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# MEDICAL STUDENT RESPONSIBILITY, CONDUCT, AND ACADEMIC POLICIES

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## Nature and Scope of Medical Student Conduct and Responsibility

(Taken from "Recommendations and Guidelines for Students" from the Association of American Medical Colleges (AAMC) Organization of Student Representatives and amended by the Medical School Advisory Council.)

*A student shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances, the student must maintain the dignity of the person, including respect for the patient's modesty and privacy.*

*Nondiscrimination.* It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, or sexual preference. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

*Confidentiality.* The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart.

*Professional Demeanor.* The student should be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones. Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served. Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

*Misrepresentation.* A student should accurately represent himself or herself to patients and others on the medical teams. Students should never introduce themselves as "Doctor," as this is clearly a misrepresentation of the student's position, knowledge, and authority.

*Honesty.* Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty, and colleagues. They may not cheat, plagiarize, or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good-faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at the patient's expense. The student is bound to know, understand, and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels. The students should understand the protocol of these channels. At the University of Rochester, the student should report any suspected instance of unprofessional behavior to the chair or co-chair of the Medical Student Promotions and Review Board.

*Consultation.* Students should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

*Conflict of Interests.* When a conflict of interest arises, the welfare of the patient must at all times be paramount. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to his or her own ethical principles, when such action does not compromise patient welfare. Gifts, hospitality, or subsidies offered by medical equipment, pharmaceutical, or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgment. Student interactions with commercial interests should conform to the American Medical Association (AMA) guidelines.

*Sexual Misconduct.* The student will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is not expected to tolerate inappropriate sexual behavior on the part of other medical personnel or patients.

*Impairment.* The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to reach out to a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception. Such reports must conform to established institutional policies. At the University of Rochester, students should contact their Advisory Deans or the Committee on Physicians' Health of the Medical Society of the State of New York.

*Criticism of Colleagues.* It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a colleague to a review (judicial) body, staff,

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students, or a patient. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence. Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community. The medical student will deal with professional, staff, and peer members of the health team and all others in a cooperative and considerate manner.

*Research.* The basic principle underlying all research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be well enough acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself. Plagiarism is unethical. To consciously incorporate the words of others, either verbatim, or through paraphrasing, without appropriate acknowledgment is unacceptable in scientific literature.

*Evaluation.* Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as house staff). Students are expected to respond to constructive criticism by appropriate modification of their behavior. When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

*Teaching.* The very title “Doctor”—from the Latin *docere*, “to teach”—implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering the profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

The following are not specific responsibilities of students; they are physicians’ responsibilities, although students are frequently asked to take these on:

*Disclosure.* In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient’s authorized representative.

*Informed Consent.* Students are to understand the importance of the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician’s responsibility to ensure that the patient, or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatment alternatives, and risks involved. The physician’s presentation should be understandable and unbiased. The patient’s or surrogate’s concurrence must be obtained without coercion.

## Academic Policies and Procedures

### ADMINISTRATIVE STRUCTURE: MEDICAL STUDENT PROMOTIONS AND REVIEW BOARD

MedSAC (Medical School Advisory Council) will appoint members of, and be responsible for actions of, the Medical Student Promotions and Review Board (MSPRB), a body empowered by MedSAC to monitor the performance of all students. MSPRB is charged with deciding the promotion, graduation, commendation, and remediation of all medical students. MedSAC will appoint a separate five-member body from its members (MedSAC Appeals Board) to hear students’ appeals of actions of the MSPRB.

The MSPRB will be a seven-member standing subcommittee of MedSAC. Members will be named by MedSAC, in consultation with the Senior Associate Dean for Medical Education. Terms of office will be for three years, with appointments staggered to preserve continuity. MedSAC may appoint members to additional terms.

MSPRB will be chaired and co-chaired by two faculty members; one will have his/her primary appointment in a pre-clinical department, and the other will be named from the clinical faculty. The terms as chair and co-chair will also be for three years. The duties of the chair and co-chair will be to moderate all meetings of MSPRB and to report its decisions to MedSAC. The Senior Associate Dean for Medical Education, the Associate Dean for Undergraduate Medical Education, the Assistant Dean for Medical Education/Student Affairs, the Associate Dean for Admissions, the School of Medicine and Dentistry Registrar, and the four Advisory Deans will be ex-officio members of MSPRB without vote. All course and clerkship directors will be invited to attend MSPRB meetings whenever performance in their courses is being discussed or whenever they may provide insight about a student whose performance is being discussed.

The MSPRB Evaluation meeting notifications in course outlines will serve as the prior notice to students. The assumption is all students will be discussed at each meeting.

The MSPRB will be staffed by the Assistant Dean for Medical Education/Student Affairs, who will also correspond with students about the outcome of MSPRB discussions and decisions.

*Authority.* The charge of MSPRB is to monitor the academic performance of all students while matriculated in the medical school, while on academic leave, and

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while on student fellowships. Its approach should be primarily dedicated to understanding and successfully remediating whatever academic or behavioral problems or concerns are brought to its attention. For students enrolled in the Rochester Early Medical Scholars (REMS) Program, the Rochester Plan, and other early assurance or combined-degree programs, the department/program in which the student is enrolled will monitor the academic performance of the student during the non-medical degree portion of the training. The department/program will have jurisdiction over all academic issues; however, if questions of integrity, responsibility, and proper conduct arise in other degree programs (or in any other area), these may be taken up by MSPRB to determine any potential impact upon the student's early assurance admission or return to the medical curriculum.

Any unprofessional conduct (such as violations of the Nature and Scope of Medical Student Conduct and Responsibilities [vide supra]) may be grounds for disciplinary action. These are considered academic issues and will fall under the purview of MSPRB. MSPRB will determine appropriate remediation, monitoring, or dismissal of students whose academic performance or conduct is deficient.

### ACADEMIC STANDARDS

Graduation of a student will be recommended by the MSPRB to MedSAC if he or she

1. Has demonstrated the necessary ethical and professional qualities required of a physician and
2. Has successfully completed and passed graduation requirements, including all required and elective courses and all required and elective clerkships taken.

Receipt of the diploma may be deferred by a period of one month if this additional time is required to complete these requirements. Students who can complete outstanding requirements within the one-month period will be permitted to participate in all commencement exercises. However, their diplomas will not be released until all graduation requirements have been completed.

When there are extenuating circumstances, students with more than one month of requirements may petition the MSPRB for permission to participate in the commencement exercises. If permission is granted, the students will be allowed to participate in all aspects of commencement. However, their names will not appear in the official graduation program, nor will their diplomas be released until all graduation requirements have been completed.

Within the grading policies set by the Curriculum Steering Committee, the assignment of grades to students is the authority and responsibility of course and clerkship directors. Stipulating how grades in individual courses should be remediated is also the responsibility of course and clerkship directors. It is the responsibility of each course director to communicate all marginal or failing grades to the students and the Registrar in a

timely fashion. The Registrar will refer all such grades to the MSPRB chair/co-chair. The grading system to be applied is the responsibility of the Curriculum Steering Committee (another committee that reports to MedSAC). Course directors may determine that a student meets most course requirements, but is slightly deficient in one or more areas, and that this deficiency may be remediated in a short time. In that instance, a grade of Pass Marginal (Pm) may be given. A grade of Pass Marginal must be remediated. The course director will develop a remediation plan and present it to the MSPRB for approval. Once the deficiency has been remediated, the grade becomes Pass (P) on the permanent transcript.

A Double Helix Curriculum course grade of Fail (F) cannot be remediated. The course must be repeated. Successful completion of a failed course will be noted by a F/P on the student's permanent record. A grade of Incomplete (I) may be given if unfinished course work or requirements remain at the completion of a course. The notation of an Incomplete grade will be stricken from the permanent record, if it resulted from an illness or emergency. Otherwise, it will generally appear as F/P, although it may be stricken at the discretion of the course director.

In the clinical clerkship grading system for the Class of 2002, grades of Poor and Fail must be remediated to a Satisfactory grade. A grade of Poor may be remediated by the student taking extra work during scheduled vacation time (at the discretion of the course director) in the deficient subject, and the grade of P/S will appear on the permanent transcript. Course failure in the clinical years will usually be remediated by retaking the course during scheduled vacation time; the grade of P/S will appear on the student's transcript. (Note: a grade of Satisfactory (S) is the highest grade that can be assigned for any remediated or repeated course).

To provide a mechanism to identify Double Helix (Class of 2003 and higher) students who have significant deficiencies requiring remedial work but not needing to repeat the entire clerkship, the grade of Pass Marginal (Pm) will be established. A Pass Marginal can only be remediated to a grade of Pass, and must be remediated for promotion. Pass Marginal will not appear on the final transcript. It is for internal tracking/monitoring purposes. In a typical year, 0 to 5 percent of students will achieve this grade. For the Double Helix Curriculum clerkship grading system, grades of Pass Marginal (Pm) and Fail must be remediated to a grade of Pass. The grade of F/P will appear on the student's transcript. (Note: a grade of Pass (P) is the highest grade that can be assigned for any remediated or repeated course).

Clerkship directors retain the option of assigning grades of Incomplete (I) for students who are doing fully satisfactory work and who cannot complete the course requirements for compelling reasons. At the clerkship director's discretion, after the clerkship requirements are fulfilled, the Incomplete may remain on the transcript, be struck through next to the final grade, or may be removed from the transcript if the circumstances were beyond the student's control (e.g., health, an excused absence, personal emergency).

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The MSPRB should monitor students' performance on USMLE I and II. In the event a student fails, the MSPRB is responsible for taking appropriate action (e.g., recommending tutoring, special course, or a leave of absence) to improve the student's performance.

All students who have not failed a course for the second time, and whose behavior has not been judged to be unprofessional, will be considered to be making satisfactory progress and will be considered in good standing. Satisfactory progress requires that a student complete all first-year subjects during two full years as a matriculated student. Students must satisfactorily complete the first two years of coursework during four calendar years as a matriculated student, and must take no longer than six calendar years as a matriculated student to complete the requirements for the M.D. degree. Time spent on leave, as a student fellow, or in another degree program does not count in this calendar.

### **POLICIES**

Students must receive fully satisfactory grades in all courses before being promoted to the next level. Students may repeat a course, clerkship, or a year only once. If a student fails to earn full Satisfactory grades (S or Pass) in a retaken course, clerkship, or entire year, the student will be dismissed from the School by the MSPRB.

Unless a student is considered by the Senior Associate Dean for Medical Education to be a danger to patients or others, he or she may continue to attend classes and clerkships through his or her appeal of an adverse MSPRB action to the MedSAC Appeals Board if such an appeal is made by the student.

A student may apply to the Dean to withdraw from the School at any time. Subsequent reinstatement (as a first-year student, or as a student with advanced standing) can be made by a decision of the Admissions Committee, after consultation with the MSPRB, if the student had had less than satisfactory performance. If a student withdraws while being considered for dismissal from the School, a notation of "Withdrew in advance of dismissal" will appear on the transcript.

The status of Student Fellow may be conferred by MSPRB (or its chair) for a fraction of a year or for one or two years. In the application for fellowship, the student must outline the nature of the academic work he or she wishes to pursue. A faculty member of the University of Rochester or of another institution must be designated as the sponsor of the fellowship. A report of accomplishments (written by the student) and an evaluation of student performance by the sponsor during the fellowship should be returned to the MSPRB within two months of its completion. This evaluation will be entered into the student's permanent record. Throughout the fellowship, the student must continue to make satisfactory progress. If questions of integrity, responsibility, and proper conduct arise, these may be taken up by MSPRB to determine potential impact upon the student's return to the medical curriculum.

### **LEAVES**

The appropriateness of leaves longer than 60 days (for academic, health, or emergency reasons) and of year-out student fellowships will be decided by the MSPRB. It may impose conditions upon the leave (such as requiring the student to seek counseling) and conditions to be fulfilled for eligibility to return from leave. A student's Advisory Dean may grant short-term academic leave (up to 60 days). Long-term leaves should generally not exceed one year, although MSPRB may extend the leave on a case-by-case basis. The Assistant Dean for Medical Education/Student Affairs must communicate in writing the conditions for and timing of termination of leave status.

Students returning from leave must notify the Registrar of their intent to return at least two months before their intended return. Students who fail to notify the Registrar will be considered to have withdrawn from the School. If conditions had been placed upon their return by MSPRB, the student must furnish evidence that those conditions have been met. Failing this proper notification or meeting of conditions, the student will lose his or her status with the University and must apply for readmission with the Admissions Committee in order to return. The status of students on long-term leave will be discussed at a MSPRB meeting one month prior to the student's anticipated return. At that meeting, the MSPRB may recommend that the leave be extended or completed on schedule; students requesting an extension of leave must submit this request, together with the reasons for the extension, in writing to the Assistant Dean for Medical Educational/Student Affairs no less than one month prior to this meeting (two months before the end of the approved leave).

If a leave is taken for medical reasons, the confidentiality of the student-physician relationship will be respected; no medical information will be made available to the MSPRB without the consent of the student. A letter on official letterhead (with the appropriate identifiers) from a qualified (license and specialty) treating physician supporting the advisability of a leave (without disclosing diagnosis) will assist the MSPRB's decision. A student returning from leave for medical reasons may choose to release medical information to support the return from leave. In addition, the School will require a statement or letter on official letterhead (with the appropriate identifiers) from a qualified (license and specialty) treating physician, prior to rematriculation, attesting to the student's suitability to return to the rigors of medical studies. The MSPRB will generally require an examination by a physician or other health care professional of its choosing to document that the student is fit to return from leave. The cost of this examination will be borne by the University.

### **PROCEDURES**

All academic deficiencies including allegations of unprofessional conduct will be brought to the attention of the MSPRB.

Monitoring of student performance will be a continuous process, and *ad hoc* meetings may be called at any

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time to consider the performance of individual students. Regular meetings, however, will be held within a month of the end of each semester, primarily to consider the performance of all first- and second-year students. Three meetings will occur annually, primarily for consideration of the performance of clinical students. Appropriate course and clerkship directors will be notified of the time and place of these meetings one month in advance of their occurrence.

For courses that have ended more than one week prior to an MSPRB meeting, course directors must submit final grades of courses to the Registrar no less than 72 hours before the next scheduled MSPRB meeting. Clerkship directors must submit final grades including written comments to the Registrar not later than four weeks after the end of the basic science block for each clerkship.

The performance of all students who have received a marginal or failing grade since the preceding MSPRB meeting will be discussed at the MSPRB meeting. The performance of students who have already remediated grades less than satisfactory, and those who are on Advisory status, will also be discussed.

If a student's performance is to be reviewed by MSPRB, his or her Advisory Dean will be notified of that fact by the Assistant Dean for Medical Education/Student Affairs prior to the meeting of MSPRB, to allow time to contact the course director and/or student to explain any mitigating or extenuating circumstances surrounding the grade.

An MSPRB quorum consists of either the chair or co-chair and a total of at least five of the seven members; decisions to dismiss a student shall require a majority of the entire MSPRB; all other decisions shall require a majority vote of those present. Decisions of MSPRB, including recommendations for remediation, will be sent to the student within one week of the MSPRB meeting. The Assistant Dean for Medical Education/Student Affairs will distribute a summary of actions taken at the meeting to MSPRB members, the Senior Associate Dean for Medical Education, the Associate Dean for Undergraduate Medical Education, the Registrar, and the Advisory Deans. Custody of these official actions of the MSPRB will reside with the Assistant Dean for Medical Education/Student Affairs.

For each student who is discussed, a decision will be made including, but not limited to, (a) taking no action, (b) sending the student a letter of concern/advice, (c) placing the student on an Advisory status, (d) recommending remedial action, or (e) recommending disciplinary action (e.g., reprimand, probation, mandated leave). Students whose performance will be "monitored" (placed on an Advisory status) will not be required to do additional work, but a support plan will be devised by MSPRB to help them succeed, and their progress will be scrutinized at subsequent MSPRB meetings, until MSPRB votes to end their Advisory status. Advisory status is meant to assist students in succeeding and is not considered an adverse action (e.g., it will not be reported in the Dean's Letter or appear on the transcript). For students required to undertake remedial work, the MSPRB

should clearly stipulate the nature, expectations, and timing of this remediation. The adequacy with which the student completed this remediation will be addressed by MSPRB at its first meeting after the stipulated completion.

#### **EXAM AND COURSE REPORTING PROCEDURES**

One of the important components of the MSPRB is monitoring the students' exam performance. While the MSPRB in no way seeks to disrupt or usurp the role or authority of faculty in evaluating, monitoring and/or remediating student performance, it is concerned about putting in place a tracking system that will serve as an early warning system for students who are experiencing academic difficulty.

#### **Courses**

The raw data on the bottom 20 percent of the class along with their letter grades after EACH exam from the course directors will be forwarded to the Office of the Assistant Dean for Medical Education/Student Affairs.

A student's being in the bottom 20 percent in three or more consecutive exams or one grade of Pass Marginal or Fail will result in being placed on an Advisory status.

Interpersonal and/or behavioral concerns that cannot be adequately addressed within the context or time frame of a course will result in being placed on Advisory status until documentation of satisfactory behavior is available.

If the student's performance is above the bottom 20 percent on three successive exams, he or she will be taken off Advisory status.

#### **Clerkships**

When there are concerns regarding the behavior, academic performance, problems with interpersonal relationships, and/or motivation of a student that cannot be reasonably resolved during a clerkship or clinical experience, the student should be brought to the attention of the MSPRB (via the Assistant Dean for Medical Education/Student Affairs). In instances where there are concerns that the problem cannot be reasonably resolved during a clerkship or clinical experience, the student may be placed on an Advisory status.

All students who receive grades of Pass Marginal (Pm) or Fail (F) in the core clerkships and/or the required clinical experiences will be placed on Advisory status, referred to the appropriate Advisory Dean, and reviewed by the MSPRB.

A student may be placed on Advisory status if there are recurring or unresolved issues, including those of clinical competency, honesty, integrity, interactions with patients, peers, staff, or faculty.

At the discretion of the Advisory Dean, the next clerkship director may be advised about a student's past difficulty or Advisory status when the student requires additional support or supervision.

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## ADVISORY STATUS PROCEDURES

Students meet with Advisory Deans to determine the source of the difficulty. If the Advisory Dean feels that temporary personal exigencies are contributing to the student's poor performance, nothing further needs to be done. In other circumstances:

- Tutoring is made available.
- Support services (assessment of learning style, counseling, etc.) are made available.
- Feedback from the Advisory Dean is given to MSPRB regarding progress and factors that influence progress.

Advisory status is for internal tracking and support purposes. References to being on an Advisory status will not be included in any transcripts or external institutional documents. However, a record of the Advisory status will be maintained in the official noncirculating file in the Registrar's office during the period of enrollment. All references to being on an Advisory status will be removed from the file upon graduating from the medical school.

The Assistant Dean for Medical Education/Student Affairs must communicate all actions of the MSPRB in writing to the student in question within one week of the MSPRB meeting. Similarly, the student should be notified when remediation has been successfully completed or monitoring ended.

Decisions of the MSPRB for dismissal or required leaves of a year or more may be appealed by students to MedSAC Appeals Board (MAB). It is intended that the MAB offer an independent opinion about the merits of the case. It will reconsider the entire case and arrive at its own decision. The student's formal appeal must be received in writing by the Assistant Dean for Medical Education/Student Affairs within five business days of the MSPRB decision. The student will write a formal appeal, stating the reasons for appeal and outlining an alternative plan of action that he or she wishes to be considered. The student may appear alone, or with an advocate (who may not be the student's attorney), before the MAB. The appearance before the MAB shall occur at a mutually convenient time within one calendar month of the initial decision. All members of MAB should be present, and all decisions should receive a majority vote. The Assistant Dean for Medical Education/Student Affairs will communicate in writing the decision of the MAB to the student within three days of the MAB meeting. The Senior Associate Dean for Medical Education, the Associate Dean for Undergraduate Medical Education, the Assistant Dean for Medical Education/Student Affairs, and the student's Advisory Dean may sit at their discretion as *ex officio*, nonvoting members. Custody of the record of the official actions of the MAB will reside with the Assistant Dean for Medical Education/Student Affairs.

Adverse decisions of MAB may be further appealed within five business days of the MAB's decision to the Dean of the School of Medicine and Dentistry, whose decision is final. The appeal must be in writing, must state

the reasons for appealing, and present an alternative plan. The Dean may consider any matter he or she deems relevant in reaching a decision and may, at his or her discretion, meet with the student (without the student's attorney), or the Dean may choose to base the decision solely upon a review of the file.

If a student claims that his or her academic performance has been affected or caused by a disability, he or she must provide documentation of the disability to MSPRB. Such documentation must also include suggested accommodations to the student. If not satisfied with the quality of the evaluation or the qualifications of the evaluator, MSPRB may require another professional evaluation of the student by a professional of its choosing, at the University's expense. MSPRB will consider accommodations suggested by the student or any person evaluating the student and will decide which, if any, are reasonable and may be made. In all cases, MSPRB may suspend the academic or clinical activities of a student it deems to be a danger to himself or herself or others.

If the student puts his or her medical or psychiatric condition at issue, he or she must release medical records to MSPRB to support this claim, or it cannot be considered.

Students whose performance is impaired by substance abuse or suspected substance abuse will be referred to the Committee on Physicians' Health of the Medical Society of the State of New York for diagnosis, monitoring, and treatment. This body is responsible for reporting unsuccessful treatment, or relapses in treatment of substance abuse, to the MSPRB. The MSPRB chair may suspend the academic or clinical activities of any such student, during the diagnosis or treatment phase, if the student is judged by the chair to be a danger to self or to others. Relapse or failure of treatment of substance abuse will be grounds for dismissal or other disciplinary actions by MSPRB.

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## Non-Academic Standards, Policies, and Procedures

### STANDARDS AND POLICIES

Medical students at the University of Rochester are expected to adhere to the highest standards of professionalism, both on and off campus, in their professional and personal actions. They are expected to demonstrate outstanding professional qualities as outlined in the Nature and Scope of Medical Student Conduct and Responsibility statement (*vide supra*). Violations of the standards set forth in that statement are grounds for disciplinary action, up to and including dismissal from the School.

If a student faces court action, the School may proceed with its own process in the matter or, at its discretion, choose to delay the proceeding until the outcome in the courts is determined. If preliminary investigation of any matter suggests the student may be a danger to patients or others, or may face criminal actions in the courts, the student may be temporarily suspended from academic or clinical activities.

Major disciplinary actions (such as probation, suspension, formal reprimands, mandated leave, or requirement to repeat a year) taken by MSPRB against a student will be recorded in the permanent record and reported in the student's Dean's Letter.

Allegations of research misconduct by medical students will be subject to any additional requirements of federal agencies and University regulations.

### PROCEDURES

Any person can bring to the attention of any faculty member a medical student's violation of School professional or ethical standards. Any faculty member receiving such a report shall inform the Assistant Dean for Medical Education/Student Affairs, chair or co-chair of MSPRB as soon as possible.

The chair or co-chair will decide whether the allegation warrants further investigation. In considering this, the chair or co-chair may interview, or direct the Advisory Dean or Assistant Dean for Medical Education/Student Affairs to interview the persons allegedly involved. If this investigation suggests legitimate grounds for concern, the matter will be referred to the full MSPRB by a letter summarizing the matter to the members and to the student (by certified mail, return receipt requested).

Within 30 days of receiving the report, the MSPRB will meet to consider the matter. The chair of MSPRB or the Assistant Dean for Medical Education/Student Affairs will notify the student in writing of the date, time, and location of the meeting no less than 10 days before it occurs. The MSPRB has the discretion to change the date, time, or location on reasonable notice to the student.

An MSPRB quorum consists of the chair or co-chair and a total of five or more members. Any decision to dismiss a student shall require a majority of the entire MSPRB; all other decisions require a majority vote of those present.

The student may appear at the meeting on his or her own or with an advocate who is not an attorney. The

student may submit to the MSPRB, in advance of the meeting, whatever written documents he or she chooses to defend his or her position or character.

The student and his or her advocate will be given in advance of the meeting all documents considered by the MSPRB in the case. Formal rules of evidence do not apply. Any material considered relevant by persons in the conduct of serious affairs shall be considered.

The MSPRB shall render its decision, in writing, to the student and Senior Associate Dean for Medical Education within 10 business days of the hearing.

Within five business days of the date of the MSPRB's letter, the student may appeal such decision to the MAB. Any appeal must be in writing and must state the reasons on which it is based. Procedures of the MAB will be identical to those described above under "Advisory Status Procedures."

Adverse decisions of MAB may be further appealed within one week of the MAB's decision to the Dean of the Medical School, whose decision is final.

If no appeal is received, the Dean shall execute the MSPRB's decision forthwith. If an appeal is received, the Dean may meet with the student (without the student's attorney), and may consider any evidence which, in his or her discretion, he or she deems relevant to resolve the appeal. The Dean will resolve the appeal within 30 days of the date of the student's letter and will communicate his or her decision to the student. Such decision shall be final.

### FALSIFICATION OF ADMISSIONS INFORMATION

A student who intentionally provides false or misleading information on an application to the School, but who is enrolled before that is discovered, is subject to discipline, up to and including dismissal from the School. MSPRB shall decide what action is warranted. If the information is learned through a report of the American Medical College Admissions Service (AMCAS), and the student responded to or disputed that report under AMCAS' procedure, the student shall not be entitled to a hearing or appeal of any decision by MSPRB based on that report. Likewise, if the student had the opportunity, but failed to respond or dispute the AMCAS report under AMCAS procedure, he or she will have waived the right to a hearing or appeal at the University. If, however, the University learns, from a source other than AMCAS, that the student included false or misleading information on his or her application, the student shall have the same hearing and appeal rights following an adverse action that apply as outlined above.