plan for August 15, 2016 through February 14, 2017 is September 30, 2016, and for waiving the MSU Student Insurance Plan for February 15, 2017 through August 14, 2017 is January 31, 2017. Students may request to waive the MSU Student Health Insurance for six months or for the entire academic year.

Please contact MSU Blue Care Network Student Health Insurance directly for specific questions: www.bcbs.com/msu

For questions about the plan, its coverage or claims issues, please call Customer Service at 1-800-662-6667

For questions about Behavioral Health Services, please call 1-800-482-5982

Dental Insurance

Michigan State University offers a Student Dental Insurance Plan through Delta Dental. Coverage under this plan is **optional**. Information about the benefits of this plan and enrollment procedures is available online at www.hr.msu.edu/benefits/student_insurance/Dental.htm.

Vision Care

Michigan State University partners with VSP Vision Care, a national not-for profit vision care company, to offer vision examinations and discounts on eyewear. Participation in this plan is **optional**. Information about the benefits under this program, participating providers and the enrollment procedures is available online at www.hr.msu.edu/benefits/student_insurance/Vision.htm.

Questions about the Health Insurance, Dental Insurance, and Vision Care Programs can be directed to:

MSU Human Resources

1407 S Harrison Rd.

Nisbet Building Suite 140A

East Lansing, MI 48823-5287

Phone number: (517) 353-4434 or (800) 353-4434

E-mail questions to: SolutionsCenter@hr.msu.edu

Student Disability Insurance

The College of Human Medicine requires student disability insurance coverage for all enrolled medical students through the Guardian Insurance Group. This program is detailed in a separate plan brochure that is distributed to students annually. All students are required to submit payment at the beginning of Fall semester for the annual premium. The current annual premium is \$60.

Student Immunization and Related Requirements

The Centers for Disease Control recommends that individuals participating in a medical or veterinary health care setting receive specific vaccinations. At Michigan State University, all Health Care Professions Students are required to have their vaccination records on file with the Office of the University Physician.

The College of Human Medicine requires that all students show proof of immunity to certain communicable diseases, the results of a yearly tuberculin skin test, and proof of current Basic Life Support (BLS) certification. All immunizations except Hepatitis B are required prior to entry. Students will not be permitted to begin fall semester classes without completed immunization requirements. Students can view their immunization status and print official documentation from the Veterinary and Healthcare Professional Student Immunization site at: <http://hcpimmunize.msu.edu>. Most students find it helpful to have access to this information while moving between clinical rotations and residency. Students can continue to print official documentation from this site up to two years after graduation.

The Office of the University Physician at Michigan State University must have complete and accurate documentation about your immunization status to ensure that you and your patients are protected during clinical training. Health care professional students will not be allowed to participate in clinical experiences until this information has been submitted, evaluated, and is in compliance with the Centers for Disease Control and Prevention Guidelines for Health-care workers.

“Hospitals and medical clinics are favorable settings for the transmission of infectious diseases because infected and susceptible persons are brought into close proximity. Health-care workers (HCW) are at particular risk because their work demands close contact with patients who may be harboring pathogenic microorganisms.” Therefore, in order to help you protect yourselves and to protect the patients you will be serving as much as possible, you will be required to provide, at various points in your education, documentation of vaccinations or immunity to various infectious agents. Additionally, you will be provided with information regarding universal precautions and ways to protect yourself against infectious agents and the transmission of such agents. You will be required to participate in educational training that will address recommended practices and procedures to prevent occupational acquired infections among health care workers. Your choice of whether to follow such recommendations may require documentation of your choice/decision.

For detailed information about Michigan State University’s Health Care Professional Student Immunization Policies and Requirements please consult the website: www.uphys.msu.edu/resources/healthcare-professional-student-immunizations.

Prematriculation Immunization Requirements

In order to ensure immunity to vaccine-preventable diseases prior to entering any clinical care setting, ALL entering students are required to provide evidence of vaccination or immunity to:

- **Measles (Rubeola):** Two doses of live measles vaccine, given on or after the first birthday and spaced *at least 28 days apart* **and** a titer **OR** positive titer
- **Mumps:** Same requirements as Measles
- **Rubella:** One dose of live rubella vaccine given on or after the first birthday **and** a titer **OR** positive titer
- **Varicella (Chickenpox):** Two doses of varicella vaccine given on or after the first birthday and spaced *at least 28 days apart if given at age 13 or older, 3 months if given before age 13* **and** a titer **OR** a positive titer
- **Hepatitis B:** Three doses of appropriately spaced Hepatitis B vaccine **AND** a positive titer **OR** history of disease verified by lab evidence
- **Tetanus/Diphtheria/Pertussis:** One adult dose of Pertussis containing vaccine **AND** Tetanus and Diphtheria vaccine within 10 years. An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years.
- **Tuberculin Test: A two-step tuberculin skin test and tuberculin skin test annually thereafter.** Test results must be reported in millimeters. Second step tuberculin skin test should be done 1-3 weeks after the first. **OR** A single blood test and annually thereafter.
If prior history of a positive tuberculin skin test: Present documentation of reactive TB skin test, chest X-ray results, treatment plan and symptom monitor. Each situation will be assessed on an individual basis by the staff of the Office of the University Physician.
If prior history of a positive blood test: Present documentation of positive blood test, chest X-ray results, treatment plan and symptom monitor. Symptom monitors will be required annually.

The major source of this information comes from the Centers for Disease Control and Prevention. Immunization of Health Care Workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). The guidelines are available online at: <http://www.dcd.gov?vaccines/adults/rec-vac/hcw.html>.

Post Matriculation Requirements That Must Be Kept Updated and/or Renewed

- **Influenza:** By November 1st of each year of enrollment, documentation of receipt of the annual influenza vaccine must be submitted to the Office of the University Physician.
- **Tuberculosis:**
 - If no history of positive tuberculin skin test
AND
 Not born in **and** never resided in a tuberculosis-endemic country, documented receipt of tuberculin skin test **within 6 months of matriculation**
AND
 Two-step tuberculin test upon matriculation at CHM
AND
 Annual statement of results of tuberculin skin test signed by a physician or other appropriate health care provider **OR** results of single blood test

- If prior history of positive blood test, annual symptom monitor
- If prior history of positive tuberculin skin test: Annual follow-up to be determined on an individual basis
- **Annual Blood-borne Pathogen Training**

Basic Life Support (BLS) Certification

All Students must complete the BLS for Healthcare Providers training for certification. **This certification is required without exception.** Sessions will be held in the Learning and Assessment Center (LAC) during the week of Pre-matriculation and Orientation for East Lansing students. Trainers from the LAC will travel to Grand Rapids to provide training sessions for students assigned to Grand Rapids. Successful completion of the course will provide students with a certification valid for two years. The cost for the on-site training is \$75.00.

Career Counseling and Development

Medicine is a diverse and complicated profession consisting of many specialties and specialty training programs. Getting into a residency program that best meets your personal and professional needs is a process that takes preparation and planning. To be successful, one must understand the wide range of opportunities that are available. The successful student also will inventory and assess her/his own interests, strengths, and values in choosing the post-graduate training avenue that is the best fit for the student. A variety of career counseling services are made available through the Office of Student Affairs and Services.

Individual Assistance and Career Counseling

The professional staff in the Office of Student Affairs and Services is available for personal assistance and counseling as the students begin to assess their personal characteristics and their interests in the various medical specialties. Presentations and workshops that are held enable students to develop competitive curriculum vitae, and learn how to begin to explore their personal strengths, values, and interests. The Coordinator of Career Counseling and Development is available to meet with students in East Lansing and Grand Rapids for individual appointments.

The Career Development Program

The Career Development Program encompasses the four years of medical education. During the Early and Middle Clinical Experiences curriculum, there are mandatory career development seminars and small group sessions that cover a broad range of medical career related topics and career exploration activities. Students are **required** to attend these scheduled educational seminars and small groups. The program focuses on developmental aspects of the medical career decision-making process. Students will also be required to complete “make-up” assignments for sessions missed. The program also includes the Medical Specialty Seminar Series that will be scheduled on Wednesday evenings throughout the academic year. The clinical departments and units will host the medical specialty exploration events that will be led by college faculty, residency directors, and alumni. Medical students will learn about various specialties and subspecialty careers; work environments, alternatives to traditional practice, salaries, workforce trends, residency requirements and fellowship opportunities.

Student Participation in Governance

There are a variety of university and college committees and advisory councils in which medical students can become involved both to augment their leadership development as well as to help shape all students' experiences in medical school. As a participant in the governance of the College of Human Medicine, you are introduced to the college faculty standing committees which effect policy and on which students serve. The By-Laws of the Faculty Organization of the College of Human Medicine provides opportunities for student representation on all standing committees.

Election Procedures for Standing Committees

The Office of Student Affairs and Services conducts the election process for standing committees. Students in good standing are eligible to be elected to serve on College and University committees.

All students must be in good academic standing in order to run for any standing committee of the College of Human Medicine. Students who fall into academic difficulty and who are determined not to be in good standing by the Student Competence Committee will be asked to relinquish their respective office. The office is then filled by the alternate. A summary of committees is noted below:

- ECE Students
 - CHM Student Council
 - Dean's Student Advisory Committee
 - Council of Medical Students

- MCE Students
 - CHM Alumni Board
 - College Advisory Council
 - Committee on Admissions
 - Continuing Medical Education Committee
 - Council of Graduate Students
 - Curriculum Committee
 - Dean's Student Advisory Committee

- LCE Students
 - College Advisory Council
 - Curriculum Committee
 - Dean's Student Advisory Committee

Student Events

Each year, the Office of Student Affairs and Services sponsors and provides leadership for a number of events that are of great interest to students and contributes to the sense of community among medical students, faculty, and staff. In addition, Student Affairs plays an important role in coordinating, along with other departments in the College, enrichment activities that provide students with opportunities to apply classroom learning and develop skills that will be of use to their future careers as physicians.

Prematriculation and Orientation

All entering students are required to attend the Prematriculation and Orientation Program that is coordinated by the Office of Student Affairs and Services and the Shared Discovery Curriculum Leadership Team. Mandatory seminars and activities are scheduled daily. Prematriculation and Orientation Week culminates with the Matriculation and White Coat Ceremony for the entering class.

Matriculation and White Coat Ceremony

The Matriculation and White Coat Ceremony marks the culmination of orientation and signals the formal start of the undergraduate medical curriculum. This ceremony is a public recognition of the formal first step into the medical profession and is held on the **Sunday prior to the start of classes** at the DeVos Performance Hall in Grand Rapids, Michigan. The entering medical students receive their first official white coat as a part of this traditional ceremony. It is a wonderful opportunity to celebrate with family and friends.

Medicine Ball Dinner Dance

The College of Human Medicine takes great pride in the diversity of its students, and it is not surprising that these students bring with them a widely diverse group of abilities and talents. Each Spring, the Office of Student Affairs and Services and the CHM Student Council sponsors an evening program that begins with dinner at an off-campus facility and is followed by an entertaining program. Students have the opportunity to share their unique talents (singing, dancing, and other musical talents) with their peers and guests. Entertainment is also provided through skits and videos, some of which poke fun at some aspects of life as a medical student at CHM. The Medicine Ball is one of the highlights of the student's year and is met with great anticipation.

Student Scholarship and Recognition Banquet

Each spring the Office of Student Affairs and Services organizes the College Student Scholarship and Recognition Banquet to honor students who are recipients of college, university, and notable outside scholarships and awards. There is an annual student scholarship application process for donor scholarships that begins in late Fall and that concludes in early Spring annually.

Students inducted into the Alpha Omega Alpha Honor Medical Society and the Gold Humanism Honor Society are also recognized at this event as well as participate in individual Induction Ceremonies organized by the Office of Student Affairs and Services.

Annual Career Day and Residency Fair

The Michigan State University College of Human Medicine Annual Career Day and Residency Fair is sponsored by the Office of Student Affairs and Services. All third year medical students are required to attend this event during the LCE in preparation for the upcoming residency interview and match season. Medical students attend a dynamic successful interviewing strategies workshop, learn about budgeting for fourth year expenses, and attend a residency program director panel. The afternoon Residency Fair provides medical students the opportunity to engage with residency program directors, representatives, and alumni from Michigan and surrounding states. Medical students also learn about graduate medical education programs, fellowships and scholarship opportunities at this event.

Graduates Retreat

The Michigan State University College of Human Medicine Annual Graduates Retreat is sponsored by the Office of Student Affairs and Services. All fourth year medical students are required to attend this event during the LCE. The event is generally held a week following Match Day in preparation for transitioning from medical school to residency. Great focus is placed on graduating seniors understanding the professional responsibilities of practicing medicine as a licensed physician before beginning their graduate medical education programs in the summer. Highlights of the retreat include reviewing the college match results, learning key financial strategies, understanding disability insurance needs, and licensure verification requirements. Preparations for commencement are also reviewed with the graduating seniors.

Commencement

Each year the Office of Student Affairs and Services organizes the Official Commencement Ceremony of the College of Human Medicine. This event takes place on a weekend in May in the Jack Breslin Student Events Center on the Michigan State University campus. The program includes the traditional Hooding Ceremony as well as the conferral of the M.D. degrees. Faculty members, former graduates, parents, guests, and others important to the College share with us this ceremonial culmination of four years of intensive medical study.

Student Organizations

The Office of Student Affairs and Services provides administrative oversight and support for student organizations and interest groups. Student organizations and interest groups are an integral part of learning for students. Participation in these groups provides opportunities for the development of collaboration and leadership skills and allow students to serve the community as part of their education. The groups also allow students to explore special interests within medicine, and potential career paths after graduation. Thus, participation in student organizations and interest groups, whether as a leader or a contributor, is essential for students' professional development. Membership and participation in the organizations and interest groups is open to all medical students at the College of Human Medicine. Student organizations and interest groups reflect the inclusive learning and work environment of the College of Human Medicine, which promotes the dignity and respect of the diverse student body, faculty, staff, patients and communities and which is also responsive to the needs and contributions of all persons.

There are a variety of different types of organizations and interest groups medical students can join and/or participate in at the college. Each has its own unique focus and goals for exploring a multitude of opportunities in medicine. The most common are:

1. National Membership Organizations
2. Medical Specialty Interest Groups
3. Community Service Focused Interest Groups

The Annual Student Organization and Resource Fair is held the last Friday before the start of classes for Fall semester. The event is designed to introduce the ECE students to over 30 student interest groups and organizations. A directory is developed and distributed and is also available in D2L.

Policy on Student Travel

The Office of Student Affairs and Services, has **very limited funding for student travel**. These funds are allocated to students in the following order of priority:

The CHM official representatives to the Organization of Student Representatives (OSR) of the Association of American Medical Colleges (AAMC) receive support to attend annually both the national meeting and the regional meeting.

Travel may be requested by the Primary Organizational Representative to attend the national or regional organizational conference or meeting.

Travel may be requested by an individual student in support of a nationally or regionally held office in a recognized professional organization.

Students must complete the **Request for Approval for Support of Student Travel Form** in the Office of Student Affairs and Services. All requests for funding should be accompanied by a proposed budget, written documentation of the above information, and statement of how students will share information gathered with other students. **Requests should be submitted at least 60 days in advance**. Students who are approved for support will be notified in writing and provided the University regulations for expense reimbursement. ***Students are responsible for making arrangements to cover all required academic activities during travel. Approval for travel support does not mean approval to miss required academic classes.***

Students who are **requesting support for travel related to research activities** (must be first author) should contact the CHM Director of Graduate Studies (Mrs. Margo Smith) at (517) 432-5112 or smithmk@msu.edu.

Students seeking assistance with poster printing, please contact Dr. Mark Trottier in the College of Human Medicine Office of Research at trottie1@msu.edu.

Transportation and Parking – East Lansing

Parking

All University employees and students are required to purchase a parking permit. The permit allows parking in certain lots. If you park in an area not authorized to you (the circle outside the Radiology Building or in the Clinical Center parking lot), you may receive a ticket and/or have your vehicle towed.

Parking in the Radiology Parking Lot

All students who plan to park in the lot adjacent to the Radiology Building are required to register their vehicle with the MSU Department of Public Safety (see below for instructions on how to register

your vehicle and the cost involved). In addition to the registration, you may choose to purchase a pass that allows you unlimited parking for Fall and Spring semesters. If you do not purchase the pass, you will be asked to pay each time you exit the lot.

The Radiology Parking Lot 100 is not designated as a 24 hour parking lot. You will see signs posted that vehicles should not be parked in the lot between 2:00 a.m. and 6:00 a.m. As a medical student, you are allowed 24 hour access to the CHM Student Learning Center located on the lower level of the Radiology Building. The MSU Department of Public Safety has agreed not to ticket student cars parked in that lot that **are registered with MSU with a valid student sticker. If your car does not have a valid student sticker and it is parked in the lot between 2:00 a.m. and 6:00 a.m., you are likely to receive a costly ticket. Please do not appeal to the administration to fix this problem. Also,** note that if snow removal occurs while your vehicle is parked in the lot, whether or not you have a student sticker, and it is between 2:00 a.m. and 6:00 a.m., your vehicle may be snowed in. The university will not take responsibility for clearing your car or access to your car once the plows have moved through the lot.

Parking on Days of MSU Home Football Games

On the days of **home football games during Fall semester**, MSU uses various parking lots and decks across campus to accommodate the 70,000 fans and 15,000 vehicles that arrive to tailgate and view the game. MSU will use the Radiology Parking Lot as an official MSU football parking lot. Anyone who is parked in the lot will be required to pay the established MSU game parking fee which varies from \$10 to \$20 per vehicle. MSU will have parking attendants working at the lot usually beginning at 8:00 a.m. on a game day. The time may vary if the game begins late in the afternoon (3:00 p.m.) or the evening (7:00 p.m.) because of the televised network schedule. Generally the attendants are on duty at least five (5) hours before the start of the game. The parking attendants remain on duty until the end of the third quarter of the football game. If you arrive to park in the Radiology Lot during the time when it is designated for football parking, you will be required by MSU to pay the per vehicle fee. Anyone who parks - faculty, staff, students or the public- must pay the fee. This is a university policy that is not under the control of the College of Human Medicine.

You will be able to register your vehicle and obtain a Lot 100 parking permit online (for the combined Fall and Spring semesters **only**) at the [Department of Police and Public Safety \(DPPS\)](#) website. You may go into the Parking Office to purchase a permit for Fall semester only. Opting to purchase your permit online will allow you to avoid the long lines at the Parking Office. Permit privileges are not valid until the permit is properly affixed to your windshield, so be sure to allow enough time for the mailing of permits ordered online. **All vehicles operated or parked on MSU property by MSU students must be registered with the DPPS Parking Office.** MasterCard, Discover, American Express, and electronic checking (ACH) are accepted as forms of payment when you register online. If you prefer to pay in cash you may go to the Parking Office. Bring your student ID and your current vehicle registration.

Vehicle Registration Information

Beginning August 4, 2016 at 9am, you will be able to register your vehicle and purchase a Lot 100 parking permit **online** at www.police.msu.edu for Fall 2016 and Spring 2017 combined.

Permit privileges are not valid until your permit is properly affixed to your windshield so be sure to allow for mailing time. You may park complimentary in pay lots 62W, 63W, 79, 100, and the visitor section of the Wharton ramp from August 19-30, 2016 or in lots 83, 89, or 91 until 7am on August 31, 2016 while waiting for your permit to arrive in the mail. You may not park overnight (2am to 6am) in the pay lots.

Vehicles operated or parked on MSU property by MSU students must be registered with the Parking Office. Vehicles are registered based on your residency. The permit to register your vehicle will allow you to park either in lot 89 (on the corner of Farm Lane and Mount Hope Road) or in the lot determined by your residency. You have two options for parking in lot 100 (the pay lot east of the Clinical Center):

1. **Pay to register your vehicle with the MSU Parking Office for the entire year and pay by the hour to park in pay lot 100.** Those who have a current and valid commuter, Spartan Village, or University Village permit affixed to their windshield will pay .50 per half hour to park in lot 100. All others will pay .90 per half hour to park in lot 100. Payment in the pay lots must be made using cash as credit cards are not accepted. The cost of a commuter permit is \$103 for the 2016-2017 academic year. A Spartan Village or University Village permit will cost \$127. The cost for those living in the residence halls will depend upon which residence hall you live in. The minimum fee is \$127 for on-campus residents.
2. **Pay to register your vehicle with the MSU Parking Office for the entire year and pay \$169 per semester for a lot 100 parking permit rather than paying by the hour.** The flat rate for the lot 100 permit is in addition to registering your vehicle (see #1 for costs of registering your vehicle). The cost for Fall 2016 and Spring 2017 semesters if you live off campus will be \$441 (\$103 for the commuter permit + \$169 + \$169). Please call the MSU Parking Office for the total cost if you live on campus. Your MSU Student ID card will work as a gate card at the entrance and exit card readers for lot 100 if you have a current and valid lot 100 permit. If your ID card is not working, then please call the Parking Office so that we can activate it. You may show your lot 100 permit to the booth attendant to exit lot 100 until your MSU ID card has been activated.

Lot 100 permits sold online are sold for Fall 2016 and Spring 2017 combined. If you wish to purchase a permit for one semester only then you must come into the MSU Parking Office in order to do so. Fall 2016 permits will be sold at the MSU Parking Office **starting on August 15, 2016**. They will not be sold in the MSU Parking Office before this date. Please allow yourself plenty of time as lines are very long this time of year. You must bring in your MSU student ID card and a copy of your current vehicle registration with you in order to register in person at the MSU Parking Office.

ATTENTION: At times parking spaces and/or areas may be reserved for special events, and an additional fee will be charged. Permits for lot 100 are not valid on home football game days as lot 100 is reserved for football parking on these days. If you choose to park in lot 100 on a home football game day, then you will be charged the special event parking fee to do so.

Questions? Call the Parking Office at (517) 355-8440, Mon – Fri, 7:30am – 4:45pm.

Campus CATA Bus Service

(517) 432-2282

Bus service is available on the Michigan State University campus during the Fall and Spring semesters. This service is provided by the Capital Area Transportation Authority (CATA). Bus passes and individual tickets may be purchased at the MSU Book Store, the Union Ticket Office, University Apartments Office, Residence Hall Reception Desks, and Automotive Services at the Central Services Building. Prices and schedules are also available at these places, and bus service is free the two weekends prior to the first day of classes to allow people to become acquainted with the system. There are two basic types of bus passes: Regular and Commuter, both of which can be purchased on an annual or semester basis. The Regular Bus Pass entitles the holder to unlimited use of all routes of the Campus Bus System. The Commuter Bus Pass entitles the holder to use the bus services between the parking lot at Farm Lane and Mt. Hope and the central interchange lot at Shaw and Farm Lanes.

Capitol Area Transportation Authority

(517) 394-1000

Bus service is available for East Lansing, Lansing, and Holt. Maps and schedules are available in residence halls, the Union, the International Center, the Student Activities Division in 153 Student Services Building, and on buses.

Bicycles - Department of Police and Public Safety

Vehicle Office, Red Cedar Road

(517) 355-8440

All bicycles ridden on the Michigan State University campus must be registered at the Department of Public Safety. Registration costs are nominal. Bicycles may only be parked at the storage racks located around the campus. Bicycles attached to trees, posts, fences, etc., will be impounded. The University is very conscientious about enforcing this policy, so be careful! Each spring, summer, and fall, there are auctions held at the Salvage Yard to sell unclaimed bicycles. There are usually some good deals. Be sure to use a lock. Bike thefts are common on the MSU campus.

Transportation and Parking – Grand Rapids

The arrival of summer coincides with parking registration renewal for the next fiscal year, July 1, 2016 – June 30, 2017. Individuals currently registered for MSU owned/leased spaces or those desiring to park in MSU spaces **MUST register** for parking for the next fiscal year. Parking renewal will be open starting June 15 through June 30, 2016 and will continue on a first-come, first-served basis. **Failure to renew parking registration by June 30th 2016 will result in revocation of the parking privilege.**

Owned or leased properties include Secchia Center garage parking and the lot at College and Michigan Street. **Vehicles operated or parked on MSU owned or leased property must be registered with the College and parked according to the privileges granted.** The CHM Parking

Policy is on the CHM website and may be accessed at:
<http://chm.msu.edu/STUDENTS/Students.htm>. Please review it carefully.

Parking registration for the College of Human Medicine Students who wish to park in MSU owned/leased parking in Grand Rapids is available through the on-line parking registration process.

In addition to MSU owned/leased spaces, a variety of parking options and price points are available for students in Grand Rapids. Please review the information below carefully before making your selection.

MSU OWNED OR LEASED PARKING OPTIONS

MSU parking beneath the Secchia Center

- Covered parking located in the parking garage below Secchia Center
- 115 spaces are offered to faculty, staff and students
- Cost from July 1, 2016 through June 30, 2017 is \$135 per month.
- There is a one-time, non-refundable, cost of \$25 to purchase the AVI module to trigger the gates.

MSU parking at College and Michigan Streets

- Uncovered parking lot
- Approximately a 15 minute walk from the Secchia Center
- 70 spaces offered to faculty, staff, students and the public
- Cost from July 1, 2016 through June 30, 2017 is \$45 per month

Secchia Evening/Weekend Parking Permit

- Covered parking located in the parking garage below Secchia Center
- Allows evening and weekend parking ONLY in the parking garage below Secchia Center
- Allowed between 6PM - 6AM Monday-Thursday evenings, and weekends from 6PM Friday until 6AM Monday
- Cost from July 1, 2016 through June 30, 2017 is \$36 per month
- One-time, non-refundable, cost of \$25 to purchase the AVI module to trigger the gates

Carpool Option:

All CHM parking options may be set up as a car pool for up to four participants. One person must be the primary registrant and pay for all carpool participants. Vehicle information must be provided for each carpool participant prior to distribution of the permits.

Registration for MSU Parking at Secchia Center or College and Michigan:

- To register for any of the above options, please click on the following link:
https://commerce.cashnet.com/msu_3573
- Click on "Register" to create a screen name and password and complete account registration

- Click on “Browse Catalog”
- Click on “MSU CHM Student Parking Registration”
- Select the desired parking option
- Follow directions to complete and submit the appropriate online registration.
- Payment may be made online via credit card or electronic funds transfer from your bank account.

Note: When completing the registration form you will have the option to have your parking permit mailed to you. If you choose “no”, please pick your permit up from the CHM Dean’s Office Receptionist located at Secchia Center, Suite 450 between 8AM and 5PM. Please allow 2-3 full business days to process registration prior to picking up permits.

Questions regarding MSU Owned or Leased parking should be directed to:

CHMGRParking@chm.msu.edu or Kathy Ransom, Parking Manager at kathy.ransom@hc.msu.edu

Bicycle Registration:

REMINDER: Any bicycle parked at Secchia Center must be registered. Registration is free and may be accomplished going to the following link: https://commerce.cashnet.com/msu_3573 Click on Grand Rapids Parking; Bicycle Registration. Once you have registered a small permit will be mailed to you to place on your bike.

NON- MSU OWNED/LEASED OPTIONS

Immanuel Lutheran Church

- Located directly west of Van Andel Institute, and across Michigan Street from Secchia Center
- Limited number of parking spaces on the south (back) side of the church
- Cost is \$80/month
- Payment would be directly to the church
- Payroll deduction is not available for this option
- Call (616) 454-3655 or contact via e-mail at office@immanuelgr.org

City of Grand Rapids

- A wide spectrum of cost effective parking options are operated by the City of Grand Rapids including city owned parking lots, DASH (Downtown Area Shuttle) Lots and parking meters
- For more information, refer to: <http://grcity.us/enterprise-services/Parking-Services>
- Payment for City of Grand Rapids parking options would be made directly to the city
- Payroll deduction is not available for this option

Ellis Parking on Ottawa

- Located off of Ottawa Ave. just south of Michigan Street

- Limited number of parking spaces
- Payroll deduction is not available for this option
- Contact Debby Nyenhuis at 616-458-1179 or via email at dnyenhuis@ellisparking.com

Financial Assistance

Office of Student Affairs and Services

The Office of Student Affairs and Services is the medical students' liaison to the Financial Aid Office for the Health Professions. Staff members will assist students in the following ways: serving as advocates around difficult financial aid problems; distributing financial aid applications and information; coordinating financial aid workshops; and working with the Financial Aid Office for the Health Professions to evaluate and improve services.

The Office of Student Affairs and Services also administers an emergency loan service for medical students. The office serves as a repository of information on outside sources of grants, scholarships, and loans. Student applications for outside sources of funding are supported by letters of recommendation upon request. As an added service, selected loans and scholarship checks are distributed to College of Human Medicine recipients.

Financial Aid Offices

Medical students may access the Michigan State University Financial Aid Offices for assistance at either location.

556 E. Circle Dr., Room 252

East Lansing, MI 48824-1113

Hours: Monday – Friday

9:00 a.m. – 5:00 p.m.

(517) 353-5940

Attention: Angelene Patton

965 Fee Rd., Rm C18-B East Fee Hall

East Lansing, MI 48824-01113

Hours: Monday and Thursday (closed in summer)

12:00 p.m. -4:00 p.m.

(517) 355-8527

Secchia Center, 15 Michigan St. NE, Room 380

Grand Rapids, MI 49503

Hours: Monday- Friday

8:00 a.m. – 5:00 p.m.

(616) 234-2620

Attention: Christy Cotton

Financial Aid Website Address

The Medical Student Financial Aid Coordinators have established a special website address that will contain up to date financial information for medical students at

<http://www.finaid.msu.edu/med/default.asp>.

Other Information on Financial Planning

Access to **Monetary Decisions for Medical Doctors - An Electronic Resource Manual for Financial Planning Throughout Your Career** on the web is available through the AAMC web-site at:

<https://www.medschool.lsuhs.edu/admissions/docs/AAMC%20MD2%20Home%20Page.pdf>.

FIRST (Financial Information Resources Services and Tools)

A website also through the AAMC with a wide variety of financial resources for medical students

<https://www.aamc.org/services/first/>

Student Loans

Short Term Loans

In an emergency, Michigan State University Office of Financial Aid offers short-term loans. There is an interest charge for use of these funds with repayment in 60 days. The electronic short term loan application is available in the student portal at stuinfo.msu.edu under the Financial tab. See the Office of Financial Aid for the Health Professions if you have issues with the electronic application.

CHM Emergency Loans

The Office of Student Affairs and Services maintains an emergency loan fund for students who find themselves short of cash from time-to-time. Small amounts can be borrowed, interest-free, with an end of semester payback period. There are guidelines for granting these loans, such as unexpected expenses, e.g. family emergencies, emergency car repairs. Students with questions or who have a need should contact the Office of Student Affairs and Services to request an application. The Associate Dean for Student Affairs must approve all applications.

All emergency loans granted to CHM students are made possible through an annual gift provided by the Michigan State Medical Society Alliance and American Medical Association (AMA) Foundation. AMA Foundation Short-Term Emergency Loan Fund's annual contribution to MSU/CHM represents gifts from individual physicians, members of the AMA Alliance, Michigan State Medical Society Alliance, and others in the State of Michigan and across the nation. It is hoped by the AMA Short-Term Emergency fund that their annual support will provide a renewable resource for CHM student emergency loans, increased medical school awareness of the AMA Foundation and MSMSA contributions, and potentially encourage generosity amongst medical students who will be asked to respond to AMA Foundation Short-Term Emergency Loan Fund solicitations later in their careers.

Sources of Grants and Scholarships

College of Human Medicine Endowed Scholarships

A limited number of endowed scholarships have been established for medical students. They are competitive and most are awarded in the spring of every year to be applied to the following fall

semester tuition. A list of available scholarships and the applications are distributed to students in late Fall Semester. The College scholarship application process opens in spring semester.

Below is the financial aid budget.

**COLLEGE OF HUMAN MEDICINE – Shared Discovery
Michigan State University 2016-2017**

| | YEAR I | |
|----------------------------|-------------|--------------------|
| | FALL/SPRING | SUMMER 3 months |
| RENT/UTILITIES*** | 7884 | 2628 |
| FOOD | 3078 | 1026 |
| PERSONAL & MISCELLANEOUS | 3011 | 1002 |
| HEALTH | 2683 | 0 |
| TRANSPORTATION | 5175 | 1725 |
| ELECTRONIC TABLET | 400 | 0 |
| BOARD EXAMS | 0 | 0 |
| STEP 2 TRAVEL | 0 | 0 |
| RESIDENCY INTERVIEWS | | |
| BOOKS/INSTRUMENTS | 1167 | 96 |
| TOTAL LIVING EXPENSES | 23398 | 6477 |
| | | |
| TUTION/FEES RESIDENT** | 29506 | 14753 |
| TUTION/FEES NON RESIDENT** | 58142 | 29071 |
| | | |
| RESIDENT TOTAL | 52904 | 21230 |
| NON RESIDENT TOTAL | 81540 | 35548 |
| | | |

| | YEAR |
|------------------------|------------|
| RENT, UTILITIES*** | 876/month |
| FOOD | 342/month |
| PERSONAL/MISCELLANEOUS | 334/month |
| TRANSPORTATION | 575/month |
| MONTHLY TOTAL | 2127/month |

*A dependent care allowance may increase the single student budget for certain categories of students (with children) who have little or no income.

**Tuition and fees subject to change by MSU Board of Trustees. Tuition amounts reflect full-time (12+ credits/semester) attendance. If a student enrolls for less than full-time, the Office of Financial Aid will revise the cost of education and reduce aid accordingly. Minimum enrollment level required for aid disbursement is 6 credits for Stafford and Grad PLUS loans.

***Housing amount assumes double occupancy for off-campus living.

Certificate Programs

Leadership in Medicine for the Underserved (LMU)

Students interested in obtaining the Leadership in Medicine for the Underserved Certificate will need to complete the following additional requirements:

LMU Program requirements:

1. Attend the Public Health in Medicine Course (intersession). Student must attend all sessions and satisfactorily pass all required assignments and evaluation/testing.
2. Complete 100 hours of assigned community site activities during LCE, including community assessment, program development and implementation (site specific).
3. Complete two underserved electives during LCE. Submission of weekly reflection journal during these electives. This is an international experience through our partner organization (FIMRC) unless there is a compelling reason to remain in the Flint area.
4. Log an additional 88 hours of service learning in the Flint community.
5. Complete a research project with a underserved focus (the CAAM project may be used to complete this requirement).
6. Submit reflection journal monthly addressing underserved experiences.
7. Participate in the Poverty Simulation experience during LCE.

Leadership in Rural Medicine Certificate Program

Students interested in obtaining the Leadership in Rural Medicine Certificate program will need to complete the following additional requirements:

Rural Community Health Program (R-CHP):

1. Attend the Leadership in Rural Medicine Seminar Series. The series includes 4 evening seminars each year during Years 1 and 2. Each student needs to attend at least 7 of the 8 scheduled seminars prior to entering the Late Clinical Experience, or complete make-up assignments for additional excused absences.
2. Log 28 hours of rural physician shadowing and complete reflection log prior to entering the Late Clinical Experience.
3. Complete two rural electives during LCE including Rural Community Health (HM632) and Advanced Rural Community Health (HM633). A requirement of Advanced Rural Community Health is to complete all R-CHP portfolio assignments, which students may start upon entry to LCE.

4. Log 100 hours of ER/procedural/career exposure in a rural community above rotation requirements.
5. Complete a research project with a rural focus (the CAAM project may be used to complete this requirement).

Rural Physician Program (RPP):

1. Attend the Leadership in Rural Medicine Seminar Series. The series includes 4 evening seminars each year during Years 1 and 2. Each student needs to attend at least 7 of the 8 scheduled seminars prior to entering the Late Clinical Experience, or complete make-up assignments for additional excused absences.
2. Log 28 hours of rural physician shadowing and complete reflection log prior to entering the Late Clinical Experience.
3. Complete two rural electives during LCE. Electives are an additional 4 weeks of Family Medicine (FM608) and Rural Community Health (HM632). A requirement of the additional Family Medicine elective is completion of a Family Medicine Community Assignment.
4. Log an additional 40 hours of service learning in a rural UP community.
5. Log 40 hours of ER/procedural/career exposure in a rural community above rotation requirements.
6. Complete a research project with a rural focus (the CAAM project may be used to complete this requirement).

Medical Partners in Public Health (MD-PH)

Students interested in obtaining the MD-PH – Medical Partners in Public Health Certificate will need to complete the following additional requirements:

MD-PH Program requirements:

1. Pass the HM 822 Introduction to Core Disciplines of Public Health for Medical Students (intersession). This 8th intersession must be taken in addition to the 7 required intersessions for the medical school in order to get credit from the MPH program towards the MD-PH certificate.
2. Pass the HM 823 Medical Partners in Public Health Special Sessions
3. Complete two public health electives during LCE - HM 622 Practical application of public health principles for medical students—planning a community project, and HM 623 Practical application of public health principles for medical students—implementing community project.
4. Log an additional 88 hours of public health-related service learning in the Flint community.
5. Complete a research project with a public health focus (the CAAM project should be used to complete this requirement).
6. Attend MD-PH sponsored evening Journal Clubs or seminars up to four times/year.

Dual Degree Programs

MD/MBA

Students who have an interest in medicine and in business may apply and be admitted to both the College of Human Medicine and to the Eli Broad College of Business. Admissions decisions will be reached independently by each college. If a student is accepted to both programs in the same admissions cycle, the student will defer entering medical school and will take full time MBA courses for fall and spring semesters.

Upon successful completion of the first year MBA courses, the student will enter medical school and proceed through the curriculum. In years three and four of the medical school curriculum, the student concurrently will complete the online Management, Strategy and Leadership program.

12 credits from the medical school curriculum will be transferred to the MBA program to satisfy elective MBA credits, and not the core MBA required courses or required concentration. These credits need not be from courses on business topics. The credits will be approved by the designated representatives (advisors) of both colleges.

Student advising specific to the MBA program will be provided by the MBA Director of Academic Programs or a designate and by the CHM Director of Graduate Studies or a designate.

Tuition will be the same rate per semester throughout the program based on 12 full-time tuition blocks of tuition charged over a 12 semester timeframe. Students who do not complete the program within 12 semesters will be assessed at 25% of the full-time semester rate of the special MD/MBA block rate tuition for the remaining semesters that they are enrolled. Students will be coded for the MD/MBA program (2855, tracking code 6079) and will pay a block tuition for the MD/MBA program.

The financial aid budget will be based on the tuition rate for the MD/MBA program. Aid eligibility for grants and loans will be based on the class and program level for the major code as determined by the Registrar's Office.

Both the MD and the MBA degrees will be awarded at the same time.

If a student withdraws from the joint MD/MBA program, the student must notify the designated representative at each college in writing. If the student pursues the MBA, credits from the MD program will not be allowed to transfer to the MBA program. If the student

pursues the MD program exclusively, credits from the MBA program cannot be used as electives. Tuition will be assessed at the current tuition rate for either program.

MD/PhD

Admission to the MD/PhD Program

To become a fellow in the MD/PhD Program, a student must be accepted to the MD program and a PhD graduate program at Michigan State University, as well as be selected by the MD/PhD Selection Committee of the College of Human Medicine. Admission to the MD program is usually contingent upon the applicant's acceptance of the offer of admission to the MD/PhD program.

Financial Assistance

The Program awards fellowships that provide financial support as follows: a living stipend plus fringe benefits including partial tuition, registration fees, health insurance, and travel funds. Out-of-pocket tuition expenses range from \$6,500-\$10,000/year, depending on summer enrollment. It usually takes 7 to 8 years to complete the requirements for both degrees. The Spectrum MD/PhD fellowship is for five years, which includes the first three (3) years of the joint degree program and the last two (2) years of clinical clerkships (beginning AFTER the student files the PhD dissertation with the university). During the time in which the fellow is working on PhD graduate research training, support is expected to be provided by the major research professor.

Since financial assistance is provided to allow the fellow the freedom to pursue his/her studies and research, fellows participating in the MD/PhD Program are expected not to be employed within or outside of MSU. Further, it is advised that MD/PhD fellows should not participate in extra-curricular activities that demand excessive amounts of time.

Supplemental financial assistance may be sought from the MD/PhD Program Director/Assistant Director for the following purposes:

- 1) Special needs or projects, such as off-campus courses or workshops.
- 2) Travel funds to present research work at a scientific meeting or conference.
- 3) Gap funding (as needed) for the time between the PhD defense and return to CHM for clerkships.

Academic Plan

Earning the MD/PhD requires that a fellow navigate two independent MSU advanced degree programs, each with unique course requirements, pre-requisites, time schedules, etc. The MD/PhD Program Director will work with the fellow to develop a schedule such that the specific requirements can be integrated to the advantage of the fellow. This allows the fellow to complete medical school coursework through USMLE Step I, and most of the graduate

coursework during the first three years. Input from the fellows and their graduate program mentors regarding alternative ways to meet the requirements is encouraged.

- a) Initially, a semester-by-semester curriculum schedule is prepared which will be reviewed regularly. This plan is circulated to individuals in the fellow's graduate program as well as the college. If any change(s) is (are) needed to be made to the curriculum schedule, the fellow should consult with the MD/PhD Program Director.
- b) First year fellows may opt to start their program in the summer prior to the Year 1 fall matriculation by beginning laboratory rotations. The start date can be as early as June 1, so long as the fellow has completed the bachelor's degree prior to the start date. Enrollment for summer credit is not required but the fellow will receive a living stipend and fringe benefits for the summer months.
- c) Fellows are expected to select a major research professor by the end of Year 1. All fellows are expected to schedule time to spend in the major professor's laboratory. During the first two years, fellows should be learning techniques, contributing to small projects, reading papers, and attending lab meetings and seminars. Taking the graduate program qualifying exams at the end of this period is encouraged, but not required. The optimal time for this exam should be discussed with the major professor and PhD program director.
- d) MD/PhD fellows are expected to register and take the USMLE Step 1 Exam ("Boards") no later than June 30 of their 3rd year in the program.
- e) The fellow is expected to perform at or above mastery level in his/her medical school as well as graduate school courses. Progress will be monitored by the MD/PhD Program Director and the fellow offered academic support if needed. If the fellow earns a non-passing grade in a course, a meeting between the student, research mentor and MD/PhD Program Director will be necessary to re-evaluate the curricular plan. If the fellow is Suspended Pending Dismissal from CHM due to the accumulation of non-passing grades, the fellow will no longer be eligible for the program or fellowship funds.

Mentor Selection of MD/PhD Fellows

The Fellow should check with MD/PhD Program Director for advice in selection of a research mentor. The mentor may be affiliated with any MSU academic unit that has a well-established research program. The mentor may have PhD, DO, MD, and/or DVM degrees. The mentor for the MD/PhD fellow should have substantial peer-reviewed extramural research funding, which assures training of the fellow by an expert in their field who is nationally recognized for outstanding research program. A fellow may be able to choose a program outside of the traditional biomedical sciences, but this will require prior consultation with the MD/PhD Program Director at the time of application to the program.

Research Areas for MD/PhD Program Fellows

The departments and programs for fellows include, but are not limited to: Biochemistry and Molecular Biology (BMB), Cell and Molecular Biology (CMB), Epidemiology, Genetics, Microbiology and Molecular Genetics (MMG), Neuroscience, Pharmacology and Toxicology, and Physiology. In addition there are interdisciplinary programs that are offered in conjunction with some PhD programs. Programs outside of the traditional biomedical disciplines are also considered on a case-by-case basis. A connection to medicine and healthcare is required.

MD/PhD Seminars

Special seminars for MD/PhD fellows are arranged by the MD/PhD Program during the academic year. Some of these are joint with the MSU DO/PhD program. Fellows are expected to attend these seminars or other scheduled programs. Prior to each seminar, each MD/PhD fellow will be notified via e-mail of the speaker, time/date and place. Each fellow is expected to notify the MD/PhD Program Director/Assistant Director of her/his attendance or in the rare circumstance when the fellow cannot attend the seminar and indicate the reason(s).

Research Presentations / Research Forum

The MD/PhD program holds an annual research forum at which each fellow is required to present his/her research and progress in the program and respond to questions following the presentation. As appropriate, the fellow should provide information about the start date of the program, current year in the program, name of the major professor and anticipated completion date of the PhD, as well as other pertinent information. All active fellows are expected to participate. Faculty mentors, MD/PhD selection committee members, and other administrators will be invited to attend. Fellows may also be asked to present their research at Spectrum Health's Research Day in Grand Rapids.

Annual Progress Reports

During the first three years of the program, fellows will meet regularly with the MD/PhD Program Director who will oversee and recommend adjustments to the curricular plan as needed. After a major professor is selected, the fellow, MD/PhD Program Director and major professor will meet to discuss responsibilities and expectations of the fellow and the research mentor. Individual Development Plans (IDPs) are encouraged. Written reports of academic and research progress are required annually of each fellow by the MSU Graduate School. These reports (generated by the graduate program, research mentor, and the student) should be copied to the MD/PhD Program Director.

Student Rights and Responsibilities

All fellows are expected to abide by Medical Student Rights and Responsibilities (MSRR) (<http://humanmedicine.msu.edu/STUDENTS/Student%20Affairs/MSRR%20Rights%20and%20Responsibilities.pdf>) and Graduate Student Rights and Responsibilities (GSRR) (<http://splife.studentlife.msu.edu/graduate-student-rights-and-responsibilities>).

Research Proposal

At an appropriate time during the individual fellow's program, the fellow is required to submit a NIH Research Service Award (NRSA, i.e., Ruth L. Kirschstein, F-30, F-31) or a similar proposal to another agency (e.g., Amer. Heart Assoc., NSF, etc), based on the topic of his/her PhD research. The MD/PhD Program encourages participation in grant writing courses or workshops and will provide support to the fellow to attend if necessary. This requirement is designed to help the fellow to develop a research plan as well as comprehend the life of a physician scientist. The fellow's major professor will assist with the proposed research topic, content, and writing as appropriate for the graduate program.

Funding Acknowledgements

Financial support for the MD/PhD Program is largely from Spectrum Health, with additional funds from the MSU Graduate School. As such, any publications or presentations should acknowledge Spectrum Health for funding, the same as one would for grant support. In some cases, including an acknowledgment to the graduate school might also be appropriate.

Suggested wording:

“(student name/initials) was supported in part by an MD/PhD fellowship from Spectrum Health.”

OR

“This work was supported in part by an MD/PhD fellowship from Spectrum Health to (student name/initials).”

OR

“(This work/student name/initials) was funded in part by Spectrum Health and the MSU Graduate School.”

Integrated Clinical Experience (ICE)

During the graduate research training years, MD/PhD fellows are required to participate in a clinical, patient-contact activity on a continuing basis (8 hrs/month). These clinical experiences are ordinarily one half-day every other week in a clinic of interest. Clinical experience/patient contact that is part of the fellow's PhD research may fulfill this requirement. If the PhD research includes no clinical activity, the MD/PhD Program and CHM will assist the fellow in the selection of appropriate activities. This experience provides an opportunity for the fellow to stay in touch with his/her medical colleagues, keep current with their patient interaction skills, and may also be an opportunity to explore future career specialties.

Late Clinical Experience Requirements

All students in the MD/PhD Program are expected to do their clinical clerkships/departmental courses at the Grand Rapids community campus of CHM. Exceptions to this may be granted only in extenuating circumstances.

The clinical clerkship requirements include several elective clerkships, however you will get credit for two of the 4-week clinical electives for your PhD research.

MD/PhD fellows are required to complete all graduation requirements for the PhD degree (i.e., defense of the Dissertation and its submission to the Graduate School) before proceeding to the clinical clerkships. A MD/PhD fellow is not permitted to begin the clerkships before the dissertation is defended and submitted to the Graduate School. The expected start date for the clerkships is the last week of August of the year the student defends the PhD, although there is some flexibility if needed. The student should consult with the MD/PhD Program Director whenever the anticipated date PhD defense is changed. The MD/PhD Program Director will communicate with the appropriate college office regarding such changes.

Contacts

Please direct any questions to the Director and/or Assistant Director of the program.

Director: Cindy Grove Arvidson, PhD
Associate Professor
Department of Microbiology and Molecular Genetics
Clinical Center
804 Service Rd, Room A112J
517-884-1854 OR
Biomedical Physical Sciences
567 Wilson Rd, Room 5192
517-884-5364
arvidso3@msu.edu

Assistant Director: Margo K. Smith, MA
West Fee Hall
909 Fee Rd., Room 121
517-432-5112
smithmk@msu.edu

College and University Policies

Students and faculty must comply with a variety of other college and university policies. These are available publicly on msu.edu. Links to key policies that routinely impact medical students are provided below:

Statement on Diversity

[Statement on Diversity](#)

Academic Honesty – Spartan Code of Honor

Student leaders have recognized the challenging task of discouraging plagiarism from the academic community. The Associated Students of Michigan State University (ASMSU) is proud to be launching the Spartan Code of Honor academic pledge, focused on valuing academic integrity and honest work ethics at Michigan State University. The pledge reads as follows:

“As a Spartan, I will strive to uphold values of the highest ethical standard. I will practice honesty in my work, foster honesty in my peers, and take pride in knowing that honor is worth more than grades. I will carry these values beyond my time as a student at Michigan State University, continuing the endeavor to build personal integrity in all that I do.”

The Spartan Code of Honor academic pledge embodies the principles of integrity that every Spartan is required to uphold in their time as a student, and beyond. The academic pledge was crafted with inspiration of existing individual college honor codes, establishing an overarching statement for the entire university. It was formally adopted by ASMSU on March 3, 2016, endorsed by Academic Governance on March 22, 2016, and recognized by the Provost, President, and Board of Trustees on April 15, 2016.

Student conduct that is inconsistent with the academic pledge is addressed through existing policies, regulations, and ordinances governing academic honesty and integrity: Integrity of Scholarship and Grades, Student Rights and Responsibilities, and General Student Regulations.

[Spartan Honor Code](#)

[CHM Academic Honesty Policy](#)

[MSU Plagiarism Policy](#)

Medical Student Rights and Responsibilities (MSRR)

Includes information about grievances and complaints; see also the MAP.

[MSRR](#)

Graduate Student Rights and Responsibilities (GSRR) for dual degree candidates
[GSRR](#)

Faculty Rights and Responsibilities
[MSU FRR](#)

Student Mistreatment policy and procedure
[Student Mistreatment Policy & Procedures](#)

Statement on Values Conflicts
[Values Conflicts](#)

Religious observance policy

It has always been the policy of the University to permit students and faculty/academic staff to observe those holidays set aside by their chosen religious faith.

Faculty and staff should be sensitive to the observance of these holidays so that students who absent themselves from class on these days are not disadvantaged. It is the responsibility of those students who wish to be absent to make arrangements in advance with their instructors. Without another simple and dignified way to determine the validity of individual claims, the claim of a religious conflict should be accepted at face value. Please consider the ways in which these planned absences can be fairly and respectfully accommodated.

As an institution, we are committed to the value of inclusion, and so our practices must conform to our commitments.

Additional information on MSU's Religious Observance policy can be found on the website of the Office for Inclusion and Intercultural Initiatives, <http://www.inclusion.msu.edu/diversityandinclusion/ReligiousObservance.html> and the Office of the Registrar's website at <https://reg.msu.edu/ROInfo/Notices/ReligiousPolicy.aspx>.

Anti-Harassment Statement

<http://cabs.msu.edu/files/documents/key-issues/anti-harassment-statement.pdf>

Sexual harassment policy
[Sexual Harassment Policy](#)

Notice of Non-Discrimination

<http://oie.msu.edu/documents/021016%20Non-Discrimination%20Notice.pdf>

Acceptable Use Policy for MSU Information Technology Resources
<https://tech.msu.edu/about/guidelines-policies/aup/>

Behavior outside of the College

[Statement on Behavior Outside of Medical School](#)

Requirement to Disclose/Confidentiality

Michigan State University has published the following statement to inform all students: *Limits to confidentiality: Essays, journals, and other materials submitted [for class assignments] are generally considered confidential pursuant to the University's student record policies. However, students should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues to protect the health and safety of MSU community members and others. Must report the following information to other University offices (including the Department of Police and Public Safety) if you share it with them:*

- *Suspected child abuse/neglect, even if this maltreatment happened when you were a child,*
- *Allegations of sexual assault or sexual harassment when they involve MSU students, faculty, or staff, and*
- *Credible threats of harm to oneself or to others.*

These reports may trigger contact from a campus official who will want to talk with you about the incident that you have shared. In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting you are encouraged to make an appointment with the MSU Counseling Center.”

Federal Notices Pertaining to Financial Aid

<https://finaid.msu.edu/federalnotices.asp>

Clinical Work Hours Policy

http://humanmedicine.msu.edu/Medical_Education/Assets/Clinical-Work-Hours-Policy.pdf

In addition, students must be aware that state medical licensure – for permanent and limited educational licenses alike – require voluntary reporting of misdemeanor and felony convictions, and the majority of states now require formal criminal background checks using fingerprinting technology. Physicians with convictions may not be able to obtain licenses, particularly if the offense is directly related to patient care (e.g. practicing medicine without a license, sexual misconduct with a patient) or there is a pattern of behaviors that suggests “moral unfitness to practice medicine” (e.g. incidents related to substance use, violence, or theft) Such activity is addressed by the college under the Virtuous Physician and Medical Student Rights and Responsibilities

University Policy on a Drug-Free Workplace

<https://www.hr.msu.edu/documents/uwidepolproc/drugfreeworkplace.htm>

Frequently Asked Questions about the Michigan Medical Marijuana Act

https://www.hr.msu.edu/news_feeds/medmarihuana.htm

Illegal Activity and use of Alcohol and Drugs

The College of Human Medicine is committed to preparing competent, compassionate, and professional physicians. Therefore, we are committed to ensuring that after graduation, students can eventually be licensed to practice. The College must also be able to certify that its graduates meet an acceptable level of professional behavior. The behavior of a medical student within and outside of the classroom has the potential to affect the student's ability to secure a license to practice.

Legal infractions, including those involving alcohol and/or drugs, must be disclosed in applying for both licensure and privileges to practice within a specific health care setting.

Michigan State University is subject to the provisions of the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendment of 1989 passed by Congress and signed by the President. Michigan State University sets policies and procedures in keeping with this legislation related to illegal activity and the use and misuse of alcohol and drugs by faculty, staff and students. Students of the College of Human Medicine are expected to be fully compliant with these policies.

The MSU Drug and Alcohol Policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, illicit drugs and alcohol on property governed by the Board of Trustees and at any site where University work is performed. This policy explicitly prohibits the possession and use of such illegal drugs as marijuana. Marijuana is listed in the Federal Controlled Substance Act as an illegal drug with no "medical necessity" exception. Therefore, the use of marijuana including "medically prescribed" marijuana by any medical student in an educational or clinical training context will be deemed a violation of the Michigan State University Drug and Alcohol Policy. Please refer to the Michigan State University Drug and Alcohol Policy:

<http://splife.studentlife.msu.edu/regulations/selected/msu-drug-and-alcohol-policy-all-university-policy-applicable-to-university-employees-as-well-as-students>. Additional details related specifically to marijuana are outlined at <http://cabs.msu.edu/news/key-issues/issue-docs/medical-marijuana.html>.

Any student who is found to be in violation of the MSU Drug and Alcohol Policy and/or is charged with any offense related to 1) violence directed towards a person or persons, 2) destruction of property, 3) alcohol and/or drugs must report such charges to the Associate Dean for Student Affairs within 7 (seven) days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted. Students charged with these offenses must report them prior to reporting for any clinical activity. In addition, if a court appearance or other legal action prevents attendance at a required academic or clinical experience, the student must notify the Associate Dean for Undergraduate Medicine Education or their designee, prior to the missed experience.

Michigan State University mandates the reporting of all instances of alleged sexual misconduct and relationship violence to the Title IX Coordinator in the Office of Inclusion and Intercultural

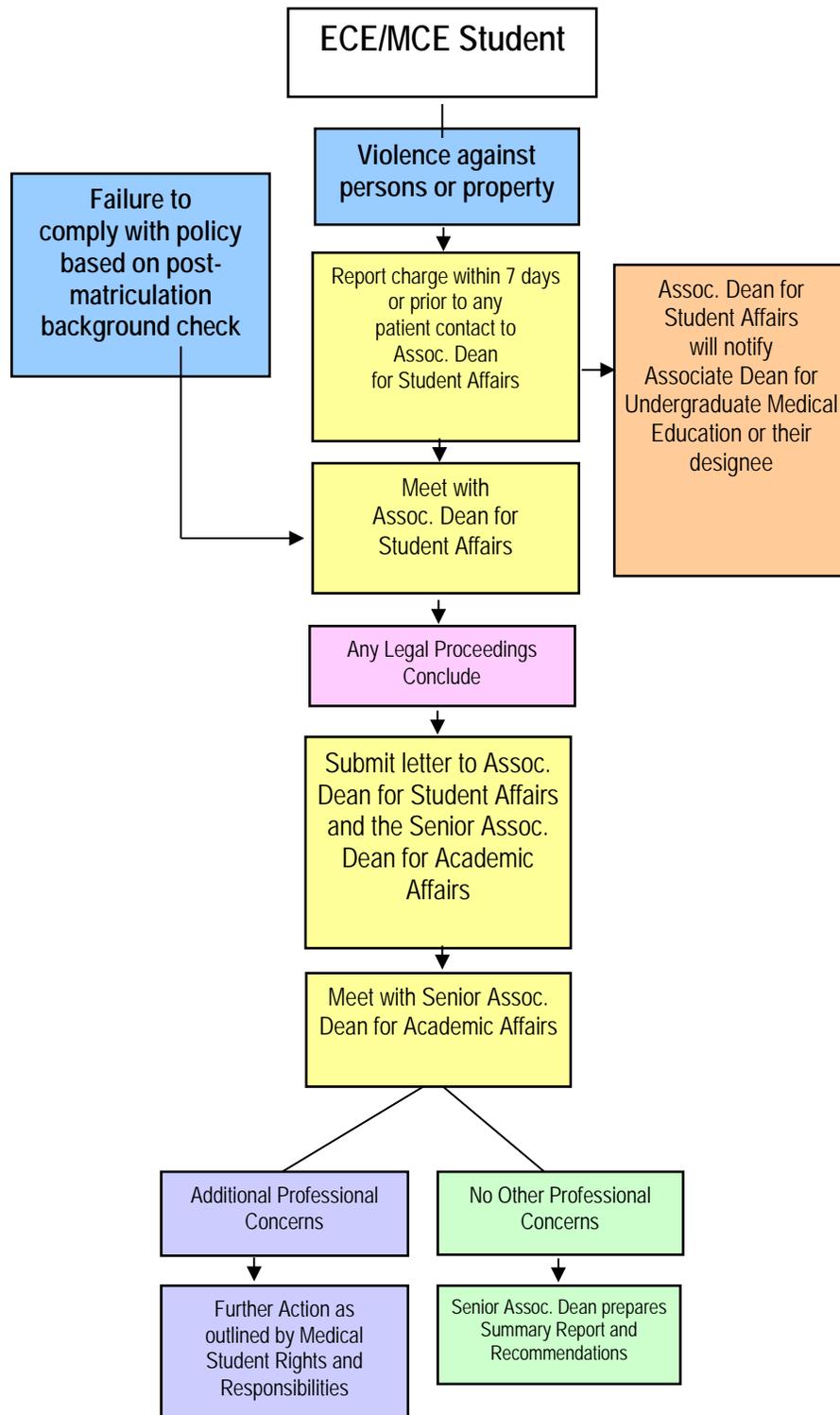
Initiatives. Please refer to the University Policy on Relationship Violence and Sexual Misconduct: http://www.hr.msu.edu/documents/uwidepolproc/RVSM_Policy.htm)

A. Violence and/or Destruction of Property Charges during Medical School

1. Students are required to report within the required time frame (within 7 days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted) any violence or destruction of property charges to the Associate Dean for Student Affairs. (**Special Note:** Any charges related to sexual misconduct and/or relationship violence are addressed as stipulated in the University Policy on Relationship Violence and Sexual Misconduct: http://www.hr.msu.edu/documents/uwidepolproc/RVSM_Policy.htm)
2. The Associate Dean for Student Affairs will notify the Associate Dean for Undergraduate Medical Education or their designee.
3. The student will request to meet with the Associate Dean for Student Affairs.
4. The Assistant Dean for Undergraduate Medical Education in consultation with the Senior Associate Dean for Academic Affairs will determine when the student may resume interaction with patients.
5. **Once any the legal proceedings have been concluded**, the student will submit a letter to the Associate Dean for Student Affairs, and the Senior Associate Dean for Academic Affairs outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with a *personal reflection* on the incident. This correspondence must include any copies of court-related documents detailing the final outcome of the proceedings.
6. The student will meet with the Senior Associate Dean for Academic Affairs who will determine any final action that is deemed appropriate and generate a summary report/statement and recommendations.
7. If the student has demonstrated other lapses in professional behavior, the situation will be managed as outlined in the Medical Student Rights and Responsibilities (MSRR), and a notation will be placed in the student file.
8. Failure of the student to adhere to this policy will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the Block Handbooks and the MSRR. Notation of this breach will be placed in the student file.

(See Diagram on Next Page)

**Michigan State University College of Human Medicine
Non-Substance Related Illegal Activity**



B. Alcohol or Drug Misuse and/or Related Charges During the Shared Discovery Curriculum

1. Students charged with a violation related to alcohol or drug use are required to report that charge within the required time frame (within 7 (seven) days or sooner if the student is scheduled for any patient contact or if academic responsibilities will be disrupted) to the Associate Dean for Student Affairs. **The student must request to meet with the Associate Dean for Student Affairs.**

The Associate Dean for Student Affairs will notify the Associate Dean for Undergraduate Medical Education, the Assistant Dean for Student Wellness and Engagement and the Assistant Director of Counseling and Wellness.

2. **Any student suspected of being under the influence of alcohol or drugs in a College of Human Medicine activity including**, but not limited to: clinical settings, lectures, exams, other curricular activities and events may be reported by a faculty member, administrator or staff person to the Associate Dean of Undergraduate Medical Education or their designee.. **The Associate Dean for Undergraduate Medical Education will request to meet with the student.**

The Associate Dean for Undergraduate Medicine Education will also notify the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs.

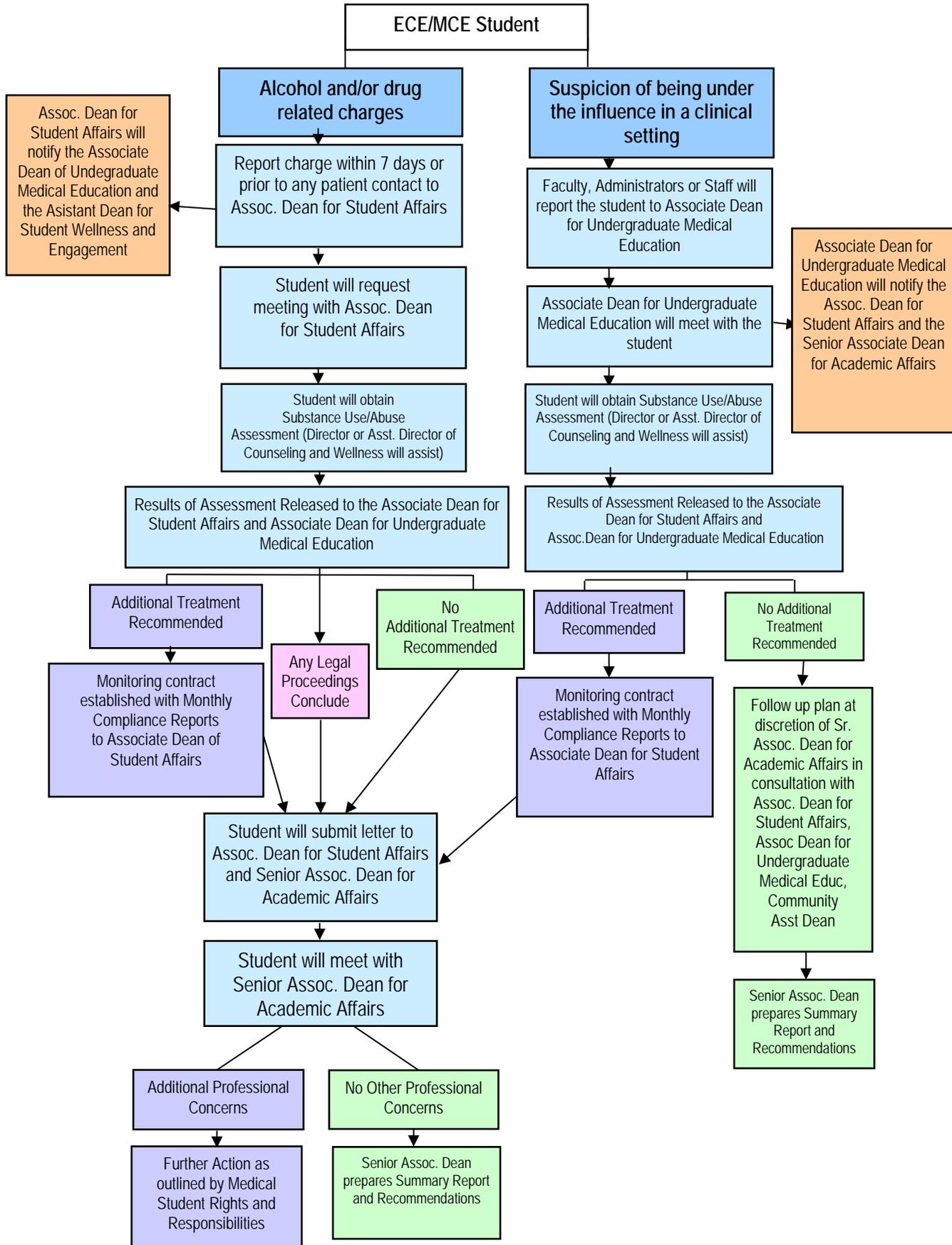
3. Any student charged with an alcohol or drug related offense and any student suspected of being under the influence of alcohol or other substances will be directed to undergo a substance-related assessment. The Assistant Dean for Student Wellness and Engagement or the Assistant Director of Student Counseling and Wellness will assist the student in obtaining the assessment. The student will be responsible for any costs associated with the assessment.
4. The student must request that the summary and recommendations of the assessment be released to the Associate Dean for Student Affairs and the Associate Dean for Undergraduate Medical Education or their designee. The results of all evaluations will also be forwarded to the Senior Associate Dean for Academic Affairs.
 - a. Should further alcohol or substance treatment be recommended, the student will be referred for appropriate treatment and monitoring to an agency external to the College.
 - i. A monitoring contract will be established that may include the following: unannounced drug screening, substance abuse/misuse related education, and participation in ongoing individual and/or group substance and alcohol abuse treatment.

- ii. The monitoring contract will remain in effect until the student graduates from the College of Human Medicine. Monthly reports of the student's compliance with the monitoring contract will be forwarded to the Associate Dean for Student Affairs.
 - iii. When an ECE/MCE student transitions into the Late Clinical Experience (LCE), the Community Assistant Dean and the Community Administrator for that student's community will be made aware of the existence of the contract. Subsequent monthly reports of the student's compliance will be forwarded to the Associate Dean for Student Affairs and the Community Assistant Dean in the student's community.
 - iv. At any time failure to comply in full with the monitoring contract will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the MSSR. Notation of this breach will be placed in the student file.
 - b. Should no alcohol or substance related treatment have been recommended for any student suspected of being under the influence of alcohol or drugs in a College of Human Medicine activity, the Senior Associate Dean for Academic Affairs, in consultation with the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education, and for LCE students, the Community Assistant Dean, will have the discretion to require a follow up plan.
5. Once a student suspected of being under the influence of alcohol or drugs in a College of Human Medicine activity has completed a substance-abuse related assessment, the student will submit a letter to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs outlining the chronology of events associated with the suspicion and concluding with *personal reflection* on the incident.
6. Once any legal proceedings have been concluded, the student will submit a letter to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs outlining the chronology of events associated with the legal charge and the outcome of the legal proceedings including details of any court-ordered actions and concluding with *personal reflection* on the incident. This correspondence must include copies of court-related documents detailing the final outcome of the proceedings and the substance abuse assessment.
7. The Senior Associate Dean for Academic Affairs will meet with the student and will determine any final action that is deemed appropriate and generate a summary report/statement and recommendations.

8. If the student has shown other lapses in professional behavior, the situation will be managed as outlined in the Medical Student Rights and Responsibilities (MSRR), and a notation will be placed in the student file.

9. Failure of the student to adhere to this policy will be considered an egregious violation of professional behavior and treated by the College as such, with full implementation of procedures outlined in the Block Handbooks and the MSRR. Notation of this breach will be placed in the student file.

**Michigan State University College of Human Medicine
Inappropriate Use of Alcohol and/or Drugs**



C. Background Checks and Drug Screening

Prior to matriculation and periodically during medical training, students will undergo formal background checks and drug screening. It is the responsibility of students to alert administration to any charges related to alcohol, drugs or related substances as well as any felonies that may appear on their background check. It is also the responsibility of students to alert administration to any prescription use or medical therapy that may impact the results of a drug screen.

1. Background Checks

If a periodic background check reveals instances of illegal activity and/or charges related to alcohol or drugs that have occurred since matriculation but have not previously been reported to the Associate Dean for Student Affairs, this failure to disclose will be considered a breach of professionalism and further action may be taken.

2. Drug Screening

- a. The Office of the University Physician will administer mandatory drug screening of all entering students during Prematriculation and Orientation. The University Physician will review all results of the mandatory screen.**

- i. Positive drug screening results not related to a currently prescribed medication or medical therapy will be reported by the University Physician to the Associate Dean for Student Affairs and the Senior Associate Dean for Academic Affairs.
- ii. The Associate Dean for Student Affairs will notify the Associate Dean for Undergraduate Medical Education or their designee and the Assistant Dean for Student Wellness and Engagement.
- iii. Any student with a positive drug screen not related to a currently prescribed medication or medical therapy but reflecting potential misuse or abuse will be referred by the Assistant Dean for Student Wellness and Engagement for a substance abuse assessment from an agency external to the College.
- iv. The summary and recommendations from that assessment are to be released to the Associate Dean for Student Affairs, the Assistant Dean of Student Wellness and Engagement and the Associate Dean for Undergraduate Medical Education or their designee.
- v. The results of all evaluations will be forwarded to the Senior Associate Dean for Academic Affairs. Should further treatment be recommended, a monitoring contract would be established as outlined above in the

Alcohol or Drug Misuse and/or Related Charges During the Shared Discovery Curriculum” policy section.

- vi. Should no further substance abuse treatment be recommended, the Senior Associate Dean for Academic Affairs, in consultation with the Associate Dean for Student Affairs and the Associate Dean for Undergraduate Medical Education or their designee will have the discretion to require a follow up plan.
 - vii. Any student with a positive drug screen not related to a currently prescribed medication or medical therapy will be required to repeat a drug screen through the Office of the University Physician at a time designated by the Assistant Dean for Student Wellness and Engagement in consultation with the Office of the University Physician. The student must have a negative drug screen prior to being permitted to enter a clinical setting.
 - viii. The student may also be required to undergo unannounced drug screening for a period of time as recommended in the substance abuse evaluation report and/or determined by the Senior Associate Dean for Academic Affairs in consultation with the Associate Dean for Student Affairs and the Associate Dean for Undergraduate Medical Education or their designee.
- b. Students may also be required to participate in mandatory drug screening at the time of entrance into the LCE at the discretion of the College’s clinical partners in the seven community campuses of the College of Human Medicine**
- i. Positive drug screening results not related to a currently prescribed medication or medical therapy will be reported by the screening office to the Associate Dean for Student Affairs, the Community Assistant Dean and the Senior Associate Dean for Academic Affairs.
 - ii. Students testing positive will be referred for an evaluation by an agency external to the College of Human Medicine and the results of that assessment will be released to the Associate Dean for Student Affairs and the Community Assistant Dean.
 - iii. The results of all evaluations will be forwarded to the Senior Associate Dean for Academic Affairs. Should further treatment be recommended, a monitoring contract would be established as outlined above in the **“Alcohol or Drug Misuse and/or Related Charges During the Shared Discovery Curriculum”** policy section.

- iv. Should no further substance abuse treatment be recommended, the Senior Associate Dean for Academic Affairs, in consultation with the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education or their designee and the Community Assistant Dean will have the discretion to require a follow up plan.
- v. Any student with a positive drug screen not related to a currently prescribed medication or medical therapy will be required to repeat a drug screen with a negative result prior to being permitted to enter a clinical setting.
- vi. The student may also be required to undergo unannounced drug screening for a period of time as recommended in the substance abuse evaluation report and/or determined by the Senior Associate Dean for Academic Affairs in consultation with the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education or their designee and the Community Assistant Dean.

Maintaining Confidentiality

Information related to any charge or suspicion of illegal activity or misuse of alcohol or drugs is confidential and will only be shared with a small administrative group on a need-to-know basis. Such a group would potentially include the Senior Associate Dean for Academic Affairs, the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education or their designee and/or the Community Assistant Dean and Community Administrator of the community to which a student is assigned, the Assistant Dean for Student Wellness and Engagement and the Assistant Director of Student Counseling and Wellness.

Any documentation related to charges of illegal activity including misuse of alcohol or drugs or to the suspicion of illegal activity or impairment due to alcohol or drug use, including but not limited to the results of evaluations, student letters of reflection, monitoring contracts and reports of compliance, and documents of administrative actions will **NOT** be placed in the student's official record with Michigan State University's College of Human Medicine.

Resources and Facilities

Ombudspersons (College and University)

[CHM Student Ombudsperson](#)

[MSU Ombudsperson](#)

Medical Student Research Journal

[MSRJ](#)

East Lansing Facilities

- Campus Locations for CHM Student Classes/Resources:
 - A133 Life Sciences Auditorium
 - B105 Life Sciences Classroom
 - A219 Clinical Center Auditorium
 - A137 Clinical Center - Echt Computer Testing Center
 - 110 Radiology - Radiology Auditorium
 - Radiology Building, lower level - Student Learning Center
 - B205 Clinical Center - Clinical Skills Teaching Area
 - E 220 East Fee Hall – Gross Anatomy Laboratory
 - E 200 East Fee Hall – Histology Laboratory
- Building Access:
 - Students may access most university buildings 6:30 am – 6:00 pm (M - F)
 - An MSU ID (Spartan Card) is required before and after hours and on weekends for all campus buildings.
- Hours of Operation for the Student Learning Center and the Computer Testing Center:
 - Students have access to the Student Learning Center in the Radiology lower level 24/7 by using an MSU ID (Spartan Card) after hours.
 - Students have access to the Echt Computer Testing Center 24/7 by using an MSU ID (Spartan Card) after hours.
 - Note that the Echt Computer Testing Center hours may vary over breaks or when the lab is being used for testing or training purposes. To verify the schedule, check the following website: <http://www.hit.msu.edu/computerlabs.aspx>
- MSU Police Department:
 - Dial **517-355-2221**. Officers are available to escort students to their cars and to deal with any security concerns.
- Parking
 - See document entitled “Parking and Transportation Around Campus” in this manual

- Student Learning Center Food Deliveries
 - Address: Radiology Building on Service Road.
 - Meet delivery person at the front of the building.
 - Please set a delivery time and be available to accept the delivery.
 - There is no parking in the circle in front of the building entrance.
 - Please leave the doors locked for security reasons.
- Wireless
 - Laptop must first be registered with the MSU Network.
 - Connect to the wireless network via MSUnet Wireless 2.0.
 - Open your browser and you will be directed to an MSU log in screen.
 - Enter your MSUnet ID and password
- Afterhours climate control

The University turns off the air conditioning and heating systems after hours. Override buttons are installed in the individual rooms of the Student Learning Center to control the temperature at night. Individual rooms (including the open study area) will turn on the system and its associated heating and cooling in increments of 2 hours. The override button is the button on the face of the thermostat with the sun/moon picture. If it gets too warm in a room, students should gently push the override button; anything forceful can damage the thermostat and require it to be replaced. In compliance with University standards, thermostats are all set to operate to a set point of 73 degrees, although in extreme heat/humidity the system may not be able to reach that temperature. Permanent signs made are posted with these instructions.

Grand Rapids Facilities

- General Building hours (when door is open to public):
 - Monday – Friday 7:00 a.m. – 6:00 p.m.; students have building access 24/7
- Security:
 - On site 24/7
 - Security Phone Number: 616-234-2800
 - **After hours everyone must report to the security desk on the first floor to sign in.**
 - When entering Secchia before/after hours, weekends; sign in at the security desk is required.
 - For ease of signing in and out, card readers are located on the south wall of the security desk. Swipe “in” upon arrival, and “out” before leaving.
 - This information is recorded for emergency purposes (fire/weather) only
 - Security staff handles lost-and-found articles.
 - Report any furniture or building damage immediately to security staff.
- Building Access:
 - MSU ID (Spartan Card) required all times and must be visually displayed.
 - Main/plaza entrance. A card reader is on the post to the right of the plaza. Enter through the door on the far right.

- Parking garage elevators; swipe your MSU ID at the card reader in the elevators and press 1R. The 1R doors open by the security desk.
 - Access to the Secchia Computer Center requires an MSU ID card at all times
 - Areas with access restricted to specific times: Clinical Skills, Anatomy and Virtual Microscopy.
 - **Every card scanned at an entrance is recorded. Avoid scanning your card at doors for locations that you have no reason to enter.**
 - It is incumbent upon you to use good professional judgment in the use of this card. Security does random audits of card access system and repeated attempts at gaining access where you are not authorized may result in disciplinary action.
 - Lost or damaged cards should be reported to Security as soon as possible.
 - Parking
 - There are a number of parking options available at/near Secchia Center.
 - Free parking is limited on some city streets, including a section of Ionia Ave beginning one block west of Secchia Center and extending north, up Ionia.
 - Most city parking lots are free after 5PM
 - Most streets around Secchia have meters, including Division Avenue and Ionia Ave. The city of Grand Rapids web site has information about more parking options:
 - <http://grcity.us/enterprise-services/Parking-Services/Pages/default.aspx>
 - MSU offers monthly parking options at College & Michigan and Secchia Center.
 - College and Michigan is a surface lot ½ mile east of Secchia Center. Students may purchase parking at this lot by the month, quarter or semester.
 - Parking ramp at Secchia Center. The ramp is owned by Michigan Street Development and managed by Ellis Parking. Students may pay to park at Secchia using any of the following options: Daily parking: Take a ticket at the gate upon entry from Michigan Street. Proceed to the Secchia Visitor Parking spaces on P5. Cost upon exit is \$2 per half hour or \$20 per entry maximum. The clock resets at midnight.
 - MSU has a limited number of reserved spaces in this ramp on level P3 that may be purchased by students by the month, quarter or semester.
 - Ellis Parking offers the ability to pay for parking on a month to month basis. This cost for this option is slightly higher than paying through MSU.
 - Students may purchase parking at Secchia Center for evening/weekends only. This option allows ramp access between 6PM-6AM Monday night through Friday morning, and 6PM Friday to 6AM Monday.
 - The MSU parking options at Michigan and College as well as Secchia Center may be set up as a car pool of up to 4 individuals. This allows the cost to be shared, but only one vehicle in the lot/ramp at any given time.
 - CHM Parking Policy and information for on-line registration for the CHM owned/leased lots is at <http://www.chm.msu.edu/current>
 - Deliveries (food):
 - Address is 15 Michigan Street, NE

- Instruct drivers to enter the plaza from Michigan Street at entrance #3; they may park on the plaza for 10 minutes or less.
 - You must meet the delivery person in the lobby and provide a cell # where they may call you
- Wireless
 - Laptop must first be registered with the MSU Network.
 - Connect to the wireless network via MSU Wireless 2.0.
 - Open your browser and you will be directed to an MSU log in screen.
 - Enter your MSU ID and password

Honorary societies

Alpha Omega Alpha (AOA)

“Be worthy to serve the suffering”

The mission of Alpha Omega Alpha (AOA) includes the following:

- Dedication to the belief that in the practice of medicine we will improve care for all by
- Recognizing high educational achievement
- Honoring gifted teaching
- Encouraging the development of leaders in academia and the community
- Supporting the ideals of humanism
- Promoting service to others

AOA is the national medical honor society and currently has 128 chapters and over 40,000 members. Each year 3500 students, alumni, house staff and faculty are elected to AOA, and up to 16% of the graduating class of the College of Human Medicine can be elected to AOA annually, based upon academic achievement, scholarship, leadership and service and election to AOA signifies a lasting commitment to scholarship, leadership, professionalism and service.

AOA supports programs for medical students (you do not have to be a current AOA member to qualify) including student research fellowships, student essay and poetry award among others. For more detailed information on medical student programs [click here](#).

Gold Humanism

The Gold Humanism Honor Society an initiative of the Arnold P. Gold Foundation, honors medical students, residents, physician teachers and other exemplars for demonstrated excellence in clinical care, leadership, compassion and dedication to service. It was established to elevate the goals of humanism, compassion, and professionalism. Humanism is reflected in attitudes and behaviors that are sensitive to the values, autonomy, cultural and ethnic backgrounds of others. Typically, 10-15% of a graduating class obtains membership. Student peer nomination is part of the selection process at CHM. The nomination ballot includes the following categories:

- Classmates you would like to have work at your side in a medical emergency
- Classmates you think will make the best all-around doctors
- Classmates who appreciate diversity and demonstrate respect in their interactions with people unlike themselves
- Classmates whose data you would unhesitatingly accept if there were conflicting reports about the same topic or patient

- Classmates who most consistently demonstrate concern for patients, colleagues, and the team
- Classmates who have shown special interest in service to special or underserved populations
- Classmates you would seek as a physician for yourself or a loved one

Student nominations are solicited at the end of each block of medical school at CHM. Students who have received a substantial number of nominations are reviewed in detail. Portions of the nominee's academic file (EX: small group forms, comments from clerkships), input from Community Deans, and special characteristics as composed for the MSPE (dean's letter) are taken into consideration. Selection is completed in Block III.

Work Hours

Scheduled hours in the ECE are about 24-28 hrs/week. These are allocated by design to allow students to engage in independent study and life-enriching activities such as research, elective courses, academic support activities, and outside activities to maintain a solid sense of well-being. A successful student in the early clinical experience curriculum devotes 42-52 hours per week to guided independent learning, practice, and studying in addition to scheduled class time, for a total of 60-80 hours of weekly work.

Service Learning

Service Learning spans all four of the CHM curriculum. Students will participate in forty hours of a structured learning experience that combines community service with preparation and reflection. Specifics related to this requirement can be found below.

SERVICE LEARNING IN THE COMMUNITY

Context:

The College of Human Medicine has adopted the SCRIPT competencies as its set of organizing curricular goals. These are Service, Care of Patients, Rationality, Integration, Professionalism, and Transformation.

The SCRIPT competencies, the land-grant mission of Michigan State University and the “Serving the People” focus of the College of Human Medicine all provide the context within which this new requirement was mandated by the Curriculum Committee. In addition, the LCME has created a Standard on Service Learning. It states that “medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.” It further annotates and defines “service learning” as “a structured learning experience that combines community service with preparation and reflection” and that “students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals.”

Overview of the Service Learning requirement

1. The LCME standard definition will be utilized
2. Service will take place with community organization
3. Student will provide evidence of preparation (communication with organization, project/activity description, bibliography or other evidence)
4. Reflective element will be required (usually an essay, other possible)
5. Students will be required to engage in 40 hours of service by graduation
6. Required courses or activities cannot count towards the Service Learning hours
7. Professional service (such as student organization leadership) cannot count towards the requirement
8. Extra elective credit is acceptable
9. CHM will offer listings of community resources
10. Service learning for a certificate program may count towards Service Learning hours

Specific Objectives:

1. Students will demonstrate preparation and planning to provide services which respond to community need.
2. Students will participate in the provision of 40 hours of beneficial services within the community.
3. Students will demonstrate reflectivity on their participation in service learning in the community.

Process:

1. Students will be provided with lists of community organizations and contacts.
2. Students will identify desired organization(s), determine each organization’s identified needs for service, and make appropriate contact(s). NOTE: Organizations or agencies may have their own requirements for participation.
3. A student’s learning society faculty fellow is their faculty advisor for this requirement. In rare circumstances, approval of a different faculty member to serve as advisor can be given.
4. Students will be provided with a form to fill out with the following information:
 - a. Service project description
 - b. Sign off from appropriate organizational contact
 - c. Sign off from faculty advisor
 - d. Description of preparatory activity(ies), i.e., research on organization, meeting with organizational contact and advisor, project plan (if applicable).
2. Student will present completed form for approval by course director
3. Over the course of the service learning experience, students will accumulate/record/document evidence of the following:
 - a. Hours spent on service learning project signed by organizational contact
 - b. Products created as a result of experience (survey, materials, video, other if applicable). There may be no products from the service learning experience.
 - c. Records of advisor interactions if significant
 - d. Personal reflection on the service learning experience with sign off from faculty advisor
8. Reflection will be a written essay (or other product) that communicates the following:
 - a. Student’s ability to show understanding of their own assumptions, biases, values, perspectives, and how these may have changed.
 - b. Student’s ability to demonstrate an understanding of how social issues relate to medicine/health.
 - c. Student’s ability to communicate an approach to reflective practice.
 - d. Student’s consciousness of their responsibility to respond to community/national/global needs and issues.
9. Faculty advisors will evaluate essay or other product using the following grid:

| | | | | |
|--|-----|----|-------------------------|-------------------------|
| | Yes | No | Overall Rating (Pass or | Second Review requested |
|--|-----|----|-------------------------|-------------------------|

| | | | | |
|--|--|--|----------|--|
| | | | No Pass) | |
| Shows understanding of assumptions, etc., and any changes | | | | |
| Shows understanding of social issues and relationship to medicine | | | | |
| Communicates approach to reflective practice | | | | |
| Communicates consciousness of responsibilities to respond to community/national/global needs | | | | |

Faculty with questions as to the acceptability of the essay or other product will ask for second review.

10. Students will submit evidence of their progress on this requirement via their End of Semester Student Assessment and Portfolio materials.

Requirement for International Service Learning Experiences:

If a student plans to participate in a service-learning experience abroad, and plans to receive credit upon return to the US (pending completion of the reflective essay and satisfactory evaluation), the student is required to fill out the information for travel authorization <http://www.ctr.msu.edu/cotravel> and send it to Margo Smith smithmk@msu.edu. This information will be entered into the MSU Traveler’s Database and is helpful should an event occur in your travel location. Enrollees will receive at no cost extra health, repatriation, and evacuation insurance.

Evaluation:

In order to successfully complete this requirement, students will document evidence of

1. Preparatory activity prior to experience(s) (will be documented before the start of any service learning project).
2. 40 hours of service learning in the community with sign off from organizational contact(s). There may be multiple shorter experiences.
3. Personal reflection given overall acceptable rating by faculty advisor and/or second evaluator.

More information can be found in the Student Manual for Assessment and Promotion regarding the specific time requirements for completion of the Service learning components by semester of enrollment.

Frequently Asked Questions for CHM Service-Learning

1. **If I go to the Flint Community Campus as a member of the Leadership for the Underserved (LMU) program, will the work I do during the LMU courses for credit count for this Service-Learning requirement?**

No, any work for credit for a required course will not count. However, students at the Flint campus can count their volunteer work for the LMU certificate during community activity sessions for their Service-Learning requirement.

2. How do I find an agency to work with?

Please see the CHM list of organizations, and also review the MSU Center for Service Learning and Civic Engagement website for more opportunities: www.servicelearning.msu.edu/. You may also wish to seek out community organizations on your own initiative based on your areas of interest. The organization must be one whose work responds to an identified community need and is approved by your faculty advisor as part of your preparation. Relatives may not supervise a student's service.

3. What do you mean by preparation?

You must fill out the service learning form describing the service project or activity, provide a sign-off from an appropriate organizational contact approving your participation, provide a sign off from a faculty advisor who agrees to read/discuss/evaluate/ your reflective essay and respond to your questions, and provide research on the organization's mission and services, and your project plan (if applicable). Your faculty advisor will give you permission to proceed after evidence of preparation.

4. How do I find a faculty advisor?

Your learning society faculty fellow will serve as your faculty advisor for this requirement. If you have had multiple faculty fellows or are uncertain about who should best serve in this role, contact your learning society Chief.

5. Will a background check be required?

Some agencies may require a background check. This will not be a covered expense by the college. Criminal Background Checks will be required of medical students entering in 2010. The MSU Center for Service Learning and Civic Engagement will run background checks if required by the community organization so as to comply with Family Educational Rights and Privacy Act.

6. Can I complete the 40 hours over 4 years?

Yes, for example, if you stay in Lansing for 4 years and volunteer 10 hours per year at the Carefree Clinic, you will have the required number of hours in the 4th year before graduation.

7. What if I choose to volunteer for 2 years at the Carefree Clinic in Lansing, and then volunteer for Planned Parenthood in Grand Rapids? Will this count or must I perform service-learning at only one community organization?

The two service-learning activities will count. Your reflective essay will reflect what you have learned from both experiences or you may choose one. However, we encourage you to choose activities that relate and create a cohesive whole as you engage with an issue of concern for the community or communities in which you live and learn.

8. Can I perform Service-Learning during spring break?

Yes, for example, you may sign up for an Alternative Spring Break program sponsored by the MSU Office for Service-Learning and Civic Engagement (see MSU website).

9. Can a program abroad during the summer count for Service-Learning?

Yes, but you must show preparation and obtain the consent/signature of your community organization contact abroad, and obtain the approval of your faculty advisor.

10. Must I develop and submit a product such as a video, or brochure on some aspect of health education?

No, products are optional. But a product may be something you and the community organization may want to develop during the course of your service. You can tell about your product in your reflection essay. Your advisor may request to see it.

11. Should I keep a journal to record what happens and any learning or insights?

A journal would be very helpful to record your thoughts, feelings, insights, questions on your participation, clients the organization serves, the community issue that the organization is addressing, the social context of the problem, how this relates to health care, connections between academic and experiential learning, and any critical incidents. These notes will be helpful when you compose your essay on what you have learned.

12. How do I get started?

Please read the materials on Service-Learning, check out organizations you may wish to work with, do your homework on the mission and services of the organization you select, speak to a representative from the organization, and secure permission from the organization. Demonstrate your preparation to your faculty advisor who must approve your project/activity before you begin to provide service. A form for preparation will be posted.

13. Will I be able to do an elective clinical rotation in my fourth year as my Service-Learning activity?

Yes, but this will be a sixth elective rotation in addition to the 5 required elective rotations.

14. Will I be indemnified for my service work outside of the required medical school clinical work settings?

Yes, per MSU Board of Trustees' policy, students will be covered under the university's indemnification coverage and must be registered with the Center for Service Learning and Civic Engagement (CSLCE) no matter if the student secures the position through the Center or through some other means. All matriculating students are registered with the MSU Center for Service Learning and Civic Engagement and are covered by the university for indemnification.

Research Opportunities

Research is an integral component of the College, informing and transforming our teaching and care environments by producing, applying and disseminating knowledge. The CHM Office of Research provides opportunities for CHM students to participate in mentored research projects. We work with a wide network of basic, clinical, and translational researchers throughout Michigan that offers CHM students an interesting array of choices. We place CHM students in community-based organizations, health systems, and research laboratories based on the student's interests, background, future goals, and time availability.

General Information

1. The CHM Research Office has a system that approves students for research activity based on CHM and partner institution requirements, and helps link medical students to research mentors, depending on the interests of students and availability of projects.
2. Students are discouraged from initiating research projects the first term that they attend medical school until they are acclimated to the heavy demands of the curriculum. Permission of the Assistant Dean for Clinical Experiences and your Learning Society Chief must be obtained to engage in research in the fall semester of the Early Clinical Experience.
3. A student must be in good academic standing to match in a research position if research participation occurs in a time period when the student is also taking classes.
4. Students involved in research must complete Responsible Conduct of Research (RCR) training prior to working on a research project. *This is a requirement of the MSU Graduate School.* CHM has an online tracking system for students to enter RCR trainings they complete and print a copy for your mentor's files. The RCR process, topics and tracking systems are located at <https://research.chm.msu.edu/index.php/students-residents/rcr-completion-form>.
5. Students involved in research must complete Human Research Protection training prior to working on a research project. *This is a requirement for all personnel engaged in human subjects research.* The type of training required is based on the setting of your research. MSU research projects require MSU IRB Human Research Protection Certification: <http://hrpp.msu.edu/required-training>. Research based at our partner hospitals may require different training, such as via the CITI program (<https://www.citiprogram.org/>). Please check your institution's research staff, or the MSU-CHM Student Research Director, for more specifics about which training is required. Training must be renewed every two to three years, depending on the institution.
6. Research requirements vary by setting. For specifics and for more information, go to the following website: <https://research.chm.msu.edu/index.php/students-residents/finding-a-mentor>.

The site, among other things, will direct you to complete a research project request form to specify your interests and goals. The more specific you can be, the better the match you will receive.

Presentation of Research at National, Regional or Local Meetings:

1. To apply for financial help with conference expenses, contact Mark Trottier, Student Research Director, at trottie1@msu.edu.
2. To apply for financial help for printing a poster, contact the CHM Office of Research. CHM students may request up to \$75 from the CHM Office of Research for poster printing for a national/international conference when they are listed as the first author. Submit the form at <https://research.chm.msu.edu/index.php/students-residents/chm-msu-funding-request-procedures>. Contact Angie Zell at zell@msu.edu BEFORE you order your poster because we make payment arrangements directly with the vendor.

Leave of Absence (LOA) Policy and Procedures

A medical student may desire a Leave of Absence (LOA) from CHM for a variety of reasons (e.g., personal, financial, medical) that result in absences exceeding six weeks. The student must submit a request form for LOA (included in this guide) to the Associate Dean for Undergraduate Medical Education following the procedures outlined in this section. LOA may be granted for a maximum of three consecutive semesters. Responsibility for requesting re-entry to CHM within three semesters rests solely with the student. Any absence exceeding three semesters requires application for readmission the medical school per university policy (<https://reg.msu.edu/academicPrograms/Print.aspx?Section=331>).

Students are strongly encouraged to explore their options and the impact of a possible LOA before request and approval. Consideration should be given particularly to:

- a. **Time limits for completion** of medical school (3 years for HM 552-556, 3 years for HM 651-655), including LOA.
- b. Possible implications for **financial aid**, which should be clarified with the MSUCHM Office of Medical Financial Aid (EL: 517-353-5940; GR: 616-234-2620).
- c. Possible implications for **health insurance**, particularly enrollment in the university student health insurance plan, which should be discussed with the Assistant Dean for Student Wellness and Engagement.

Procedure for Requesting a Leave of Absence:

1. Student meets with the Assistant Dean for Clinical Experiences to discuss the student's request, intentions, plans (if known), and re-entry criteria. Sections 1 and 2 of the LOA form are completed and signed by the Assistant Dean for Clinical Experiences and the student.
2. The form is converted to an electronic format and sent to the Associate Dean for Student Affairs and Services.
3. The Associate Dean for Student Affairs and Services recommends or does not recommend LOA. If approved, the form is signed.
4. The form is forwarded to the Associate Dean for Undergraduate Medical Education.
5. If approved, the original form is forwarded to the Records Officer in the College. The Records Officer notifies appropriate faculty/staff of the LOA, including the Associate Dean for Student Affairs and Services. The student is provided with a copy of the approved form, and the application for re-entry to CHM.

Procedure for Re-Entry to Curriculum (within three semesters):

1. Responsibility for requesting re-entry to CHM rests solely with the student. This should be done by e-mail to the Associate Dean for Undergraduate Medical Education, who will initiate necessary meetings with the student and appropriate administrators.
2. All enrollment holds must be cleared before a readmitted student can enroll.
3. The student must fulfill the conditions for re-entry to CHM as stipulated on the request for LOA form. This includes signing and reconfirming the MSU CHM Technical Standards form and usually includes a Clinical Skills refresher. Ultimate approval for re-entry lies with the Senior Associate Dean for Academic Affairs.

USMLE Step 1 Examination

CHM has a commitment to ensure the success of each medical student. Our goal is not only to ensure that we graduate students who have successfully passed each phase of medical school, but also that our graduates are licensed to practice medicine. The United States Medical Licensing Examination® (USMLE) is the examination that each physician who practices medicine in the US and its territories takes to become licensed by the state in which s/he practices. The exams are sponsored by the Federation of State Medical Boards and the National Board of Medical Examiners.

The USMLE examination consists of three parts: Steps 1, 2 and 3, with Step 2 consisting of both a written and a separate examination that tests clinical skills. Step 1 is usually taken by CHM students in June after successful completion of the second set of Intersessions. Passing the USMLE Step 1 examination is required before a CHM student can progress to the Late Clinical Experience.

The USMLE Step 1 examination is typically the most difficult of the three board examinations for licensure. The CHM first-attempt pass rate on the Step 1 examination varies from year to year, ranging between 97% and 98% over the past four years. With very few exceptions, all CHM students are ultimately successful in passing all three licensure examinations.

Examination Information

The USMLE recognizes the importance of providing all examinees the opportunity to learn about the design and content of its examinations and to have some exposure, before examination day, to samples of testing formats and materials. USMLE provides materials, available at no cost on the USMLE website, to include:

- Informational materials and content descriptions for each of the USMLE examinations
- Tutorials that illustrate the USMLE Step 1 software, and
- Sample multiple-choice test questions with answer keys

Click on the USMLE link: <<http://www.usmle.org/GeneralInformation/announcements.aspx>

Cost of the Examination

In 2016, the fee to take the USMLE Step 1 examination will be **\$600**.

In 2017, the fee to take the USMLE Step 1 examination will be **\$605**.

Eligibility Periods

Students can enroll to take the examination in three-month time blocks. To be eligible to take the examination, the student must have successfully passed all requirements in the first five semesters of the Shared Discovery Curriculum.

Unless a student has a compelling reason to take the exam in May, the chosen eligibility period should be **June-August**. The cost to change an eligibility period is **\$70** in 2016 and 2017.

The Step 1 Score and Residency Applications

One way that the score from the USMLE Step 1 examination is used is to rank candidates who apply for competitive residencies. This is a common practice in graduate medical education, although this use is not endorsed by the bodies that sponsor the examination. Some students have misinterpreted this information to conclude that it may be impossible to achieve successful placement as a potential resident if you have not done well on the Step 1 examination. An analysis of USMLE Step 1 examination scores by residency type conducted by CHM for students taking the examination from 2001-2009 demonstrated that mean Step 1 examination scores varied only marginally by residency type, ranging from 206-220. Although the mean score nationally on the examination varies from year to year, it fluctuates around 225.

Students must pass the USMLE Step 1 examination prior to beginning the Late Clinical Experience, as detailed in the Manual for Assessment and Promotion. If a student has failed the USMLE Step 1 examination and must retake it, they will sign up for an HM 591 Independent Study course and plan for retaking the examination with the help of Academic Achievement guidance.

Grievance and Complaint Procedures for the College of Human Medicine Hearing Board

The “Academic Freedom for Students at Michigan State University” (AFR), the “Graduate Student Rights and Responsibilities at Michigan State University” (GSRR), and the “Medical Student Rights and Responsibilities at Michigan State University” (MSRR) documents establish the rights and responsibilities of MSU students and prescribe procedures for resolving allegations of violations of those rights through formal hearings. In accordance with the MSRR, the College of Human Medicine has established the following College Hearing Board procedures for adjudicating medical student grievances filed by medical students and complaints filed against medical students.¹

I. JURISDICTION OF THE COLLEGE OF HUMAN MEDICINE HEARING BOARD:

For **grievances** brought by medical students, the College of Human Medicine Hearing Board serves as:

- A. The initial hearing board for a student who has been dismissed for academic reasons by the student performance committee and who requests a grievance hearing alleging procedural violations. (MSRR 5.1.4)
- B. The initial hearing board for cases (B-1 and B-2) involving medical students; and the initial hearing board for cases (B-1 and B-2) in which the associate dean for academic affairs concurs with a request by the chair of a department to waive jurisdiction for hearings for medical students that cannot be resolved informally. (MSRR 5.3.4; 5.4 (Administrative Resolution), 5.9.1.1)
 1. A grievance may allege a violation of any of the academic rights of medical students under the MSRR or challenge an academic evaluation on the ground that the evaluation was based entirely or in part upon factors (e.g., race, sex, personal animus) other than a good faith judgment about the medical student’s academic performance, including compliance with applicable professional standards. (MSRR 5.1.3)

¹ These procedures are supplemental to the MSRR document. The MSRR document governs if questions or issues arise that are not addressed by these procedures. If any provision contained in these procedures is found to be inconsistent with the MSRR, the MSRR document shall apply.

2. A medical student who receives a penalty grade based on a charge of academic dishonesty and who is not referred for disciplinary action may contest the penalty grade by filing a request for a grievance hearing under this section. Instructors seeking sanctions for academic dishonesty other than or in addition to penalty grades must file a complaint under Article 5.2.2 of the MSRR. (MSRR 5.1.3.1)
- C. The appellate board for hearings initiated at the department/unit level by clinical medical students. (MSRR 5.3.4)

For **complaints** against medical students, the College of Human Medicine Hearing Board serves as:

- D. The initial hearing board for complaints filed against medical students alleging a violation of the MSRR, academic dishonesty, a violation of professional standards, falsification of admission or academic records, or conduct that would violate a student group regulation, general student regulation, or University policy if the conduct occurred on campus and the alleged violation impairs, interferes with, or obstructs the mission, processes, or functions of the medical college. (MSRR 5.2)

II. COMPOSITION OF THE COLLEGE HEARING BOARD FOR GRIEVANCES AND COMPLAINTS:

- A. The College Hearing Board shall be comprised of three (3) faculty and three (3) students. (MSRR 5.9.2.1)
- B. The College Advisory Council shall designate a faculty member with rank who shall serve as the chair of the College Hearing Board and who shall vote only in the case of a tie. (CHM College Bylaws 6.3, MSRR 5.9.2.1)
- C. The dean's office shall designate staff support for the College Hearing Board. (College Bylaws 6.3)
- D. The College Hearing Board shall be constituted no later than the beginning of the fall of each academic year.

Faculty

- A. The chair of the College Hearing Board shall direct the staff person to compile a list of faculty by random selection, exclusive of department chairs, associate deans, and assistant deans. The Office of Medical Education and Research shall generate the list of faculty by random selection.

- B. 3 faculty and 3 alternates who agree to serve for staggered terms of 3 years shall be selected to serve on the College Hearing Board. Faculty shall be selected to replace the retiring member(s) and alternate(s) each year. (MSRR5.9.2.1).

Faculty and alternates shall serve as follows.

Initially the faculty shall be selected by:

3 faculty:

- 1 faculty member shall serve for 1 year and not be eligible to serve for 5 years
- 1 faculty member shall serve for 2 years and not be eligible to serve for 5 years
- 1 faculty member shall serve for 3 years and not be eligible to serve for 5 years

After the initial selection, each faculty member shall serve for 3 years and not be eligible to serve for 5 years.

3 faculty alternates:

- 1 faculty member shall serve as an alternate for 1 year and not be eligible to serve for 5 years
- 1 faculty member shall serve as an alternate for 2 years and not be eligible to serve for 5 years
- 1 faculty member shall serve as an alternate for 3 years and not be eligible to serve for 5 years

After the initial selection, each faculty alternate member shall serve for 3 years and not be eligible to serve for 5 years.

- C. In preparation for a hearing, the chair of the College Hearing Board shall constitute the required number of faculty, plus alternates in case any of the faculty have a conflict of interest.² Faculty from the randomly selected list shall be available to serve as alternates should the selected faculty alternates have a conflict of interest.
- D. If a faculty member is involved in the complaint/grievance or has a conflict of interest, the faculty member shall not serve on the College Hearing Board. A faculty member who has served as an instructor for a course or clinical rotation in which the student was enrolled, or had some other college-related relationship with the student, but which is not the subject of the grievance, may serve on the Hearing Board. Such relationships must be disclosed to the chair of the College Hearing Board and be disclosed at the beginning of the hearing. (MSRR 5.9.2.1)

² For the purposes of this document, a “conflict of interest” is defined as any academic, financial, scholarly, or social relationship that would, in the judgment of the hearing body chair, impair the ability of the member to make a fair and impartial judgment. (MSRR 5.9.4.2)

Students

- A. The chair of the College Hearing Board shall direct the staff person to compile a list of students by random selection. The Office of Student Affairs shall generate the list of students. (MSRR 5.9.2.1)
- B. 3 students and 3 alternates who agree to serve for staggered terms of 2 years shall be selected to serve on the College Hearing Board. Students shall be selected to replace the retiring member(s) and alternate(s) each year. Students shall serve a term and rotate off. (MSRR5.9.2.1).

Students and alternates shall serve as follows.

Initially the students shall be selected by:

3 students:

- 1 student member shall serve for 1 year and not be eligible to serve again
- 2 student members each shall serve for 2 years and not be eligible to serve again

After the initial selection, each student shall serve for 2 years and not be eligible to serve again.

3 student alternates:

- 1 student member shall serve as an alternate for 1 year and not be eligible to serve again
- 2 student members each shall serve as an alternate for 2 years and not be eligible to serve again

After the initial selection, each student alternate shall serve for 2 years and not be eligible to serve again.

- C. If a student is involved in the complaint/grievance or has a conflict of interest, the student shall not serve on the Hearing Board. (MSRR 5.9.2.1)

III. REFERRAL TO THE COLLEGE OF HUMAN MEDICINE HEARING BOARD:

- A. A request for a grievance or complaint hearing shall be submitted to the associate dean for academic affairs who will forward the request to the chair of the College Hearing Board.
- B. When a medical student is dismissed by the student performance committee for academic reasons, the student may file a request for a grievance hearing with the associate dean for academic affairs, but only for alleged procedural violations. (MSRR 5.1.4)

- C. When resolution or redress with the instructor, unit administrator or department chair cannot be reached, grievances and complaints shall be referred to the associate dean for academic affairs. (MSRR 5.3.4)
- D. Grievances/complaints brought within a department that is not solely administered by the medical colleges will be referred to the associate dean for academic affairs in the student's medical college. (MSRR 5.3.4)
- E. To file a grievance/complaint, the grievant/complainant must submit a written, signed statement to the associate dean for academic affairs of the medical college no later than mid-term of the semester as established by the university calendar following the one in which the alleged violation occurred (exclusive of college vacation periods when students are not enrolled). (MSRR 5.3.3)
 - 1. Statements must contain: the specific provision of the MSRR or other policy/regulation that has been allegedly violated; the time, place, and nature of the alleged violation; the person(s) against whom the grievance/complaint is filed; a concise and plain statement of the sanction or remedy sought; and whether a hearing is requested. (MSRR 5.3.1)
 - 2. Students and faculty may seek assistance from the Office of the Ombudsman to understand the grievance/complaint process. (MSRR 5.3.2)
- F. Within five (5) class days after receipt of a grievance/complaint, the associate dean for academic affairs shall meet in person or by telephone separately with the grievant/complainant and respondent to discuss the nature of the grievance/complaint. (MSRR 5.4.3)
 - 1. If the respondent admits his/her violation of the MSRR or other policy/regulation, then the grievance/complaint may be resolved through administrative action. A respondent who admits his/her violation in writing waives his/her right to a hearing on the facts of the violation. In such a situation, the administrator shall propose in writing an appropriate redress or sanction for the violation. At that time, the respondent may request a hearing on the sole issue of the appropriateness of the sanction/redress. (MSRR 5.4.3; 5.4.3.1)
 - 2. If the respondent denies that the alleged violation has occurred, the associate dean for academic affairs or designee shall forward the grievance/complaint to the chair of the College Hearing Board within five (5) class days for a hearing. (MSRR 5.4.4)

IV. Judicial Procedures Prior to a Hearing

- A. The adjudication of grievances should proceed in a timely manner, as described below. (MSRR 5.5.2)
- B. Upon receipt of the grievance/complaint, the chair of the College Hearing Board shall determine if the time limit for filing a grievance/complaint under the MSRR has been met. If the time limit has been met, the chair of the College Hearing Board shall transmit a copy of the complaint and these procedures (electronically and by U.S. mail) within five (5) class days to the hearing body members and to each party. This notice to the parties shall also contain the names of the faculty and student members of the Hearing Board. (MSRR 5.5.3)
- C. Within three (3) class days of receiving the names of the faculty and student members of the Hearing Body, either party may submit a request to the chair of the College Hearing Board that a member of the hearing body be disqualified because of a conflict of interest. The chair shall decide on disqualification promptly, and if a member is disqualified, an alternate shall be selected and the name of the alternate forwarded to the parties immediately. (MSRR 5.5.6)
 1. If the chair of the hearing body is the subject of the request, then the associate dean for academic affairs shall rule on disqualification. If the chair is disqualified, the College Advisory Council shall designate a new chair and promptly notify the parties. (MSRR 5.5.6)
- D. The College Hearing Board shall meet to review the grievance/complaint to determine whether it has jurisdiction and whether the complaint/grievance has alleged a violation of the MSRR or other policy/regulation and may then forward a copy of the complaint/grievance to the appropriate individual(s) and invite a written response regarding these issues. After considering all submitted information, the hearing body may (MSRR 5.5.3.1):
 1. Accept the complaint/grievance, in full or in part, and proceed to schedule a hearing. (MSRR 5.5.3.1.1)
 2. Reject the complaint/grievance and provide an explanation. (MSRR.5.5.3.1.2)
 3. Invite all parties to meet with the hearing board for an informal discussion of the issues, which shall not preclude a later hearing. (MSRR 5.5.3.1.3)
- E. If the hearing body accepts the complaint/grievance, the chair of the hearing board shall schedule a hearing date with the parties. Additional meeting times may also be scheduled for hearing board deliberations if necessary.

- F. At least ten (10) class days prior to the hearing, each party shall provide the chair of the College Hearing Board with the names of his/her witnesses (if any) and advisor(s) (if any). Each party is responsible for the appearance of their respective witnesses (if any) at the hearing. Witnesses will normally be a member of the University community, but if they are not, then wherever possible, written statements will be sought in lieu of personal appearance and testimony. (MSRR 5.5.4)
- G. At least five (5) class days prior to the hearing, each party shall receive a written notice of hearing from the hearing body which shall state:
 - 1. the name(s) of the parties (MSRR 5.5.5.1);
 - 2. the nature of the issues to be heard with sufficient detail to enable each party to prepare its respective case (MSRR 5.5.5.2);
 - 3. the date, time, and place of the hearing (MSRR 5.5.5.3);
 - 4. the names of witnesses (if any) and advisor(s) (if any) (MSRR 5.5.5.4).
- H. Any amendments to the grievance/complaint must be filed at least five (5) class days prior to the hearing. (MSRR 5.5.7)
- I. Prior to the scheduled time of the hearing, either party may request that the chair of the hearing body postpone the hearing for cause. (MSRR5.5.8)
- J. Each party is expected to appear at the hearing and present his/her case to the hearing body. (MSRR 5.5.9)
 - 1. If the complainant/grievant fails to appear, the hearing body may either postpone the hearing or dismiss the complaint/grievance. (MSRR 5.5.10)
 - 2. If the respondent fails to appear, the hearing body may either postpone the hearing or, if the hearing body decides that an acceptable excuse has not been offered, hear the case in the absence of the respondent(s). (MSRR5.5.11)
 - 3. In unusual circumstances, the hearing body may accept written statements from a party to the hearing in lieu of personal appearance. Written statements must be submitted to the hearing board at least one (1) day prior to the scheduled hearing and a copy must be sent to the opposing party. (MSRR 5.5.12)
- K. Either party may choose to be accompanied by an advisor, who must be a member of the faculty, staff, or student body of the University. The advisor may be present throughout the hearing but has no voice in the hearing except in unusual

circumstances as determined by the chair of the College Hearing Board. (MSRR 5.5.14)

- L. The chair may grant permission to the respondent to be accompanied by an attorney if criminal charges are pending against the respondent regarding the subject matter of the complaint/grievance. If the respondent is charged with a sex offense, the complainant may also have an attorney present. Such attorneys may be present throughout the hearing but have no voice in the hearing unless permission has been granted by the chair of the College Hearing Board. (MSRR 5.5.14)
- M. Members of the College Hearing Board must not talk about the hearing with either party or with anyone else before the scheduled hearing. Confidentiality is required to maintain the integrity of the process. (MSRR 5.5.16)

V. Judicial Procedures During Hearing

- A. The chair of the College Hearing Board shall convene the hearing at the designated time, date, and place. The chair will ensure that a collegial atmosphere prevails and enforce time limits, as necessary, for the presentation of arguments.
- B. Each party shall have an opportunity to make an opening statement, present evidence, question witnesses, ask questions of the opposing party, and present a closing statement. (MSRR 5.5.15)
- C. To protect the confidentiality of the information, the chair of the Hearing Board may limit attendance at the hearing to the grievant/complainant, the respondent, witnesses for either party, if any, and advisor for each party, if any. (MSRR 5.5.16)
- D. Witnesses called by either party shall be excluded from the proceedings except when testifying. Witnesses must confine their testimony to their own independent recollection and may not speak for others. The hearing board may limit the number of witnesses.
- E. To assure orderly questioning, the chair of the College Hearing Board must recognize individuals before they speak. All parties have the right to speak without interruption. Each party has the right to question the other party and to rebut any oral or written statements submitted to the College Hearing Board. The chair of the College Hearing Board shall enforce announced time limits on each party to present its case, and, if necessary, extend equal time to each party.
- F. The hearing shall not be taped.

G. The hearing will proceed as follows:

1. Introductory remarks by the chair of the College Hearing Board:

The chair introduces hearing panel members including any of their prior or present relationships or contact with the grievant/complainant, the respondent and advisors, if any. The chair reviews the hearing procedures, including time restraints, if any, for presentations by each party and witnesses. Advisors / attorneys do not have a voice in the proceedings except in unusual circumstances and only with the permission of the chair.

The chair explains that the burden of proof rests with the grievant for a grievance hearing (MSRR 5.1; 5.1.5) and with the complainant for hearings of complaints brought against medical students alleging academic dishonesty, violation of the MSRR, violation of professional standards, falsification of admission or academic records, or violation of a student group regulation, general student regulation, or University policy, in which case the instructor bears the burden of proof, which must be met by a “preponderance of the evidence.” (MSRR 5.1.5; MSRR 5.2)

2. Presentation by the Grievant/Complainant: The chair recognizes the grievant/complainant to present without interruption any statements relevant to the grievant/complainant’s case, including the redress sought. The Chair then recognizes questions directed at the grievant/complainant by the Hearing Board and the respondent.
3. Presentation by the Grievant/Complainant’s Witnesses: The chair recognizes the grievant/complainant’s witnesses, if any, to present, without interruption, any questions directed at the witnesses by the Hearing Board and the respondent.
4. Presentation by the Respondent: The chair recognizes the respondent to present without interruption any statements relevant to the respondent’s case. The chair then recognizes questions directed at the respondent by the Hearing Board and the grievant/complainant.
5. Presentation by the Respondent’s Witnesses: The chair recognizes the respondent’s witnesses, if any, to present, without interruption, any statement relevant to the respondent’s case. The chair then recognizes questions directed at the witnesses by the Hearing Board and the grievant/complainant.
6. Rebuttal and closing statement by Grievant/Complainant: The grievant/complainant may refute statements by the respondent and the respondent’s witnesses and present a summary statement.

7. Rebuttal and Closing Statement by Respondent: The respondent may refute statements by the grievant/complainant and the grievant/complainant's witnesses and present a summary statement.
 8. Final questions by the Hearing Board: The Hearing Board may ask questions of any of the participants in the hearing.
- H. Deliberations by the Hearing Board: After all evidence has been presented, with full opportunity for explanations, questions and rebuttal, the chair of the Hearing Board shall excuse all parties to the grievance/complaint and convene the Hearing Board to determine its findings in executive session. When possible, deliberations should take place directly following the hearing and/or at the previously scheduled follow-up meeting. Deliberations by the Hearing Board will not be taped.
- I. Outcome:
1. In grievance or non-disciplinary hearings in which the College Hearing Board serves as either the initial hearing body or as the appellate hearing body, if a majority of the College Hearing Board finds, based on a "preponderance of the evidence," that a violation of the student's academic rights has occurred and that redress is possible, it shall direct the dean for academic affairs to implement an appropriate remedy, in consultation with the College Hearing Board. If the hearing body finds that no violation of academic rights has occurred, it shall so inform the dean for academic affairs. (MSRR 5.5.16)
- In grievance or non-disciplinary hearings in which the College Hearing Board is asked to resolve an allegation of academic dishonesty and finds for the student, the Hearing Board shall recommend to the dean for academic affairs that the penalty grade be removed, the written record of the allegation, if any, be removed from the student's records and a good faith evaluation of the student's academic performance in the course take place. (MSRR 5.5.16)
2. In disciplinary hearings for complaints against students, in which the College Hearing Board serves as the initial hearing body, if a majority of the College Hearing Board finds, based on a "preponderance of the evidence," that disciplinary action, in addition to or other than a penalty grade, is warranted, it shall recommend to the dean for academic affairs the appropriate sanction (MSRR 5.7.1) of warning (MSRR 5.7.1.1), probation (MSRR 5.7.1.2), suspension (MSRR 5.7.1.3), or dismissal (MSRR 5.7.1.4) or any other action deemed appropriate to a specific case.
- J. Written Report: Within five (5) class days the chair of the Hearing Board shall prepare a written report of the College Hearing Board's findings and supporting rationale, including redress or sanctions, if applicable. The report shall indicate the

major elements of evidence, or lack thereof that support the College Hearing Board's decision. The report is sent by electronic and U.S. mail. (MSRR 5.5.16)

The chair shall forward copies of the report to the parties, the dean for academic affairs, the Ombudsman, and the dean of the medical college.

All recipients must respect the confidentiality of the report. The dean for academic affairs shall take appropriate action to implement any redress or sanction directed by the College Hearing Board. (MSRR 5.5.16)

The report should inform the parties of the right to appeal within fourteen (14) class days following the date of the College Hearing Board's decision. (MSRR 5.8.5)

- K. Reconsideration: Either party to a hearing may request reconsideration of a decision within thirty (30) days if the chair of the College Hearing Board determines that new evidence has arisen. "New evidence" is defined as relevant information or documents previously unavailable to the party, although the party acted with due diligence to obtain such evidence. The chair may grant an exception to the (thirty) 30 day time limit only upon showing of good cause. (MSRR 5.5.17)

VI. Appeals of College Hearing Board Decisions

- A. Either party may appeal the decision of the College Hearing Board to the University Graduate Professional Judiciary (UGPJ) within fourteen (14) class days of the decision. (MSRR 5.8.1)
 - 1. Grievances: The UGPJ shall hear appeals of decisions arising from academic grievances alleging procedural violations, normally on issues which challenge the adequacy of the notice of the hearing provided the respondent by the hearing body and/or the adequacy of the hearing provided the parties of the hearing body. Evidence presented to the College Hearing Board or otherwise pertaining to the substance of the grievance will not be reheard. (MSRR 5.8.1.2)
 - 2. Complaints: The UGPJ shall hear appeals of decisions arising from complaints. Medical students may appeal decisions arising from complaints on either substantive or procedural grounds. When reviewing substantive matters, the UGPJ will normally restrict itself to considering whether there were sufficient grounds for the decision made by the lower hearing body and/or whether the sanction imposed was appropriate to the nature and seriousness of the violation. Appeals from decisions arising from a complaint may allege that the decision of the College Hearing Board was substantively unfair even if no procedural violations are alleged to have occurred, but the UGPJ will not rehear the complaint or the evidence presented to the College Hearing Board. (MSRR 5.8.1.3)

- B. For details on the appeal process and how to file an appeal, see MSRR 5.8.
- VII. If the safety of individuals is a concern, see Urgent Cases. (See MSRR 5.6)

APPROVED BY THE CHM COLLEGE ADVISORY COUNCIL – June 18, 2007

University Resources

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