

# **The University of Iowa Carver College of Medicine Educator's Handbook**

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August 2026

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All policies in the Educator's Handbook can be found in PolicyTech: <https://uihealthcare.policytech.com/>

To locate CCOM OSAC policies, click on 'Table of Contents' → the plus (+) sign next to 'Department (Medical Center)' → CCOM Student Affairs and Curriculum

## Medical Education Program Objectives

### Interpersonal and Communication Skills

Develop **Interpersonal and Communication Skills (ICS)** that result in effective information exchange and collaboration with patients, their families, and other health care professionals.

- **ICS01** Present information and ideas in an organized and clear manner to educate or inform others.
- **ICS02** Engage in effective oral communication with the patient, their caregivers, and the healthcare team.
- **ICS03** Demonstrate effective written communication with the healthcare team.
- **ICS04** Counsel and educate a patient effectively.

### Medical Knowledge

Integrate **Medical Knowledge (MK)** to address the mechanisms of health and disease. This involves a solid foundation in the established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences that impact patient care.

- **MK01** Demonstrate knowledge of the healthy human body, explaining structure and function from conception to death through understanding of the mechanisms of health and disease.
- **MK02** Demonstrate knowledge of how alterations of normal structure and function cause diseases and abnormal conditions of the body and correlate this knowledge with clinical, laboratory, radiologic and epidemiologic data.
- **MK03** Demonstrate the ability to integrate foundational and clinical sciences to diagnose and treat common diseases and disorders and to help individuals to prevent disease.

### Practice-Based Learning and Improvement

Develop skills for **Practice Based Learning and Improvement (PBL)**. These skills are necessary to investigate and evaluate the delivery of patient care; appraise and assimilate scientific evidence; and implement continuous improvements for patient care. Collectively this goal reflects routine self-evaluation and life-long learning.

- **PBL01** Demonstrate self-directed learning skills including the ability to identify knowledge and performance gaps; generate appropriate questions; use effective strategies to obtain answers to those questions; assess the validity, completeness and relevance of the information; and apply the acquired knowledge to address gaps.
- **PBL02** Demonstrate a systematic, integrated and effective evidence-based approach to problem solving in the diagnosis and management of diseases and disorders.

### Patient Care

Deliver **Patient Care (PC)** that is patient-centered, compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **PC01** Integrate knowledge of mechanisms of health and disease, and the concerns, needs and expectations of a patient in order to take an appropriate history and perform a physical examination.

- **PC02** Integrate foundational sciences with clinical information from relevant sources (e.g., PE, test results, lab results, imaging) to develop an assessment and differential diagnosis.
- **PC03** Develop appropriate and comprehensive patient care plans to promote health, prevent illness and/or injury, and manage disease.

### **Professionalism**

Develop **Professionalism (PR)** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- **PR01** Routinely demonstrates respect, empathy and compassion towards peers, teachers, staff, patients, families, healthcare team members and others, regardless of differences in beliefs, lifestyles, and cultural heritage.
- **PR02** Demonstrate understanding of the ethical and legal principles operating in the healthcare environment and the medical profession and adhere to these principles.
- **PR03** Accept personal responsibility for meeting the expectations of their role as appropriate to their stage of training.

### **Systems Based Practice**

Develop a **System Based Practice (SBP)** approach to patient care as manifested by actions that demonstrate an awareness of, and responsiveness to, the larger context of health care. This includes developing skills to effectively call on system resources to provide optimal health.

- **SBP01** Understand factors that affect access to and delivery of healthcare and the patient-doctor relationship including cultural, environmental, socioeconomic, policies, financing and healthcare systems.
- **SBP02** Explain the role of all members of the healthcare team and collaborate with them to provide the highest quality of care.

*Approved by the Medical Education Council, February 2023*

## Standing Education Committees

### Medical Education Council (MEC)

The Medical Education Council (MEC) shall be the designated faculty body that will have integrated institutional responsibility for the overall design, management and evaluation of the Carver College of Medicine medical education program. The MEC will develop, oversee implementation of, and evaluate policies related to the educational mission of the college. The MEC will respond to matters brought to it by the Dean, faculty, staff or students of the college and delegate matters to subcommittees as appropriate.

The MEC has the authority to create subcommittees to implement and assess the curriculum. These subcommittees are responsible for the basic functions of the college and include committees related to student performance, curriculum development and implementation. Subcommittee actions and decisions are reviewed and approved by the MEC.

Voting members shall consist of no more than 15 individuals with one vote each.

- Ten faculty representatives from any department, but no more than one from any given department. Faculty will be self-nominated and will be chosen by a vote of the MEC members. Faculty members should have a strong understanding of the CCOM curriculum and experience with teaching medical students in the preclinical and/or clinical curriculum. However, no more than 4 faculty members can be current course or clerkship directors.
  - Faculty members interested in serving on MEC will submit their nomination and a short cover letter describing their interest, teaching experience and ability to attend meetings.
  - The nomination period is 2 weeks followed by a review and vote from MEC.
  - The term of the faculty position is 3 years and is renewable one time at the discretion of MEC.
- Two student representatives with voting rights
  - Student representatives will be from M2-M4 years.
  - Student Government will determine their method of selection, length of term and term limits, if any.
- Ex-officio voting members include (3): Senior Associate Dean for Medical Education; one representative from the Office of Consultation and Research in Medical Education (OCRME); Assistant Dean for Student Affairs and Curriculum at the Branch Campus (or their designee),
  - The representative from OCRME is an OCRME member appointed by the OCRME Director. The term length will be 1-3 years at the discretion of the Director, and it is renewable.

Ex officio non-voting members: The chairs (or designees) of subcommittees of MEC which include the Medical Arts and Sciences Committee, the Clinical Experiences Committee, the Strand Directors Committee, and the Curriculum Assessment Committee. Ad hoc non-voting members may include others appointed by the Chair of the Council to represent educational interests or provide advice.

Quorum is 8 members with at least 5 faculty members in attendance and voting is by majority.

The MEC will be chaired by the Senior Associate Dean for Medical Education and one of the five elected faculty representatives will be selected to serve as the co-chair of the committee. The Senior Associate Dean will appoint the faculty co-chair. An administrative assistant will be appointed by OSAC and will be responsible for recording and distributing the minutes of the meetings in a timely fashion as well as maintaining records of the committee activities. Meeting times, location and frequency are determined by the council chair.

#### Duties and Responsibilities of MEC

1. Define goals and objectives for the curriculum to ensure a coherent and coordinated longitudinal curriculum
2. Determine required courses/clerkships, length of semesters/clerkships, and other curricular matters
3. On a regular basis, review various program evaluation data and requirements to determine the status of the curriculum and plan for future improvements to curriculum
4. On an annual basis, review and approve the CCOM Technical Standards.
5. Assist the Senior Associate Dean for Medical Education in LCME accreditation process
6. Develop policies concerning grading structures, requirements for graduation and related matters
7. Regarding course, clerkship and curriculum directors:
  - Review applications/nominees for clerkship directors and recommend appointments to these positions to the Senior Associate Dean for Medical Education
  - Participate in the selection process of course and strand directors
  - Ensure that the performance of course, clerkship and strand directors is evaluated on a regular basis and take appropriate action based on that evaluation
8. Participate in reviews of collegiate education-related units, and represent education interests in CCOM strategic planning, facilities planning, and related matters
9. Recommend to the Dean policies and procedures for recognizing and rewarding faculty for teaching

*Approved December 2024*

## **Medical Arts and Sciences Committee (MASC)**

#### Membership:

- Voting members shall consist of all course directors for all required courses in the pre-clerkship curriculum, the Chair of the Medical Arts and Sciences Committee, three students designated by the Students Government, and the Associate Director of the Pre-clinical Curriculum.
- Curriculum managers are non-voting members, except when delegated by an absent course director. Strand directors are non-voting members.
- The Student Government will determine the method of student selection, length of term and term limits, if any.

- Ad hoc members may be appointed by the Chair or the Senior Associate Dean for Medical Education.

- 

Charge to the Medical Arts and Sciences Committee:

- Implement, manage, and review the pre-clinical curriculum.
- Respond to matters assigned to it by MEC.
- Report to MEC on regular basis regarding course reviews and preclinical curriculum initiatives and seek approval from MEC.

Duties and responsibilities of the Medical Arts and Sciences Committee include but are not limited to:

- Conduct reviews on focused content areas specific to the pre-clinical curriculum.
- Recommend and implement policies for ensuring quality in courses and fairness in assessments.
- Annually review all required pre-clinical courses and oversee the implementation of identified revisions to the courses.
- Subsequent to each course review, the chair and corresponding strand director(s) will meet with the course director and curriculum manager to discuss the findings of the review and changes to the course.
- Review available national data to benchmark phase 1 outcomes of the curriculum in order to identify any aspects in need of improvement. The committee, with assistance from OSAC, will maintain a central repository (SharePoint site) to record committee work. Access to the repository will be available to strand directors, designated OSAC staff, deans, and other committee chairs as determined by MEC. Course review documents will be maintained in the central repository and will be accessible to students.

Authority of the Medical Arts and Sciences Committee:

- The Medical Arts and Sciences Committee will seek review and approval from the Medical Education Council for all recommendations and proposals.
- The committee will submit an annual summary report and presentation to MEC on all activities during the preceding year.

*Approved July 2024*

## **Clinical Experiences Committee (CEC)**

Membership:

- Voting members shall consist of all required and selective Clerkship Directors (including clerkship directors at the Des Moines branch campus), the Chair of the Clinical Experiences (CEC) committee, four students, the Associate Director of the Clinical Curriculum, and the Assistant Dean of the Des Moines Branch Campus or their representative.
- Required and selective clerkship coordinators are non-voting members, except when delegated by an absent clerkship director. Strand directors are non-voting members.
- The students shall be from the M2-M4 years. The Student Government will determine the method of student selection, length of term and term limits, if any.



- Ad hoc members may be appointed by the Chair or the Senior Associate Dean for Medical Education.

**Charge to the Clinical Experiences Committee:**

- Implement, manage, and review the clinical curriculum.
- Respond to matters assigned to it by MEC.
- Report to MEC on regular basis regarding clerkship reviews and clinical curriculum initiatives and seek approval from MEC.

**Duties and responsibilities of the Clinical Experiences Committee include but are not limited to:**

- Review and provide input to the MEC regarding clerkship objectives and sequence of instruction within and across the clinical curriculum. Review the clinical curriculum to identify and address redundancies and gaps.
- Enhance integration of foundational science content within the clinical curriculum.
- Conduct reviews on targeted areas of need specific to the clinical curriculum.
- Recommend and implement policies for ensuring quality in courses and fairness in assessments.
- Assist with coordination of scheduling, facilities, and other resources both within and across semesters.
- Conduct in-depth reviews of each required core clerkship and selective clerkship every two years.
- Subsequent to each clerkship review, the chair and Senior Associate Dean for Medical Education will meet with the clerkship director and department chair to discuss the findings of the review and changes to the clerkship.
- Review available national data to benchmark phase 2 outcomes of the curriculum in order to identify any aspects in need of improvement. The committee, with assistance from OSAC, will maintain a central repository (SharePoint site) to record committee work. Access to the repository will be available to strand directors, designated OSAC staff, deans, and other committee chairs as determined by MEC. Clerkship review documents will be maintained in the central repository and will be accessible to students.

**Authority of the Clinical Experiences Committee:**

- The Clinical Experiences Committee will seek review and approval from the Medical Education Council for all recommendations and proposals.
- The committee will submit an annual summary report and presentation to MEC on all activities during the preceding year.

*Approved July 2024*

## **Strand Directors Committee**

**Membership:**

- Voting members of the Strand Directors (SD) Committee shall consist of all strand directors.
- Non-voting advisory members shall consist of the Senior Associate Dean for Medical Education, Chair of the Medical Arts and Sciences Committee (MASC), Chair of the

Clinical Experiences Committee (CEC), Chairs of the Assessment Committee, and Associate Director of the Pre-clinical Curriculum.

- Ad hoc members may be appointed by the Chair of the SD Committee or the Senior Associate Dean for Medical Education.

Officers:

- The Chair will be appointed by the SD Committee.
- An administrative assistant will be appointed by OSAC and will be responsible for recording and distributing the minutes of the meetings in a timely fashion as well as maintaining records of the committee activities.

Charge to the Strand Directors Committee:

- Develop the sequence of content and integration of content within concurrent courses and across the 4-year curriculum, informed by reviews of phase and curriculum outcomes.
- Develop and maintain curriculum maps for documentation.
- Collaborate with the Assessment Committee on developing and reviewing the collegiate learning objectives.
- Review and recommend changes to course and clerkship directors regarding their learning objectives (to ensure these are useful in curriculum mapping).
- Periodically review strand content and anticipate future needs in emerging content areas.
- Respond to requests from members of the faculty, students, or others to include significant new curricular content, or significantly alter existing content, so that content changes are systematic.
- Serve on any ad hoc committees formed by CCOM leadership concerning curriculum content.
- Manage the Curriculum Repository and other curricular content mapping tools.
- Advise the deans/administration regarding the resources and tools required by the SD in order to perform its duties.
- Develop portions of the institutional self-study documents for accreditation.
- Coordinate with the Assessment Committee regarding curriculum assessment.

Duties and responsibilities of the Strand Directors Committee include but are not limited to:

- The Chair of the SD committee will be a voting member of the MEC.
- All Strand Directors will be non-voting advisory members on MASC and CEC.
- A Strand Director will be a voting member on the Assessment Committee (AC). This assignment will be determined by the SD committee and the designee will be responsible for sharing information from the Strand Directors to inform the work of the AC and to report the work of this committee back to Strand Directors.
- The Chair will ensure that SD decisions and needs are communicated to the appropriate OSAC Dean or staff member.
- Communicate regularly with course and clerkship directors regarding strand content and integration.
- The committee will respond to matters assigned to it by MEC, report to MEC on regular basis regarding curriculum reviews, updates and new initiatives and seek approval from MEC. The committee, with assistance from OSAC, will maintain a central repository (SharePoint site) to record committee work. Access to the repository will be available to

strand directors, designated OSAC staff, deans, and other committee chairs as determined by MEC.

- The committee will maintain ongoing communications with the Assessment Committee on projects/needs related curricular assessments.
- Collaborate with the Director of the Admissions Office and the Chair of the Admissions Committee, Disability Specialist and Disability Accommodations Committee to review the Technical Standards on annual basis. The technical standards and any recommended changes will then be referred to the MEC for final review and approval.

Authority of the Strand Directors Committee:

- Each preclinical course will be assigned to one of the three strands to form Strand Subcommittees. Course directors/co-directors and curriculum managers will be members of the subcommittees, directed by the strand director (co-director). The subcommittees will meet on a regular schedule, determined by the strand director. The purpose of these subcommittees will be to coordinate the design and implementation of the preclinical curriculum.
- Each core and selective clerkship will incorporate aspects of the 3 curricular strands (MOHD, MAS, CAPS). The strand directors will meet regularly with core and selective clerkship directors to coordinate the design and implementation of clinical curriculum and the vertical integration with the preclinical curriculum.
- The Strand Director Committee will seek review and approval from the Medical Education Council for all recommendations and proposals.
- The committee will submit an annual summary report and presentation to MEC on its activities during the preceding year.

*Approved July 2024*

## **Assessment Committee**

Membership:

- Voting members shall consist of the Director of the Office of Consultation and Research in Medical Education (OCRME), up to 3 additional members from OCRME with evaluation expertise appointed by the Director, an Assistant or Associate Dean from the Office of Student Affairs and Curriculum, a Student Member, the Clinical Skills Assessment Director, the Associate Director of Pre-Clinical Curriculum, a representative for the clinical phases curriculum, the CCOM Registrar, a current or recent Course Director from the Pre-Clinical Curriculum, a current or recent Clerkship Director from the Iowa City campus, a Clerkship Director from the Des Moines branch campus, and a Strand Director.
- Ad hoc members may be appointed by the Chair(s) or the Senior Associate Dean for Medical Education.
- Members will serve overlapping 3-year terms with the rotation to be determined by the Committee Co-Chairs. Terms may be renewed at the discretion of the Committee Co-Chairs.

Officers:

- The Chair or Co-Chairs will be appointed by the MEC in consultation with the Senior Associate Dean for Medical Education. The initial length of term will be three years but may be renewed by the Senior Associate Dean.
- An administrative assistant will be appointed by OSAC and will be responsible for recording and distributing the minutes of the meetings in a timely fashion as well as maintaining records of the committee activities.

Charges to the Assessment Committee:

- Assess the extent to which the curriculum has achieved the collegiate educational objectives and report the results to the MEC.
- Recommend to the MEC and Senior Associate Dean/OSAC ways to improve assessment of the collegiate objectives with regard to the variety, specificity, sufficiency and quality of outcome data.
- Develop portions of institutional self-study documents for accreditation
- Assist OCRME staff who monitor compliance with accreditation elements to identify or create sources of data for use in monitoring specific elements.
- Ensure that course and clerkship evaluation surveys are of good quality and contribute to broader curriculum assessment uses (see section on Authority)
- Coordinate with the Strand Directors Committee regarding curriculum assessment.

Duties and Responsibilities of the Assessment Committee include but are not limited to:

- Determine data sources and measures to evaluate the phases of the curriculum and each collegiate objective; work with course/clerkship directors, OSAC staff and IT to collect the data from existing sources; conduct surveys as needed (such as residency director surveys); analyze and assess aggregate student achievement of the objectives based on benchmarks determined by the MEC.
- Report annually to the MEC concerning the phases of the curriculum and the status of achievement of collegiate objectives. When needed, make recommendations to improve the state of data sources, methods, and instruments used to assess collegiate objectives.
- At least every 3 years, review standard questions on course and clerkship evaluations to determine if they continue to meet collegiate needs for assessment data.\
- Place all policies regarding acceptable procedures and policies for the administration of course/clerkship evaluations and appropriate use of the resulting data within a section of the Educator's Handbook. At least every 3 years, review these procedures and policies.
- Maintain a calendar of responsibilities (i.e. assessment reviews, membership terms, etc.)

*Approved July 2024*

## **Dissemination of Course and Clerkship Learning Objectives**

As part of new resident and fellow orientation they will be provided the medical education program objectives and given the opportunity to review and ask questions.

### **Preclinical Courses**

The course director will meet in person with any faculty or non-faculty instructors that are participating in a course for the first time and provide both the medical education program objectives and the course objectives with a discussion of anticipated objectives to which the instructor will be contributing. The course director is responsible for recording and reporting these meeting and attendance to help with the monitoring of compliance on an annual basis.

### **Clinical Clerkships**

The learning objectives and required clinical experiences (RCEs) for each core and selective clerkship will be reviewed at an annual departmental meeting with the faculty, fellows, residents, and any other non-faculty instructors that will be active participants in teaching medical students. At these meetings they will also be informed of the medical education program objectives along with multiple policies from the educator's handbook (clinical supervision of students, conflicts of interest and provider involvement in student assessment, clinical student work hours, medical student mistreatment, medical student attendance and expectations and medical student professionalism). They will be given an opportunity to ask questions and provide input to the clerkship director regarding the learning objectives. Faculty who teach students but who do not attend the meeting may review the objectives, RCEs, and policies and sign an attestation regarding their review. The clerkship director will be responsible for recording and reporting the occurrence of these meetings as well as attendance and faculty compliance with this requirement on an annual basis.

### **Students**

At orientation of courses and clerkships, students will be informed of the learning objectives which will also be available in written format in the syllabus and/or on the course/clerkship ICON site. Students will be provided an opportunity at orientation to ask questions regarding the learning objectives.

### **Review of Objectives**

All clinical departments must review their clerkship objectives and the medical education program objectives with students, residents, non-faculty instructors, and faculty at least annually. All course directors must review their course objectives and the medical education program objectives with students and all instructors that will participate in their course at least annually. All educators shall be prepared for their specific teaching and assessment roles. Residents involved in medical student education will attend a minimum of three training sessions (or view online modules).

## Supporting Student Success

The Carver College of Medicine is committed to supporting our students to ensure their success. Educators should familiarize themselves with the many resources we offer students to allow them to maximize their achievement and mental health and encourage students to take advantage of these opportunities.

- [Academic Support | MD Program](#)
- [Career Advising | MD Program](#)
- [Student Counseling | MD Program](#)

## Policy Statement Supporting Breastfeeding Students

The Carver College of Medicine is committed to supporting the academic success of lactating students. Through partnerships with the college and department leadership, a policy has been developed, in accordance with national health care laws and the American Academy of Pediatrics (AAP) policy statement on breastfeeding and the use of human milk that support the efforts of students who wish to continue to provide breast milk to their infants through pumping after they return to their academic programs. The full policy is listed in the Medical Student Handbook: [Student Handbook | MD Program](#)

## Approval of New Courses

The Medical Education Council (MEC) makes all decisions regarding approval of new courses. Contact [Dana Hartman](#) for the process and guidelines for new course development.

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**Carver College of Medicine – Policy**

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**OSAC.P.20****SUBJECT/TITLE:** Policy on Advanced Subinternship Rotations**PURPOSE:** Describe the collegiate expectations regarding the structure of advanced subinternships and student experiences and assessment on these rotations**SCOPE:** Advanced subinternship clerkship directors, strand directors, all teaching faculty and residents, students**POLICY:****Objective:** To assess a student's competency in the evaluation and management of hospitalized patients with serious and often complex problems.**Requirements:**

1. The advanced sub-internship must involve students in direct patient care under the supervision of faculty and senior level residents.
2. The student must have level appropriate management responsibilities for all aspects of patient care (including but not limited to admissions, orders, procedures, discharges, and in-house call within the ACGME work hours requirements for residents).
3. The student's clinical decision-making skills and development of management plans must be emphasized.
4. Student documentation of clinical activities (admission notes, progress notes, discharge notes and orders) must be recorded in the medical record and be reviewed daily by the supervising faculty physician. Feedback regarding the notes is to be given to the student.
5. A written defined set of goals and objectives specific to the sub-internship will be provided to the student by the clinical service at the beginning of the rotation.
6. The student's experiences will consist predominantly (>80%) of inpatient responsibilities.
7. The patient population will have a variety of admission diagnoses. On average, a student should routinely be following 2 or 3 patients with co-morbid conditions and complex management issues.
8. The student will join a clinical team having significant interaction with nursing staff, pharmacy staff, residents, students, social service personnel, ward clerks, and other support staff.

**Metrics:**

**Student performance will be evaluated using the standard College of Medicine evaluation form. Feedback should be based on the ACGME Core Competencies for residency education, as listed below.**

**Expectations:**

**Medical Knowledge:** The student demonstrates a ready real-time working knowledge of clinical anatomy, normal and abnormal physiology, pharmacology (major drug classes and interactions), and microbiology.

**Patient Care:** The student can, with reasonable efficiency, take the initial history, perform the physical examination, formulate a complete problem list and evaluation and management plan, write admission orders, communicate and coordinate care with the nursing staff and consultants, complete the documentation, arrange for studies, synthesize team and consultant advice, communicate findings (diagnosis and prognosis) and plans to the patient and family, execute the plan, arrange discharge/transfer of responsibility, including communicating with receiving caregivers and facility and complete discharge summary.

**Professionalism:** The student accepts and seeks responsibility and is accountable; honest always; can say “I don’t know” without embarrassment; acknowledges and acts on the fiduciary responsibility to the patient and society; maintains confidentiality; puts his/her patients’ interests first at all times; respects patients, families, staff, colleagues and self.

**Communication and Interpersonal skills:** The student listens effectively, communicates both good and bad news with compassion and explains diagnosis, therapy and prognosis in lay terms. The student effectively communicates with consultants and other health professionals involved in the care of his/her patient.

**Systems-based practice:** The student adapts himself/herself to the new surroundings quickly and efficiently. The student identifies system-based problems and proposes solutions to those problems.

**Practice-based Improvement:** The student routinely searches independently for answers to clinical problems encountered during the course of daily care, rounds or patient care. The student applies the information obtained from his/her inquiries to the care of his/her patients and shares that information with the clinical team. The student accepts feedback in a positive manner and incorporated that feedback into his/her clinical practice.

[Linked to LCME Element 6.4](#)

Source: Carver College of Medicine- Medical Education Council

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**Carver College of Medicine – Policy**
**OSAC.P.01**


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**SUBJECT/TITLE:** Policy on Assessment, Advancement, and Graduation of Medical Students

**PURPOSE:** To describe single set of criteria for student assessment, advancement, and graduation

**SCOPE:** Teaching faculty, students, Promotions Committee, OSAC staff, curriculum staff

**POLICY:**

A single set of core standards for advancement and graduation is used for all students as described below.

**Internal evaluations**

Evaluation of student progress in courses and clerkships is based on a combination of written examinations, competency assessments, and direct observations by instructors that provide summative evaluation of a student's fund of knowledge, participation and professional comportment. The assessments utilized, their frequency and the relative weight attached to each are established by the course and clerkship directors and approved by the Medical Education Council. These standards are presented to students during orientation to each course and clerkship and are available in the course/clerkship syllabi and online course management system.

Performance in most courses and clerkships is recorded as follows: Honors ("H"); Near Honors ("H-"); Pass ("P"); and Fail ("F"). Performance on some courses and clerkships is recorded as Pass ("P") or Fail ("F"). Final grades are available within 6 weeks after the conclusion of a course or clerkship. A grade of "Incomplete" (I) will be recorded when work cannot be completed because of illness, accident, or other circumstances beyond the student's control. A grade of Incomplete may not be used as a temporary "placeholder" grade when the student's performance in the course has been unsatisfactory. Courses/clerkships may not be repeated to remove Incompletes ("I"); removal of an Incomplete ("I") is accomplished only through completion of specific work for which the mark is given. An Incomplete ("I") will automatically convert to a Fail ("F") at the end of the next full semester if the student has not completed the work. The course/clerkship director will determine the plan, including a schedule, for the student to complete course work.

University of Iowa policy regarding Incompletes:

<https://grad.uiowa.edu/academics/manual/academic-program/section-vi-marking-system#accordion-item-11176-3>

Promotion from one grading period to the next is contingent upon the satisfactory completion of courses and clerkships in each preceding grading period. During the first three semesters of medical school, each successive semester builds upon the last. Students must demonstrate

readiness for the following semester by passing all courses in the previous semester. If a student receives an Incomplete (“I”) or Fail (“F”) grade in one or more courses/clerkships, the matter goes before the Medical Student Promotions Committee for review. The Promotions Committee will make a decision based on a review of information on each individual case and student interview regarding remediation and/or promotion. Part of that decision will include whether or not, and how, the student may continue on to the next semester. It is expected that all students complete the first three semesters of the curriculum within five semesters. Aside from students enrolled in combined degree programs, students must complete the entire curriculum in six years. Students who have been granted a formal health-related leave of absence may be granted an extension beyond six years by the promotions committee.

Professionalism performance is tracked parallel to course and clerkship grading, utilizing a standardized rubric. Behavioral expectations are shared with students through CCOM Orientation, Transitions to Clerkships, course/clerkship orientations, and in all course/clerkship syllabi. During the preclinical phase, students are assigned “Exceeds Expectations,” “Meets Expectations,” “Needs Improvement,” or “Fail.” During the clinical phase, students are assigned “Meets Expectations,” “Needs Improvement,” or “Fail”.

Any student assigned “Needs Improvement” is reported to the registrar and OSAC deans and students receive feedback from their course/clerkship director and/or an OSAC dean. Students with two or more “Needs Improvement” designations on a clerkship or across different courses/clerkships are required to present to the Promotions Committee. In the clinical phase, a student with one or more “Needs Improvement” reports is no longer eligible for Honors on that clerkship. A student with no “Needs Improvement” or one “Needs Improvement” report is eligible for Near Honors on that clerkship. A student with more than one “Needs Improvement” is not eligible for Near Honors on that clerkship.

Students are not permitted to proceed to the Core Clinical Year (Phase II) without satisfactorily completing all pre-clinical courses. Students are not permitted to progress into the Advanced Clinical semesters (Phase III) without successfully completing all core clerkships (44 weeks: Emergency Medicine, Family and Community Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery) and sitting for a USMLE Step Exam.

## **Examinations**

### **Preclinical examinations**

1. Students are required to sit for all preclinical course examinations on the date/time scheduled unless there is a pre-approved absence request (see time-off policy in student handbook) or other extenuating circumstance. Not sitting for any examination without an approved reason will result in a score of 0 for that examination. Depending on the circumstances, the student’s Professionalism grade may be impacted as well.
2. Once a student sits for an examination, they may not retake the examination to obtain a higher grade, regardless of their performance on that examination.
3. All challenges to examination questions must be completed following the procedure outlined below in “Exam comment books.” Challenges outside this process are not allowed.

### **Clinical clerkship end of clerkship examinations and OSCEs**

1. Students are required to sit for all clerkship examinations on the date/time scheduled unless there is a pre-approved absence request or other extenuating circumstance. Not sitting for any examination without an approved reason will result in a score of 0 for that

examination. Depending on the circumstances, the student's Professionalism grade may be impacted as well.

2. Once a student has sat for an examination, they may not retake the examination to obtain a higher grade, regardless of their performance on that examination.
3. If a student fails an end-of-clerkship exam:
  - a. Students have 6 months from the date of the failed exam to repeat and pass a failed end of required clerkship exam, during which time the clerkship grade will be assigned as an Incomplete ("I"). If this deadline is not met, the clerkship grade will become a Fail ("F") and students are required to drop their current clerkship immediately and will be required to present to the Promotions Committee. Students are allowed one retake of an end-of-clerkship exam due to exam failure, and the retake will be in the same format as the original examination, but not the identical examination.
  - b. Students who fail the end-of-clerkship examination and repeat only the examination are not eligible for Honors or Near Honors for the clerkship.
  - c. If the student fails the second attempt of the clerkship exam, the student will receive a failing grade in that clerkship. Students are required to drop their current clerkship immediately and will be scheduled to appear before the Promotions Committee.
  - d. Students can only have one unresolved clerkship exam failure at any given time. Any students who has two or more unresolved failures will be required to immediately drop their current clerkship. Students will not be allowed to continue in the curriculum until they have successfully remediated at least one of the exams. Students may also be required to appear before the Promotions Committee.

#### **External Evaluations:**

##### **Collegiate policies on the United States Medical Licensing Examinations (USMLE)**

All students must take and pass USMLE Step 1 or USMLE Step 2 in order to continue into the Advanced Clinical semesters of the medical curriculum. The criteria for this requirement are as follows:

1. USMLE Step 1 or USMLE Step 2 must be taken before starting the Advanced Phase of the curriculum.
2. Students who receive a failing score on their initial Step exam must drop upcoming clerkships until the examination has been retaken.
  - a. If the student fails their first attempt at the initial step exam:
    - i. They must meet with a dean and a learning specialist.
    - ii. They are required to drop the current clerkship immediately if they have failed more than one course and/or clerkship during Phases I and II of the curriculum. A failure of Step 2 as the initial USMLE by more than 10 points below the minimum passing score will also result in a required immediate drop of their current clerkship.
    - iii. All students who fail their initial Step exam must take the examination for the second time within 4 months from the date of the failure notification. If this deadline is not met, students will appear before the Promotions Committee.
    - iv. Once the examination has been retaken, students are permitted to return to the curriculum pending the results of the reexamination.
3. Any student failing their initial Step exam a second time will not be permitted to continue

in the curriculum until the exam has been taken for the third time AND a passing score has been recorded.

4. The third attempt of the initial USMLE Step exam must be completed within 4 months from the date of the second failure notification. If the deadline is not met, students will appear before the Promotions Committee.
5. Any student failing their initial USMLE Step exam for the third time will appear before the Promotions Committee for review and likely face dismissal on academic grounds.

All students must take and pass both USMLE Step 1 and USMLE Step 2 exams in order to graduate. The criteria for this requirement are as follows:

1. The initial USMLE step exam must be taken by March 31st of the third year of the curriculum. Both exams must be taken by July 15th of the fourth year of the curriculum.
2. Any student failing USMLE Step 1 or USMLE Step 2 three times will appear before the Promotions Committee for review and likely face dismissal on academic grounds.
3. Any combination of four failures will result in appearance before the Promotions Committee for review and likely face dismissal on academic grounds.

## PROCEDURES

### Course and clerkship grades:

For courses and required/selective clerkships that are not graded as Pass/Fail (“P/F”), the general guidelines provided to the course and clerkship directors suggest that the percentage of students achieving Honors (“H”) or Near Honors (“H-”) as a final grade be limited to approximately 30-40% of the class with approximately 15-20% receiving Honors (“H”).

### Exam comment books

For Preclinical courses, students usually have the opportunity to review exams to determine which questions they missed and to provide written feedback should they feel the question was incorrect or misleading. For some courses, this is done electronically immediately after the student submits their exam. For other courses, a physical “comment book” is made available following the exam. Guidelines for this process are determined by the course director. Handwritten comments must be legible and signed. Students may not reproduce questions in part or in their entirety or take any notes on the exam.

### Evaluation in Preclinical courses

1. All required courses have a grading rubric which is approved by the MEC, which determines the passing and Honors grading levels for each course. Near Honors grading is variable, set by the College’s guideline (listed above) that 30-40% of the class achieve H/H- grades.
2. Course directors may lower the passing or Honors levels based on class performance.
3. A student who achieves <2% above the passing level will be noted as a Marginal Pass and this information will be shared with the Medical Student Promotions Committee.
4. A student who fails a Preclinical course will be required to appear before the Medical Student Promotions Committee. The course director will be asked to provide the Promotions Committee information regarding the circumstances of the student’s academic performance as well as their thoughts regarding potential options for remediation. The Promotions Committee decision will consider the student’s overall medical school record, personal statement and interview, information from the course director, and other relevant circumstances or information.

### **Evaluation in clinical clerkships**

1. All required clerkships provide mid-clerkship feedback to students on their clinical performance. Students will write at least one note per week, and will receive formal feedback from an attending, resident, or fellow on at least one note per clerkship. Feedback may consist of the student independently reviewing note edits on Epic, directly speaking with a preceptor regarding clinical notes is not required for feedback. In addition, all teaching faculty and residents should strive to give constructive verbal and/or written feedback to students throughout the rotation.
2. Grading policies are effective for an academic year and cannot be changed in the middle of the year. The same grading standard must apply to an entire student cohort.
3. A student who fails a clinical clerkship will be required to appear before the Medical Student Promotions Committee. The clerkship director will be asked to provide the Promotions Committee information regarding the circumstances of the student's academic performance as well as their thoughts regarding potential options for remediation. The Promotions Committee decision will consider the student's overall medical school record, personal statement and interview, information from the course director, and other relevant circumstances or information.
4. Required Clinical Experiences (RCEs): As part of the clinical curriculum, there are specific patients, clinical conditions, and skills that medical students are required to encounter at a certain level of responsibility called Required Clinical Experiences (RCEs). Students are required to complete the RCEs in each clerkship and to log them into the CCOM tracking system in a timely manner, no later than midnight of the last Friday of the clerkship. Failure to complete or document all RCEs by the deadline will result in clerkship failure.

### **Reporting of failed courses and clerkships**

A student who fails a course or clerkship will have the failing grade permanently on his/her academic transcript. Students who fail a course or clerkship will be reviewed by the Medical Student Promotions Committee and may be required to appear before the committee.

Students in the clinical phases of the curriculum who fail a clerkship are required to drop their current clerkship immediately and will be scheduled to see the Promotions Committee. Grades for repeated courses are assigned as follows:

1. A student who repeats a failed course or clerkship in full at the University of Iowa Carver College of Medicine can achieve a grade of H, NH, P, or F if earned. This second grade does not replace the first failing grade on the transcript. The second attempt is shown on the transcript with the grade earned and the second grade is included in honors hours point totals.
2. If a student remediates a failed course or clerkship without repeating the whole course/clerkship (such as by taking a make-up exam as remediation for the failing grade), the failing grade remains on the transcript and the notation "Requirement in [course name] satisfied [date]."

Source: Carver College of Medicine- Medical Education Council

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**Carver College of Medicine – Policy**
**OSAC.P.02**


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**SUBJECT/TITLE:**      **Policy on Attendance Expectations and Absences**
**PURPOSE:**              To describe expectations related to attendance and absences, including time off to access health care services

**SCOPE:**                Students, OSAC staff, curriculum staff

**POLICY:**

At its core, student responsibility to attend and complete scheduled instruction is a vital element of professional behavior. Students are expected to attend all scheduled instruction in both preclinical and clinical courses.

Students will be excused from classes and clinical activities in these situations:

- Personal health appointments - student or immediate family
- Acute illness/injury
- Death in the immediate family

Other situations will inevitably arise in which a student will need to be, or desire to be, absent from scheduled instruction. These situations encompass two broad categories: unanticipated or anticipated absences (see definitions and guidelines below).

***Neither scheduled nor excused absences obviate the student from completing the required course or clerkship educational activities.***

**Procedures for requesting time off in the event of an absence:**

- All students are expected to use the online absence request site to request and report any time off from preclinical courses or clinical rotations/clerkships.  
<https://webapps1.healthcare.uiowa.edu/timeoff>
- Courses or clerkships may require additional levels of absence communication (e.g., text your resident) and will include those requirements in course/clerkship syllabi. Absences, anticipated or unanticipated, will require a plan to complete any missed work (including deadlines), which will be communicated via the absence request approval process.

***Neither scheduled or excused absences obviate the student from completing the required course or clerkship educational activities.***

**Types of absences:**

- **Anticipated absence.** Students must request permission via the absence request system in advance when an issue arises that will necessitate an absence from a course or clerkship.
- **Unanticipated Absence.** An unanticipated absence occurs due to a student's personal acute illness or injury, requirement to quarantine due to exposure to an infectious agent, a family emergency (e.g., acute illness or injury of a family member, death in the immediate family), or another unforeseen emergent event. Students are expected to report any absence that occurs due to illness or other unforeseen events as soon as reasonably possible. Curriculum managers/course directors or clerkship coordinators/directors may require details regarding the absence, but not medical documentation.
- A student who develops symptoms of an infectious disease (such as fever, cough or sore throat) should submit an absence request as soon as possible and should not report to class or clerkships but call Student Health to be evaluated. Students should follow Student Health guidelines and those of the UIHC Communicable Disease Work Restrictions policy HR.P.18.

**Examples of Requests and Likely Responses****Examples of requests that should be granted:**

- Personal health appointments - student or immediate family
- Death in the immediate family
- Acute illness/injury

**Examples of requests that are reasonable, but which may or may not be granted depending on the duration of the request and educational activities that would be missed:**

- Presentation at a regional or national meeting
- Attendance at an established CCOM meeting for which the student is member of the committee
- Attendance at a wedding as a member of the wedding party.

Most of these events are known well in advance, and students are encouraged to work first with the Registrar Unit to secure a schedule change (with a minimum of 4 weeks' advanced notice when possible). If a schedule change is not necessary, students should submit an absence request in advance to allow the curriculum managers/course directors or clerkship coordinators/directors to process the request. Requests by the student to move an examination from the last day of the clerkship to accommodate personal family/friend events are discouraged, but the final decision rests with the course or clerkship director.

**Examples of requests that are generally unreasonable and are likely to be denied:**

- Car repair
- Haircuts
- Pet related issues



**When requesting time off from a core clerkship or advanced elective, the following rules apply:**

- Students should not request the first (orientation) day off or the exam day. Check the clerkship ICON course materials for the exam day and time.
- Students should not request time off on the day of an Objective Standardized Clinical Examination (OSCE). Passing the OSCE is required to pass the clerkship, and individual make-up OSCEs are not available. The OSCE schedule can be found at <https://md.medicine.uiowa.edu/resources#core>
- Time off may not be taken from one clerkship in order to make up time from another clerkship with the exception of repeating an exam from a previous clerkship. You may NOT request to miss an orientation or exam day for this reason.

**Absence from exams:**

The Carver College of Medicine's Guidelines for Course and Clerkship Directors states: Unforeseen emergencies or family obligations may arise that conflict with scheduled examinations, and course directors are encouraged to be reasonable in balancing the legitimate needs of students, of the course or clerkship, and of the College.

[University policy](#) requires that students be allowed to make-up examinations which have been missed due to illness, mandatory religious obligations, or other unavoidable circumstances or University activities.

**REFERENCES:**

[Communicable Disease Work Restrictions](#).

[University of Iowa Policy – Chapter 8 – Absences from Class](#)

Source: Carver College of Medicine- Medical Education Council

Effective Date: 06/26/2024

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[Linked to LCME Element 12.4](#)



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**Carver College of Medicine – Policy**
**OSAC.P.21**


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**SUBJECT/TITLE:**        **Policy on the Balance of Inpatient and Ambulatory Experiences During Core and Selective Clerkships**

**PURPOSE:**            To describe the policy and process to determine the distribution of inpatient and ambulatory clinical experiences on core and selective clerkships

**SCOPE:**                Core and selective clerkship directors, strand directors, students

**POLICY:**

Core and selective clerkship directors identify the clinical setting most suitable to meet each learning objective (inpatient, ambulatory, operating room, radiology/pathology lab etc..). Certain learning objectives may be equally met in more than one clinical setting. Student schedules are designed according to this determination, so that the proportion of time that a student spends in a specific clinical setting is consistent with that determined by the learning objectives.

When a new core or selective clerkship is proposed to the Medical Education Council (MEC), the proposal includes a mapping of the learning objectives to the appropriate clinical setting. The proposal also demonstrates how the proposed clinical activities and clinical schedule match this mapping.

For existing core and selective clerkships, the clinical setting and schedule determination is repeated if the learning objectives are modified. Conversely, any modifications to the clerkship schedule structure must adhere to the clinical setting determination based on the learning objectives. Such changes are presented to MEC for approval.

For LCME reporting purposes, learning objectives that are linked to the operating room will be classified as inpatient versus ambulatory based on the proportion of inpatient and ambulatory surgeries for each department.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 6.4](#)

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**Carver College of Medicine – Policy**
**OSAC.P.03**


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**SUBJECT/TITLE:**      **Policy on Clinical Supervision**
**PURPOSE:**              To describe expectations related to clinical supervision of students and reporting mechanisms

**SCOPE:**                Students, teaching faculty, residents, non-faculty instructors, curriculum staff

**POLICY:**

The University of Iowa Carver College of Medicine guarantees supervision of medical students in all clinical areas to promote quality education and ensure patient and student safety. All student supervision is provided by qualified faculty, residents, and non-faculty instructors. Supervision is designed to foster progressive responsibility and allow constructive feedback.

Clerkship directors will provide specific guidance to students regarding the student's level of responsibility and the scope of approved clinical activities, which will align with the clerkship learning objectives and required clinical experiences. This information will be shared with all teaching faculty, residents, and staff annually.

The level of supervision required in each clinical scenario will vary depending on the clinical task and status of the patient, and will depend on the student's training level, prior experience, and demonstrated competence.

- Indirect supervision of students is generally appropriate for history-taking and general physical and/or mental status examinations, although each student must be directly observed during history taking and physical/mental examination at least once during each core clerkship.
- Exceptions where direct supervision is required include:
  - certain sensitive examinations (e.g. genital exams), independent of the presence of a chaperone. In such cases, and in addition to supervision by their clinical preceptor, the student will follow chaperone policies of the clinics/institutions where they are rotating.
  - certain clinical settings (e.g. abuse, self/other harm) and emergent clinical scenarios (e.g. trauma, stroke), as determined by the clerkship director.
- Students are provided with rapid, reliable systems to communicate with their supervising provider(s) when indirect supervision is provided.

- Indirect supervision of students is appropriate for clinical documentation tasks. Students must clearly sign all entries in the medical record, along with the designation that they are medical students. The supervising provider will review and sign all student notes.
- Students may draft clinical orders into the patient's medical record after discussion with their supervising provider. The supervising provider must review, and sign orders drafted by students.
- Direct supervision is required for procedures in the operating rooms. However, for minor procedures outside the operating room (e.g. intravenous line placement, nasogastric tube placement), indirect supervision may be appropriate for students who have previously demonstrated competence in completing the task independently under direct supervision, and this will be determined by the supervising faculty.
- Direct supervision is required for any discussion surrounding consent or medical refusal requiring medical-legal documentation (e.g. procedural consent, leaving AMA, documented medication refusal, research study consent, etc.)
- In all patient care contexts, the patient shall be made aware that the individual performing the clinical task and/or performing the procedure is a student.

Students who have concerns about inadequate clinical supervision on clerkships are encouraged to report these observations to OSAC Deans using the confidential online reporting system. . If they wish, students may also discuss their concerns with the clerkship director.

A confidential supervision reporting form is available online, where students can provide details regarding the incident.

1. Links to the supervision report are available on the ICON sites of each course and clerkship, at the end of each course and clerkship evaluation.
2. Students can also report concerns regarding clinical supervision by faculty or residents any time by accessing the supervision reporting system here: <https://webapps1.healthcare.uiowa.edu/comet>.

Once submitted by a student, a supervision report is sent to the OSAC Deans. No other faculty or staff, including course/clerkship directors will have access to these reports. If the reporting student chooses to disclose their identity, an OSAC Dean may contact them to discuss the concern. To protect the student from academic retaliation, the dean routinely waits to take action until the student's course/clerkship grade and any associated faculty evaluations have been submitted. If the student prefers more immediate action or if the issue presents a risk to patient or learner safety, the dean will act sooner. Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the behavior is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs.

1. The course/clerkship director, department chair and Associate Dean for Faculty Affairs are asked to address the incident with the responsible person. Interventions

- may range from feedback to formal remediation.
2. They will subsequently communicate back to the OSAC dean to confirm that the incident was addressed.
  3. When the student who filed the report is known (and interested), the OSAC dean will share with them that an intervention was taken.

If the report is regarding clinical supervision by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean.

## PROCEDURES

**Direct supervision:** The supervising provider is physically present with the student and patient.

**Indirect supervision:** The supervising provider is not physically present within the student and patient but is immediately available to provide direct supervision if needed. As part of indirect supervision, the supervising provider discusses the student's encounter with the patient, verifies pertinent history and examination findings of the patient, and is responsible for the patient's management.

The clinical supervision policy will be shared annually with students and instructors. It will also be included in the syllabus of each clerkship. Aggregate data on reports of policy violations will be monitored by the Medical Education Council and shared with educators and departments.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 9.3](#)

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**Carver College of Medicine – Policy**
**OSAC.P.04**


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**SUBJECT/TITLE:**      **Policy on Disciplinary Actions and Due Process**
**PURPOSE:**              To describe the charge and procedures of the Promotions and Appeals Committees

**SCOPE:**                Students, Office of Student Affairs and Curriculum (OSAC) deans and registrar, Promotions Committee, Appeals Committee, Dean

**POLICY**
**The Medical Student Promotions Committee**

The purpose of the Medical Student Promotions Committee (PC) in academic promotion matters is to ensure that each person who graduates from The University of Iowa Carver College of Medicine has adequate skills, knowledge, professionalism, and judgment to assume the responsibilities of a medical doctor. The student must demonstrate not only competency in medical knowledge, skills and abilities, but also those behaviors essential to the profession of medicine which include duty, accountability, respect for others, honesty and integrity.

To perform its duties, this committee will depend upon the cooperation, advice and judgment of faculty, students, and administration.

**A. Composition of Student Promotions Committee**

The Student Promotions Committee shall consist of eight voting members: six faculty and 2 students.

- Faculty members will include two members of the Medical Council, two faculty from basic science departments, and two faculty from clinical departments.
- Student members will include one student from either the M3 or M4 class and one from the M2 class. Students who serve must be in good academic standing and it is preferred that they have a history of good academic standing.
- All members are appointed by the Senior Associate Dean for Medical Education.
- The term of appointment for faculty is three years and for the student members one year. Members may be reappointed.
- One faculty member is designated the chair by the Dean of the Carver College Of Medicine.

Quorum for the Student Promotions Committee is five voting members with at least four faculty members. A single faculty member may be assigned by the Senior Associate Dean for Medical Education for one meeting in order to achieve a quorum.

The Office of Student Affairs and Curriculum deans and registrar serve as observers at the Promotions Committee meetings, providing clarifying information when asked.

### **B. The Medical Student Promotions process: Information for Students**

The Medical Student Promotions Committee will review student records for the following reasons:

- Students who fail courses or clinical clerkships.
- Unprofessional or unethical behavior such as plagiarism, dishonesty, theft, violation of patient confidentiality, not abiding by the law, substance use etc. A pattern of behavior or one egregious occurrence may suffice.
- A pattern of poor or marginal academic or clinical performance such as below average ratings and/or comments on clinical clerkship evaluations including 1s and 2s or “unacceptable”.
- Failure to pass USMLE Step 1 after three attempts.
- Failure to pass USMLE Step 2 Clinical Knowledge exam after three attempts.
- Failure to pass both Step 1 and 2 within the 6 months preceding the student’s graduation date.
- Requests to extend the period of study beyond the usual time allowed of 6 years (does not include students in combined degree programs or those on periods of formal medical leave).
- Former students applying for reinstatement to the College within 3 years of withdrawal or dismissal. Former students may apply for reinstatement only one time per calendar year.
- Cases referred by the Honor Council.
- The Promotions Committee or the Senior Associate Dean for Medical Education may temporarily remove a student from a course or clerkship when remaining could be detrimental to the student, classmates, the University community, the greater community or to the delivery of patient care. Students who receive a failing grade in a course or clerkship may be suspended from participating in the academic program until a decision is made by the PC or the issue is otherwise resolved. All suspended students are placed on leave of absence until they are reviewed by the PC and a final decision regarding the status of the student has been determined.
- MSTP students are under jurisdiction of the Promotions Committee during all phases of their MD/PhD curriculum.
- Other purposes as determined by the Office of Student Affairs and Curriculum (OSAC) Deans in consultation with the Promotions Committee chair.

### **C. Appearing before the Medical Student Promotions Committee**

Students must be provided written notice at least 3 calendar days in advance and the notice must include the date, location, tentative time and the specified reasons for their interview with the Promotions Committee. The student will be provided the right to examine their student record and Promotions Committee documents relative to their case prior to the interview.

- Students may consult in advance of the Promotions Committee meeting with one or more of the OSAC Deans, or the OSAC Registrar for information on the Promotions Committee process.
- Students who fail a single course and have had no previous academic failures may not be required or expected to attend the Promotions Committee meeting. However, students with a single failure may elect to attend the meeting to provide a statement and answer committee member questions if they choose.
- Students may provide a written statement and/or letters of support in advance of the committee meeting. Students may choose to contact a counselor from the Medical Student Counseling Center for assistance in drafting a statement. Such materials should be delivered or emailed to the Promotions Committee administrative assistant at least 24 hours before the meeting.

Students are expected to answer questions posed by Promotions Committee members during the interview. In addition, if desired, students may bring a brief (10 minutes or less) prepared statement to read at the meeting.

- If desired, students may bring one college of medicine faculty or staff advocate, a counselor, or peer advocate who is allowed to speak briefly on their behalf as it is relevant to the issue under consideration by the PC. Students asking a counselor to speak or to provide information on their behalf must sign a "Release of Information" form with the counselor to authorize such information to be released to the Committee.
- If desired, students may bring another person for support purposes although the second person may not speak.
- Students may not bring legal representation to the meeting.
- Students may not record the meeting.
- The student or the advocate may not contact Promotions Committee members before or after the meeting with regard to their review or interview.
- Students who fail courses are subject to the Satisfactory Academic Progress policies of the Financial Aid Department. Students are advised to review policies in the student handbook related to an appearance before the Promotions Committee.

#### **D. Promotions Committee Actions:**

- Following the interview with the student and review of related documents, committee members will deliberate and 1) vote on a specific decision or 2) take no formal action.
- When voting on a decision, a quorum of voting members must be present at the meeting and a simple majority of those present is required for passing a recommendation.
- Faculty members on the promotions committee must recuse themselves from a vote regarding promotion of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest.
- Promotions Committee members must recuse themselves from an interview and discussion on a student if there is a real or reasonably perceived conflict of interest. Students will be shown a list of the committee members in advance of

their meeting and are expected to identify members with a possible conflict of interest.

- The Promotions Committee has the authority to place a student on academic probation and the authority to remove a student from academic probation.
- An OSAC Dean will make every effort to notify the student of the committee's decision within 24 hours of the interview. Subsequently, a written notification of the decision will also be provided to the student.
- Students will be contacted by a counselor from the Medical Student Counseling Center or OSAC Dean to sign a Release of Information form to provide information to the Promotions Committee if it is determined documentation is required to demonstrate progress in meeting the committee's recommendations.

#### **E. Appeals Committee: Membership and Charge**

The Appeals Committee meets as needed to hear student appeals of the decisions made by the Promotions Committee.

The Appeals Committee consists of 7 members:

- Voting members: 3 faculty representatives from the Medical Council, 2 faculty representatives from the Executive Committee, 1 medical student, 1 community member. Individuals serving on the Promotions Committee cannot serve on the Appeals Committee.

At the beginning of an appeals committee meeting, the chair of the promotions committee or their designee from the Promotions Committee, summarizes the Promotions Committee's deliberations and decision, answers questions, and leaves prior to the Appeals Committee's interview with the student. The Senior Associate Dean serves as an observer at the Appeals Committee meetings, providing clarifying information when asked. Appeals Committee members are appointed by the Senior Associate Dean for Medical Education. A quorum of 5 members must be present to conduct business. Decisions of the committee are decided by a simple majority vote of members in attendance.

#### **F. Appeals Committee: Actions**

- The student must submit the appeal in writing to the Senior Associate Dean for Medical Education within 5 calendar days of notification of the Promotions Committee decision.
- The Appeals Committee will convene to hear a student's appeal of the Promotions Committee's decision within 21 calendar days of that decision.
- Students may provide a written statement and/or letters of support in advance of the Appeals Committee meeting. Such materials should be delivered or emailed to the Promotions Committee administrative assistant at least 5 business days before the Appeals Committee meeting. Any supporting material considered to be "expert" must be written on professional letterhead, and the credentials of the expert must be provided within the expert opinion.
- Students are expected to answer questions posed by Appeals Committee members during the interview. In addition, if desired, students may bring a



prepared statement to read at the meeting.

- If desired, students may bring one College of Medicine faculty or staff advocate, a Medical Student Counseling Center counselor, or a peer advocate who is allowed to speak briefly on their behalf.
- If desired, students may bring another person for support although the second person may not speak.
- The student or the advocate may not contact Appeals Committee members before or after the meeting with regard to their review or interview.
- Students may not bring legal representation to the meeting. Students may not record the meeting.
- Recommendations from the Appeals Committee are forwarded to the dean of the college for ratification or amendment. The written recommendation of the Appeals Committee will be transmitted to the dean of the college by the Chair of the Appeals Committee and the Senior Associate Dean for Medical Education.

#### **G. Appeals Process: The Dean's Actions**

- The Dean of the College will review the Appeals Committee's recommendation and affirm, amend or reverse that recommendation, or affirm the initial recommendation by the Promotions Committee within 5 business days from the date the Dean is notified in writing of the decision by the Appeals Committee. The Dean will indicate that decision with their signature.
- OSAC will provide official written notification to the student of the Dean's decision within 3 business days of receiving the signed paperwork.
- In the case of dismissal, the student will be removed from all courses or clerkships at this time.
- In the case of the Dean upholding a previous decision by the Promotions Committee to dismiss, the official effective date of the dismissal will be the date of the Promotions Committee's decision.
- This decision constitutes the College of Medicine's final action on this matter. Students have the right to appeal collegiate decisions to the Office of the Provost by submitting a written appeal and supporting documentation to [provost-office@uiowa.edu](mailto:provost-office@uiowa.edu).

#### **H. Conflict of Interest**

##### Student Promotions Committee:

In the event of conflict of interest, real or reasonably perceived, members of the Student Promotions Committee must recuse themselves from the official proceedings of the committee. Conflict of interest may be of a personal nature (e.g., friend, mentee, etc.) or academic (e.g., an evaluator of the student in question) or professional (e.g. previous health care provider to the student).

##### Appeals Committee:

In the event of conflict of interest, real or reasonably perceived, members of the Appeals Committee must recuse themselves from the official proceedings of the committee. The chair of the committee should be notified in writing of anticipated recusal in advance of the meeting, in order that an alternate member may be present to assure full

representation and the existence of a quorum. Conflict of interest may be of a personal nature (e.g., friend, mentee, etc.) or academic (e.g., an evaluator of the student in question) or professional (e.g. previous health care provider to the student).

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 9.9](#)

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**Carver College of Medicine– Policy**
**OSAC.P.05**


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**SUBJECT/TITLE:**      **Policy on Evaluation of Teaching by Adjunct Faculty**
**PURPOSE:**              To describe parameters and process to review teaching performance of adjunct clinical faculty involved in medical student teaching and evaluation

**SCOPE:**                      Teaching adjunct faculty, clinical curriculum staff, CCOM IT, Office of Faculty Affairs and Development

**POLICY:**

The LCME requires a process to evaluate the performance of adjunct clinical faculty, offer feedback, and determine continued appointment (elements 4.4 and 9.2). A description of the process used by the Des Moines Branch Campus and Family Medicine Department to conduct this evaluation is presented here:

- 1) Students complete standard faculty evaluation surveys at the end of clinical clerkships. The survey consists of 10 questions. Questions 1-9 assess specific behaviors (such as providing expectations, engaging students in discussions etc..) and question 10 assesses the overall teaching effectiveness.
- 2) On an annual basis, all student evaluations for each faculty are collated into a summary document. At least 5 evaluations will be included in the document to ensure student confidentiality, which may lead to inclusion of data from previous years (the algorithm will “reach back” for data in reverse chronological order until the minimum number of evaluations is achieved).
- 3) For each question on the faculty evaluation survey, the following information will be available:
  - a. Total number of evaluations included in the report (minimum of 5)
  - b. Average score and standard deviation
    - i. For faculty member
    - ii. Collegiate average
    - iii. Department average
  - c. Score distribution: percent of responses in each response category from 1 (strongly disagree) to 5 (strongly agree)
    - i. For faculty member
    - ii. Collegiate percentage
    - iii. Department percentage

- d. Narrative comments written by students
- 4) Faculty who meet at least one of the following criteria will be automatically “flagged” for an in-depth performance review by the branch campus assistant dean or family medicine undergraduate education director, where areas for improvement and remediation are identified and addressed with the adjunct faculty:
- a.  $\geq 5\%$  of “1” and “2” combined ratings on any survey question
  - b. Average rating  $\leq 3$  on “overall teaching effectiveness” (question 10)

Continued involvement in undergraduate medical education is contingent on demonstrating improved performance in subsequent reviews.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 4.4, 9.2](#)

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**Carver College of Medicine– Policy**
**OSAC.P.06**


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**SUBJECT/TITLE:**      **Policy on Faculty/Staff Access to Student Academic Records**
**PURPOSE:**          To describe laws and processes governing access to student academic record by faculty and staff- FERPA

**SCOPE:**              All faculty, students, and staff

**POLICY:**

The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. In short, no one may access a student's academic file without the student's consent except school officials who have a legitimate educational interest in the information.

It is the policy of the Office of Student Affairs and Curriculum that Carver College of Medicine faculty members do not ordinarily have access to student academic files. A student who wishes to permit a specific faculty member to review his or her file for the purpose of (for example) writing a letter of recommendation may do so by submitting a written note to OSAC, or by sending a statement of authorization by email on the student's own email account to an appropriate staff member in OSAC. This statement of permission will be placed in the student's academic file.

Students may review their own academic file upon request in the Office of Student Affairs and Curriculum during normal business hours. Student academic files may not be removed from the Office of Student Affairs and Curriculum. Except as provided in the University's Student Records Policy, or with the permission and assistance of OSAC staff, the contents of student academic files may not be replicated. For further information regarding a student's rights under FERPA, restriction of release of directory information, etc., see the Student Records Policy of the University of Iowa: <https://dos.uiowa.edu/policies/student-records-policy>

Directory information, as defined by the University, may be released without the student's consent, unless the student has specifically restricted certain items from release.

**REFERENCES:**
<https://dos.uiowa.edu/policies/student-records-policy>
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Source: Carver College of Medicine- Medical Education Council

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**Printed copies are for reference only. Please refer to PolicyTech for the latest version.**

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**Carver College of Medicine– Policy**

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**OSAC.P.07**

**SUBJECT/TITLE:**      **Policy on Healthcare Providers Involvement in Student Assessment and Promotion and Educator Conflict of Interest**

**PURPOSE:**              To describe policy regarding student assessment by preceptors who have provided health care to them, those with conflict of interest, and restrictions on students' access to healthcare record of other students

**SCOPE:**                      Teaching faculty, fellows, residents, non-physician providers, students, curriculum staff

**POLICY:**

Health care providers (faculty, fellows, residents, and non-physician providers) will have no involvement or influence on the academic assessment or promotion of a student for whom they have provided health care, including psychological care.

All instructors, including non-providers, will have no involvement or influence on academic assessment or promotion of a student with whom they have a conflict of interest. Examples of conflict of interest may include a prior or existing significant personal relationship, family relationship, or business relationship; and situations in which a student has previously lodged a complaint against the instructor.

Instructors who may have a conflict of interest, including health care providers, may not participate in assessment in any way that may affect the student's academic progress. Examples of involvement in academic assessment may include assessing a student's clinical performance, professional performance or small-group performance; assigning a course or clerkship grade; and involvement in decisions about the student on promotions committee.

In addition, students may not participate as a member of a health care team taking care of another medical or PA student.

**Responsibilities:**

Curriculum managers, course directors, and clerkship directors/coordinators must ensure that faculty, residents and other instructors are aware of this policy. They must

re-assign students as necessary to avoid all conflicts of interest. Course/clerkship directors must refer to a co-director or proxy in assigning a student's grade if they have a conflict of interest themselves.

Students must notify their curriculum manager, course director or clerkship director/coordinator if they identify a situation that would conflict with any part of this policy. Students are not required to divulge the nature of the conflict of interest. They must not ask for a clinical performance assessment from an instructor with whom they have a conflict of interest. They must not evaluate an instructor with whom they have a conflict of interest. They must inform their team or attending if they have been inadvertently assigned to care for another student.

Instructors must contact the curriculum manager, course director or clerkship director/coordinator immediately upon discovering that they are assigned to an evaluative role of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest. The instructor must not divulge the nature of the conflict of interest without student consent. Clinical instructors must not assign a student to the care of another student.

Faculty members on the promotions committee must recuse themselves from a vote regarding promotion of a student for whom they have provided health care or with whom they have a prior or existing conflict of interest.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 12.5](#)

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**Carver College of Medicine – Policy**
**OSAC.P.08**


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**SUBJECT/TITLE:**        **Policy on Medical Student Exposure to Infectious and Environmental Hazards**

**PURPOSE:**            To describe protocol related to blood-born pathogen exposure and communicable illnesses, respirator fitting, and educational impact of infectious or environmental disease/disability

**SCOPE:**                Teaching faculty, residents, students, curriculum staff, student health staff

**POLICY:**

The CCOM is committed to the safety of its students in the clinical setting. Students will not participate (observe, assist, perform) in a procedure involving sharps or needles without first completing prescribed training, as required by UI Health Care Health and Education Required Compliance Training. This training must be completed upon matriculation (specifically, course [#H02037 Safety/Infection Control](#)) then annually [#H02038 Safety and Infection Control Training \(Renewal\)](#). Students are also required to attend didactic sessions on pathogen exposure during orientation to medical school and the Transitions to Clerkships course.

**Protocol for Bloodborne Pathogen Exposure**

In the event of a sharps or needle stick injury, the student or supervisor accesses <https://studenthealth.uiowa.edu/especially/bbpe> and proceeds as directed. If a student or supervisor is unsure about how to proceed, then call the Student Health Nurseline number 319-335-9704, immediately. A student experiencing a needlestick or significant contamination on unprotected skin/eyes/mouth by patient blood or body fluids should immediately:

- 1) Wash/flush the exposed area
- 2) Inform their instructor/preceptor/attending physician or unit nurse manager
- 3) Identify the source of exposure, including name/hospital number/ID of individual if applicable (preceptor, RA or hospital staff can assist with this)
- 4) With guidance from the instructor/preceptor/attending physician or unit nurse manager, initiate the collection of the source patient's labs by following the source instructions on the Student Health website:  
<https://studenthealth.uiowa.edu/especially/bbpe>
- 5) Call Student Health Nurseline 319-335-9704- **Do not call Employee Health**
- 6) Students on rotation at the VA Hospital seek care at the VA Employee Health Clinic 319-338-0581 ext. 5952



- 7) If the SHS or VA EHC are closed, report to the Emergency Treatment Center (ETC). If in Des Moines, students contact the appropriate Employee Health Clinic:
  - a) Iowa Methodist/Blank Children's: 515-241-6425 (after hours: 515-333-7423)
  - b) Iowa Lutheran: 515-263-5213 (after hours: 515-330-7078)
  - c) Broadlawns: 515-282-2596 (after hours: 515-282-2253)
  - d) VA 515-699-5999 ext. 4125 (after hours: 515-699-5800)
- 8) Obtain medical care as advised
- 9) Accept responsibility for follow-up
- 10) For the complete protocol for medical students at UIHC or off-site, see the [Student Health website](#).

If a CCOM MD student receives a bill for the procedure, they first submit to insurance. OSAC will cover any remaining balance after being processed by insurance. The cost of the remaining balance is submitted to OSAC Financial Services in 1216 MERF.

### **Guidance on Communicable Illness**

Students will not attend preclinical coursework or clinical rotations if infected with a communicable disease that may threaten the wellbeing of others. Students notify the course or clerkship director immediately in accordance with the Policy on Attendance Expectations and Absences. Students must follow Student Health guidelines and those of the [Communicable Disease Work Restrictions](#)

### **Policy on Respirator Fitting: Airborne Infection Prevention**

All CCOM students are provided a mask fitting prior to starting clerkships. If students find they need to be re-fitted for their N95 respirator, they can reach out to the clinical curriculum team in OSAC.

### **Educational Impact: Infectious or Environmental Disease or Disability**

CCOM fulfills its obligation to educate future physicians while adhering to procedures that maintain the health and safety of patients and that protect the personal rights of medical students with infectious diseases or immunocompromised conditions.

CCOM adheres to UI Health Care [IC.P.8 Infection Control Policy- Staff Members and Health Care Students Infected with Bloodborne Infectious Agents](#) regarding the actions that need to be taken if a student has an infectious or communicable disease such as hepatitis B, hepatitis C, or HIV. Much of the decision making regarding the ability of these students to participate in activities is the responsibility of an expert panel that may include the Student Health Medical Director, the House Staff Training Director, and the VPMA/Dean of the college of medicine, and it is based on guidelines set forward by The Society for Healthcare Epidemiology of America (SHEA) and the Centers for Disease Control.

Any learning activities that may be impacted by infectious or environmental disease will be reassessed on an individual basis by the office of student affairs and curriculum deans, the registrar and the course/clerkship directors. The school will attempt to provide reasonable alternative experiences to ensure the student meets curricular requirements. However, patient and student safety are paramount; therefore, in certain situations, students with such conditions may not be able to meet the curricular requirements to advance and/or graduate from the college of medicine program. In some cases, in consultation with the expert panel described

above, medical students with infectious diseases may be referred to the senior associate dean of medical education or designee for additional counseling related to the impact of the condition upon the student's professional trajectory.

Protracted illness or disability might warrant an extended leave of absence until the student has recovered and is able to return to school. Students must contact the registrar to discuss options and pursue next steps.

Students who develop or have existing disabilities may contact the school's accommodations service for an assessment. Students with disabilities can fully participate in the curriculum as long as they are able to perform the activities and meet expectations outlined in the technical standards with or without reasonable accommodations.

**REFERENCES:**

[University of Iowa Student Health](#)  
[IC.P.8 Infection Control Policy- Staff Members and Health Care Students Infected with Bloodborne Infectious Agents](#)  
[Communicable Disease Work Restrictions](#)

Source: Carver College of Medicine- Medical Education Council

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**Carver College of Medicine – Policy**
**OSAC.P.09**


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**SUBJECT/TITLE:**      **Policy on Medical Student Mistreatment**
**PURPOSE:**              To define mistreatment, and describe expectations and reporting mechanisms

**SCOPE:**                Teaching faculty, residents, non-faculty instructors, students, OSAC deans, curriculum staff, department chairs, Office of Faculty Affairs and Development

**POLICY:**

The Carver College of Medicine seeks to promote and provide a supportive and professional environment free of student mistreatment in its administrative, educational and clinical settings. The Carver College of Medicine used AMA and AAMC guidelines to create the following definition of medical student mistreatment:

**Defining Mistreatment**

Mistreatment may be operationally defined as behavior by healthcare professionals and students that causes harm to learners. Examples of mistreatment include:

1. Public embarrassment or humiliation
2. Threat of physical harm or physical harm
3. Requiring the performance of personal services
4. Unwanted sexual advances
5. Requiring the exchange sexual favors for grades or other rewards
6. Denial of opportunities for training or rewards based on gender
7. Offensive sexist remarks/names
8. Lower evaluations or grades solely because of gender rather than performance
9. Denial of opportunities for training or rewards based on race or ethnicity
10. Racially or ethnically offensive remarks/names
11. Lower evaluations or grades solely because of race or ethnicity rather than performance
12. Denial of opportunities for training or rewards based on sexual orientation or gender identity
13. Offensive remarks/names related to sexual orientation or gender identity
14. Lower evaluations or grades solely because of sexual orientation or gender identity rather than performance
15. Negative or offensive behavior(s) based on personal beliefs or personal characteristics other than gender, race, ethnicity, sexual orientation or gender identity
16. Intentional neglect
17. Grading used to punish a student rather than to evaluate objective performance
18. Assigning tasks for punishment rather than educational purposes
19. Taking credit for a student's work

## Reporting Mistreatment

If you are uncertain whether an incident should be reported, you can contact the Honor Council ([honorcouncil@uiowa.edu](mailto:honorcouncil@uiowa.edu)) or an OSAC dean for consultation and assistance. Students can report mistreatment as follows:

1. **Crimes and violence.** In addition to informing an OSAC dean, students who are the victims of misconduct that is also a crime/violence are encouraged to contact the University of Iowa Police Department (UIPD) <https://police.uiowa.edu/>. Students should call 911 in an emergency. The Carver College of Medicine may refer allegations of mistreatment that may constitute criminal behavior to the UIPD.
2. **Sexual Harassment/Assault.** In addition to informing an OSAC dean, students are encouraged to report criminal incidents of sexual harassment or sexual assault to the UIPD <https://police.uiowa.edu/>. Complaints may also be forwarded to the [University of Iowa's Office of Civil Rights Compliance](#). The College will refer allegations of sexual harassment or assault to the appropriate University office for investigation and resolution.
3. **Other Mistreatment.** All other types of mistreatment covered by this policy will be investigated and resolved by the Carver College of Medicine.
  - a. Students are encouraged to directly report any mistreatment to OSAC using the confidential online reporting system described below in this section. If they wish, students can also choose to discuss their concerns with any CCOM faculty member, a course or clerkship director, a faculty learning community director, or the Medical Student Counseling Center.
  - b. A confidential mistreatment reporting form is available online, where students can provide details regarding the mistreatment incident including information about the person who committed mistreatment, the course or clerkship where mistreatment took place (if applicable), and the student submitting the report (optional).
  - c. Links to the mistreatment report are available on the ICON sites of each course and clerkship, at the end of each course and clerkship evaluation forms, and on the [COMET](#) home page.
  - d. Students can also bring concerns and conflicts to the [Office of The Ombudsperson](#).

## Handling of mistreatment reports

Once submitted by a student, a mistreatment report is sent directly and exclusively to the OSAC deans (no other faculty or staff, including course/clerkship directors will have access to these reports). If the reporting student chooses to disclose their identity, an OSAC dean will contact them to debrief about the incident, offer support, and in some cases obtain additional details. Except in cases of crime, sexual assault/harassment the dean routinely waits until the student's course/clerkship grade and any associated faculty evaluations have been submitted before addressing the incident, unless the student prefers more immediate action. These measures are taken to protect students from retaliation.

Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the mistreatment is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs. When the person responsible for the mistreatment is a resident or fellow, their program director will also be informed.

- The course/clerkship director, department chair and – where applicable- Associate Dean for Faculty Affairs or residency/fellowship program director are asked to address the incident with the responsible person. Interventions may range from feedback to formal remediation or exclusion from student teaching depending on the nature of the incident and whether it is an initial or repeat occurrence. In case of repeat occurrence of mistreatment, the responsible person will be excluded from medical student teaching for 3 to 6 months pending formal remediation and re-assessment of readiness to teach medical students. The duration of time that the responsible person is excluded from medical student teaching will be determined in consultation between OSAC, the department leadership, and the Associate Dean for Faculty Affairs and will be based on the severity of the incident(s). The form of remediation offered will be deferred to the department in which the responsible individual is employed in consultation with the Associate Dean for Faculty Affairs. Repeated incidents of mistreatment after remediation will lead to indefinite removal from medical student teaching.
- The course/clerkship director, department chair, residency/fellowship director and/or Associate Dean for Faculty Affairs will subsequently communicate back to the OSAC dean regarding the intervention(s) they took and their outcome.
- When the student who filed the mistreatment report is known (and interested), the OSAC dean will share with the student that an intervention was taken.

If the report is regarding a mistreatment incident committed by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean. The same applies for professionalism and supervision reports.

### **Appealing a Finding of Mistreatment**

A student who is dissatisfied with the outcome of an academic complaint against a faculty member at the collegiate level may ask the Office of the Provost to review the matter. At any time, the student may also file a formal complaint with the University that will be handled under the procedures established for dealing with alleged violations of the Statement on Professional Ethics and Academic Responsibility as specified in section III-II-15 of the [University Operations Manual](#). A description of these formal procedures, found in section III-VI-29 Faculty Dispute Procedures.

## **PROCEDURES**

The mistreatment policy will be shared annually with students and instructors. It will also be included in the syllabus of each course and clerkship. Aggregate data on student mistreatment will be monitored annually by the Medical Education Council and shared with educators and departments.

Source: Carver College of Medicine- Medical Education Council

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**Carver College of Medicine – Policy**
**OSAC.P.10**


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**SUBJECT/TITLE:**        **Policy on Narrative Assessment and Mid-Course and Clerkship Feedback**

**PURPOSE:**            To describe expectations regarding narrative assessment of student performance and mid-course and clerkship feedback

**SCOPE:**                Faculty, residents, non-faculty instructors, students, curriculum staff

**POLICY:**

Faculty will provide written comments (narrative assessment) on each student's performance or achievement in meeting the goals of courses or clerkships, wherever such assessment is feasible.

Preclinical curriculum

Narrative assessment will be provided in all required preclinical courses if a student has one or more sessions with the same instructor in settings of 10 or fewer students (10:1 student/faculty ratio) and total contact of at least 12 hours. In situations where a pair of faculty members are allowed to share one instructor role, they will both provide narrative assessment.

Courses that teach clinical skills and clinical reasoning (CAPS and MAS courses) will - at minimum- provide written formative feedback to students at the mid-course point.

Clinical curriculum

All required clerkships will provide mid-clerkship feedback to students on their clinical performance.

Narrative summative assessment will be provided for each student from all required clerkships.

**PROCEDURES:**

Mid-clerkship feedback includes a discussion of overall student performance, quantity and quality of formative feedback received from preceptors to date, and progress toward completion of RCEs and direct observations of history taking and physical exam. Completion of mid-clerkship feedback is monitored by the clerkship directors and chair of the Clinical Experiences Committee. Completion reports are provided to the Medical Education Council annually.

Narrative assessment and mid-course/clerkship feedback is documented in writing using collegiate approved forms.

Source: Carver College of Medicine- Medical Education Council

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**Carver College of Medicine – Policy**
**OSAC.P.11**


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**SUBJECT/TITLE:**        **Policy on Pre-Clinical and Clinical Time Commitments and Expectations (Duty Hours)**

**PURPOSE:**            To define expectations regarding preclinical workload and clinical duty hours

**SCOPE:**                Teaching faculty, students, curriculum staff

**POLICY:**

**Preclinical Phase (Phase 1)**

The preclinical curriculum consists of 24 to 26 credit hours per semester. Class activities may include lectures, laboratories, small discussion groups, and other formal educational activities. Some courses require additional activities that must be completed outside of scheduled class time (such as watching online modules, taking quizzes, or preparing a class presentation).

- Students are not to be scheduled for more than, on average, 30 hours per week of activities, which includes time spent in class activities as well as required activities that must be completed outside of scheduled class time.
- This does not include time for reading and studying.

**Clinical Phases (Phases 2 and 3)- Clinical Duty Hours** [Adapted from the ACGME Program Requirements]

Providing medical students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being. Each program must ensure that the learning objectives of the medical curriculum are not compromised by excessive reliance on medical students to fulfill service obligations. Didactic and clinical education must have priority in the allotment of medical students' time and energies. Duty hour assignments must recognize that faculty, residents and students collectively have responsibility for the safety and welfare of patients.

- Required core and selective clerkships: The time a student spends on clinical duties in the hospital during a required or selective clerkship is limited to 65 hours/week on average, never exceeding 80 hours on any given week. Students will receive, on average, at least 1 day off in 7 during a required or selective clerkship. Students should not exceed 16 consecutive hours of clinical duties in the hospital for required or selective clerkships.
- Advanced clerkships (required and elective): The average time a student spends on clinical duties in the hospital during an advanced clerkship is limited to 80 hours/week. Students

should not exceed 24 consecutive hours of clinical duties in the hospital. However, a 24+4 rule is in place which allows an extra four hours that can be used to finish work on overnight patients (sign off, check a lab result if students are curious to see the result of an intervention that they did during the night, or to attend a particularly important morning conference). Students should not pick up new work during that time. Students will receive on average at least 1 day off in 7 during an advanced clerkship.

- Every clerkship must include this policy in the clerkship syllabus and distribute it to all faculty, fellows, and residents who have responsibility for medical student instruction. Each fall, core and selective clerkship directors will submit to OSAC their clerkship schedule template, clearly demonstrating adherence with duty hour policies.
- Medical students who believe they are being required to devote time to clerkship duties in excess of the provisions of this policy are encouraged to first bring their concerns to the clerkship director during the clerkship. If their concerns are not adequately resolved in this way, or if they are not comfortable discussing their concerns with the clerkship director, they may bring these concerns to the Senior Associate Dean for Student Affairs and Curriculum.
- In addition, students are encouraged to report concerns regarding violations of the duty hours policy through the online reporting system, [COMET](#).
- If a clerkship director perceives that a student is spending excessive time on clerkship duties, such that the student's well-being or the well-being of patients may be compromised, the director should counsel the student and if appropriate specifically restrict the amount of time the student spends on duty. If the matter is not appropriately resolved in this way, the director should refer it to the Senior Associate Dean for Student Affairs and Curriculum.
- On the end-of-clerkship evaluation, all students will be asked whether or not the clerkship followed duty hour policies. Students who feel that duty hours were not followed will be prompted to provide additional details. These anonymous reports will not be visible to clerkship faculty and administration. They will be directly forwarded to the Student Affairs and Curriculum deans for further action.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 8.8](#)



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**Carver College of Medicine – Policy**

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**OSAC.P.12**

**SUBJECT/TITLE:** Policy on Preparation of Resident, Faculty and Non-Faculty Instructors

**PURPOSE:** To define expectations regarding preclinical workload and clinical duty hours

**SCOPE:** Residents, faculty and non-faculty instructors, curriculum staff

**POLICY:**

All clinical departments must review their clerkship learning objectives, the medical education program objectives, required clinical experiences, and relevant policies with students, residents, non-faculty instructors, and faculty at least annually. All course directors must review their course objectives, the medical education program objectives, and relevant policies with students and all instructors that will participate in their course at least annually.

Residents at all teaching sites receive training on teaching and assessment as part of orientation/onboarding.

Non-faculty instructors must complete training on student teaching and assessment prior to any teaching assignment.

Completion of all training activities is monitored by the Office of Student Affairs and Curriculum and the Medical Education Council, in coordination with the Graduate Medical Education office where applicable.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 9.1](#)

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**Carver College of Medicine – Policy**

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**OSAC.P.13****SUBJECT/TITLE:** Policy on Professional and Ethical Behavior**PURPOSE:** To define professionalism, and describe professionalism expectations from students/faculty/staff and reporting mechanisms**SCOPE:** Students, faculty, residents, non-faculty instructors, curriculum staff, Promotions Committee, OSAC staff**POLICY:**

In addition to achieving passing grades in all required courses and clerkships and passing Step I and Step II of the United States Medical Licensing Examination (USMLE), medical students are required to adhere to standards of ethical behavior and professional conduct in order to graduate. Professional conduct encompasses demonstration of an interest in learning, appropriate interpersonal skills, respect for differences among fellow students, patients and colleagues, adherence to confidentiality guidelines, abidance by local and national laws, and adherence to the ethical principles listed below. Ethical and professional behavior includes the expectation that students will do their own work and give credit to others where due (e.g., write their own reports or other assignments and give complete citations when quoting material from others), and will neither give nor receive assistance from other students on examinations. Failure to demonstrate these attributes on one or more occasions can constitute grounds for review by the Medical Student Promotions Committee with dismissal from the College as a possible outcome.

Professionalism performance is tracked parallel to course and clerkship grading, utilizing a specific standardized rubric. Behavioral expectations are shared with students through course/clerkship orientation and syllabi and during the Transition to Clerkships course. During the preclinical phase, students are assigned “Exceeds Expectations”, “Meets Expectations”, “Needs Improvement” (NI), or “Fail”. A student receiving “Fail” on professionalism performance will fail that course/clerkship and be evaluated by the Promotions Committee. All “Needs Improvement” incidents are shared with the OSAC deans and registrar, and students receive feedback from their course/clerkship director or an OSAC dean. Students with more than one “Needs Improvement” on one course/clerkship or across different courses/clerkships will be evaluated by the Promotions Committee.

During the clinical phases of the curriculum, a student with one “Needs Improvement” is not eligible for Honors on that clerkship, and a student with more than one “Needs Improvement” is not eligible for Near Honors on that clerkship.

### **Professional and ethical principles**

Students, staff and faculty at the Carver College of Medicine are expected to adhere to the following general principles of medical professionalism and ethics. These are modified from the American Medical Association's Principles of Medical Ethics. Students, faculty and staff are expected to:

- 1) Be dedicated to providing competent, compassionate, and respectful medical service to all patients, considering each as an individual, regardless of characteristics such as race, creed, color, religion, national origin, age, sex, pregnancy (including childbirth and related conditions), disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, or associational preferences.
- 2) Demonstrate honesty towards patients and colleagues and strive to expose or otherwise respond in a professional manner to those persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception.
- 3) Abide by the law.
- 4) Respect the rights of patients including the right to confidentiality and safeguard patient confidences within the constraints of the law.
- 5) Continue to study, apply and advance scientific knowledge; make relevant information available to patients, colleagues, and the public; suggest consultation; and use the talents of other health professionals when indicated.
- 6) Recognize a responsibility to participate in activities contributing to an improved society
- 7) Serve as a positive representative of the Carver College of Medicine and the medical profession by demonstrating social responsibility both on and off campus.

### Examples of unethical behaviors and unprofessional conduct include, but are not limited to:

- 1) Plagiarism (e.g., copying another student's work, quoting material other sources without proper citation and receiving credit for the work as one's own)
- 2) Cheating: a community member who submits another's work as his or her own or otherwise gains an unfair advantage over colleagues is guilty of cheating. Facilitation of these behaviors by a colleague also constitutes cheating. Additionally, observation or knowledge of these behaviors is considered acquiescence by inaction\* and considered a violation of the Honor Code. Examples of cheating include, but are not limited to the following:
  - a. Copying from another's examination, or allowing other students to copy from one's examination
  - b. Collaboration during an examination with any person
  - c. Using unauthorized materials during a test
  - d. Taking prepared materials into a closed-book examination
  - e. Reproducing or communicating test questions without express permission of the course or clerkship director
- 3) Dishonesty
- 4) Falsification of documents
- 5) Violations of confidentiality
- 6) Mistreatment of patients, simulated or real
- 7) Inappropriate online activities, including materials made available through social networking sites
- 8) Displaying public behavior that may reflect negatively on the student, College, and profession (i.e. public intoxication, viewing potentially offensive medical images on public computers, discussing potentially offensive portions of the medical curriculum (i.e.

anatomic dissection) or patient care, etc.)

- 9) Unlawful activity. Students who are placed under arrest must report this to a dean in the Office of Student Affairs and Curriculum within 48 hours.

\*Appropriate actions include: approaching the student directly about the observed action, consulting a member of the Honor Council, and/or contacting a faculty member or an administration representative.

### **Reporting of unprofessional behaviors**

Students who observe unprofessional behavior are encouraged to directly report these observations to OSAC Deans using the confidential online reporting system described in this section.

A confidential professionalism reporting form is available online, where students can provide details regarding the incident.

1. Links to the professionalism form are available on the ICON sites of each course and clerkship, and at the end of each course and clerkship evaluation form.
2. Students can also report unprofessional behaviors by faculty, residents, nursing, and other staff, any time by accessing the unprofessional behaviors reporting system here: <https://webapps1.healthcare.uiowa.edu/comet>

Once submitted by a student, a professionalism report is immediately sent exclusively to the OSAC deans (no other faculty or staff, including course/clerkship directors will have access to these reports). If the reporting student chooses to disclose their identity, an OSAC dean may contact them to discuss the incident. To protect the student from academic retaliation, the dean routinely waits until the student's course/clerkship grade and any associated faculty evaluations have been submitted before addressing the incident, unless the student prefers more immediate action. Information regarding the specific incident will ultimately be shared with the course/clerkship director and department chair. When the person responsible for the behavior is a faculty member, information will also be shared with the Associate Dean for Faculty Affairs. When the person responsible for the unprofessional behavior is a resident or fellow, their program director will also be informed.

1. The course/clerkship director, department chair and -where applicable- Associate Dean for Faculty Affairs or residency/fellowship director are asked to address the incident with the responsible person. Interventions may range from feedback to formal remediation.
2. They will subsequently communicate back to the OSAC dean to confirm that the incident was addressed.
3. When the student who filed the professionalism report is known (and interested), the OSAC dean will share with the student that an intervention was taken.

If the report is regarding a professionalism incident committed by one of the OSAC deans, it will be forwarded directly to the Executive Dean who will then address the issue with the OSAC dean.

### **PROCEDURES**

Students are instructed and/or assessed on the following professionalism learning objectives and corresponding professional behaviors throughout the medical school curriculum

PR01: Routinely demonstrate respect, empathy and compassion towards peers, teachers,

staff, patients, families, healthcare team members and others, regardless of differences in beliefs, lifestyles, and cultural heritage.

- Maintain composure in difficult situations
- Communicate with faculty and staff when a situation requires their attention
- Treat all members of the healthcare team (including other students), the educational team, and patients/patient families/support persons with respect
- Maintain a positive learning environment and team dynamics

PR02: Demonstrate understanding of the ethical and legal principles operating in the healthcare environment and the medical profession and adhere to these principles.

- Maintain confidentiality
- Refrain from cheating, plagiarism, and falsification
- Respect the boundaries of intellectual property

PR03: Accept personal responsibility for meeting the expectations of their role as appropriate to their stage of training.

- Maintain regular attendance and timeliness to all required sessions, activities, and assignments
- Accept feedback and incorporate it in future situations
- Acknowledge and resolve personal errors
- Adhere to dress code where applicable
- Respond to communications

The professionalism policy will be shared annually with students and instructors. It will also be included in the syllabus of each course and clerkship. Aggregate data on professionalism will be monitored annually by the Medical Education Council and shared with educators and departments.

Source: Carver College of Medicine- Medical Education Council

Effective Date: 06/24/2024

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[Linked to LCME Element 3.5](#)

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**Carver College of Medicine – Policy**
**OSAC.P.22**


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**SUBJECT/TITLE:**      **Reasonable Accommodations Policy and Procedure**
**PURPOSE:**                      To describe resources, accommodations, and expectations for students with disabilities

**SCOPE:**                          Accommodations Committee, all teaching faculty and students

**POLICY:**

The following policy and procedure are applicable to medical students (inclusive of MSTP students) and physician associate students. Students enrolled in other Carver College of Medicine (CCOM) academic programs should contact University of Iowa Student Disability Services.

**Identifying Eligibility for Reasonable Accommodations**

To be eligible for reasonable accommodations, a student must have a disability as defined by the Americans with Disabilities Act (ADA). Physical, neuropsychological, psychological, and/or chronic health conditions may be disabilities.

The ADA defines a person with a disability as someone who:

- Has a physical or mental impairment that substantially limits one or more major life activities, or
- Has a history or record of an impairment, or
- Is regarded as having such an impairment by others

CCOM encourages students with disabilities to contact the Medical Student Counseling Center to request accommodations upon admission into their program of study. However, students may request accommodations at any time after formal acceptance. Students seeking accommodations must proactively initiate the request process, as reasonable accommodations cannot be applied retroactively, and reasonable accommodations take time to identify and implement.

Students may also need temporary accommodations for temporary conditions or injuries that impact their ability to fully participate in their academic program. Students experiencing significant functional impairment that requires immediate accommodations due to sudden onset conditions or acute injury should contact their curriculum manager or clerkship faculty to identify reasonable short-term accommodations. In cases where the illness or injury is expected to be ongoing, the student should contact the Medical Student Counseling Center accessibility specialist to formally request accommodations.

*Referral for Further Assessment*

Occasionally after beginning medical education, students become aware of physical,

neuropsychological, psychological, and/or chronic health conditions which may make them eligible for reasonable accommodations. The accessibility specialist can refer students interested in receiving further assessment of their condition to a licensed healthcare provider to assess the scope of current limitations on major life activities, treatment options, and/or to diagnose a condition that may be a qualifying disability. The accessibility specialist will discuss referral options with the student and can facilitate a referral for evaluation and assessment with written consent from the student. Students assume all financial responsibility for the cost of disability-related assessments and/or diagnosis.

### **Requesting Reasonable Accommodations**

Students with disabilities seeking reasonable accommodations must contact the Medical Student Counseling Center (MSCC) to schedule a disability accommodations consultation appointment with the accessibility specialist. Students may also schedule a disability accommodations consultation appointment for informational purposes only and may or may not decide to request accommodations after meeting with the accessibility specialist.

During the initial consultation appointment, the accessibility specialist will review the Reasonable Accommodations Policy and Procedure and the required documentation for requesting accommodations at CCOM, which include:

- Student Disability Disclosure and Request for Reasonable Accommodation form
- Student Disability Disclosure Statement of Understanding Release form
- Authorization to Obtain/Release Information to/from Healthcare Provider form
- Medical Information Request form
  - In certain cases, students with visible physical disabilities may not need to submit medical documentation to support their accommodations request where the disability and functional limitations are readily observable and not in dispute.

Students who wish to request accommodations must complete all required documentation and submit it to the MSCC accessibility specialist or designee. Once the student's file is complete, including completed copies of all required forms, the accessibility specialist (or a MSCC designee in the accessibility specialist's absence) will review the reasonable accommodation request. Reasonable accommodations do not fundamentally alter the nature of the service, program or activity, do not lower the essential requirements of the program or activity, and do not impose undue hardship on the University of Iowa. Personal services are not reasonable accommodations. Personal services include, for example, assistance with eating, dressing, toileting, pushing someone in a wheelchair, etc.

### **Determining Reasonable Accommodations**

Reasonable accommodations are determined on a case-by-case basis. After receiving required documentation from the student requesting accommodations, the accessibility specialist will review the documentation provided to verify that the student is a person with a disability as defined by federal law. If needed and with written consent from the student, the accessibility specialist may contact the student's licensed healthcare provider to seek additional information to verify disability status. In cases where the student with a disability requests accommodations that are "standard" (i.e., commonly requested and do not fundamentally alter the program, pose an undue burden, or lower the essential requirements of a course or program) the accessibility specialist will proceed with approving the accommodations request without consulting faculty, Office of Student Affairs and Curriculum (OSAC) Deans, or educational staff.

In other cases, the accessibility specialist will contact faculty, staff, and/or administrators to assist in the process of determining reasonable accommodations. Though not an exhaustive list, the accessibility specialist will include the necessary University of Iowa faculty, staff, and/or administrators

in the interactive process of determining reasonable accommodations in the following instances:

- when the accommodation request is not a commonly made request,
- when there is question about whether a requested accommodation would be a fundamental alteration or undue burden for the university,
- when additional information is needed about the essential requirements of a course, activity, or program, and/or
- to connect faculty and student to determine whether/what reasonable accommodations may be needed for the clinical setting

In instances where a requested accommodation is reasoned to be a fundamental alteration (see fundamental alteration decision-making procedure below), impose an undue burden on the University of Iowa, or lower the essential requirements of a course or program, the accessibility specialist will work with the student to propose an alternative accommodation. An effective alternative accommodation is one that removes or mitigates the barrier to educational activities caused by the student's disability such that the student has equal access to learning as their peers.

As a part of the interactive process, the accessibility specialist may contact the student to share information about essential course or program requirements, learn more about the student's disability-related needs, request additional medical documentation, and/or engage the student in the collaborative process of identifying appropriate, reasonable accommodations. Students are responsible for responding promptly to the accessibility specialist's attempts to contact them about accommodations-related matters. Failure to do so may result in a delay or inability to identify and implement reasonable accommodations.



## Implementing Reasonable Accommodations

- Pre-clinical phase (Phase I): the accessibility specialist or MSCC designee provides the Letter of Accommodation to the pre-clinical curriculum manager(s) for implementation. Curriculum managers will share the letter with course director(s) if necessary to implement the approved accommodations.
- Core clerkship phase (Phase II): with written consent from the student, the accessibility specialist or MSCC designee will send a relevant Letter of Accommodation to the clinical curriculum manager, necessary clerkship faculty, and/or educational staff for each clerkship.
- Advanced clerkship phase (Phase III): students assume responsibility for notifying the clinical curriculum manager, necessary clerkship faculty, and/or educational staff of approved accommodations. Students should notify advanced phase clerkships of their approved accommodations by sending their official letter of accommodation to the necessary staff or faculty at least two weeks prior to starting a clerkship whenever possible, as failure to do so may result in the delay or inability to implement accommodations.

It is expected that students be responsive to faculty or educational staff's attempts to contact them regarding logistical implementation of approved accommodations. However, if faculty or staff have a question or concern about the nature of approved accommodations, they should contact the accessibility specialist. When communicating about accommodations with students, CCOM faculty/staff must refrain from asking students questions about their disability diagnosis, asking for further medical documentation about their disability, or questioning the necessity of the accommodations.

Finally, implementing exam accommodations is a multi-step process that requires meeting with the student, coordination with IT staff, complex scheduling, and facilitates reservations. Staff need sufficient time to implement exam accommodations. As such, students with disabilities who require exam accommodations should contact the MSCC to initiate the process of requesting exam accommodations as far in advance as possible. Last minute requests for accommodations approval could result in the delay or inability to implement approved exam accommodations.

### **Anti-Retaliation Policy**

The University of Iowa strictly prohibits retaliation of any kind against students for requesting or receiving reasonable accommodation. Please refer to the [UI Anti-Retaliation Policy](#).

### **Additional Information and Terminology**

#### *Definitions*

- Essential requirements:
  - Core learning outcomes (including skills and knowledge) that all students must demonstrate, with or without accommodations, which are part of a larger interconnected curriculum related to a program or degree.
  - Essential requirements must be educationally justifiable and essential to the educational purpose or objective of a program or class.
- Fundamental alteration:
  - A fundamental alteration changes the essential purpose or requirement of a service, program, or activity
  - Requires consensus among multiple academic officers
  - See more information below
- Undue hardship:
  - An action requiring significant difficulty or expense

#### *Fundamental Alteration Determination Process*

A fundamental alteration is a modification to a course, program, or activity so significant that it changes the course, program, or activity's essential nature or purpose. In cases where there is a question about whether requested accommodations would be a fundamental alteration, the accessibility specialist collaborates with relevant stakeholders including faculty members, department heads, academic administrators, and the University of Iowa ADA Coordinator. During this process, stakeholders work together to identify the essential requirements of the course, program, or activity and to decide whether the requested accommodations would change the course, program or activity's essential nature or purpose. The relevant stakeholders involved in the fundamental alteration decision-making process depend upon the nature of the student's request and phase of the curriculum. The University of Iowa

ADA Coordinator and/or legal counsel from the Office of the General Counsel may be involved in the fundamental alteration decision-making process to ensure compliance with federal law. The relevant stakeholders must come to a consensus that the requested accommodation(s) would be a fundamental alteration. The decision must be deliberative, rational, and supported by federal disability law and the facts of the case. The fundamental alteration decision making process and decisions will be documented and maintained by the MSCC.

If it is determined that the requested accommodations would be a fundamental alteration, the accessibility specialist works with the necessary stakeholders to identify alternative accommodations. The alternative accommodations must effectively provide equal access to the student with a disability without fundamentally altering the curriculum or program. Before determining that an otherwise qualified student with a disability is unable to meet an essential program/course requirement or technical standard, the CCOM must engage in an interactive process with the student to identify all possible alternative reasonable accommodation options.

#### *Privacy Statement*

The accessibility specialist does not share students' diagnoses with University of Iowa staff, faculty, or administrators outside of the MSCC's confidential office. The accessibility specialist may share the student's functional impairments with University of Iowa staff, faculty, and/or administrators when needed to determine or implement reasonable accommodations.

#### *Records Retention*

Medical documentation submitted to the MSCC to support student disability accommodation requests is protected by FERPA and retained in the MSCC. Medical documentation supporting accommodation requests is released only with a student's written consent or as permitted by law. CCOM Letters of Approved Accommodations are shared with the necessary educational staff, faculty, and administrators on a need-to-know basis. Letters of accommodation and medical documentation of disability submitted by students are retained during enrollment and for seven years beyond a student's graduation date/departure from CCOM.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 10.5, 12.8](#)

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**Carver College of Medicine – Policy**
**OSAC.P.16**


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|                       |                                                                                          |
|-----------------------|------------------------------------------------------------------------------------------|
| <b>SUBJECT/TITLE:</b> | <b>Policy on Students Review and Challenge of Academic Records</b>                       |
| <b>PURPOSE:</b>       | To describe policy and process for student to access and challenge their academic record |
| <b>SCOPE:</b>         | Teaching faculty, students, curriculum staff, OSAC staff                                 |
| <b>POLICY:</b>        |                                                                                          |

**Student Access to Academic Records**

The federal Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. In short, no one may access a student's academic file without the student's consent except school officials who have a legitimate educational interest in the information.

It is the policy of the Office of Student Affairs and Curriculum that Carver College of Medicine faculty members do not ordinarily have access to student academic files. A student who wishes to permit a specific faculty member to review his or her file for the purpose of (for example) writing a letter of recommendation may do so by submitting a written note to OSAC, or by sending a statement of authorization by email on the student's own email account to an appropriate staff member in OSAC. This statement of permission will be placed in the student's academic file.

Students may review their own academic file upon request in the Office of Student Affairs and Curriculum during normal business hours. Student academic files may not be removed from the Office of Student Affairs and Curriculum. Except as provided in the University's Student Records Policy, or with the permission and assistance of OSAC staff, the contents of student academic files may not be replicated. Per University of Iowa policy, access to records is granted within 45 days of the day a request for access is received. For further information regarding a student's rights under FERPA, restriction of release of directory information, etc., see the Student Records Policy of the University of Iowa: <https://dos.uiowa.edu/policies/student-records-policy>

Directory information, as defined by the University, may be released without the student's consent, unless the student has specifically restricted certain items from release.

**Student Challenge of Academic Records**

Students have the opportunity to appeal a course or clerkship grade or a component of the grade. The appeal must provide adequate evidence that capricious grading has occurred.

A. Capricious, as that term is used here, comprises any of the following:

- The assignment of a grade to a particular student on some basis other than that student's performance
- The assignment of a grade to a particular student according to more exacting or demanding standards than were applied to other students in the course/clerkship
- The assignment of a grade by a substantial departure from the previously announced standards

B. A grade appeal is not appropriate when used:

- To challenge course/clerkship design
- To challenge quality or nature of instruction
- To challenge grading applied to all students in the course/clerkship

C. Informal Grade Appeal Procedure:

- Grade appeals should be discussed with the course or clerkship director first to resolve any discrepancy surrounding an assigned grade.
- All communication about this informal appeal should be documented electronically (email documentation is acceptable).

D. Formal Grade Appeal Procedure:

If the student is not satisfied with the outcome, they may pursue the Formal Grade Appeal Procedure :

- The student will use the Grade Appeal Form (Appendix A, located on page 4 of this policy). The burden of evidence lies with the student, who must articulate clearly the reason for the formal appeal (following the criteria listed above).
- The Grade Appeal Form and supporting documentation should be submitted to an Associate Dean for Student Affairs and Curriculum. The Associate Dean will forward the written grade appeal to the course or clerkship director for a written response. The Associate Dean may facilitate resolution at this point in the process.
- If the student is not satisfied, they may continue the appeal by providing written notification to the Associate Dean who will then inform and provide all appeal materials to the Senior Associate Dean for Medical Education for review/decision-making. The Senior Associate Dean will consider the appeal and communicate a final decision in writing to the student, the course/clerkship director and the Associate Dean for Student Affairs and Curriculum.

E. Final Grade Appeal Procedure:

- If a student is not satisfied with the results of the formal grade appeal to the College of Medicine, the student may ask the Office of the Provost to review the matter.
- The function of a review by the Office of the Provost is to ensure (a) that the outcome was supported by substantial evidence in the record when the record is viewed as a whole, and (b) that relevant procedures of the college were followed. Appeals to the Office of the Provost should include: (a) a letter from the student explaining in what way the outcome was not supported by substantial evidence and/or relevant procedures were not followed; and (b) copies of all previous documents provided by or to the student in the collegiate reviews.

**Promotions committee decisions**

- Promotions Committee decisions can be appealed by the student by requesting to convene an Appeals Committee.

- Students have the right to appeal final collegiate decisions to the Office of the Provost by submitting a written appeal and supporting documentation to [provost-office@uiowa.edu](mailto:provost-office@uiowa.edu).
- Specific details concerning the appeal process are outlined in the “Policy on Disciplinary Action and Due Process”.

**REFERENCES:**

<https://dos.uiowa.edu/policies/student-records-policy>

<https://dos.uiowa.edu/policies/student-complaints-concerning-faculty-action>

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 11.6](#)

| <b>Appendix A: CCOM Formal Grade Appeal Form</b>                                                 |                 |
|--------------------------------------------------------------------------------------------------|-----------------|
| Student Name:                                                                                    |                 |
| Course/Clerkship Number/Name:                                                                    |                 |
| Course/Clerkship Director:                                                                       |                 |
| Student's Appeal (add content below and on an additional page if necessary)                      |                 |
| Student's Signature:                                                                             | Date Submitted: |
| Course/Clerkship Director's Response (add content below and on an additional page if necessary): |                 |
| Director's Signature:                                                                            | Date Submitted: |
| Associate Dean Response (add content below and on an additional page if necessary):              |                 |
| Dean's Signature:                                                                                | Date Submitted: |
| Senior Associate Dean Response (add content below and on an additional page if necessary):       |                 |
| Dean's Signature:                                                                                | Date Submitted: |



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**Carver College of Medicine – Policy**

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**OSAC.P.23****SUBJECT/TITLE:**        **Policy on Student Use of Artificial Intelligence Tools****PURPOSE:**            To outline the appropriate use of artificial intelligence (AI) tools by students, ensuring educational and academic integrity, and the protection of patient information.**SCOPE:**                Teaching faculty, students, curriculum staff, OSAC deans**POLICY:****1. Assignment Authorship:**

- Many medical and physician assistant school assignments are designed so the process of completing the assignment is as important toward the learning process as the end-product itself.
- Students may not utilize generative AI as a substitute for their own independent analysis of material or self-reflection. Submitted assignments are expected to be researched and developed by students. In some cases, AI may be used to assist in idea generation and/or editing if explicitly permitted by the course or clerkship director(s). When the use of AI is permitted for any component of an assignment, students should cite the tool used and how it contributed.
- Generative AI tools like ChatGPT or Copilot may not be used to gather, research, or develop answers for assessments or examinations, unless explicitly permitted by faculty or course/clerkship directors.
- Unauthorized use and/or disclosure of AI tools is considered a violation of academic integrity and professionalism and the CCOM Honor Code and therefore may be subject to disciplinary action.

**2. Clinical Notes:**

- Students are prohibited from using AI tools that are not supported by the hospital's Electronic Medical Record (EMR) system to create patient clinical notes.
- Only applications that are supported by the hospital's EMR system may be used for clinical documentation, within the guidelines and expectations of their clinical clerkship.

**3. Protection of Health Information:**



- Students must never input or use Protected Health Information (PHI) within AI tools that are not accessed from within the hospital's EMR system. Note that the University's Microsoft Copilot chatbot is NOT allowed for use with PHI.
- Violation of this policy, including the misuse of PHI, can result in restriction of further access to the EMR, failing a clerkship, and further disciplinary measures including cancelation of registration.

#### 4. **Scholarly Work and Publications:**

- Students must adhere to the AI policies and disclosure requirements of the journals and organizations to which they submit scholarly work.
- Materials entered into AI may become accessible to third parties. The university's subscription to Microsoft Copilot provides security protections to uploaded materials and is appropriate for curriculum materials (<https://copilot.cloud.microsoft>, HawkID login required). By contrast, students may **not** copy and insert curricular material authored by CCOM faculty directly into any other AI tools.

#### **Consequences:**

Violations of this policy will be reviewed by the promotions committee and may result in academic penalties, including but not limited to failing grades, suspension, or expulsion. Violations may also be reviewed by the clinical compliance committees that can result in restriction of clinical access and/or privileges including, but not limited to, EMR access.

#### **Review and Approval:**

This policy will be reviewed annually and updated as necessary to reflect advancements in AI technology and changes in academic and clinical practices.

#### **REFERENCES:**

<https://its.uiowa.edu/ai-guidelines-and-use-cases#teaching-and-learning-use-cases>  
<https://itsecurity.uiowa.edu/guidelines-secure-and-ethical-use-artificial-intelligence>

Source: Carver College of Medicine- Medical Education Council

Effective Date: 01/01/2025

Version Number: 2

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**Carver College of Medicine – Policy**
**OSAC.P.17**


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**SUBJECT/TITLE:**      **Policy on Technical Standards**
**PURPOSE:**              To describe policy and process to review and approve the Technical Standards and process of applicant and student notification

**SCOPE:**                 Medical school applicants, MD students, admissions staff, counseling staff, accommodations committee, curriculum staff

**POLICY:**

The Admissions Committee for the University of Iowa Roy J. and Lucille A. Carver College of Medicine admits students who have a genuine interest in the study and practice of medicine; show a desire and commitment to serve the public in matters of health; and who have the intellectual and conceptual skills to manage the changing scientific and technological information required by a competent physician. Applicants for admissions to the Carver College of Medicine and continuing students must possess the capability to complete the entire medical curriculum (basic and clinical sciences, as well as professional skills) and achieve the degree.

To develop the knowledge and skills for functioning in a broad variety of clinical situations and to render a wide spectrum of patient care, candidates for the M.D. degree must have abilities and skills in the following six [Technical Standards](#) categories: Observation; Communication; Motor Skills; Intellectual, Conceptual, Integrative and Quantitative Abilities; Behavioral and Social Attributes; and Cultural Competency.

Reasonable accommodations may be required by qualified individual candidates with disabilities to meet the technical standards specified below. [The Disabilities and Reasonable Accommodations website](#) contains information about how to request reasonable accommodations and the interactive process. Reasonable accommodations must not cause a fundamental alteration of the medical education program or an undue hardship on the University of Iowa.

**Review and Approval of Technical Standards:**

Technical standards are reviewed annually for recommended updates and revisions by stakeholders including:

- 1) The Director of the Admissions Office and the Chair of the Admissions Committee
- 2) The Strand Directors of the medical education program curriculum
- 3) The Disability Accommodations Committee and Accessibility Specialist

The Technical Standards and recommended changes are presented to the Medical Education Council for final review and approval before the end of February of each year. The Admissions Committee website and material are updated to reflect the reviewed and/or revised Technical Standards by the end of March in preparation for the upcoming medical school application cycle.

### **Applicant and Student Notification of Technical Standards**

The Technical Standards are listed on the Carver College of Medicine Website and are available for prospective applicants to review.

Medical school applicants receive a link to the Technical Standards as part of their secondary application and are required to verify that they have read and understand the standards. Applicants who do not believe they meet the Technical Standards without accommodations are directed to contact the accessibility specialist in order to determine whether reasonable accommodations can address this concern.

When an applicant receives notification of admission, a link to the Technical Standards is included in the notification letter. Applicants are informed that their acceptance of the admission offer implies agreement that they meet the Technical Standards. Applicants are required to attest that they meet the Technical Standards, with or without accommodations.

When an applicant commits to attend, typically in late April, they are required to confirm that they meet the Technical Standards, and an attestation is collected. The Technical Standards are reviewed again during orientation.

Annually, all enrolled students receive a notification of the Technical Standards from the registrar office and are asked again to attest that they can still meet them.

During the course of medical school, if a student is concerned they are unable to meet the Technical Standards, the student may meet with the college disability specialist and ultimately the Disability Accommodations Committee will determine whether reasonable accommodations can be offered to address this concern.

Source: Carver College of Medicine- Medical Education Council

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[Linked to LCME Element 10.5](#)

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**Carver College of Medicine – Policy**

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**OSAC.P.19****SUBJECT/TITLE:**      **Policy on Timely Submission of Course and Clerkship Grades****PURPOSE:**                      To describe expectations related to reporting of course and clerkship grades to students and registrar monitoring process**SCOPE:**                          Course directors, course managers, clerkship directors, clerkship coordinators, registrar staff, medical students**POLICY:**Pre-clinical courses:

- Phase I course grades are reported by curriculum managers to students on ICON within 5 days of course completion and communicated to the registrar staff in preparation for Promotions Committee discussion.

Clinical clerkships

- Grades are reported to students on ICON (and students notified) within six weeks of the conclusion of a clerkship.

**PROCEDURES:**Pre-clinical courses:

- The registrar staff will monitor the process to confirm timeliness.
- The registrar staff will contact the curriculum manager if there are delays in grade reporting and/or if there are errors within the reporting system. Conversely, the curriculum managers and course director(s) will review registrar staff reports prepared for Promotions Committee to ensure accuracy.
- If issues of timeliness or accuracy persist, the course director(s) and curriculum manager are notified they are out of compliance, and the Senior Associate Dean for Medical Education is informed. Follow up occurs as needed until the grade is reported.
- Curriculum managers will ensure that grades are entered into the University of Iowa workflow 5-7 days after course completion with registrar staff monitoring the process to confirm timeliness and following the steps outlined above if issues occur.
- Grades are processed through the University workflow, and final grades are officially

approved in workflow within 10 days of course completion (per University of Iowa guidelines).

Clinical clerkships:

- Clerkship grades are to be submitted to the registrar within 4 weeks of conclusion of the clerkship.
- The registrar staff will monitor grade submission by downloading “delinquency reports” to confirm timeliness. The registrar staff will contact the clerkship if there are delays in grade reporting and/or if there are errors within the reporting system.
- If issues of timeliness persist, the clerkship director is notified they are out of compliance, and the Senior Associate Dean for Medical Education is informed. Follow up occurs as needed until the grade is reported.
- Grades are processed through the University workflow, and final grades are officially approved in workflow within 10 days of semester completion (per University of Iowa guidelines).

Source: Carver College of Medicine- Medical Education Council

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