



**UNIVERSITY OF FLORIDA COLLEGE OF
MEDICINE**

MEDICAL EDUCATION PROGRAM

POLICIES AND PROCEDURES

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ADMINISTRATIVE STRUCTURE

DEAN

The Dean is the chief executive and administrative officer of the College. The Dean reports organizationally to the Senior Vice President, Health Affairs, is responsible for the administration of the College, and is the agent of the faculty for the execution of all missions of the College. As Executive Officer of the Medical School and Chair of the Medical School Executive Committee, the Dean is responsible for the final disposition of all student issues related to performance and professional conduct.

VICE DEAN OF EDUCATION

The Vice Dean is responsible for all degree granting programs within the College of Medicine. This includes medical, graduate, and physician assistant student programs. The Vice Dean serves as chair for the Dean's Advisory Committee and is an ex-officio member of the Academic Status Committee (ASC).

SENIOR ASSOCIATE DEAN OF UNDERGRADUATE MEDICAL EDUCATION

The Senior Associate Dean is responsible for all divisions related to the undergraduate medical education program. The Senior Associate Dean appoints the chair of the Curriculum Committee and serves as ex-officio member of the Academic Status Committee (ASC) and Dean's Advisory Committee.

ASSOCIATE DEAN OF MEDICAL EDUCATION

The Associate Dean of Medical Education is responsible for the educational program for the M.D. degree. The Associate Dean also is responsible for management and maintenance of all educationally-related student databases. The Associate Dean provides counseling and approves examination absences and certain leaves of absence. The Associate Dean is an ex-officio member of the ASC.

ASSOCIATE DEAN OF STUDENT AFFAIRS

The Associate Dean of Student Affairs is responsible for administrative actions related to student registration status and progress through the curriculum. The Associate Dean serves as a source for personal and career counseling. The Associate Dean is responsible for providing students with consistent and accurate advice concerning their medical career and for preparing their medical student performance evaluation (Dean's Letter). The Office of Student Affairs and Registration maintains the official student academic records and assists in maintenance of student databases. In conjunction with the Associate Dean of Medical Education, the Associate Dean of Student Affairs is responsible for management and maintenance of student data needed for deliberations of the Executive Committee and Academic Status Committee (ASC). During the proceedings of the ASC, the Associate Dean of Student Affairs may function as an advisor to students in accordance with UF and UF COM policies.

ASSOCIATE DEAN FOR STUDENT SUCCESS

The Associate Dean for Student Success is responsible for providing comprehensive support to MD students to ensure their academic success and overall well-being. The Associate Dean

provides personalized coaching, advising, and mentoring for MD students to support their academic, personal, and professional growth.

ASSISTANT DEAN FOR STUDENT SUMMER HEALTH PROGRAMS

The Assistant Dean for Student Summer Health Programs is responsible for the development and oversight of pipeline programs to attract future physicians, scientists, and scholars to provide the highest patient care and service to patients within the state of Florida, the nation, and the world.

ASSOCIATE DEAN OF STUDENT AFFAIRS, JACKSONVILLE

The Associate Dean of Student Affairs in Jacksonville is responsible for support services for medical students during their clinical clerkship rotations at UF Health Jacksonville. The Associate Dean serves as a primary contact person for medical students who require assistance or have specific concerns. The Associate Dean serves as an ex-officio member of the Curriculum Committee and Academic Status Committee. The Associate Dean reports to the Senior Associate Dean of Undergraduate Medical Education and collaborates with the Associate Dean of Student Affairs in Gainesville.

ASSISTANT DEAN OF MEDICAL EDUCATION, JACKSONVILLE

The Assistant Dean of Medical Education in Jacksonville, in collaboration with the assistant clerkship directors located in Jacksonville, is responsible for oversight and coordination of all educational activities for medical students during their clinical clerkship rotations at UF Health Jacksonville. The Assistant Dean provides oversight to Jacksonville's assistant clerkship directors, recruits faculty to medical education roles, and works with faculty to continually improve teaching methods. The Assistant Dean serves as an ex-officio member of the Curriculum Committee, Academic Status Committee, and Clerkship Directors Committee. The Assistant Dean reports to the Associate Dean of Medical Education in Gainesville.

FACULTY

The College of Medicine faculty is responsible for the teaching and evaluation of medical students in the courses, clerkships and electives that comprise the competency-based curriculum.

FACULTY COUNCIL

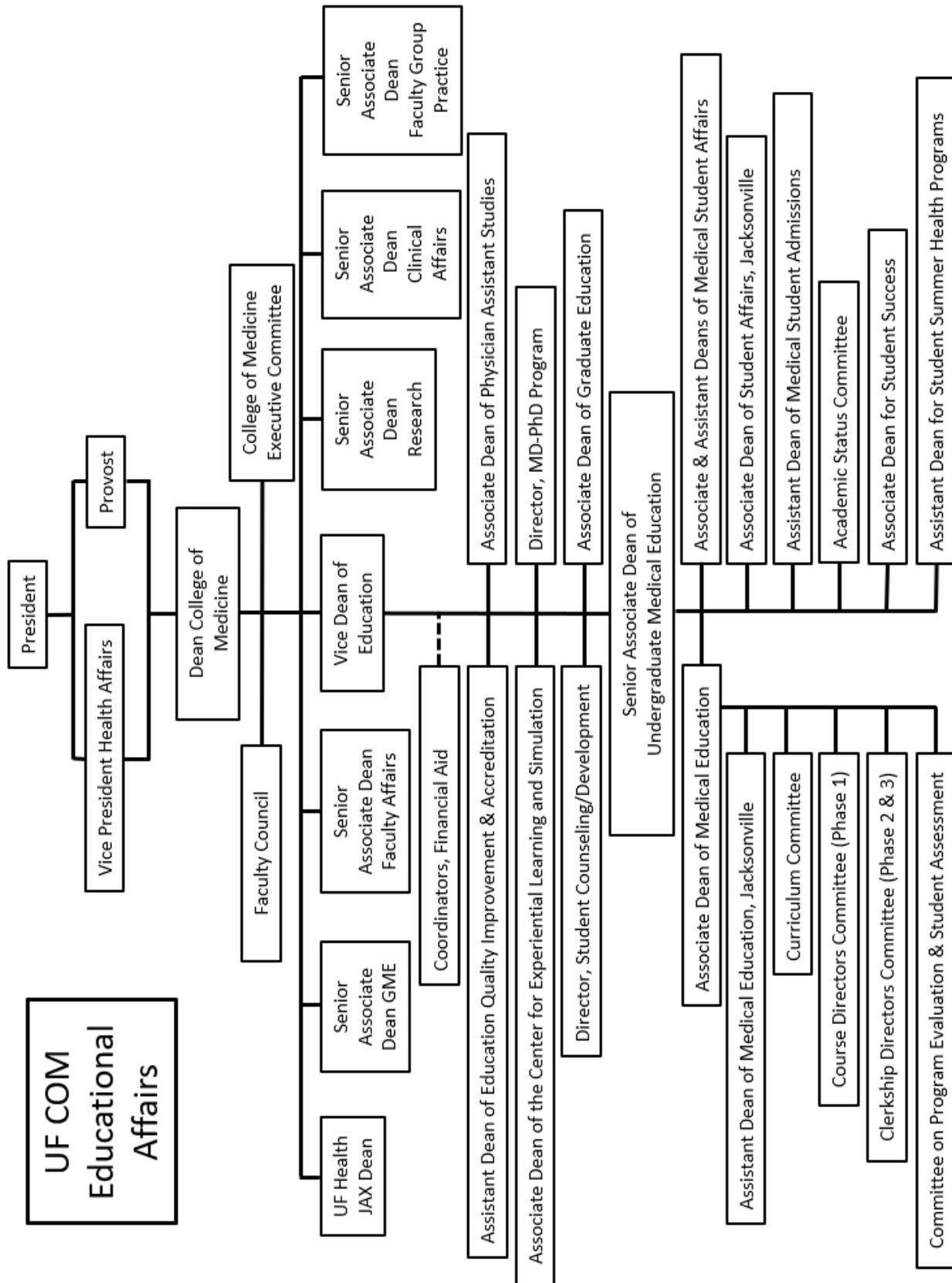
The Faculty Council shall be representative of, and responsible to, the Faculty of the College of Medicine. The Faculty Council serves as a forum for shared governance and mutual exchange of ideas between senior officers of the College and the Faculty.

EXECUTIVE COMMITTEE

The Dean is delegated administrative and fiscal responsibility for the UF COM by the senior vice president, health affairs (SVPHA) and works with the departmental chairs and appropriate center/institute directors through the College of Medicine Executive Committee to ensure that the educational, research, and clinical missions are fulfilled.

Contact information for administration, and other positions within the College of Medicine, can be found <https://med.ufl.edu/contact-information/>.

College of Medicine Organizational Chart: Medical Student Educational Program



COMMITTEES FOR THE COLLEGE OF MEDICINE EDUCATIONAL PROGRAM

MEDICAL STUDENT CURRICULUM COMMITTEE (CC)

The **Curriculum Committee** serves as the faculty decision-making body regarding content, methods, timing, and structure of the medical education program. The Curriculum Committee will work with the Associate Deans of Medical Education, and Student Affairs and with course/clerkship directors who will implement changes in curriculum, learning environment and/or student support services. The Vice Dean of Education (or designee) informs the Faculty Council, Executive Committee, and the Dean of major Curriculum Committee agenda items for feedback and recommendations with discussion of resource needs. As charged by the Dean, the Curriculum Committee has final authority of the curriculum.

Specific responsibilities of the CC include:

- Defining the learning outcomes of the educational program associated with the six core competencies: medical knowledge, patient care, communication, practice-based learning and improvement, systems-based practice, and professionalism
- Overall design, management, evaluation, and central oversight of a coherent, efficient, and coordinated curriculum
- Determining the types of patients, clinical conditions, and appropriate clinical settings for education experiences, including the expected level of student responsibility
- Monitoring, and when necessary, modifying the curriculum, medical student experiences, and methods used to assess student performance to ensure that curriculum learning outcomes are achieved
- Monitoring the overall learning environment and ensuring high quality student support services
- Maintaining compliance with all relevant LCME standards

Membership of the committee consists of:

- Associate Dean of Medical Education, or appointee (Chair)
- Chair of the Course Directors Committee
- Chair of the Clerkship Directors Committee
- Six members from the Faculty with 3-year staggered terms are recommended by Course Directors, Clerkship Directors, Faculty Council, Curriculum Committee members, Chairs, and self-nomination, with consultation from the Vice Dean of Education and Senior Associate Dean of Undergraduate Medical Education, thus assuring a broad representation
- Student Academic Chair from fourth-year class
- Faculty Council representative
- Two appointed members from Jacksonville faculty: 3-year terms

Fifty percent or more of voting members (including the chair) must be present for a quorum. The chair will vote only in cases of meeting quorum tied decisions.

Ex officio (non-voting) members include:

- Vice Dean of Education

- Senior Associate Dean of Undergraduate Medical Education
- Associate Dean of Student Affairs
- Assistant Dean of Student Affairs
- Associate Dean of Student Affairs Jacksonville
- Assistant Dean of Medical Education Jacksonville
- Associate Dean of Physician Assistant Studies
- Academic Chairs of year 1, 2, 3 medical student classes (In the event that the Student Academic Chair from the fourth-year class is not present, the highest ranked class becomes a voting member.)
- AAMC student representative
- Assistant Dean of Admissions
- HSC library representative
- Directors of the Learning Environment
- Director of Office of Student Counseling and Development
- Director of Program Evaluation and Student Assessment
- Associate Dean of the Center for Experiential Learning and Simulation
- Medical Director of Anaclerio Learning and Assessment Center
- Phase 3 Director
- Director of the Collaborative Learning Groups, or designee
- College of Medicine Learning Specialist
- GME DIO
- GME Medical Educator
- Assistant Dean of Medical Education Quality Improvement and Accreditation
- Director of Education Quality Improvement and Accreditation
- Director of Health Systems Science, or designee
- Ad hoc faculty members demonstrating interest in medical education, after review of request

Emails are disseminated yearly to faculty listservs to elicit self-nominations from faculty interested on serving on the Curriculum Committee.

COURSE DIRECTORS AND CLERKSHIP DIRECTORS COMMITTEES

The Course Directors (Phase 1) and Clerkship Directors Committees (Phase 2 and 3) report to the Associate Dean of Medical Education and are responsible for the daily operation of the medical curriculum. Any committee recommendations for significant changes in the educational program are submitted for review and approval by the Curriculum Committee. Chairs of the Course Directors and Clerkship Directors Committees are appointed for three-year terms by the Associate Dean of Medical Education from the membership, with the approval of the Curriculum Committee. Regular monthly or bimonthly meetings are scheduled, and minutes are recorded.

The Course Directors (Phase 1) Committee is responsible to the Associate Dean of Medical Education and the Curriculum Committee. The committee's roles and responsibilities include;

- Ensuring horizontal and vertical integration/coordination across the curriculum.
- Implementing the goals, objectives, and teaching responsibilities of the curriculum for each course.
- Maintaining an organized schedule of teaching activities.
- Coordinating student assessments and evaluations in Phase 1 of the curriculum.
- In collaboration with the Director of Program Evaluation, reviewing syllabi, learning objectives, and assessment criteria to ensure effective integration of course materials, teaching and assessment methods across Phase 1 and ensuring adherence to College and University policies.
- Providing input to the Curriculum Committee related to potential gaps and/or unplanned redundancies informed by course reviews, AAMC GQ, student outcome data, and other relevant data.
- Sharing teaching methods and education delivery modalities to promote learning.
- Reviewing overall student/class performance in preparation for Phase 2 of the curriculum.

Membership of the committee consists of:

- Individual course directors of required educational experiences
- Basic science discipline representatives
- Thread leaders
- Director of Health Systems Science, or designee
- Director of the Collaborative Learning Groups, or designee

Fifty percent or more of voting members (including the chair) must be present for a quorum. The chair will vote only in cases of meeting quorum or tied decisions. Recommendations will be presented to the Curriculum Committee for final action.

Ex officio (non-voting) members include:

- Vice Dean of Education
- Senior Associate Dean of Undergraduate Medical Education
- Associate Dean of Medical Education
- Associate Dean of Student Affairs
- Assistant Dean of Student Affairs
- Assistant Dean of Student Summer Health Programs
- Directors of the Learning Environment

- Medical Director of the Anaclerio Learning and Assessment Center
- Director of Program Evaluation and Student Assessment
- Director of the Office of Student Counseling and Development
- HSC Library representative
- Assistant Dean of Medical Education Quality Improvement and Accreditation
- Director of Education Quality Improvement and Accreditation
- Ad hoc faculty members demonstrating interest in medical education, after review of request

The Clerkship Directors (Phase 2 and 3) Committee is responsible to the Associate Dean of Medical Education and Curriculum Committee. The committee's roles and responsibilities include:

- Ensuring horizontal and vertical integration/coordination across the curriculum
- Implementing the goals, objectives, and teaching responsibilities of the curriculum for each clerkship
- Maintaining an organized schedule of educational activities and coordinating student assessments and evaluations in Phase 2 and 3 of the curriculum
- Reviewing syllabi, learning objectives, and assessment criteria to ensure effective integration of course materials, teaching, and assessment methods and adherence to College and University policies, in collaboration with the Director of Program Evaluation
- Providing input to the Curriculum Committee related to potential gaps and/or unplanned redundancies informed by course reviews, AAMC GQ, student outcome data, and other relevant data
- Sharing teaching methods and education delivery modalities to promote learning
- Reviewing overall student/class performance in preparation for graduation

Membership of the committee consists of:

- Individual clerkship directors of required educational experiences
- Phase 3 Director
- Thread leaders
- Director of Health Systems Science, or designee

Fifty percent or more of voting members (including the chair) must be present for a quorum. The chair will vote only in cases of meeting quorum or tied decisions. Recommendations will be presented to the Curriculum Committee for final action.

Ex officio (non-voting) members include:

- Vice Dean of Education
- Senior Associate Dean of Undergraduate Medical Education
- Associate Dean of Medical Education
- Associate Dean of Student Affairs
- Assistant Dean of Student Affairs
- Associate Dean of Student Success
- Associate Dean of Student Affairs Jacksonville

- Assistant Dean of Medical Education Jacksonville
- Directors of the Learning Environment
- Medical Director of the Anaclerio Learning and Assessment Center
- Director of Program Evaluation and Student Assessment
- Director Office of Student Counseling and Development
- HSC Library representative
- Course Directors of Introduction to Clinical Medicine 1-4
- Assistant Dean of Medical Education Quality Improvement and Accreditation
- Director of Education Quality Improvement and Accreditation
- Director of the Collaborative Learning Groups, or designee
- Ad hoc faculty members demonstrating interest in medical education, after review of request

THE COMMITTEE ON PROGRAM EVALUATION AND STUDENT ASSESSMENT

The Committee on Program Evaluation and Student Assessment is accountable to the Curriculum Committee and the Associate Dean of Medical Education. Broadly, the charge of the Committee is to oversee College of Medicine assessment and evaluation. This Committee evaluates curricular quality and outcomes, monitors the overall assessment program, and conducts formal reviews of courses and clerkships. The Committee is comprised of administrators, clinical, basic, and health systems science educators, and students.

Membership of the Committee consists of two (2) committee co-chairs, appointed members, student members, and *ex officio* members. Appointed members serve a three-year term and are appointed by the Associate Dean of Medical Education. One (1) Debriefing Chair from each of the four (4) classes will serve as student members and the other chair will serve as alternate.

Membership of the committee consists of:

- Associate Dean of Medical Education (Co-chair)
- Director of Program Evaluation and Student Assessment (Co-chair)
- One course director from each of the first two years (Phase 1), nominated by the Course Directors Committee
- One course director responsible for the Introduction to Clinical Medicine sequence
- Director of the Collaborative Learning Groups, or designee
- Three clinical clerkship directors (at least one of whom is a 4th year clerkship director) from Gainesville faculty (nominated by the Clerkship Directors Committee)
- One associate clerkship director (third or fourth year) from Jacksonville faculty, nominated by the Associate Dean of Student Affairs Jacksonville
- Additional ad hoc faculty with assessment expertise as required
- One medical student from each of the four years
- Director of Health Systems Science, or designee

Fifty percent or more of all voting members must be present for a quorum. Co-chairs may vote during all deliberations. Recommendations will be presented to the Curriculum Committee for final action.

Ex Officio members are non-voting members who have been chosen to serve on the Committee because they have knowledge and skills that are important to the function and charge of the Committee.

ACADEMIC STATUS COMMITTEE

The Academic Status Committee (ASC) has the responsibility to review the progress of each student and to determine the status of each student with regard to promotion, remediation, probation, or dismissal. The ASC makes recommendations to the Executive Committee and the Dean regarding graduation of students.

Academic Performance

The Academic Status Committee (ASC) continuously monitors a student's academic performance. Information upon which assessment of satisfactory progress is made includes: mastery of competency-based behaviors, skills, and knowledge; letter grades; written evaluations; data submitted by the faculty regarding cognitive and non-cognitive skills; scores on the United States Medical Licensing Examination (USMLE); and scores on Clinical Skills Examinations (CSEs).

Competencies

Students' mastery of the graduation competencies is monitored by the ASC. Students are expected to progress in their attainment of clinical competency. Assessment of student competency during Phase 1 courses and clerkships will be evaluated independent of the actual course grade.

The ASC maintains direct responsibility for academic actions, such as leaves of absence that exceed six weeks, dismissals, and returns to registration from leaves of absence.

The committee will be composed of 11 voting members. The chair shall be appointed by the Senior Associate Dean of Undergraduate Medical Education, for a three-year renewable term. All faculty members of the committee must have an active faculty appointment. Physician members of the committee must also have an active medical license. Students must remain in good academic standing during their tenure on the committee. For faculty members, the term of appointment will be three years, with the opportunity for renewal of the appointment for an additional three years. The length of appointment for the resident representative will vary, depending upon the resident's level of training. The voting student representative will serve for one year. The student-elect member will serve for one year as a non-voting member and then for an additional year as a voting member.

Membership of the committee consists of:

- Three faculty from Gainesville (nominated by the Course Directors Committee)
- Three faculty from Gainesville (nominated by the Clerkship Directors Committee)
- One faculty from Jacksonville (nominated by the Associate Dean of Student Affairs Jacksonville)
- One third-year student-elect member, non-voting (nominated by the third-year class Executive Board) – becomes student representative during their fourth year
- One fourth-year student, voting member (initially nominated by class Executive Board)
- One resident or fellow representative (nominated by Senior Associate Dean of Graduate Medical Education)

- Representative nominated by the Associate Dean of Student Success and Directors of Learning Environment, in conjunction with the Associate Dean of Student Affairs

Nominations are approved by voting members of the ASC. Faculty who are responsible for assigning grades are not eligible for appointment to the ASC.

Six or more members (including the chair) must be present for a quorum. The chair will vote only in cases of meeting quorum or tied decisions.

Ex Officio members include:

- Vice Dean of Education
- Senior Associate Dean of Undergraduate Medical Education
- Associate Dean of Medical Education
- Associate Dean of Student Affairs
- Assistant Dean of Student Affairs
- Associate Dean of Student Support
- Directors of Learning Environment
- Assistant Dean of Admissions
- Program Director of Student Counseling and Development
- College of Medicine Financial Affairs Officer
- College of Medicine Registrar
- Course and Clerkship Directors, as needed
- Director of MD-PhD Program
- Phase 3 Director
- CLG Director
- College of Medicine Learning Specialist
- Director of Education Quality Improvement and Accreditation
- Associate Dean of Student Affairs, Jacksonville
- Assistant Dean of Medical Education, Jacksonville
- Other individuals may attend meetings by invitation of the chair

The College of Medicine Director of Student Counseling and Development may be asked to present factual information related to individual students after receiving specific authorization from the student. In order to avoid any appearance of conflict of interest, the counselor may recuse themselves and leave the room prior to a vote for academic action or sanction involving any student that they have evaluated or treated.

If any other member of the committee is a direct party in a student case, they can present relevant information. However, they must then recuse themselves and may leave the room prior to a vote for academic action or sanction.

Student records reviewed during the deliberations of the ASC must be maintained in strict confidentiality. Only faculty members who have a legitimate need to know may have access to these records.

COLLEGE OF MEDICINE UNDERGRADUATE MEDICAL EDUCATION QUALITY IMPROVEMENT AND ACCREDITATION (EQIA) PROGRAM

POLICY

The goal of The College of Medicine (COM) is to educate future physicians, scientists, and scholars to provide the highest quality patient care and service to society. As such, the COM supports a formal quality improvement program to include periodic monitoring and review of the effectiveness of its medical education program. Reviews occur on a regular basis and include compliance with accreditation standards and respective elements. The EQIA program is responsible for monitoring, reviewing and reporting to Curriculum Committee, College of Medicine leadership, Faculty Council and other responsible agencies, such as the LCME, SACSCOC, UF Health entities, UF and AAMC. Reviews occur quarterly, annually or at other regular intervals. Assigned individuals/groups are responsible for managing the process, receiving/acting on the results, and reporting back to the EQIA.

PERSONNEL

The Assistant Dean of Medical Education Quality Improvement and Accreditation (ADMEQIA) and the Director of Education Quality Improvement and Accreditation (DEQIA) are responsible for oversight and management of the education quality improvement program and provide feedback to the Curriculum Committee and COM leadership. The ADMEQIA reports to the Vice Dean of Education. Other members of the Office of Educational Affairs and COM will provide expertise and assistance to the review process.

RESOURCES

Support for the EQIA program will come from the Office of Educational Affairs and include staff, IT resources, evaluation/assessment expertise, and other as necessary.

PROFESSIONAL BEHAVIOR

Ethical and professional behaviors are the foundation of the practice of medicine. The University of Florida College of Medicine expects all medical students to be professional in their interactions with patients, colleagues, faculty, and staff and to exhibit caring and compassion. These, and other qualities evaluated during patient contacts and in other settings by both faculty, staff, and peers. Behavior reflects on the student's individual ability to become a competent physician. **Behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning patient care; inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records (e.g., inappropriate accession of patient information); substance abuse; failure to disclose pertinent information of a background check; or other unprofessional conduct can be grounds for dismissal.** Professionalism is one of six competencies expected of the COM students; see specific requirements for professionalism below. For complete listing of all COM competencies see the University of Florida College of Medicine Medical Education Program Curriculum Overview.

During the four years of medical school, development of professional behavior is monitored by both the faculty and students. Faculty and peer evaluation of student adherence to the class Code of Ethics also is monitored. Formative peer evaluation of professional competence is solicited during the first three years. Summative peer evaluation of professional competence is documented following completion of the second and third years.

In conferring the M.D. degree, the University of Florida certifies that the student is competent to undertake a career as a Doctor of Medicine under supervised practice. The M.D. degree also certifies that, in addition to competency in medical knowledge and skills, the graduate possesses those personal traits essential to the profession of medicine as judged by the faculty, residents and the student's peers.

PROFESSIONALISM – Graduates will be able to:

- Discuss and apply ethical standards of practice
- Demonstrate humanistic and patient-centered care including respect, empathy, and compassion in their role as the patient's advocate
- Demonstrate strength of character and integrity including honesty, altruism, accountability, humility, and moral courage
- Employ measures to balance clinical responsibilities with personal societal responsibilities
- Strive for excellence in all professional endeavors
- Consistently demonstrate the attitudes, values, and behaviors expected of one who thinks, acts, and will be a physician

DRESS CODE

Key concept: At all times, dress and behave in a way that engenders trust and would ensure that those around you are put at ease, whether they are colleagues, professors, or patients.

- Students should wear their photo identification badge at all times while on the medical campus.
- During non-patient related activities, including but not limited to class and CLG, you must adhere to the following guidelines when attending classes in the learning studios and small conference rooms, as well as on virtual platforms (e.g. Zoom):
 - Clothing should be well fitted. Longer shorts, capri-style pants, leggings, and jeans are acceptable for the classroom.
 - Polo shirts with a collar and t-shirts are acceptable provided they do not contain any offensive language or pictures.
 - Tube tops, halter tops, deep set necklines, see-through tops, or visible undergarments are not acceptable attire.
 - Shirts/tops must extend to the waistband of your pants, skirts, or shorts. Bare midriffs are not acceptable.
 - Body art/tattoos should not be offensive.
- Good personal hygiene is required. Students should be clean and free of offensive odors.
- Natural fingernails should be clean and maintained at a length that is not visible from the palmar aspect of the hand. Artificial nails are prohibited.
- Hair and jewelry must be restrained so they don't interfere with patient examinations.
- In the laboratories and patient care areas, OSHA regulations prohibit open-toed shoes. For purposes of safety, you must wear closed-toe shoes.
- When you participate in any clinical activity and anticipate patient contact, you must adhere to the facilities' policies regarding infection control, professional behavior, and dress code. **Appropriate patient-interaction* attire includes:**
 - A shirt/blouse/sweater, skirt/dress or slacks, and closed-toes shoes. A tie is optional.
 - Your white laboratory coat should be clean, pressed, and in good repair.
- When engaged in patient-care related activities, you should not chew gum.
- Excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn.
- Scrubs for use in laboratories should not be worn outside those areas. Green OR scrubs must not be worn outside of designated hospital areas unless you are wearing your white coat over them (this is a Joint Commission accreditation requirement). Other types of scrubs may be appropriate to wear in other patient care areas, but this is at the discretion of the attending/chief of service.
- In short, be modest and professional in your dress.
- Faculty will provide feedback to students who are not in compliance with the dress code. Repeated non-adherence to the dress code will result in a professionalism lapse.

***Includes patient encounters in LAC and other non-clinical settings.**

RULES OF CLASSROOM BEHAVIOR

- Be on time for class.
- If you arrive late, close the door quietly and find a seat quickly so that you do not disturb others.
- Do not talk to your classmates when the lecturer is speaking.
- Turn off your cell phone while in class. If you are expecting an urgent call, set the phone on silent mode.
- Do not read the newspaper, answer e-mail, or text during class.
- Do not sleep during class.
- Remain quietly in place during the Q&A session at the end of class.
- Ask questions in a respectful, courteous manner.

LISTSERV AND EMAIL LISTS

UF listservs and email distribution lists are created to disseminate email to groups within the UF COM. Before using the listserv or email distribution list(s), review the guidelines for use.

GUIDELINE FOR USE

- Listservs and email distribution lists should be used to facilitate official COM business, e.g., direct and indirect support of the university's instruction, research, and service missions. These lists may not be used for commercial, personal, or political messages.
- Listservs and email distributions must adhere to the UF [Student Honor and Conduct Codes](#).
- UF's [Acceptable Use Policy](#) must be followed by anyone utilizing listserv and email distribution lists.
- Submitted emails must originate from a UF email domain, e.g., end in "ufl.edu".

SOCIAL NETWORKING POLICY

The administration of the College of Medicine recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, and Twitter, are an important and timely means of communication. However, students who use these websites and other applications must be aware of the critical importance of privatizing their web sites so that only trustworthy "friends" have access to the websites/applications. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from school.

Prohibitions include the following:

- In your professional role as a care-giver, you may not present the personal health information of other individuals. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age,

gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.

- You may not report private (protected) academic information of another student or trainee. Such information might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
- In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for the University of Florida College of Medicine.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
- You may not utilize websites and/or applications in a manner that interferes with your official work commitments. That is, do not tie up a hospital or clinic computer with personal business when others need access to the computer for patient-related matters. Moreover, do not delay completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

- Display of vulgar language.
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
- Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.

When using these social networking websites/applications, students and residents are strongly encouraged to use a personal e-mail address, rather than their ufl.edu address, as their primary means of identification. Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. Please be aware that no privatization measure is perfect and that undesigned persons may still gain access to your networking site. A site such as YouTube, of course, is completely open to the public. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment.

Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can "live on" beyond its removal from the original website and continue to circulate in other venues. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

POLICY FOR USE OF MOBILE TECHNOLOGY IN PATIENT CARE AREAS

Students are expected to act appropriately and professionally in all clinical settings. The use of mobile devices may be appropriate, if respect for colleagues, faculty, the medical team and patients is observed. During lectures, conferences, or patient care activities students should:

1. Turn all electronic devices including cell phones to silent/vibrate.
2. Refrain from text messaging, checking email, talking on the phone or using the internet for non-patient care/educational activities.
3. Students must complete Mobile Device Training (see Core Procedure V, Section A of attached link) and adhere to the UF Shands Core Policy and Procedure CP03.012 - [Mobile Device Management](#).

CODE OF ETHICS¹

As we learn, and subsequently practice the art and science of medicine, we pledge to:

- Do no harm to our patients.
- Put the welfare of our patients above our own self-interest and any consideration of financial gain.
- Be respectful of the wishes of our patients, consistent with our obligation to “do good”.
- Maintain the highest standard of honesty and integrity.
- Treat all people with respect, dignity, impartiality, empathy and compassion.
- Foster a just and supportive community.
- Strive to eliminate social barriers to health, health disparities, and inequality within our profession.
- Acknowledge and minimize our implicit and explicit biases as we relate to others.
- Be just and impartial in allocation of scarce health care resources, but to always advocate first for the rights of our patients.
- Be consistently attentive to the need to protect the privacy of our patients and to maintain their personal health information in the strictest confidence.
- Share knowledge freely with patients and colleagues.
- Maintain balance between our personal and professional lives and nurture our spiritual, emotional, and physical well-being so that we may better care for our patients and loved ones.
- Maintain a commitment to life-long learning.
- Be fiscally aware and responsible.
- Conduct ourselves with grace and humility.
- Act always in a way that brings honor to ourselves and our profession.

¹This Medical Student Code of Ethics (“Code”) is an aspirational pledge. Students are not required to pledge or recite the Code for participation in the University’s College of Medicine program.

POLICIES REGARDING STUDENT HEALTH, IMMUNIZATIONS, INSURANCE, AND BLOODBORNE PATHOGENS

The College of Medicine has a long-standing commitment to protect the health and well-being of students, faculty, staff, patients and the general public. Students in the College of Medicine are required to show proof of appropriate immunity, or documented immunization, prior to matriculation and/or the onset of actual patient contact. In addition, the Office of Student Affairs offers educational programming to assist students in the attainment and maintenance of optimal physical and mental health.

The College of Medicine strongly recommends COVID vaccination for a student to matriculate into our program; however, we do not make the decisions regarding COVID vaccination for our clinical education partners. Direct patient care is a required component of our education. At UF we have a robust program with practice partners all over the state providing high quality clinical experiences from the first through the last year of medical school. Each institution determines requirements for student trainees rotating through their establishments. These potentially include background checks, onboarding paperwork, vaccinations, etc. Our practice partners have long required flu vaccination for students, as well as TB, and many, if not all of our clinical site partners currently require or may require COVID vaccination in the future for medical trainees. This currently includes UF Health and the Veterans Administration Health Systems. Requests for exemptions, either medical or religious, are handled by the practice site, not the college of medicine, according to each institutions' policies and procedures.

Ultimately, each student is responsible for their health and safety in the clinical/educational setting. Therefore, it is the goal of the College of Medicine that all students learn appropriate policies and procedures to follow in the event that they are injured or potentially exposed to bloodborne pathogens or other communicable diseases. During the orientation of both first- and third-year students, presentations are given on universal blood and body fluid precautions, infection control and prevention of the spread of communicable disease. In addition, the Student Advocacy Committee monitors student health policies and procedures, in order to insure compliance with institutional and state health requirements.

PRE-MATRICULATION HEALTH AND IMMUNIZATION REQUIREMENTS

Prior to matriculation in the UF College of Medicine, a student must submit the following documentation:

- A screening health history form provided by the [Student Health Care Center \(SHCC\)](#).
- [UF Occupational Medicine Respiratory Medical Evaluation Questionnaire](#)
- A University of Florida College of Medicine Health Agreement form
- Proof of current health insurance
- Certification of current health insurance is mandatory for each registered year
 - **Two MMR vaccinations** (measles, mumps, rubella) or serologic tests that confirm immunity to each of these three viral infections

- **Hepatitis B vaccine series (3 doses)** - If you completed the vaccination series within the last 2 months, you must also provide serologic proof of immunity (i.e., a positive serum titer for hepatitis B surface antibody).
- **Two varicella vaccinations** *or a serologic test that confirms immunity*
- **Tdap vaccination** (tetanus, diphtheria, and pertussis)
- **Vaccination for meningococcal infection** or documentation that you opted out of this vaccination
- **Two tuberculin skin tests** within the last year
 - If you previously received the BCG vaccination, an interferon-based TB test is preferred (Quantiferon-Gold or T-Spot assay).
 - If you have a positive tuberculin skin test or interferon-based TB test, you must provide documentation of a negative chest x-ray within three months of the start of school.
- **Seasonal influenza vaccination in the fall of each year**
- **Proof of Covid-19 vaccination is strongly recommended**

Students should submit documentation of these immunizations to the [UF Health Compliance Student Self-Service portal](#). **Students will not be able to start classes until all documentation is received.**

HEALTH AND DISABILITY INSURANCE

The College of Medicine requires all UF medical students to be covered by major medical insurance. It is not sufficient for the student to seek care through the Student Health Care Center, for the SHCC can offer only primary outpatient care. Insurance may be acquired through a family major medical policy, through a private insurance agency, or by purchasing the [University of Florida Student Government Health Insurance](#). The insurance plan should offer comprehensive coverage in Gainesville and Alachua County, and not simply at a distant city/county/state. Students must realize that medical expenses for care provided by UF Health Shands Hospital System and hospitals affiliated with the College of Medicine, including laboratory procedures and emergency care, are the responsibility of the student and not the College of Medicine or the University. **Coverage should also include maternity benefits and coverage for an occupational injury that might put the individual at risk for a bloodborne infection such as hepatitis B, hepatitis C, or HIV infection.**

The College of Medicine also requires all medical students to acquire disability insurance, to provide protection in the event of a long-term illness or injury. This insurance plan is offered by the College of Medicine through Compass Consulting Company at a nominal cost to the students. More information regarding [disability insurance](#) is available through the College of Medicine Student Affairs Office.

SUBSTANCE USE POLICY

Use of Illegal substances is prohibited. Positive drug screens for substances for which the student does not have a prescription will be considered in violation of this policy. Use of substances including recreational or medical marijuana on personal time may lead to positive urine drug screen and possible subsequent disciplinary actions which may include but are not limited to more random drug screening, placement on leave of absence, referral to Physician Resource Network, suspension, probation, or dismissal.

POTENTIAL EXPOSURES TO BLOODBORNE PATHOGENS AND COMMUNICABLE DISEASES

Policies and procedures concerning bloodborne pathogen exposures and exposures to communicable diseases are addressed during the orientation sessions for first- and third-year students. In addition, these policies are reinforced during the Surgery and Internal Medicine clerkships.

It is the responsibility of the student to report sharps injuries, needle sticks, or other potential exposure to bloodborne pathogens via blood or body fluids immediately to the supervisor at the facility where the accident occurs.

In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g. tuberculosis, varicella), steps will be taken to prevent dissemination in accordance with Student Health, Public Health and/or CDC protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.

POTENTIAL BLOODBORNE PATHOGEN EXPOSURES

University of Florida's Occupational Health Program has a dedicated phone line for UF faculty, staff, resident house staff and students who experience a bloodborne pathogen exposure (hepatitis B, hepatitis C, HIV).

This needle stick hotline will ensure that all UF employees and students with an exposure have immediate access to a medical provider. During regular work hours, an operator from the Occupational Health Department of the Student Health Care Center (SHCC) will answer the line and immediately forward the caller to a skilled and knowledgeable medical provider. The medical provider will collect the exposure and source history, arrange for laboratory studies, decide on post-exposure treatment if necessary, and recommend follow-up as appropriate. Afterhours and on weekends, persons with exposure will be triaged to the closest Emergency Room for management.

Follow-up laboratory work and counseling will be conducted at the SHCC Occupational Medicine team (392-294-5700), which is located on the second floor of the Dental Tower in room D2-49. Additional Needle Stick information can be found on the [Student Health Care Center site](#). Questions or comments about this program may be directed to SHCC at 352-265-2727.

NEEDLESTICK PROTOCOL (JAX)

If the injury/exposure occurs in JAX during normal business hours, you should report to the Employee Health Office. If the injury/exposure occurs after normal business hours, you should report to the ED in JAX. Additional information for [Needle Stick Protocol](#) please refer to the [Jacksonville handbook](#).

NEEDLESTICK PROCEDURES (EXTERNSHIPS/NON-UF SITE)

In the event of an exposure to an infectious or environmental hazard while at the HOST AGENCY, the HOST AGENCY, upon notice of such incident from the student, should provide emergency care. If after normal business hours (or the HOST AGENCY is not cooperative) go to the nearest emergency room.

NEEDLESTICK INSURANCE/BILLING PROCEDURES

Students are responsible for submitting any tests and treatments to your insurance company first for all sites. However, if the charges are not covered by the company, the College of Medicine will pay the expenses. No student will suffer any financial hardship as a result of an occupational injury.

If a student's health insurance carrier has finally determined that it will not cover a medically appropriate course of prophylactic treatment for the student's potential exposure to HIV (which exposure occurred in the course of the student's college studies and activities), the College will assist the student and pay for the treatment. A student may request the College's assistance by discussing their situation with the Associate Dean of Student Affairs.

STUDENTS WITH COMMUNICABLE DISEASES

In certain situations, students with communicable diseases or conditions may not be allowed to have patient contact. This restriction may be necessary to protect the health and safety of both patients and coworkers.

Persons with the following medical conditions will not be allowed to have patient contact without a medical clearance:

1. Active chickenpox, measles, rubella, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis
2. Oral herpes with draining lesions
3. Group A streptococcal disease (i.e., strep throat) until 24 hours of treatment received
4. Diarrhea lasting over three days or accompanied by fever or bloody stools.
5. Draining or infected skin lesions
6. Conjunctivitis
7. Viral influenza
8. COVID 19

If an ill student is unsure whether he/she should participate in patient care, the student should contact the SHCC clinical staff at (352) 294-5700.

STANDARD UNIVERSAL PRECAUTIONS

When providing patient care, regardless of the real or perceived communicable disease status of the patient, all students and staff should follow Standard Universal Precautions:

- Wash hands before and after patient contact, according to hospital policy, even if gloves are used.
- Wear gloves when exposure to blood, body fluids, excretions or secretions is likely.
- Use gloves appropriately according to aseptic and/or sterile techniques, and change gloves between patients.
- Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.
- Wear masks, face shields and eye protection when aerosolization of blood or body fluids may occur.
- Dispose of sharps in designated rigid sharps containers.
- Never recap needles or scalpel blades by hand.
- Dispose of waste saturated with blood or body fluids in designated red-bag trash containers.

AIRBORNE AND MODIFIED AIRBORE PRECAUTIONS

Students will need to be fit-tested for an N95 mask and will be trained to don and doff personal protective equipment prior to initial patient care activities in the first year and prior to starting their third year.

POLICIES REGARDING HIV/AIDS AND OTHER COMMUNICABLE DISEASES

It is the policy of the University of Florida to assess the needs of students or employees with HIV infection or other communicable diseases on a case-by-case basis. If any such infection occurs in a medical student, any recommendations made or actions taken by the College of Medicine will respect the confidentiality and welfare of the student, while also recognizing and responding to issues regarding the welfare of patients, the College of Medicine and the hospital and outpatient clinics. Each student's situation will be evaluated by the College on a case-by-case basis. With the permission of the affected student, the Director of the Student Health Care Center (a physician) will assist in the coordination of resources and services.

Currently, the UF College of Medicine does not require routine HIV testing of patients, students or healthcare workers. However, it is certainly prudent for individual healthcare workers, including students, to be aware of their own individual HIV status so that they can take appropriate precautions and measures. With current advances in treatment of HIV infection, early intervention can be crucial in maintaining well-being and delaying complications of the illness. If future state or federal legislation were to change guidelines or requirements for HIV testing of healthcare workers or healthcare students, the College of Medicine will comply as required.

In the event of a potential bloodborne pathogen exposure in a student, the medical provider will recommend HIV testing as a baseline and also follow-up intervals of 6 weeks, 3 months and 6 months. When testing is medically advisable, it is subject to informed consent, and results are treated confidentially.

TECHNICAL STANDARDS/DISABILITY SERVICES

Introduction

Applicants and students for the M.D. degree at the University of Florida College of Medicine (UF COM) must be capable of completing core educational requirements and achieving the UF COM competencies and entrustable professional activities essential for the delivery of high quality medical care. The essential skills and abilities described below, also referred to as technical standards, are required for successful admission, promotion, and graduation.

TECHNICAL STANDARDS (with associated graduation learning outcomes/competencies)

Observation (PC, MK)

Applicants and students must be able to acquire information from demonstrations and participate in laboratory exercises. One must be able to assess and comprehend the condition of all patients assigned to the student for examination, diagnosis, and treatment. These skills require the use of vision, hearing, and touch or the functional equivalent.

Communication (PC, P, ICS, SBP)

Applicants and students must demonstrate proficiency in the English language such that one can communicate in both oral and written form effectively and sensitively with patients and members of the health care team. This includes the ability to speak, to hear and to observe patients by sight in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. In a case where an individual's ability to communicate is compromised, one must demonstrate alternative means and/or abilities to communicate with patients and members of the health care teams.

Motor (PC, SBP, P)

Applicants and students must be able to attend and participate in required classes and activities within the curriculum. An individual's motor and sensory functions must be sufficient to diagnose and deliver patient care consistently, quickly and accurately. Individuals must be able to perform physical exams and diagnostic procedures using techniques, such as: palpation, auscultation, percussion, and other diagnostic maneuvers. Individuals must be able to respond in a timely manner and safely execute motor movements reasonably required to provide general care and emergency treatments to patients. Individuals must be able to participate in physically taxing duties over long hours.

Intellectual-Conceptual, Integrative, and Quantitative Abilities (MK, PC, PBLI, SBP)

Applicants and students must have sufficient cognitive abilities and effective learning strategies to assimilate the detailed and complex information presented in the medical school curriculum. Individuals must be able to learn through a variety of modalities, such as: class instruction, small group, team, and collaborative activities, and independent study. Individuals must have the ability to learn, memorize, measure, calculate, reason, organize, analyze, and synthesize complex information in a coherent manner. Individuals must be able to comprehend three-dimensional relationships and understand the spatial relationships of structures. Individuals must be able to

formulate a hypothesis, investigate the potential answers and outcomes, and formulate appropriate and accurate conclusions in a timely manner.

Behavioral and Social Attributes (P, PC, IPC, SBP)

Applicants and students must demonstrate the maturity and emotional stability required for full utilization of one's intellectual abilities, the exercise of good judgment, and the timely completion of all responsibilities attendant to an individual's academic work, team work, and patient care. Individuals must demonstrate the ability to develop mature, sensitive, and effective professional relationships with faculty members and peers, patients, and all members of the healthcare team. Individuals must be able to function effectively under stress and proactively make use of available resources to help maintain both physical and mental health. Individuals must be able to adapt to changing environments, display flexibility, and function in the face of uncertainties inherent in the educational and patient care setting. Professionalism, compassion, integrity, concern for others, interpersonal skills, interest, and motivation are expected throughout the education process. One must be willing to interview, physically examine, and provide care to all patients regardless of their race/ethnicity, gender, sexual orientation, religion, or disability.

Equal Access to the UF COM Medical Education Program

The UF COM is committed to providing all students with opportunities to take full advantage of the medical education program. It recognizes that students with documented disabilities may require reasonable accommodations to meet the technical standards described above. During the admissions process, candidates with a disability are encouraged to discuss their disability with the Assistant Dean of Admissions so that jointly, they may consider technological and other facilitating mechanisms necessary to train and function effectively as a physician. Upon admission, the Office for Medical Education, the Office of Student Affairs and the UF Disability Resource Center (DRC) are committed to removing potential barriers that may prevent a student from accurately demonstrating their abilities in the medical education program. The goal of the multi-perspective approach described below is to support medical students with disabilities in order to provide reasonable and accessible opportunities to complete the medical education program.

Requesting Disability/Medical Accommodations

1. The University encourages students to register with the Disability Resource Center (DRC) prior to the beginning of medical school or upon the verification of a disability or medical condition. A student must comply with the following process for requesting and receiving appropriate reasonable accommodations, in a timely manner, to enable the student to have the opportunity to meet the UF COM requirements for completion of the medical education program.
2. To meet UF COM technical standards, it is the student's responsibility to self-disclose the disability or medical condition that requires accommodations and provide requested documentation to the Disability Resource Center. A student who does not register with DRC or who does not provide necessary documentation will not be considered to claim or receive accommodations under federal or state disability laws. A student is encouraged to register with the DRC prior to the beginning of the student's first or subsequent semester or as soon as a disability/medical condition is established in order to ensure access to appropriate accommodations. Students are

accountable for their performance, with or without accommodation. No student will be assumed to have a disability/medical condition based on poor performance.

3. Any request, design, and implementation of accommodations for an individual student to participate and complete the medical education program must include full collaboration with the Office of Student Affairs and the Disability Resource Center, as well as being in synch with the UF COM Technical Standards.
4. In review of a student's accommodation request, the DRC will make every effort to recommend the appropriate accommodation for academic success. Upon receipt of a student's request for accommodations, the UF COM will convene the ad hoc UF COM Technical Standards Committee. The Technical Standards Committee is responsible for reviewing requests for accommodations in light of the UF COM Technical Standards and appropriate course standards and learning objectives. Membership consists of the Assistant Dean of Admissions, Associate Dean of Medical Education, Associate Dean of Student Affairs, Assistant Dean of Student Affairs, and the UF COM Learning Specialist.
5. Following review by the DRC/Technical Standards Committee, the implementation of accommodations for students will be facilitated by the UF COM Office of Student Affairs. The Office of Student Affairs will notify course/clerkship directors of requested accommodations in writing, e.g., student's DRC accommodation letter.
6. An accommodation may be deemed unreasonable if it poses a direct threat to the health or safety of the student, patients, or others, causes a fundamental alteration of the medical education program, does not meet UF COM academic or technical standards, or poses an undue hardship on the College of Medicine. In review of a student's request, the committee will work in concert with the DRC, requesting additional assessment or evaluation as needed, and provide a determination of the review to the DRC.
7. Accommodation through the use of a trained intermediary or other aid may be appropriate or reasonable if the intermediary or aid functions as an information conduit. The intermediary or aid may not provide a selective function, cognitive support, medical knowledge, or act as a substitute in performing essential skills or supplement clinical and ethical judgement.
8. Should, despite reasonable accommodation (whether the student chooses to use the accommodation or not), a student's existing or acquired disability interfere with the safety of others, or otherwise impede the ability to complete the UF COM medical education program and advance to graduation, residency, training, or licensure, the applicant/student may be denied admission or may be separated, discontinued, or dismissed from the program.
9. While the Office of Student Affairs works in consultation with the DRC to determine and coordinate approved accommodations, disability documentation remains confidential and housed at the DRC.
10. Students may petition for retroactive medical withdrawal from courses from the [Medical Petition Portal](#).

Annual Declaration: Each year, all students must acknowledge review of the "Technical Standards for Enrollment, Promotion, and Graduation," and failure to provide documentation of the nature and extent of condition(s) and/or functional limitations for accommodations may delay or prevent promotion or graduation. The Office of Student Affairs will notify students of the

deadline for filing the acknowledgement, but it is the student's responsibility to declare and file additional documentation for accommodations, if applicable.

MEDICAL STUDENT MISTREATMENT POLICY

The University of Florida College of Medicine is committed to treating all members of the college community fairly with regard to both personal and professional concerns. The student mistreatment policy ensures that concerns are promptly dealt with and resolutions reached in a fair and just manner. The College's procedures enable students to bring problems to the attention of the College of Medicine administration in a timely manner. The College forbids any retaliatory action against students who present grievances in good faith. The process for reported concerns is displayed in [Appendix A](#).

Mistreatment is any decision, act, or condition affecting a student that is determined to be illegal or unjust or that has created unnecessary hardship. Mistreatment may take the form of verbal or physical abuse, discrimination for any reason, or a requirement for individual service activity that is independent of requirements for other team members. When such an incident occurs, the student should take steps to address it. The student may first discuss the problem with the individual responsible for the negative action or with the Associate Dean of Medical Education, Associate or Assistant Dean of Student Affairs, the Associate Dean for Student Success, or one of the Directors of the Learning Environment. If negative action occurred on the Jacksonville campus, students may also discuss the matter with the Associate Dean of Student Affairs Jacksonville, who will follow the same plan outlined below. The dean contacted by the student will then address the concern with the appropriate Course Director or Clinical Clerkship Director who is responsible for the educational activity in which the incident occurred. A written record of incidents reported to one of the Associate or Assistant Deans will be maintained centrally by the Office of Student Affairs. Once the allegation of mistreatment is elevated beyond the level of the individual responsible for the incident, the reviewing authority should meet with the student within ten business days of being notified of the incident to provide support, and an update regarding the resolution. If the student is not satisfied with the response of the reviewing official, the student may appeal first to the Senior Associate Dean of Undergraduate Medical Education and, subsequently, to the Vice Dean of Education.

A student who has been accused of mistreatment or harassment of others is entitled to due process to refute or challenge the accusations per policies of the University of Florida (UF Regulations [1.006 Non-Discrimination/Harassment/Invasion of Privacy Policies](#), and [4.012 Student Grievance Procedure](#)).

If faculty observe unprofessional behavior or mistreatment of students they should report it to the responsible course or clerkship director, and on the [Student Mistreatment Report](#).

At any point in the process outlined above, the student also may address a concern about mistreatment with the Director for Student Counseling and Development. This official may provide counseling to the student but is not responsible for attempting to redress the grievance.

GENDER EQUITY AND SEXUAL MISCONDUCT

The University of Florida and the UF COM are committed to establishing and maintaining a safe, supportive, and non-discriminatory educational and working environment for students, housestaff, and faculty. Appropriate professional behavior is expected at all times by each member of the university. Individuals are encouraged to promptly report any form of discrimination or unwelcome conduct on the basis of sex, including sexual orientation and gender identity. Specifically, COM students are encouraged to report prohibited behavior to the COM administration including the Vice, Senior Associate, Associate, or Assistant Deans or to the Office for Accessibility and Gender Equity. Once reported, the complainant may be encouraged, but are not required to move forward requesting further investigation. Responsible agents (COM administration) may be required to report an allegation if believed to threaten the safety and security of the UF community per the Cleary Act.

Title IX is a federal civil rights law that prohibits discrimination on the basis of sex, sexual orientation, gender identity, sexual harassment, sexual violence, or any gender-based discrimination that may deny a person access to educational benefits and opportunities. Behavior of this nature will not be tolerated and any individual who engages in such conduct will be subject to disciplinary action. Similarly, retaliation (intimidation, threatening, coercing, or discrimination) against an individual who has filed a complaint, testified, assisted, participated, or refused to participate in an investigation may also be subject to disciplinary action.

Additional information about policies, procedures, the reporting process, and resources regarding Title IX are located on the Office of Compliance and Ethics [website](#). For confidential consultation, students are encouraged to seek assistance from the COM Office of Student Counseling and Development, Counseling and Wellness Center, or the UPD Office of Victim Services.

LIMITATIONS TO STUDENT SUPERVISION AND EVALUATION

At no time may a learner be supervised, evaluated, and/or assessed by an individual with whom there is an intimate relationship. This policy extends to, but is not limited to partners, family members, and/or healthcare providers of the learner. When this type of conflict of interest exists, it is the responsibility of both parties, the supervisor and learner, to immediately disclose the conflict to the course or clerkship director or ADME with a request for reassignment without retaliation. Failure to do so may be reported to the appropriate leadership and/or UF Title IX office for further action.

Conversely, if a learner is affected by an unwelcome relationship, unwanted advances, and/or other forms of discrimination or mistreatment, they are encouraged to report this behavior to the COM administration including the Vice, Senior Associate, Associate, Assistant Deans, submit a [mistreatment report](#), or directly contact the [Title IX](#) office. For confidential consultation, students are encouraged to contact the Program Director for Student Counseling and Development, Counseling and Wellness Center, Dean of Students' Care area, or at the UPD Victims' Advocate office.

ATTENDANCE POLICY FOR REQUIRED EDUCATIONAL ACTIVITIES

Students are expected to attend all sessions marked as “required” in Phase 1 course syllabi unless excused **prior** to the event by the course director. Unexcused absences for required activities will result in an unsatisfactory professionalism evaluation, and may lead to additional adverse academic actions by the ASC.

During Phases 2 and 3 students are allotted the following breaks: Thanksgiving and a winter break (see the academic calendar for details). Thanksgiving break starts at the conclusion of clinical/academic responsibilities on Wednesday, and ends at the beginning of clinical/academic responsibilities on Monday. Third- and fourth-year students on scheduled clerkships and electives are **NOT** automatically off on official one day holidays listed on the academic calendar.

Clerkship directors, at their discretion may permit students a holiday (example: on Labor Day, outpatient clinics are closed, and a clerkship director may give the students assigned there the day off).

RELIGIOUS HOLIDAYS

The COM recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the director before the course or clerkship begins, if applicable. The director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, and examinations and other projects. The timing of make-up work is at the discretion of the course/clerkship director and may fall during vacation periods. Missed days which cannot be completed before the course end date will result in a grade of "Incomplete". Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.

If a faculty member is informed of, or is aware, that a significant number of students are likely to be absent from class because of a religious observance, a major examination or other academic event should not be scheduled at that time.

A student who is to be excused from class for a religious holy day is not required to provide a second party certification of the reasons for the absence. A student who believes that they have been unreasonably denied an education benefit due to religious beliefs or practices may seek redress through the student grievance procedure, see [UF Regulation 4.012](#).

UNEXPECTED ABSENCES

In the case of an unexpected absence, the student **MUST** notify the responsible faculty/mentor or senior resident (when on a clinical service), the Course/Clerkship Administrator and Director as soon as possible. The course or clerkship director will determine if the absence is excused or unexcused. All absences **MUST** be logged by the student into the [absence monitoring system](#)

found on the Phase Canvas pages. If the absence is longer than three days, the staff in the Office of Student Affairs and Registration (352-273-7971) **MUST** also be notified. Failure to communicate unexpected absences promptly is a professionalism concern that can affect your final grade and, if a pattern of behavior is identified, necessitate review by the Academic Status Committee.

PLANNED ABSENCES

In the case of planned absences to attend meetings or family events such as a wedding or funeral, the student must contact the Course/Clerkship Administrator as far in advance as possible* to discuss the requests and obtain the permission of the Course/Clerkship Director to be absent from assigned responsibilities. If permission is obtained for the planned absence, the student must notify the Office of Medical Education (UFMedEd@ahc.ufl.edu) of the approved dates for the absence and log the absence in the [absence monitoring system](#) which is found on the Phase Canvas pages.

*Students planning to submit work for oral/poster presentation at an academic meeting are expected to contact the course/clerkship director for permission as soon as the meeting dates are available. Please note that:

- Requests do not guarantee approval of time off.
- You may be required to make up experiences/work that may include weekends or between clerkships/courses.
- You should not make plans, purchase tickets, etc., until the leave has been approved.
- You will be expected to submit your acceptance letter and the program outline, detailing exactly when the presentation will occur.
- You will need a letter from a faculty sponsor.
- Approvals may not necessarily include time off for the entire meeting.
- If approved, you may be sponsored for [research travel support](#).

ABSENCES FOR HEALTH SERVICES

Students are encouraged to maintain their own personal health throughout medical school. This includes their dental, mental and/or physical health. Ideally, students will make every effort to schedule these appointments at dates/times that do not conflict with required education activities. When this is not possible, students must submit their request for an excused absence to the relevant course/clerkship director(s). Upon approval, the director will notify the student of makeup requirements and due date, if appropriate. Additionally, students will not be penalized for absence from class or other scheduled academic activities for medical reasons. This applies to absences for acute illnesses as well as to absences due to regularly scheduled ongoing treatment for dental, mental or physical health. For any questions and/or concerns regarding this policy, students are to consult the Associate Dean of Medical Education or Student Affairs.

ABSENCES DURING JACKSONVILLE CLINICAL ROTATION

If the absence occurs while in Jacksonville on a clinical rotation, the Office of Student Affairs (Dani Brown, dani.brown@jax.ufl.edu) in Jacksonville **MUST** be notified in addition to the OME in Gainesville and the clerkship administrator/director in Jacksonville. Contact information for each clerkship is located on the [Departmental Student Liaisons](#) website.

FOURTH-YEAR INTERVIEW ABSENCES

Students are expected to schedule residency interviews during their interview month and vacation. However, due to the inherent unpredictability of the residency interview process, it may be necessary for students to schedule interviews during an elective. Students should not schedule interviews during electives without prior approval of the elective director. The approval process may include discussion and provision of documentation that the interview was impossible to schedule at another time. The make-up may include additional clinical assignments and/or extension of the elective into another time period. Students should not schedule interviews during required clerkships.

*** Repeated unexcused absences will result in a professional concern notation in the MSPE, or additional disciplinary action.**

Requirements for class attendance and make-up exams, assignments, and other work within the UF COM are consistent with the [university policies](#).

STUDENT EMERGENCY PREPAREDNESS

During emergency conditions student safety is a priority.

- College of Medicine educational programs follow the University of Florida policies and procedures regarding the scheduling/cancelling of classes and operations. Adjustments in curriculum delivery will be made depending on the nature and extent of the emergency.
- Students on clinical rotations will be contacted by the clerkship directors regarding clinical operations. If clinical operations are open, students are expected to contact their faculty supervisor to confirm their attendance on inpatient clinical services and outpatient clinics to support patient care.

Students should check e-mail for safety announcement updates from the College of Medicine and University of Florida.

Additional information regarding UF emergency preparedness can be found at the following links.

- <https://emergency.ufl.edu/>
- <https://emergency.ufl.edu/take-action/>
- <https://emergency.ufl.edu/programs-planning/university-planning/>

STUDENT COUNSELING AND HEALTH CARE

Policy

Medical and psychiatric physicians at the Student Health Care Center (SHCC) may hold faculty positions in the College of Medicine and, therefore, may have academic and/or clinical teaching responsibilities with medical students. Most of the teaching assignments bring the faculty member into direct contact and academic involvement with only a few students in each class year. Because of the potential for conflict, medical students presenting for services at the SHCC or the SHCC Shands satellite clinics will be given the option to see (1) a faculty member or alternative health care provider who has not, and will not, have an academic role with them or, (2) a health care provider in the community.

The Director of the College of Medicine, Office of Student Counseling and Development also holds a faculty position. However, this individual does not have any academic and/or clinical teaching responsibilities, is not involved in the academic assessment of the students, and does not take part in decisions regarding the advancement/promotion and/or graduation of medical students.

Procedure - Gainesville

Medical students will be notified of this provision during their orientation to the College of Medicine. The policy shall also be posted on the Student Affairs and Student Counseling and Development websites. Additionally, this information will be presented annually to the faculty members who serve as the Collaborative Learning Group Leaders, as well as the Course Directors and Clerkship Directors.

When students call to make medical or psychiatric appointments at the SHCC, at Shands or an associated clinic, they should identify themselves as being a medical student. Students can request an appointment with a healthcare provider who does not have a teaching role. If a non-teaching physician is not available at either the main SHCC or any of the satellite clinics, the student will be referred to a non-UF physician in the community.

If a student is assigned to a clinical site or service that involves one of the student's health care providers, the student may request a reassignment to a different service.

Procedure - Jacksonville

Should students need to seek counseling or other mental health services while on a rotation in Jacksonville, they may contact the UF Health Center for Healthy Minds and Practice ([CHaMP](#)) at (904) 244-8332. Services provided to medical students are at no charge and are kept confidential.

For [medical services](#), students may contact the UF Community Health Center (CHC) at (904) 244-5524 to schedule an appointment. Students should identify themselves as a medical student needing Acute/Urgent Care, so the appointment is made with a healthcare provider who does not have a teaching role. Students will not have any out of pocket expense, and the student's health

insurance company will be billed for the visit, including any ancillary services such as laboratory tests, X-rays, or specialty consults.

POLICY ON STUDENT EVALUATIONS OF COURSES, CLERKSHIPS, AND FACULTY

One of the essential professional attributes of a physician is a commitment to life-long learning and improvement of systems that enhance patient care and the health of the population. The UF COM medical education program recognizes that learning occurs through both individual and collaborative study, thoughtful reflection and self-assessment, patient interactions, and formal and informal interactions with faculty, house staff and other members of the health care team.

Effective learning occurs with a bidirectional flow of information, such that learners become teachers and performance of both the learner and the teacher improves. Thus, there is a professional expectation that students will provide feedback for each educational experience (e.g. course, clerkship) in order to improve the quality of our teaching and curriculum.

The Office of Educational Affairs in the College of Medicine continually and systematically collects, uses, and responds to students' feedback through online questionnaires and small group debriefings. Numeric results and students' written comments are carefully reviewed by faculty, department chairs, and the Evaluation committee to reward faculty efforts and promote positive curricular change. The College of Medicine is committed to ensuring that our evaluation tools show evidence of validity, are of reasonable length, and are useful for individual faculty and for COM medical education quality improvement.

The Evaluation committee, with the approval of the Curriculum Committee, has established the following guidelines in order to elicit the meaningful participation of every student in the evaluation process.

- Every required course/clerkship will be evaluated by students. Students will have a minimum expectation of responses based on the needs of each course or clerkship as defined in the syllabus. Each student must complete at least 75% of all assigned faculty, resident, and small group leader evaluation forms associated with a course/clerkship in each year of enrollment. **There is an expectation of 100% completion of the overall course and clerkship evaluations.**
- Every student is expected to respond in a professional manner to each item which they feel qualified to answer.
- Strict confidentiality of responses is assured. Evaluation data (numerical ratings and student comments) is de-identified. However, the completion of evaluations will be tracked.

Failure to complete course/clerkship evaluations within the established timeframe will be noted as a professional concern in a student's professionalism competency evaluation and may impact the overall grade in the course/clerkship. Repeated failure to respond in a timely and reasonable fashion or failure to achieve the required completion rate will be brought to the attention of the Academic Status Committee.

MEDICAL STUDENT FEEDBACK POLICY

All courses and clerkships will provide summative feedback on student performance at the conclusion of each course/clerkship. Assessments will be chosen based on the learning objectives of each course/clerkship.

All required course/clerkships must assess and provide formal, mid-course/clerkship feedback to each student, to allow sufficient opportunity for improvement or remediation. Courses or clerkships that are of a short duration (two or less weeks) may not have time for a structured formative assessment; however, another form of feedback that allows students to self-assess and improve must occur.

Formative feedback in courses

- Courses are allowed to determine the format and scheduling for formal mid-course feedback.
- The format in which feedback will be provided must be explicitly listed (e.g., quizzes, mid-term exam, face-to-face meeting, narrative) in the syllabus.
- The course director should review aggregate data available.
- The collaborative learning group (CLG) leader provides formative feedback, mentoring, coaching, and advising. CLG leaders do not assign grades.
- Documentation of the feedback must be provided to the student either electronically or on paper.

Formative feedback in clerkships

- Clerkships are allowed to determine the format and scheduling for the formal, mid-clerkship feedback.
- The syllabus should explicitly state at what point the mid-clerkship feedback will be provided.
- The format in which feedback will be provided must be explicitly stated in the syllabus.
- The clerkship director should review aggregate feedback provided during each rotation.
- Documentation of the feedback must be provided to the student either electronically or on paper.

The course/clerkship director is responsible for ensuring that mid-course/clerkship feedback occurs. In addition, the Committee on Program Evaluation and Student Assessment will ensure that mid-course/clerkship feedback occurs as part of the formal course/clerkship review. If appropriate feedback does not occur, the Associate Dean of Medical Education (ADME) will be informed. The ADME will meet with the course/clerkship director to ensure that appropriate implementation of the policy occurs.

Narrative description of medical student performance

- A narrative description of the student's performance must be included as a component of all required clerkship student final assessments.
- CLG leaders will provide narrative assessments of student's performance during fall and spring semesters of the first two years across the six competencies, as appropriate.

- All courses are encouraged to provide narrative descriptions of students' performance, as appropriate.

Grades

Student performance in academic course work is evaluated by the level of competency achieved and, secondarily, by letter grades A through E or Satisfactory/Unsatisfactory ratings in pass/fail courses. Final grades are expected to be provided to students within 2 weeks of the end of a course and prior to 6 weeks of the end of a clerkship. Only final grades are forwarded to the registrar for posting on the official transcript. The course director determines the final grade in Phase 1 courses. A grading committee determines the final grade in required clerkships. If a grade committee member evaluated a student on the clerkship, the evaluation should be considered without supplemental information from the faculty member unless it is the committee's practice to contact all evaluators for further input when questions arise. Grade committee members are not to serve as student advocates in the grading process.

Grading System

A or A- (Exemplary): The student has performed consistently in a manner judged as truly outstanding. The performance is worthy as a model.

B+, B or B- (Superior): The student has performed consistently in a manner judged to be clearly above average competency. The performance may occasionally be exemplary but not consistently so.

C+, C or C- (Competent): The student has performed consistently in a manner judged to be at or above the minimum level of competency. The performance may occasionally be superior, but not consistently so. No significant portion of the performance has been below the minimum level of competency.

D (Unsatisfactory): The student has performed in a manner judged as marginal in relation to the minimal level of competency. In some aspects, performance may have been above the minimum level, but in other aspects, or at other times, performance has been below the minimum level. The student has **not** demonstrated adequate mastery of the pertinent competency. **REMEDICATION IS REQUIRED.**

E (Failure): The student has performed in a manner judged to be below the minimum level of competency. While the student's performance may occasionally meet or even exceed the minimum acceptable level, but this is the exception rather than the rule. **REPEATING COURSEWORK IS GENERALLY REQUIRED.**

I (Incomplete): This grade is to be used for students who have failed to complete all required components of a course or clerkship. The grade of "I" must be remediated before a student progresses to the next academic year, unless an extension is granted by the ASC. "Incompletes" change to "E" grades if the remediation is not completed in a satisfactory manner. The deadline for completion of "incompletes" does not apply while a student is on an approved leave of absence.

The “incomplete” will be replaced on the transcript when a final grade has been assigned. All “incomplete” grades must be resolved before a student is eligible for graduation.

N* (No Grade): The grade of “N*” may be given when a student is unable to complete coursework due to serious illness or some other extenuating circumstance. The grade does not convert automatically to an “E” at the end of the next semester. The rules on the removal of the “N*” are the same as the “I.” An “N*” grade must be replaced by a passing grade before a student is allowed to progress to the next level of training or graduate.

GRADE GRIEVANCE PROCESS

Medical students may appeal a final grade or evaluation based on concerns about discrimination or the process used to assign the grade. The process is as follows:

1. The student submits one’s written concern(s) regarding discrimination or process used to assign a final grade or evaluation and arranges a meeting to discuss the concern(s) with the respective course/clerkship director within one (1) month of the posting of that grade. In the event that the complaint involves the course/clerkship director, the written concern should be submitted to the Chair of the Course or Clerkship Directors Committee (whichever is applicable) and arrange a meeting. If the concern involves the Course or Clerkship Director committee chair, the student will meet with the Associate Dean of Medical Education. If meeting with the course or clerkship director chair or Associate Dean of Medical Education does not resolve the concern, then it will automatically trigger formation of a Grade Grievance Committee.

If the student is not satisfied with the outcome:

2. The student may submit their written explanation of the grievance within two (2) weeks of the face to face to the Associate Dean of Medical Education who will assemble the Grade Grievance Committee. The Grade Grievance Committee will consist of the Chair of the Course/Clerkship Committee, or designee if it involves the student’s course/clerkship, and three faculty familiar with the medical education program who are not involved in the same course/clerkship as the grievance, nor are members of the ASC. A fourth-year medical student from the ASC will serve as a non-voting member on the Grade Grievance Committee. The faculty members of the Grade Grievance Committee are appointed by the Associate Dean of Medical Education.
3. After review, the Grade Grievance Committee will submit a recommendation to the Associate Dean of Medical Education and the Chair of the Academic Status Committee who will review the report and provide the response to the student.
4. The decision of the Associate Dean of Medical Education and the Chair of the Academic Status Committee is final.

Grade grievances aligns with UF policy ([UF Regulation 4.012](#)).

The [UF Office of the Ombuds](#) is another resource for students with a university related problem and/or concern.

UNITED STATES MEDICAL LICENSURE EXAMINATION (USMLE)

A passing score on the USMLE Step 1 and Step 2 Clinical Knowledge (CK) examinations are required for graduation from medical school. Students must have the approval of the Academic Status Committee to be sponsored for each of the USMLE examinations.

USMLE STEP 1

All students must take USMLE Step 1 following the successful completion of Phase 1 (Principles of Medical Practice) and prior to beginning Phase 2 required clinical clerkships or an educational leave of absence. All students must complete USMLE Step 1, on or before the Sunday immediately prior to the start of orientation to Phase 2 clerkships. To support success on USMLE Step 1, all second-year students will receive an analysis of their academic performance through the second-year fall semester that is predictive of their future performance on the USMLE Step 1 exam. All students must take the NBME Comprehensive Basic Science Exam (CBSE) within 1 week of completion of Phase 1 courses. Students will receive individualized reports to assist in their preparation for the USMLE Step 1 exam.

Students on Track

Students will be identified as on track to pass Step 1 in the following ways and may sit for Step 1:

1. Prediction model indicates likelihood of passing Step 1; and
2. Student achieves a score on the initial CBSE that corresponds to >50% chance of passing Step 1.

Students on Track may retake the CBSE again for self-assessment.

Students for Additional Testing

Students will be identified as needing additional testing in the following ways:

1. Prediction model indicates likelihood of passing Step 1; and
2. Student does not achieve a score on the initial CBSE that corresponds to >50% chance of passing Step 1.

These students identified for additional testing will be required to retake the CBSE or CBSSA after a period of study not to exceed 5 weeks and score at or above the historical equivalent Step 1 passing score to be sponsored for USMLE Step 1. IF the student does not meet the criteria to sit for Step 1 on the 2nd attempt at the CBSE or CBSSA they will be required to following the same process as the at risk students.

Students at Risk

Students will be identified as at risk for Step 1 failure in the following ways:

1. Prediction model indicates significant risk of not passing Step 1; or
2. Student does not meet CBSE/CBSSA criteria to sit for Step 1 before the beginning of clerkship orientation.

These at risk students will be required to:

- Meet with the learning specialist and develop a structured learning plan.

- Meet with an identified content expert(s).
- After 4 weeks of intentional study; students identified above must retake the CBSE and score at or above the historical Step 1 equivalent passing score to be sponsored for USMLE Step 1.
- Students who do not make the benchmark will delay the first clerkship and have a monitored individual study plan approved by the Academic Status Committee. These students must retake the CBSE or CBSSA and score at or above the historical equivalent Step 1 passing score to be sponsored for USMLE Step 1.

Students unable to meet criteria to sit for Step 1, and take the Step 1 examination by March 15th of the following year will be referred to the Academic Status Committee, and may receive adverse actions, i.e., probation or dismissal, for failure to make adequate academic progress.

*Of note: any student may take the CBSE again at the 4 week mark for self-assessment.

Not sitting for USMLE Step 1 prior to the beginning of Phase 2 requires ASC review. Deferrals may be granted by the Associate Deans of Student Affairs or Medical Education. Deferrals may be granted for evidence-based on CBSE or CBSSA scores, that predict the student has <95% chance of passing Step 1 within a week of the beginning of clerkship orientation. Deferrals may also be granted for medical reasons, which requires documentation from the student's healthcare provider, or for significant personal reasons, such as life-threatening illness in a close relative.

If a student receives notification of USMLE Step 1 examination failure, the student may petition the ASC to request approval for a second administration of the USMLE Step 1 examination. If a second administration of the USMLE Step 1 examination is approved by the ASC, students who are otherwise in good academic standing may be allowed to finish their current clerkship. If they are on the Family Medicine Clerkship, they may finish the clerkship. They will then defer the next clerkship to study for the re-examination. They must prepare an individualized study plan and have this plan approved by the Associate Dean of Medical Education or the Associate Dean of Student Affairs. They must register for the re-examination prior to the onset of the next clerkship.

Students who are not in good academic standing (e.g., academic probation) at the time they receive notification of failure should follow the same course of action outlined above with one exception. If approved by the ASC for a second administration of the USMLE Step 1 exam; their study plan must also be approved by the ASC. Any student who does not pass USMLE Step 1 within one year of the end of the Phase 1 curriculum must appear before the ASC.

Students who subsequently fail a second administration of USMLE Step 1 examination and have previously failed a course or received an unsatisfactory grade will be on academic probation. These students may petition the ASC to request approval for a third administration of the examination. If approved by the ASC the student will be placed on a leave of absence for the remainder of the school year in order to prepare for the examination. Students must schedule the re-examination by March 15 so that the examination score is available before the start of the new Phase 2 academic year. Failure of USMLE Step 1 examination on the third attempt will result in dismissal of the student from medical school. The student may petition to review this action to the ASC. If the ASC

denies the petition, the student may then appeal to the Deans' Advisory Committee. The decision of the Deans' Advisory Committee is final and will constitute final agency action.

USMLE Policies

Effective July 1, 2021, the USMLE Composite Committee established [attempt limits](#) to protect the integrity of all Step examinations and alignment with state medical boards. Furthermore, traditional and combined degree students (e.g., MD-PhD) should be familiar with state requirements for [medical licensure](#) which may include a requirement to complete all three Step exams within a [7-year timeframe](#).

MD-PhD Students and STEP 1

All MD-PhD students must follow the timeframe for completing the USMLE STEP 1 examination as outlined for medical students. MD-PhD students must enroll in and comply with the USMLE STEP 1 course. If an MD-PhD student requests more study time for STEP 1, they must take a leave of absence from medical school and will forego the MD-PhD stipend while on leave. Upon completion of USMLE STEP 1, they may enroll in a graduate course or research elective to have the stipend reinstated.

MD-PhD Students Return to MS3

All MD-PhD students are expected to return to Phase 2 of the COM curriculum with the new academic year (May). An MD-PhD student can request an extension if 1) they already successfully completed a clinical clerkship before starting graduate school **AND** 2) they plan to return in time to join the medical students who have just completed the first Phase 2 clerkship rotation. Students who did not complete a clinical clerkship prior to their PhD must start their clinical clerkships at the start of Phase 2.

USMLE STEP 2

All students are required take the USMLE Step 2 Clinical Knowledge examination after successful completion of Phase 2 and prior to October 31 of their fourth year. Exceptions due to extenuating circumstances may be approved by the Associate Deans of Student Affairs or Medical Education. Students are not eligible for graduation unless they achieve a passing score on the USMLE Step 2 CK examination. Students who receive a failing score on the USMLE Step 2 CK will be referred to the ASC for review.

To support success on USMLE Step 2 CK, all third-year students will take the Comprehensive Clinical Science Self Assessment (CCSSA) within 1 week of completion of Phase 2 clerkships.

Students who fall within a cohort at risk of failing Step 2 CK based on a predictive model that uses core clerkship NBME subject examinations, will be required to achieve a score on the CCSSA equivalent to the Step 2 CK minimum passing score before being allowed to sit for Step 2 CK.

CLINICAL SKILLS EXAMS (CSEs)

Seven Clinical Skills Exams (CSEs) are required within the UF COM educational program as outlined below:

- Year 1 – One CSE is conducted during the spring of year 1 and successful completion is required for advancement to year 2.
- Year 2 – One CSE is formatively assessed during the fall term. A second CSE (CSE 2B) is part of the USMLE Step 1 Preparation course and is a high stakes examination. If a student fails CSE 2B they must meet with the Medical Director of the Anaclerio Learning and Assessment Center or their designee to develop a remediation plan. After successful remediation, the student may then progress to Phase 2 clerkships.
- Year 3 – Two CSEs are required independent of the clerkships in Phase 2. The fall CSE formative. A spring CSE is a summative assessment of clinical skills and is conducted at the conclusion of Phase 2. A passing score of the spring CSE is a graduation requirement. Students who fail this examination must meet with the Medical Director of the Anaclerio Learning and Assessment Center (or designee) to develop a remediation plan, and with the Phase 3 Director or Associate Dean of Student Affairs to discuss modification of their senior schedule. To fulfill the graduation requirement, students needing remediation will be required to demonstrate mastery in the Clinical Skills Refresher course.
- Year 4 – One formative CSE is required within the Transition to Residency course.

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

The MSPE is prepared for all senior students by the Associate Dean of Student Affairs and the Assistant Dean of Student Affairs. The document is a key part of the residency application packet.

If, for any reason, a student believes that the Associate or Assistant Dean of Student Affairs cannot prepare the letter in an unbiased manner, he or she may request that the letter be completed by another member of the Dean's Office. The document is a letter of evaluation, not a letter of recommendation.

The MSPE is intended to provide residency program directors an honest and objective assessment of a student's salient experiences, attributes, and academic performance. The information contained is standardized across all medical schools in terms of format and content. The UF COM follows formally adopted [AAMC MSPE recommendations](#).

Students have the opportunity to review the MSPE for factual accuracy. Submission of MSPE's are aligned with the AAMC/ERAS residency application timeline.

POLICIES FOR UNSATISFACTORY PERFORMANCE AND/OR UNPROFESSIONAL BEHAVIOR

Students are expected to adhere to the Student Conduct and Honor Code of the University of Florida. In cases of alleged violation of the Student Conduct and Honor Code, actions will proceed in accordance with [University of Florida policies](#). COM students are professional students. As professional students, the COM may have additional reasonable expectations that extend beyond the minimum standards established in UF policies. Unprofessional behavior should be reported through the [Professionalism Lapse Report](#). Reported concerns will follow the flowchart in [Appendix B](#).

Preclinical Courses (Phase 1: Principles of Medical Practice)

If a student's initial cumulative score is **unsatisfactory** in one of the preclinical courses, competencies, or Clinical Skills Examinations, the student's academic performance will be reviewed by the Academic Status Committee (ASC). The course director will present a plan for remediation, which will be reviewed by the Committee. The remediation plan may be as straightforward as an Individualized Learning Plan (ILP, see [Appendix C](#)) or an independent study followed by re-examination. Exams are scheduled during non-curricular times, such as winter, spring or summer break. Alternatively, successful remediation may require repeating the entire course. If a student successfully completes remediation, the transcript will show a grade of "Satisfactory". Students who fail to satisfactorily complete their remediation will receive a grade of "Unsatisfactory," will be reported to the ASC, and may be subject to adverse academic action such as a leave of absence, probation or dismissal. If the student fails to make adequate academic progress due to multiple failures; the ASC may require the student to repeat the academic year, see [Appendix D](#).

No student is allowed to begin the clinical clerkships until all foundational courses have been satisfactorily completed and the student's promotion is approved by the Academic Status Committee.

Exam Grade Policy

Any student who scores below a passing grade on any major examination in the foundational courses must meet with the course director to discuss their performance and learning strategies. If a student performs two standard deviations below the mean on any Exam or Course during Phase 1, the student will be required to meet with the Learning Specialist for an intake. Failure to meet with the Learning Specialist within two weeks of the exam will result in an appearance before the Academic Status Committee.

Clinical Clerkships (Phases 2 & 3)

If a student receives a grade less than a B- or receives an **unsatisfactory** rating in any of the clinical competencies, the student's academic performance will be reviewed by the Clerkship Directors Committee. The Clerkship Directors Committee will refer students with repeated poor performance in more than one of the clinical clerkships to the Academic Status Committee (ASC), and present a plan for remediation. The remediation plan may range from re-examination to repeating clerkships. The ASC must formally approve the remediation plan. Repeated poor

performance in the clinical clerkships may result in an adverse academic action such as probation or dismissal from school.

Academic Concern for Academic Progress

Students who achieve 2 or more initial failures in any course or unsatisfactory grades of less than B- in a clerkship will receive an academic concern notice from the ASC, even with the successful remediation of course/clerkship. This action may be reconsidered by the ASC. The reconsidered decision of the ASC is final. After successful remediation and one additional semester of demonstrated academic success (passing all exams and courses), students will automatically be removed from academic concern.

Academic Probation for Academic Progress

Students who achieve 2 or more deficient grades (U or less than a C) on their transcript will automatically be placed on academic probation. This action may be reconsidered by the ASC. The reconsidered decision of the ASC is final. See the policy on [probation and dismissal](#) for additional information and period of review.

Academic Probation during Repeated Year

Any student who must repeat a school year for academic reasons will be placed on academic probation. The student must appear before the ASC to review their academic progress prior to removal from probation. This may be reconsidered by the ASC. The reconsidered decision of the ASC is final.

Academic Standards for Students Who Hold Leadership Positions in University of Florida Campus Organizations/Activities

The College of Medicine strongly encourages students to assume leadership positions in various sanctioned campus organizations and activities (e.g., class officer positions, student interest groups, health outreach missions, Equal Access Clinic). Students who accept such leadership positions should be and remain in “good academic standing.” See section 4.6.2 of [UF Regulation 16.003](#).

- A passing grade in each course.
- Successful completion of USMLE Step 1 on the first attempt.
- A grade of at least “B” in each required third- and fourth-year clerkship.
- Cannot be on academic probation.

If students fall below this specified standard of academic performance, they will be required to relinquish their leadership position until their academic performance returns to the acceptable level.

Adequate Academic Progress and the NRMP Match

In the event that a student receives an adverse academic action, failure of Step 2 CK, or receives an unsatisfactory evaluation of a competency after submission of the MSPE, a revised version of the MSPE will be submitted reflecting the changes to the student’s academic progress.

Students not making adequate academic progress, based on successful completion of graduation requirements including passing the USMLE Step 2 CK examination, may not be sponsored by UF COM for the Match.

FERPA POLICY AND UF COM PROCEDURES

The university ensures the confidentiality of student records in accordance with the provisions of various federal, state, and university regulations, including the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, also known as the Buckley Amendment. The Office of the University Registrar (OUR) routinely releases directory information to the public. Currently enrolled students who want to restrict directory information, or request a full privacy hold must complete the [Restriction of Directory Information](#) form and submit it to the OUR.

Student educational records may be released without the student's consent to an employee in an administrative, supervisory, academic, research, or support staff position who have provided proof of completion of a FERPA course. Access to educational records must be requested by a supervisor with the rationale for the request. Employees are automatically prompted electronically and are expected to renew FERPA on an annual basis.

Under FERPA students have the rights to:

1. Review educational records within 45 days of the day the University receives a request
2. Request the amendment of inaccurate or misleading educational records
3. Provide written consent before the University discloses personally identifiable information from student records, except to the extent FERPA authorizes disclosure without consent.
4. File a complaint with the U.S. Department of Education concerning alleged failures by the University of Florida to comply with the requirements of FERPA

CLERKSHIPS AND ELECTIVES

REQUIRED THIRD-YEAR AND FOURTH-YEAR CLERKSHIPS

All University of Florida College of Medicine students must take their **required** third- and fourth-year clerkships on the University of Florida campus, including UFHSC Jacksonville, or at sites utilized by the required clerkships. In case of extraordinary circumstance, petitions for exceptions to this policy will be heard by the ASC. No student from other institutions will be allowed to take **required** courses or clerkships at the University of Florida (e.g., courses or clerkships that are required either by the student's home school or the University of Florida).

POLICY ON STUDENT SUPERVISION IN CLINICAL SETTINGS

Faculty course and clerkship directors are responsible for ensuring that students are appropriately supervised onsite at all times when assigned to clinical settings. The attending physician is responsible for the supervision of all medical students assigned to their clinical service. The attending physician has medical and legal responsibility for the patient's care and is ultimately responsible for patient evaluation and management. Supervision and teaching of medical students may be delegated to resident physicians and other health care providers when appropriate. The Office of Medical Education reviews syllabi and medical students' evaluations to ensure that supervision is appropriate at all times. Among other assessment variables, students evaluate the quality of teaching of faculty and residents and the quality of feedback they receive. If a problem in supervision is apparent, the Associate Dean of Medical Education (in Gainesville or Jacksonville) will meet with the respective clerkship director(s) to address the issue(s).

ORGAN PROCUREMENT TRIPS

Medical students may participate in organ procurement trips. Participation of the medical student is optional. Accepting or declining to participate must not affect a student's evaluation on a clerkship.

ELECTIVES

The senior year is comprised of thirteen, four-week periods, during which students must obtain a minimum of 36 hours of course credit. Students must schedule 16 credits of elective courses and five required courses listed below:

1. Anesthesiology & Critical Care (4 weeks)
2. Emergency Medicine (4 weeks)
3. Neurology (4 weeks)
4. Transition to Residency (3 weeks/4 credits)
5. Advanced Clinical Practice Selective in Cardiovascular Surgery, Community Health and Family Medicine, Internal Medicine, Neurosurgery, OMFS, Orthopaedic Surgery,

Otolaryngology, Pediatrics, Plastic and Reconstructive Surgery, Surgery or Urology (4 weeks)

Elective courses and clerkships provide students with the opportunity to select educational opportunities that align with their educational plan and career interests. UF COM has extensive resources, in addition to offering flexibility for planning an individualized program.

Electives in both the basic and clinical sciences serve to broaden the student's experiences. Electives also provide the student with opportunities to strengthen learning gaps and/or to pursue subjects of special interest. There is no set maximal number for electives in a specific area. Students review their schedule with their academic advisor for appropriateness of their choices.

The goals of electives are to:

- Facilitate the student's increasing responsibility as an adult learner for educational self-determination
- Provide opportunities to augment previous experience in clinical and basic sciences in preparation for the student's chosen career
- Provide opportunities to acquire and utilize skills which will be helpful in the student's future career (example: Radiology for a student who will be pursuing Internal Medicine)
- Provide opportunities to strengthen identified learning gaps
- Provide experiences to meet the needs of students with specific goals, such as research, postdoctoral education, international experiences, and/or special learning activities outside the UF COM

MedCat has been prepared to provide students electronically with essential information needed in selecting electives. The Phase 3 Director, who reports to the Associate Dean of Medical Education, approves all electives that are subsequently listed in MedCat. Students are to meet with their academic advisor to discuss elective choices. The Phase 3 Director will review the schedules of students who are in the bottom quarter of the class to ensure that they provide an appropriately rigorous educational experience.

All electives taken at locations other than UF Health facilities or the Malcom Randall Veterans Affairs Medical Center in Gainesville are considered to be **external electives**. The detailed rules governing electives are explained in the Senior Elective Catalog. Most students will be limited to a maximum of three external electives. Any student who wishes to take more than three months of external electives must obtain their advisor's permission, the approval of the Phase 3 Director, and the Academic Status Committee. Students who rank in the lower quarter of the class are usually limited to one external elective. However, they may formally petition the Academic Status Committee permission to take additional electives.

ELECTIVE CREDIT TOWARDS THE M.D. DEGREE

Combined degree students (e.g., MD/PhD, MD/MPH) may petition the Academic Status Committee for a waiver of 4 weeks of elective credit during Phase 3 toward the MD degree for each year of training outside the MD program for a maximum of 16 credits. This will require endorsement by the professional or graduate program and approval by the Academic Status Committee of the COM.

ADVANCED DEGREE AFTER MATRICULATION TO MEDICAL SCHOOL

Students who complete an advanced degree program outside the combined degree option (e.g. MD/PhD) may petition the ASC for a waiver of 4 weeks of elective credit applied toward the MD degree for each year of training outside the MD program for a maximum of 16 credits. The student must provide justification for the degree enhancing their medical career. Endorsement is by the Associate Dean of Medical Education or the Associate Dean of Student Affairs with approval by the ASC.

MEDICAL STUDENT WORK/DUTY HOURS POLICY

UF COM is committed to providing a supportive educational environment.

PRECLINICAL YEARS (Phase 1)

The curriculum for the preclinical years is specifically designed to provide multiple learning opportunities for students. Students are considered responsible for their own learning. Attendance is encouraged for all learning sessions and required for selected activities including: patient presentations, those involving team accountability (e.g., Collaborative Learning Groups, all small group sessions), and clinical skill/ CSEs/ Anaclerio Learning and Assessment Center activities. Didactic and preparation time is limited to 25 hours a week with an additional 10 hours of scheduled group activity (e.g., labs and collaborative learning groups).

CLINICAL YEARS (Phases 2 & 3)

This policy clarifies the requirements and protection to medical students regarding hours they are required to work during their clinical rotations at the University of Florida. All clinical rotations will follow this policy. The policy will be posted in the syllabi for all clerkships.

Work hours are defined as clinical activities related to the rotation, inclusive of clinical care, call, shifts and night float, and exclusive of independent afterhours studying.

Each student is limited to a maximum of 80 hours of assigned clinical duties per week averaged over the length of the rotation. The 80 hours includes time spent sleeping at the hospital while on call and non-clinical educational activities at the COM. Students are required to have four 24-hour periods off averaged over a four week period. If an infraction should occur during a clerkship, the student should contact either the Clerkship Director or the Associate Dean of Medical Education (who will contact the Clerkship Director). The Clerkship Director will work with the site to rectify the infraction of duty hours. Additionally, students will report the extent of work hours in the formal clerkship evaluations.

Compliance will be reviewed by:

- a. Clerkship Directors
Review of student evaluations via mid-clerkship feedback and at end of each clerkship rotation
- b. Committee on Program Evaluation and Student Assessment
Review of student evaluations at end of each clerkship rotation

If students have been compelled to work beyond the allowable time frame as described above, the Associate Dean of Medical Education will meet with the specific clerkship director to assure future compliance.

LEAVE OF ABSENCE

Students who desire a personal leave of absence, medical leave of absence, or educational leave of absence should submit their request in writing per the policy outlined below.

The total time spent on leave of absence may not exceed one year unless specifically approved by the ASC. The Associate Dean of Student Affairs, or designee, will present the student's request for an extension and will advise the ASC as needed.

Leave of Absence - Academic

The ASC can place a student on academic leave of absence. Only the ASC can approve the return to registration from an academic leave of absence.

Leave of Absence - Disciplinary

Only the ASC can place a student on a disciplinary leave of absence or approve the return of a student to registration from a disciplinary leave of absence.

Leave of Absence - Educational/Research

Students in good academic standing who wish to take a leave of absence to pursue another degree, such as the MPH or MBA, or who wish to pursue an extended research experience should submit a written request to the Chair of the Academic Status Committee. This request should specify the purpose and the time period of the leave of absence. The request should be accompanied by a formal letter of acceptance for the alternate degree program or research investigation. As a usual rule, the ASC will approve such a request for a period of one year. Students who wish to extend their leave of absence for more than one year should make a formal written request to the Chair of the Academic Status Committee. That request should provide a detailed progress and an explanation for continuance of the academic program or research experience. Progress reports from the mentor should be provided to the ASC on an annual basis for any educational/research leaves.

Leave of Absence - Medical

The Associate Dean of Medical Education or the Associate Dean of Student Affairs may approve a leave of absence of up to six weeks for compelling medical issues that are temporarily impeding a student's academic progress. The Academic Status Committee will be notified that the leave of absence has been granted. If the leave extends for more than six weeks, the student must make a leave request to the Academic Status Committee. This should include documentation from a treating practitioner, a proposed return date and an academic plan and schedule. This must be approved by the Academic Status Committee. When a student wishes to return to registration after a medical leave of absence, he/she must make an appearance before the Academic Status Committee. Students returning must present an updated academic plan and documentation that their medical situation has resolved or is being appropriately addressed, and that they are fit to resume their medical studies (e.g., health care provider letter and/or cognitive testing results).

Leave of Absence – Personal

The Associate Dean of Medical Education or the Associate Dean of Student Affairs may approve a leave of absence of up to six weeks for compelling personal issues that are temporarily

impeding a student's academic progress. The Academic Status Committee will be notified that the leave of absence has been granted. If the leave extends for more than six weeks, the student must submit a request for extension, which includes an academic plan and schedule, to the Academic Status Committee for approval. When a student wishes to return to registration after a personal leave of absence, he/she must present an updated academic plan and make an appearance before the Academic Status Committee.

Leave of Absence - USMLE

Students who do not pass the USMLE examination can be placed on a USMLE-leave of absence by the Associate Dean of Medical Education or the Associate Dean of Student Affairs. Students will be reinstated by the Associate Dean of Medical Education or Associate Dean of Student Affairs upon successful completion of the examination.

READINESS TO RETURN POLICY

The UF COM wants to ensure that any student who has had a leave of absence for medical reasons or an extended leave of absence for educational or disciplinary reasons is evaluated for their readiness to return to registration. Exceptions to this policy include any student who takes an educational leave of absence of one year or less and MD-PhD students who already have a curriculum in place for their return. All other students will be required to provide documentation of their readiness to return or will be required to have an evaluation from a 3rd party that specifically addresses their ability to return successfully to the medical school curriculum. The most common scenarios, but not all, in which a student would be required to provide documentation for their readiness to return include:

1. A situation in which a student is unable to perform essential functions of a medical student because of a physical illness. (short term or long term)
2. A situation in which a student is unable to perform essential functions of a medical student because of a mental health diagnosis.
3. A situation in which a student is unable to perform essential functions of a medical student because of addiction.
4. A situation in which a student may pose a direct threat of harm to self or others due to a physical or psychological condition.
5. A situation in which a student's ability to perform essential functions may be impaired by the duration of time they spent away from the medical school curriculum. (e.g., completing a 2-year MBA or MPH program or taking 3 years to do a research project)

For situations 1-4, a fitness for duty evaluation will be required. This may come in the form of a complete evaluation of the student's stressors, abilities, and accommodation requirements (e.g., after a diagnosis of anxiety, depression, substance abuse, a physical injury that impacted cognitive function). It may also be in the form of a note from the treating physician stating the physical limitations of the student and indicating when the student may be able to return to full function (e.g., after a broken leg, surgery, or cancer treatment). The decision for which type of evaluation will be required will be made by the Academic Status Committee, which has oversight of the student's entire academic history.

The following is a thorough, but not exhaustive, summary of possible scenarios that may occur.

MEDICAL LEAVE OF ABSENCE

- A. Non-cognitive or physical impairment (Situation #1 above)
 - a. Return to registration approvals and documentation will be required for students who have both short term and long term absences.
 - b. Documentation should describe the following:
 - i. When the student is able to return to registration
 - ii. Whether there are limitations to their return
 1. The student will have to apply through the DRC for accommodations if they are recommended by their treating physician, and those accommodations will be determined to be

appropriate, or not, based on the written technical standards of the COM

- iii. The need for on-going appointments/supports and the duration of those
- c. In some cases, a fitness for duty evaluation will be required that can also assess the student's medical situation in the context of the stressors of the medical school curriculum. Please refer to the Medical Student Fitness for Duty Policy.
 - i. This may be due to time away from the curriculum or other concerns including, but not limited to, previous academic difficulties.
 - ii. This determination will be made by the Academic Status Committee
 - iii. If the ASC does not determine a FFD evaluation is necessary, then (b) applies
- B. Cognitive Impairment (Situation #2,3,4)
 - a. Mental Health Diagnosis
 - i. Return to registration approvals and documentation of appropriate treatment will be required for any student who has taken a short-term medical leave of absence (less than 6 weeks) and who has not had prior academic or professionalism concerns.
 - ii. Documentation from the treating physician should describe the following:
 - 1. When the student is able to return to registration
 - 2. Whether there are limitations to their return
 - a. If yes, then the student will have to apply through the DRC for accommodations if they are recommended by their treating physician. Those accommodations will be determined to be appropriate, or not, based on the written technical standards of the COM.
 - 3. The need for on-going appointments/supports and the duration of those
 - iii. Return to registration for a student who has taken a leave of absence that exceeds 6 weeks may require a fitness for duty evaluation (Please refer to the Medical Student Fitness for Duty Policy). The need for this evaluation will be determined by the Academic Status Committee (ASC).
 - 1. Options for a fitness for duty evaluation include
 - a. Physician Resource Network (PRN)
 - b. Private Forensic Psychologist or Psychiatrist who provides fitness for duty evaluations
 - 2. If a FFD evaluation is deemed unnecessary, then (ii) would apply
 - iv. Any student who takes repeated short or long-term absences for any cognitive impairment will require a fitness for duty evaluation after the second leave in order to return to registration
 - b. Addiction
 - i. Any student who is suspected of having a drug or alcohol addiction will be given the option of self-referring to PRN. If the student refuses to self-refer, he/she will be referred by the COM PRN liaison.

- ii. In addition, if the student is considered to be impaired, they will be immediately removed from any patient interaction until after their PRN assessment is completed.
- iii. Any student who is deemed by PRN to require a contract and monitoring will be required to adhere to the recommendations of PRN prior to their return to registration.
- iv. Any student who is not compliant with their monitoring contract will be subject to dismissal from the COM.

EDUCATIONAL LEAVE OF ABSENCE

Any student who is on an education leave of absence that exceeds one year will be required to participate in a return to registration program in order to prepare them for their return to the medical school curriculum. This re-orientation may take the form of a formal intensive course, the development of an individualized learning plan followed by an assessment, or a videotaped standardized patient encounter. The return plan will be dependent upon the student's prior academic history, the phase in which they will return, and the duration of time away from the medical curriculum. The Academic Status Committee will determine what type of re-entry program is indicated.

MEDICAL STUDENT FITNESS FOR DUTY POLICY

Policy Summary

This University of Florida (UF), College of Medicine (UF COM) policy outlines the process for ensuring a medical student's (student) fitness for duty (FFD) meets the standards of practice as outlined by the [College of Medicine Technical Standards](#). The goal of this policy is to address the need to assess a student's mental/physical state during curricular activities or when returning to medical school and/or clinical care environment for the safety of the students and patients under the student's care. The policy also defines the procedures to be followed to ensure the student receives effective treatment with the intention to continue or return to clinical and educational duties. This policy does not supersede or replace federal and state laws and regulations.

UF COM is required to comply with Americans with Disabilities Act (ADA) of 1990. In general, the ADA prohibits: (1) employers/schools from requiring a student to submit to a medical examination; and (2) employer/school inquiries into whether an individual has a disability. However, the protections afforded by the ADA are not without limits. Federal law permits UF COM to require a medical examination of a student if the requirement for the examination is performance-related, consistent with business necessity and if UF COM has a reasonable belief that:

- (1) The student's ability to perform essential functions may be impaired by a health condition; or
- (2) The student may pose a direct threat (i.e., significant risk of substantial harm to self or others) due to a medical condition; or
- (3) The student's conduct is materially or substantially disruptive to a class or curricular activity, disrupts others from the benefit of the instructional program, disruption of UF or UF COM event, displays disorderly conduct or breach of peace under the Law, displays disruptive public intoxication at a university activity, or interferes with the rights of others to carry out their duties on behalf of UF.

Policy

UF and UF COM are committed to the promotion of a safe and healthy environment for our students, patients and staff. In order for appropriate learning and care of patients to occur, each student must be able to perform one's responsibilities in a safe and effective manner. Those students who are not fit for duty may present a safety risk to themselves, patients or others and may adversely affect learning in the classroom and/or clinical setting, as well as patient care. With the safety of the student and patient in mind, it is important that individuals with a medical condition that affects their ability to perform in a safe manner receive ongoing care and support. The UF COM Associate Dean of Student Affairs encourages students to register with the Disability Resource Center to receive accommodations. The Associate Dean may also be able to provide additional information to resources and is available to meet with a student to discuss support services available within the college. Students must meet minimal technical standard for COM admission, progress during the period of studies and for graduation, with or without reasonable accommodations.

Faculty and Clinical Supervisors are responsible for the safety of students and the patients whom they treat. Whether on or off campus, it is important to communicate observations of erratic behavior that may affect the safety of others. During normal business hours, reporting supervisors, faculty, staff or students should must notify the Associate Dean of Student Affairs, the Assistant Dean of Student affairs or the Associate Dean of Medical Education if the Associate or Assistant Dean of Student Affairs is not available, who will assess the immediate concern, take appropriate action and refer the matter to the Academic Status Committee (ASC). The ASC will follow standard protocol for determining whether additional action is required that may include an extended medical leave of absence. Should an incident occur outside normal business hours, individuals are strongly encouraged to call 911, the CWC crisis hotline (352-392-1575), or go to the nearest emergency room if concerned about the safety and well-being of yourself or another student.

In order to ensure an individual is ready to return to their academic and clinical duties, UF COM may request an individual to provide evidence of receiving an evaluation that confirms their fitness for duty from a provider who is trained in FFD evaluations.

If the student is found to be impaired, they will be relieved of their clinical/educational responsibilities until it is determined they are fit to return to their clinical/educational responsibilities. Participation in a treatment or rehabilitation program does not guarantee continued enrollment and may not necessarily prevent disciplinary action for violation of any UF COM policies. A student must comply with all treatment recommendations resulting from a fitness for duty evaluation before he/she is permitted to return to school. The Associate Dean of Student Affairs will oversee the evaluation process of the student, as well as plan the return to one's studies. If the student requires a FFD evaluation, a list of providers who have expertise in FFD evaluations will be provided to the student. The student may select from one of these providers. Every effort will be made to find providers from within and outside of the UF Health system to allow for reasonable choice. The student is responsible for the cost of an evaluation(s). To the extent required by law or UF regulations, UF COM shall protect the confidentiality of the evaluation and the results. Non-compliance with a request for a fitness for duty evaluation shall be cause for disciplinary action up to and including dismissal from medical school. If a student is dismissed, they have the ability to appeal the decision to the Deans Advisory Committee per the student handbook.

Referral Process

Step One: Incidents should be reported to the Assistant or Associate Dean of Student Affairs. Self-referral by a student is also appropriate. *Contact Phone: (352) 273-7971*

Step Two: The Academic Leadership from either the Office of Student Affairs or the Office of Medical Education will meet with the student to determine the next course of action, which may include a medical leave of absence and/or referral to the ASC. The ASC must approve a leave of absence greater than 6 weeks, and may refer the student for evaluation as set out below.

- Students in need of mental health evaluation will be referred for a FFD evaluation prior to re-matriculating.
- Students in need of evaluation for substance abuse or dependence, psychiatric or physical illness may be referred to PRN, who will provide a FFD prior to re-matriculating.

- Students in need of a medical evaluation, will be referred to the appropriate physician, and if deemed appropriate, will be referred for a FFD prior to rematriculating.

Step Three: The Associate Dean of Student Affairs will be the referring contact for the evaluations. In order for the Associate Dean of Student Affairs to be allowed to review the recommendations provided by the evaluators as well as an executive summary of any completed initial evaluations, the student will need to sign and submit a waiver to the appropriate provider. *The individual student is responsible for any cost associated with evaluation.*

Step Four: Prior to rematriculating, a summary of the FFD evaluation will be reviewed by the Academic Status Committee with input from the Associate Dean of Student Affairs. Any academic leaves or adjustments will be addressed as necessary with the Academic Status Committee. *Failure to submit proper documentation may delay return to medical education.*

After evaluation, the decision options are:

- a. Return to full duty
- b. Return to full duty with recommendations for follow up
- c. Return to part time duty with recommendations for follow up
- d. Not allowed to return to duty

The student and the Associate Dean of Student Affairs will work with the appropriate entities to apply for recommended accommodations to ensure student compliance and success with the recommendations.

Continued matriculation shall be contingent upon compliance with recommendations provided by the formal evaluation. This may include participation in medical treatment programs, periodic drug screen testing and/or professional counseling. Failure to comply with the recommendations or agreed upon accommodations may result in disciplinary action up to and including dismissal from medical school. The Academic Status Committee will determine resolution in cases where students are not compliant with recommendations. The student handbook describes the process of adverse actions and the petition/appeal process for students.

Confidentiality/Privacy of Fitness for Duty Evaluations

Under the Health Insurance Portability and Accountability Act (HIPAA), documents containing medical information about a student may be considered a medical record and may be regarded as confidential. This information may be shared only as permitted by law.

UF ensures the confidentiality of education and treatment records in accordance with the provisions of various federal, state, and university regulations, including the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, also known as the Buckley Amendment. FFD evaluations shall be treated as confidential education and treatment records protected by FERPA and shall be maintained by the Office of Student Affairs. These records may be shared only as permitted by law.

PROBATION AND DISMISSAL

Students on probation may be dismissed from school if they receive a grade less than “C” or a grade of **unsatisfactory** in any course or in any competency during their time on probation. Probation will extend for a minimum of one semester beyond the point in time when remediation is satisfactorily completed. The ASC will then regularly review the academic progress of the medical curriculum of a student on probation to determine if a more extended period of probation is warranted. Students on probation are required to follow the plan put forth by the ASC.

As a general rule, a student will only be allowed to repeat one year of the four year curriculum because of poor academic performance. An exception to the rule may be made if 80% of the voting members of the ASC approve.

If there is a determination by the ASC that a student demonstrated unprofessional behavior, several actions may be taken. Depending on the severity of the behavior, the student may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to dismissal from medical school. Such a letter will provide examples about what is, or is not, acceptable and may encourage the student to seek professional help from an appropriate resource. If there is a second documented case of unprofessional behavior, the student may be placed on probation. The student will be strongly encouraged to seek professional help and will be warned that, if such behavior occurs again, it may lead to dismissal from medical school. If there is a third instance of unprofessional behavior, the student must appear before the ASC to address why they should not be dismissed from medical school.

Some types of behavior may be so egregious as to justify immediate dismissal of a student. Such behavior might include criminal acts, persistent substance abuse, blatant disregard for patient safety, or flagrant academic dishonesty.

APPEALS PROCESS

The appeal process is an avenue designed for students who wish to contest any adverse academic actions. Criteria for filing an appeal is limited to a lack of compliance with policies, inaccurate data, or provision of new relevant information that could be sufficient to alter the decision.

Types of appeals:

1. Grade Grievance – see [Grade Grievance Process](#)
2. Academic Concern/Probation
3. Lack of advancement/Repeat course/Delayed graduation
4. Academic Dismissal
5. Conduct Suspension or Expulsion – see [Regulation 4.040](#)

Students receiving an adverse action from the Academic Status Committee (ASC) (e.g., academic concern/probation, lack of advancement/ repeat course/delayed graduation, dismissal) will be contacted by the chair of the ASC (or designee) and advised of their rights and provided a copy of the relevant policies that describe the appeal process. All appeals must be in writing and submitted to the chair of the ASC within 10 business days from the date of the decision letter. A properly submitted appeal includes a written statement by the student with clear specification of the grounds of the appeal. Those students contesting academic concern/probation will be scheduled for a personal appearance at the next ASC meeting. Students contesting lack of advancement/repeat course/delayed graduation will be scheduled for a personal appearance with the ad hoc Appeals Committee with at least 5 business days' notice after receipt of the submitted appeal. Appealed actions of dismissal will be scheduled for a personal appearance with the ad hoc Dean's Advisory Committee (DAC) soon as possible, with at least 5 business days' notice after receipt of the submitted appeal. The student will be allowed to have a support person during the personal appearance and must provide the identity of the person at least 2 business days in advance of the meeting. The support person may not address the committee, but may consult with the student. The student will have an opportunity to make an opening and closing statement and to take notes during the meeting. Reviewed appeals by the respective committee will be final and will constitute final agency action.

Appeal committees' composition (any person with a conflict of interest will be excused from participation):

1. Grade Grievance – see [Grade Grievance Process](#)
2. Academic Concern/Probation – ASC
3. Lack of advancement/Repeat course/Delayed graduation – Ad hoc Appeals Committee composed of the ASC Chair (non-voting member) and three of the following: Vice Dean of Education, Senior Associate Dean of Undergraduate Medical Education, Phase 1 or 2/3 Director, Medical Director of the Anaclerio Learning and Assessment Center, Director of Collaborative Learning Groups, Associate Dean for Student Success.
4. Dismissal – Ad hoc DAC: Vice Dean of Education (chair – will only vote in the event of a tie), Senior Associate Dean of Research Affairs, Senior Associate Dean of Faculty Affairs, Senior Associate Dean of Faculty Practices, Senior Associate Dean of Clinical Affairs, Senior Associate Dean of Graduate Medical Education, and the Senior Associate Dean of Undergraduate Medical Education (non-voting member).

The [UF Office of the Ombuds](#) is another resource for students with a university related problem and/or concern.

PROBATION FOR STUDENTS WHO SUCCESSFULLY APPEAL DISMISSAL

Students whose dismissal is reversed by successful appeal and who are permitted to remediate deficiencies will be placed on probation for one year from the date of the appeal hearing. The ASC will review the status of students on probation annually and prior to graduation. The ASC may remove students from probation upon successful remediation. Students will automatically be dismissed if they receive a grade of **D, E, or unsatisfactory** or an **unsatisfactory competency evaluation** in any course during the time on probation.

GRADUATION REQUIREMENTS AND RECOMMENDATIONS

The ASC will review the overall academic and professional performance of each fourth-year student in determining the recommendation for graduation. To be considered for graduation, a student must be judged to be in good standing with a GPA of 2.0 or better, have successfully completed all required educational experiences, the Clinical Skills Exams (CSEs), and passed USMLE Step 1 and USMLE Step 2 Clinical Knowledge (CK). The UF COM Executive Committee grants final approval for graduation.

GRADUATION WITH HONORS

Students who have demonstrated outstanding achievements will be recommended for graduation with honors. Excellence of different types will be considered, such as superior academic work, outstanding student research, service or special achievement. The faculty will nominate students for graduation with special honors. Selection will be made by the College of Medicine's Executive Committee.

MEDICAL STUDENT TUITION

Medical school tuition is set by the COM Dean with approval by the University's Provost Office and the Board of Trustees. Students are assessed block tuition during the fall and spring terms. All students graduating from the UF COM are assessed a minimum of 8 tuition blocks. Students who complete a decompressed schedule or delay graduation (either electively or due to an adverse academic action) may be assessed additional tuition based on credit hour per term. Students should contact the Associate or Assistant Dean of Student Affairs or the COM Financial Aid Coordinator for questions regarding tuition.

Tuition and refund policies are available through the [University of Florida Bursar's Office](#).

MEDICAL STUDENT TRAVEL/PUBLICATION SUPPORT POLICY

UF COM students are encouraged to pursue research and present their scholarly work at conferences. They are also encouraged to represent the school in leadership capacities. Students' research mentors are expected to provide support for students who conduct research under their guidance towards publication and presentation at meetings. In the event that mentors or student organizations do not have resources to cover their expenses, students may request financial assistance.

Effective April 3, 2023, the University of Florida introduced the UF GO travel system. As such, **ALL** travel-related purchases, including flights and room reservations, **MUST** be submitted through the UF GO portal if requesting [travel support](#).

The following criteria must be met before requesting funding:

1. The student must have [obtained permission for the absence](#) from the appropriate course/clerkship director if the absence occurs during a course or clerkship prior to making the submission if the conference dates are known or as soon as the conference dates are announced if after the submission deadline.
2. The student must be applying at least 3 weeks prior to Conference/Meeting/Publication date.
3. Research being presented must have been conducted and presented while in medical school.
4. The student must be the first-author on paper/poster/abstract.
5. If the student is a national officer of an organization, there must be no other fund sources for travel.
6. The student must be in good academic standing. Students must be enrolled or on an educational leave to be eligible for funding.

Expectation of Students

- Students are expected to request support from their mentor/mentor's department and contribute to their travel/publication costs.
- Students are expected to submit all receipts, and a brief narrative reflecting on the value of this experience, within 2 weeks of travel date or funds may be denied.
- Students must notify the Office of Educational Affairs before the planned travel date, if they decide not to travel or if the travel is cancelled.

Funding Availability and Notification (*Funding increase effective July 1, 2023)

While costs do vary, in general, available funding shall not exceed \$600* per student/academic year (Aug. 1 – July 31). Students can expect a response from the COM within 2 weeks of their submitted request.

What is Reimbursed

Publication submission/editor/printing fees, conference registration, airline/mileage, and/or hotel expense (maximum of 2 nights) will be supported. Please note the COM will not reimburse for Airbnb or other room/house rental stays, food/alcohol, internet services at hotel, and/or other entertainment.

Request: Submit information on the [application portal](#) prior to making travel arrangements in UFGO.

1. Title, authors and electronic copy of abstract and/or poster
2. Name of publication, meeting, location, dates, cost estimates, and educational purpose for request
3. Identification of other funding support
4. Faculty mentor information and endorsement
5. Written approval from course/clerkship director if travel falls during a course or clerkship.

UNIVERSITY OF FLORIDA POLICIES

The University of Florida Board of Trustees, in conjunction with Florida Board of Governors, adopted [regulations](#) to govern all individuals on the UF campus. UF also adheres to [standards of professional conduct](#) set by the Florida Department of Education. Specific UF policies can be found at the following links.

AMERICANS WITH DISABILITIES ACT (ADA) ACCOMMODATIONS

The University of Florida is committed to providing academic accommodations for students with disabilities. Students requesting accommodations must first register with the [Disability Resource Center \(DRC\)](#) (352-392-8565) by providing appropriate documentation. Once registered, students should present their accommodation letter to the College of Medicine's ADA Representative, [Mr. Jim Gorske](#), who will distribute the accommodation letter to appropriate course and/or clerkship directors, as needed, as well as the testing center. The University encourages students to register with the DRC as soon as they begin medical school or upon the verification of a disability.

ANTI-DISCRIMINATION POLICY

The University of Florida strives to foster a diverse, equitable, and inclusive environment for all students, employees, partners, and visitors. UF is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status. The full policy can be located under [UF Regulation 1.006](#).

CONFLICT OF INTEREST POLICY (COI)

Information about the College of Medicine COI policy can be found on their [website](#). Additionally, the University-wide Guidelines, Policies, and Procedures on Conflict of Interest and Outside Activities, Including Financial Interests can be located on their [website](#).

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

The U.S. Department of Education summarizes the rights afforded to students by FERPA as:

- The right to inspect and review educational records within a reasonable period of time and no more than 45 days after the institution has received the request
- The right to request to amend inaccuracies in educational records
- The right to limit disclosure of some personally identifiable information
- The right to file a complaint if the student feels that FERPA rights have been violated.

Additional information regarding [FERPA](#) can be found on the following [UF Privacy website](#).

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA)

To improve the privacy of personal health information, individuals working with patients and their health information are required to take a training course and sign a confidentiality agreement. See the [UF Health Privacy website](#) for additional information.

SEXUAL HARASSMENT

In accordance with federal and state law, the university prohibits discrimination or harassment on the basis of sex. A definition of sexual harassment, reporting options, and Title IX contacts are located on the [UF Office of Compliance and Ethics website](#).

STUDENT HEALTH

Students are required to have health and disability insurance. They have the choice of accepting medical coverage through the university-sponsored insurance plan or pursuing other insurance through outside companies. Medical students must have coverage all years of training, including time in the research laboratory. Health insurance must provide coverage for all internal and external training sites. The following links provide valuable information to student health.

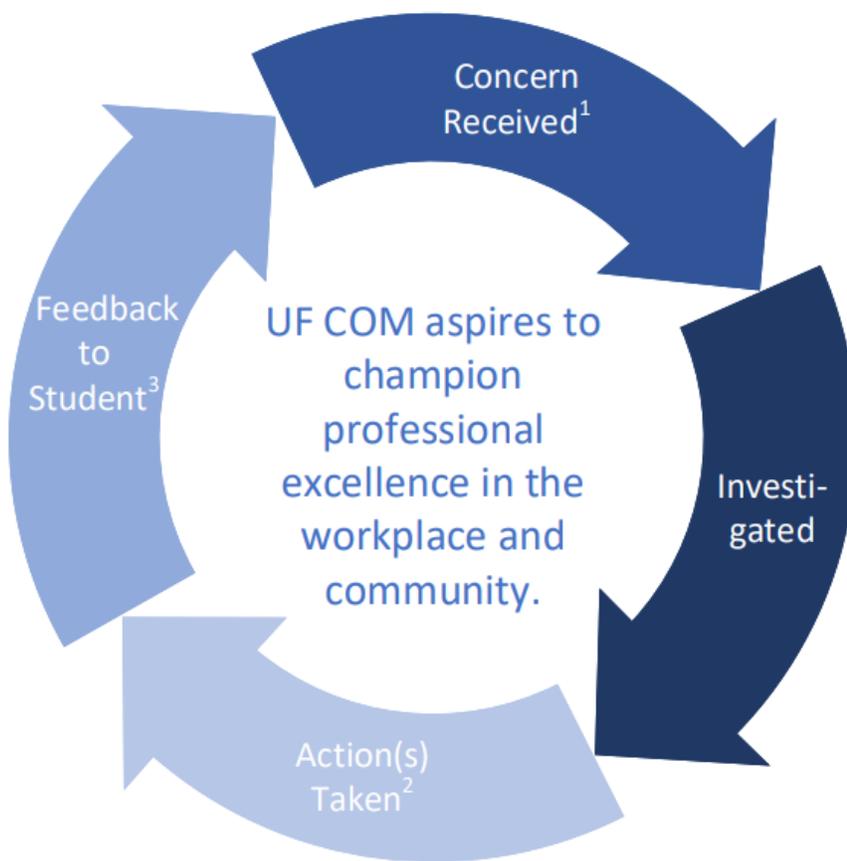
- **Immunization Policy:** UF requires that all new students show [proof of immunizations](#) before attending UF.
- **Student Health Care Center:** UF provides a variety of care to students, partners, and spouses. Specific information can be found on the [SHCC website](#).
- **Needlestick Hotline Program:** UF's dedicated phone line provides immediate access to trained provider. Students should call 352-265-2727 (ASAP), or can access the [website](#) for additional information. When in doubt, go directly to the nearest emergency room.
- Under most circumstances, students who have the UF Health Insurance plan must initially seek care through their assigned primary care provider. However, no referral is required when the student seeks obstetric or gynecologic care. If you have difficulty arranging for this type of medical care, please contact Ms. Kaitlin Lindsey (273-4550).
- **U Matter, We Care:** At UF Every Gator Counts. [U Matter, We Care](#) serves as UF's umbrella program for UF's caring culture and provides students in distress with support and coordination of the wide variety of appropriate resources. Families, faculty and students can contact support services seven days a week for assistance for students in distress.

UF STUDENT HONOR CODE

Students are expected to observe the UF Student Honor Code for all courses and clerkships. Refer to [UF Regulation 4.040](#) and the course/clerkship syllabi for specifics.

APPENDIX A

PROFESSIONAL LEARNING ENVIRONMENT



¹Student Reports:

- May be made anonymously
- In most cases, student may request delay of investigation
- Any retaliation is forbidden

²Possible actions:

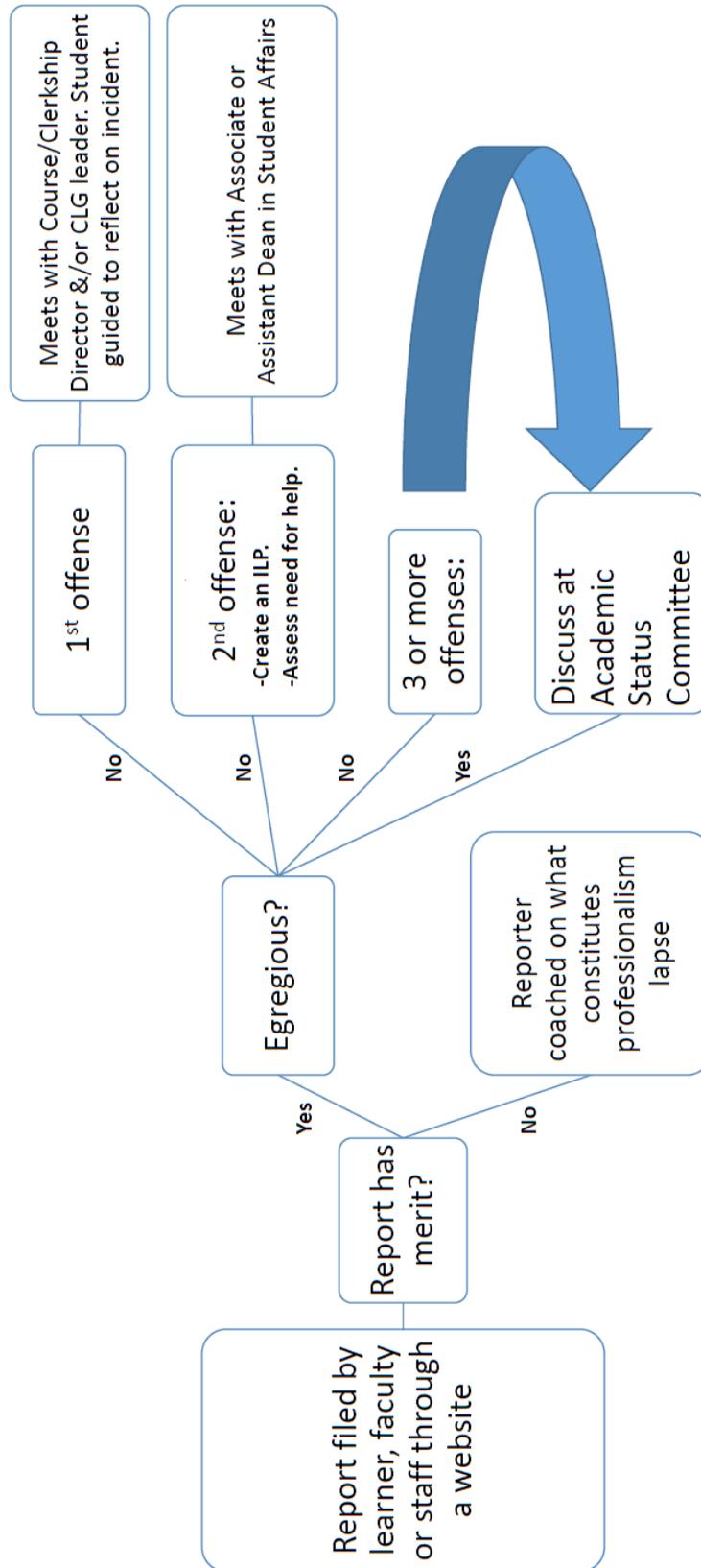
- Counseling
- Remediation
- Removal from teaching or education roles
- Consultation with Human Resources; Title IX; UF Police Department

³Feedback to Student:

Student receives notification of closed investigation; however, specific actions may not be disclosed

Professionalism Remediation Flowchart

APPENDIX B



APPENDIX C

INDIVIDUALIZED LEARNING PLAN (ILP) INSTRUCTIONS

An ILP may be required as part of a student's remediation plan. An ILP defines learning outcomes and explains how outcomes are achieved. While an ILP may share common goals and objectives for a particular course, the ILP allows the student to describe and attain unique learning objectives. It is a tool to identify individual learning needs and measure competency attainment. With faculty guidance, the ILP features learning pathways and experiences that help self-assessment, with the goal of successful completion of the remediation. The ILP is a contract for self-directed learning.

The common components of the ILP in Phase 1 for remediation include:

1. Study habits and goals
2. Time management skills
3. Identification of specific subject area weaknesses
4. Other

The "other" is up to the student. This broad, undefined component provides an opportunity to describe unique goals relevant to the student's future medical career. Goals may include increasing stress management skills, balancing work and life, and/or improving specific skills related to medical knowledge.

As the ILP is completed, be as specific as possible and develop descriptions of strategies and techniques for measuring outcomes. Make sure the ILP contains a learning objective, specific and varied strategies to achieve the objective, an assessment of competency both at the beginning of your remediation and at completion. Make sure the ILP contains active verbs to describe typical learning objectives that are commonly divided into the following categories:

1. Cognitive
2. Affective
3. Psychomotor

Be creative in the ILP, but make sure it addresses the specific areas of weakness for the course being remediated.

APPENDIX D

