IOWA | Carver College of Medicine

Doctor of Medicine Program

Student Handbook

(revised 07/30/2026)

If you notice any area of this handbook needing updates, please reach out to Carrie Bernat (Director, Curriculum and Registrar Services) carrie-bernat@uiowa.edu

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Learning Objectives & Technical Standards for the Doctor of Medicine Program

Introduction

The learning objectives for the Roy J. and Lucille A. Carver College of Medicine (CCOM), Doctor of Medicine program outlined below were approved by the Medical Education Council in February 2016, and then modified in November 2018, and February 2023. This information is also available on the CCOM website.

The overall organization of the collegiate objectives follows the schema of the six ACGME competencies. Generally, each of the collegiate objectives are organized to align with the spiral nature of the New Horizons curriculum. The spiral nature of the curriculum intentionally places learning activities that revisit and build on previous experiences while preparing students for subsequent learning. Major educational strands exist throughout the curriculum and serve to provide the experiences that promote the skills, attitudes, and knowledge necessary for the medical degree. The educational strands include:

- Mechanisms of Health and Disease (MOHD)
- Clinical and Professional Skills (CAPS)
- Medicine and Society (MAS)

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.

CCOM Policy on Technical Standards follows on pp. 8-9

Carver College of Medicine – Policy OSAC.P.17

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.

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Linked to LCME Element 10.5

Evaluations, Grades, and Promotions

Policy on Assessment, Advancement, and Graduation of Medical Students follows on pp. 10-14.

Carver College of Medicine – Policy OSAC.P.01

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
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 with 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]."

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Student Evaluation During Clinical Clerkships and Collegiate RCEs

1. Students will receive mid-clerkship feedback in core clerkships and the two-week selectives. This may be more difficult for the 2-week selective clerkships, but some means of reviewing their performance with students at the end of the first week should be implemented. Students will write at least one note per week and receive feedback on at least one note per clerkship from an attending, resident, or fellow.
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 normally be required to appear before the Student Promotions Committee. The clerkship director will normally be asked to meet with the Promotions Committee to describe the circumstances of the student's academic and clinical performance and to recommend remediation. The Promotions Committee will consider the director's recommendation, but the Committee's decision will also be based upon the student's overall academic record and interview. Thus, the clerkship director should not give or imply any promises to the student regarding the means of remediation.
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 (RCEs). Students must complete and log the required RCEs in each clerkship into the CCOM tracking system in a timely manner, by midnight of the last Friday of the clerkship or an alternative deadline set by the clerkship, whichever is earlier. Failure to complete or document all RCEs by the deadline will result in clerkship failure. The LCME requires 100% timely completion of RCEs as part of its accreditation standards.

Collegiate RCEs

Collegiate RCEs are requirements that are not a component of a specific rotation, but an experience that is important for all students to experience. The collegiate RCEs are:

- **<u>Exam: Male Prostate Exam (performed)- 1 time</u>**
    - Could have been completed on any phase II rotation and can be completed on any phase III rotation.

- **<u>Phase III: Overnight Call (24 hour shift, no night float) (performed)- 3 times</u>**
    - Students are required to complete 3 overnight calls during the advanced clinical phase of the curriculum (Phase III). Students are most likely to complete their overnight calls on an advanced inpatient sub-internship rotation or an ICU rotation but may have an opportunity to complete an overnight call on an advanced elective. ***Overnight call experiences during phase II/core year do not count towards this requirement.***
    - The overnight call must be a true overnight call, 24 + 4 hours. That means you come in, work all day, work all night and then leave after rounds the next day. The plus four hours is to give you flexibility in case there is an important care meeting, etc. after rounds that you want attend. Night float experiences do not qualify. More information about study duty hours and time commitment expectations can be found in the Miscellaneous Policies section of this Student Handbook.

- Overnight call offers a different (and often richer) experience than day work. It is a great opportunity to learn and reflect on your patients, and a nice introduction to residency and beyond.
- Where do you sleep when on overnight call?
    - As a general rule people do not sleep much when on call (do not panic, this is where a lot of wonderful learning happens), because we want you taking care of patients. However, if you have some quiet moments and would like to take a break, OSAC provides 2 call rooms: C54-8 GH (females) and C54-9 GH (males). Each room has 4 beds, a private bath with a shower and a computer. Your badges will provide you with access to the rooms. We do not anticipate that more than 8 students will be on call in one night, so there is no "reservation system" for the call rooms. If you face problems with room access or availability, please let us know. A map with directions to the call rooms is on page 2 of the attached document.

Collegiate RCEs follow the same 2-week rule as all other clerkship RCEs- you must log the encounter within 2-weeks of completing it. Please try to log the RCEs in within the 2-week timeframe but if you forgot to log a RCE in within the 2-week time frame, you can email me. Please include the RCE, the date, level of participation, rotation, and any notes you would like included.

Policy on Narrative Assessment and Mid-Course and Clerkship Feedback follows on p. 17

IOWA HEALTH CARE

Departmental Policy Manual

Carver College of Medicine – Policy OSAC.P.10

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.

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Policy on Health Care Provider's Involvement in Student Assessment follows on pp. 18-19

Carver College of Medicine– Policy 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.

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AAMC Transcript Guidelines

The Carver College of Medicine follows the transcript guidelines of the Association of American Medical Colleges (AAMC) as outlined below:

> The academic transcript should reflect the total, unabridged academic history of the student at the institution. All courses should be recorded on the academic transcript whether attempted and/or completed. The courses should be listed in the academic period(s) in which they were attempted and/or completed.
>
> The academic transcript should be "authentic," i.e., it should reflect all official grades received by the student for all courses attempted at the institution, including grades that result from remediated or repeated courses.

For example:

A grade of "Incomplete" (I) will be recorded when the student has not completed some component of the course and the reason for non-completion is acceptable to the Course Director (e.g., absence from a class or examination due to illness or a serious personal emergency). The Course Director will determine the plan, including a schedule, for the student to complete their work. The maximum time allowed for finishing the "Incomplete" is to the end of the following semester. At this time the "Incomplete" (I) will become a failing grade (F) on the transcript. A grade of Incomplete should not be used as a temporary "placeholder" grade when the student's performance in the course has been unsatisfactory. A grade of "Fail" should be recorded for a course in which the student has not demonstrated competency or did not complete at a satisfactory level, as outlined in the course syllabus. A grade of Fail in a course should be a permanent grade; it should not be replaced on the transcript by a subsequent passing grade after the course has been remediated or repeated, even if the passing grade is accompanied by a special notation. The practice of replacing a grade of Fail on the transcript with a subsequent grade of Pass is inconsistent with total and unabridged grade reporting. Please see Policy on Assessment, Advancement, and Graduation of Medical Students (p. 10) for additional details.

Policy on Disciplinary Actions and Due Process (Promotions Committee) follows on pp. 21-26.

Carver College of Medicine – Policy OSAC.P.04

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.

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).

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Linked to LCME Element 9.9

**Addendum to this policy. Students who are appearing before the Promotions Committee for re-admission to medical school may not appeal the Promotions Committee decision. Please see additional details on pp. 50-51.

Policies on Tutoring

The purpose of tutoring is to assist students in gaining the knowledge and skills to successfully progress through the medical school curriculum by offering group learning opportunities to supplement classroom instruction. Tutors are medical/PA students who completed a course and demonstrated their mastery of the material by obtaining a grade of Honors, Near Honors, or have received the approval of the course director.

Group Tutoring:

Group tutoring is available to all students and referrals to tutor groups occur throughout the semester. Information about group tutoring will be located on the Academic and Career Advising Center (ACAC) ICON site, to which all students have access. Notifications will be sent out regularly via ICON announcement. The ACAC staff maintain a list of tutor groups over the course of the semester. Tutors and tutees can contact the Learning Specialist with any questions or concerns.

Intensive Tutoring:

Intensive tutoring is arranged for students who encounter academic difficulty and request additional assistance beyond group tutoring through the Learning Specialist. Intensive tutoring typically would have a tutor: tutee ratio of 1:1 - 1:4, assigned by the Learning Specialist. Tutors will make their best effort to meet with students one-on-one for one hour at the initial meeting. Each student approved for intensive tutoring may receive up to 2 hours of intensive tutoring per week for that course.

The following criteria are used to determine if intensive tutoring is appropriate:

Pre-Clinical Students:

1. Any student who is on academic probation.
2. Requested by the Course Directors/Curriculum Managers
3. Students are either having difficulty or are academically at-risk, determined by the criteria suggested by OSAC Deans and/or ACAC staff. Typically, students scoring under 70% or 1.5 standard deviation below the mean on one exam would be considered at-risk. The Learning Specialist will reach out to targeted students to offer a consultation and will discuss referring to intensive tutoring at the consultation.
4. At the discretion of the Learning Specialist, students who encounter academic challenges may be included in intensive tutoring.

Clinical students:
Students experiencing academic challenges on clerkships may be offered resources by the clerkship. The ACAC staff are also available to discuss test-taking and learning strategies and can explore the possibility of assigning a tutor.

Policy on Medical Student Mistreatment follows on pp. 28-30

Carver College of Medicine – Policy OSAC.P.09

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) 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 Effective Date: 07/26/2024
Version Number: 3
Date Revised: 02/11/2026 Date Reviewed: 02/11/2026
Last approved: 02/11/2026 Linked to LCME Element 3.6

Confidentiality of Student Reponses on Evaluations

Confidentiality of student responses on all evaluations is assured. However, should a comment on an evaluation be considered an overt or covert expression of potential self-harm, harm to others or property, or otherwise cause concern for the well-being of the student or community, the faculty member and/or course director may notify the OSAC dean(s). The dean(s) may request that the information technology staff identify the student to the OSAC dean(s). In all other situations, responses to evaluations are always compiled and anonymized prior to being reported. If a comment regarding a lecturer or small group facilitator is deemed inappropriate by a course director, they can request that the comment be removed from the evaluation prior to sharing it with that individual. Unless the inappropriate comment meets the criteria listed above, the student who made the inappropriate comment will not be identified to the course director. Should a student have any concerns or questions about the anonymity of an evaluation, they may speak to the course or clerkship director, curriculum manager, the registrar, and/or an OSAC dean.

Policy on FERPA: Student Review and Challenge of Academic Records follows on pp. 32-35

Carver College of Medicine – Policy OSAC.P.16

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

POLICY:

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.
- 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

Appendix A: CCOM Formal Grade Appeal Form	
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:

Policy on FERPA: Faculty-Staff Access to Student Academic Records follows on p. 36

IOWA HEALTH CARE

Departmental Policy Manual

Carver College of Medicine– Policy OSAC.P.06

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 legiti mate 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

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

Policy on Timely Submission of Course and Clerkship Grades follows on pp. 37-38

Carver College of Medicine – Policy 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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Linked to LCME Element 9.8

Absences

Policy on Attendance Expectations and Absences follows on pp. 39-41

Carver College of Medicine – Policy OSAC.P.02

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 fromcompleting 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

Severe Weather Policy

ALL medical students (M1 through M4) and physician associate students (PA1 through PA3) will follow any University Central Administration's decision about cancellation of classes due to severe weather. If the University cancels classes, this applies to all preclinical courses AND to all clerkship rotations. Course directors, faculty, and clerkship directors are aware of this policy. The College will communicate with students when severe weather impacts course work.

Please see the **University's severe weather page** for any cancellations and other severe weather information.

If the University remains open during inclement weather, you are expected to make every reasonable effort to make it to your exams or clerkships.

Policy Statement Supporting Breastfeeding Students in the Carver College of Medicine

The University of Iowa Roy J. and Lucille A. Carver College of Medicine is committed to supporting the academic success of lactating students. Through partnerships with 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.

Scope

This policy applies to all Carver College of Medicine (CCOM) students who may need lactation accommodations.

Policy

Departments and units within the CCOM must reasonably accommodate a student's request for lactation time and ensure there is no retaliation, whether actual or threatened. Most lactating individuals need to pump milk approximately every 2 hours to maintain adequate milk supply. The policy applies to all educational/training experiences, including classroom experiences, clerkships and laboratory experiences.

Lactation Break

- Supervisors, faculty and students, will work together to establish convenient times to allow the nursing student to pump or breastfeed in cases where the child is available.
    - Supervisors should facilitate flexible scheduling to meet these unique needs if doing so will not seriously disrupt learning.

    - Faculty in all programs and years of the CCOM's curricula should work with students to identify times in class schedules when it is possible to meet these unique needs.
- It is assumed there is no serious disruption of learning or class activities by providing lactation break time.

Lactation Facilities

- The CCOM will provide appropriate space for the individual to express milk or breastfeed in private. Students attending off campus rotations should discuss their needs with their clerkship directors to identify appropriate space to express milk or breastfeed in private.
- The University of Iowa has lactation rooms available in the CCOM and University of Iowa Hospitals and Clinics. A list of University lactation rooms can be viewed at **hr.uiowa.edu/family-services/lactation-facilities-and-resources**.

  Areas such as restrooms are not considered appropriate spaces for lactation purposes, unless a restroom has been altered to accommodate separate lactation rooms within the space.

Procedures

How to Access Lactation Facilities and Services

Supervisors and faculty who receive a lactation accommodation request are advised to do the following:

- Review available space in their department and be prepared to provide appropriate space and lactation time.
- If the lactating student does not have a private office and there is no appropriate space nearby, access one of the UI Lactation Room Locations listed at **hr.uiowa.edu/family-services/lactation-facilities-and-resources**.

For additional information regarding lactation resources at the University of Iowa, nursing individuals can contact Family Services at 335-1371 [email: **familyservices@uiowa.edu**] or https://hr.uiowa.edu/livewell/work-life/family-services

Compliance and Penalties

- The University of Iowa, Carver College of Medicine may deny the request to accommodate a lactating individual only if it seriously disrupts learning by providing lactation time in accordance with applicable laws.
- Any intent to deny the request for accommodation by a department head or supervisor must be made on a case-by-case basis and must include consultation with the student's degree program:
    - Doctor of Medicine: Amal Shibli-Rahhal, MD, MSc, Associate Dean for Student Affairs and Curriculum, 353-7812 [email: **amal-rahhal@uiowa.edu**].
    - Doctor of Philosophy: Lisa Avelleyra, Coordinator, Office of Graduate and Postdoctoral Studies, [email: **biomedgrad-postdoc@uiowa.edu** .

    - Masters of Physician Associate Studies: Anthony Brenneman, MPAS, PA-C Director of the Physician Associate Training Program, 335-8435 [email: **anthony-brenneman@uiowa.edu**].
    - Doctor of Physical Therapy: Richard Shields, PT, PhD, FAPTA, Chair and Departmental Executive Officer, 335-9803 [email: **richard-shields@uiowa.edu**].
- Nursing individuals who believe they have been denied proper and appropriate accommodation are encouraged to contact:
    - Your degree program administrator
    - UI Family Services: https://hr.uiowa.edu/livewell/work-life/family-services
    - Office of the Ombudsperson: **uiowa.edu/ombuds**
    - Equity Investigations Unit: **diversity.uiowa.edu/office/equal-opportunity-and-diversity**
- The University of Iowa encourages its faculty, staff, and students to make good-faith reports of University-related misconduct. The commitment to improve the quality of the University through such reports is vital to the well-being of the entire campus community. Retaliation as a response to such a report will not be tolerated. Retaliation, whether actual or threatened, destroys the sense of community and trust that is central to a quality environment. The University, therefore, wishes to make clear that it considers acts or threats of retaliation in response to such reports to constitute a serious violation of University policy (11.1-6 Anti-Retaliation Policy).

If you have any questions related to this policy please contact the individuals listed above in this Policy Statement Supporting Breastfeeding Students in the Roy J. and Lucille A. Carver College of Medicine.

Enrollment Policies

Extended academic schedules

An extended academic schedule entails a student taking additional time to complete his or her required coursework for the MD degree. Students are required to discuss the topic of extending with one of the Student Affairs Deans, the CCOM Registrar, and Financial Services to assure that they have a complete understanding of the financial, academic, and other ramifications of that decision. In addition, when considering an extended academic schedule, it is strongly advised that the student discuss such a schedule with their course directors and staff in the Academic and Career Advising Center.

An extended schedule may be requested by a student or mandated by the College acting on the recommendation of the Student Promotions Committee. Extended schedules are generally undertaken for academic or personal reasons. Extended schedules based on personal circumstances are requested by the student and considered on an individual basis. In the first three semesters, such requests will be considered at any time from acceptance into the College until the published drop date of the course, or courses, in question. Extended schedule requests made by M1 or M2 year students will not be granted after the date in the semester when students may no longer drop a course. M1 and M2 students should check their exam schedules for this important date. Exceptions to this policy can be made due to extenuating circumstances.

In the clinical years, an extended schedule may be requested at any time by contacting the College's Registrar [email: CCOM-Registrar@uiowa.edu] to request a schedule change or leave of absence. Attempts should be made to undertake such a schedule change following the completion of a clerkship and with at least four weeks' notice.

Tuition assessment issues should be considered in determining the start date for an extended schedule. Usually students on an extended schedule pay approximately 4.7 years of medical school tuition. It is recommended that students discuss the decision with staff in OSAC's Financial Services unit for advice relative to the financial consequences of an extended academic schedule.

Satisfactory Academic Progress (SAP) Guidelines

Federal regulations require the Carver College of Medicine and the Office of Student Financial Aid to monitor the academic progress of students receiving federal financial aid. Satisfactory Academic Progress (SAP) is defined as the successful completion of coursework toward a degree within a reasonable time period (see below). Medical students' academic progress is monitored by the Financial Services department with information on academic progress shared by the Registrar staff following each Student Promotions Committee meeting in which student performance is reviewed for academic difficulty or behavioral concerns.

Academic Requirements & Review Process

Standards apply to medical students who wish to establish or maintain financial aid eligibility. Academic progress data provided by Registrar staff is reviewed at the end of each semester to determine student compliance. There are three components to these standards:

1. Passing all the requisite coursework.
2. Meeting the minimum semester hour registration requirement to be eligible for federal financial aid (at least 3 semester hours in summer sessions and at least 5 semester hours in fall and spring semesters).
3. Meeting the Maximum Duration of Eligibility: Students who are enrolled for more than 150% of the typical length of their degree (see below) become ineligible for federal financial aid consideration when they reach that stated maximum, as determined by the College of Medicine's Registrar. Such students may submit a written appeal that will be reviewed by the Financial Services Staff and OSAC Administrative staff. SAP appeal forms are available in the Financial Services office, 1216 MERF

Dean's Scholarship Retention Guidelines

Dean's scholarships are dependent on maintaining satisfactory academic progress. For this purpose, SAP is defined as not being reviewed by the Promotions Committee more than once. Students retain the Dean's scholarship if they encounter academic difficulty and are reviewed by the Student Promotions Committee following one semester. However, a second failure or review by the Student Promotions Committee for new academic and/or behavioral issues results in the loss of that scholarship.

Duration of Eligibility

Students are eligible for financial aid for a limited number of years. Transfer hours and withdrawal semesters are included in the duration of eligibility. Eligibility for medical students is in accordance with the Federal regulation which allows aid eligibility for 150% of the normal intended degree program (a maximum of 6 years for regular MD students; up to seven years for combined degree students; and up to 10 years for MSTP students (MD/Ph.D. students). Students are eligible for scholarships and grants for a total of 8 semesters.

Regaining Eligibility

Students have two options to regain financial aid eligibility:

1. Earn passing grades and/or enroll in sufficient semester hours to meet the minimum requirements while not receiving financial aid.
2. Submit a SAP Appeal Form documenting individual circumstances. Appeal forms can be obtained in Financial Services, 1216 MERF. If an appeal is approved, the student will be provided with specific requirements for satisfying their probationary status and/or a specific length of time that SAP eligibility will be extended.

Maximum time for degree completion

Students in the MD program are required to complete all the degree requirements within 6 years of matriculation. Combined degree students are allowed up to a total of 7 years; MSTP (MD/PhD) students up to a total of 10 years, with no more than 6 years dedicated to the completion of the MD degree requirements.

Enrollment and Tuition

The MD program is a full-time, four-year program. As such, students are required to pay a minimum of 8 semesters of full-time tuition.

Leaves of absence

The Carver College of Medicine understands that some students may benefit from being granted a leave of absence from the College for a specified period of time. A leave of absence must be requested by meeting with one of the Deans for Student Affairs or the College of Medicine Registrar. All leaves must be arranged in advance of the student's absence. If a student is not in good academic standing (e.g., on probation or in failing status in a course), requests for a leave of absence may be reviewed by the Student Promotions Committee. If a student is on leave for health reasons, the student must provide notes from their healthcare provider to one of the Deans for Student Affairs or the College of Medicine Registrar indicating the start of the leave, and again when they are ready to return to courses or clerkships. A leave of absence is generally limited to one year. Students should consider the tuition assessment deadlines when determining the start date for a leave of absence.

Students desiring a leave of absence to pursue another academic program such as a research experience, Pathology externship, or a combined degree program should make an official request for the leave and should consider the tuition assessment deadlines when deciding on the start date for the leave. In some cases, students may be able to maintain their student registration while on leave if the experience meets the registration requirements.

Maternity / Paternity Leaves of Absence

Parental Leave Overview

The Carver College of Medicine is committed to supporting students who have children during medical school, including those who grow their family through adoption or surrogate birth. Parental leaves of absence are accommodated in accordance with the collegiate leave of absence policy, and a leave of absence must be requested by meeting with one of the Deans for Student Affairs or the College of Medicine Registrar.

All leaves must be arranged in advance of the student's absence. A leave of absence is generally limited to one year. A leave of absence is not a withdrawal from the MD program, it simply denotes that a student is not completing coursework toward the degree during the specified leave time period. Medical complications related to pregnancy will be categorized as a health leave, and require a healthcare provider's note. Pre- and Post-natal healthcare appointments are permitted like any other medical appointment, and appropriate **time-off** requests should be filed online to arrange for those absences.

Parental Leave Timelines

Taking parental leave is possible during the MD program, and doing so is fully supported by the Carver College of Medicine. Leave time can vary depending on a variety of factors and should be arranged on an individual basis in consultation with one of the Deans for Student Affairs or the College of Medicine Registrar. Taking a leave for an entire semester or longer will affect access to financial aid during that specific time, but it does not lead to a loss of future aid. Students should visit with OSAC financial services to plan out any effects that enrollment changes may have on financial aid.

During the *pre-clinical phase* of the MD curriculum, it may be possible to maintain the current graduation timeline, but this will depend on the timing and duration of the parental leave. Due to the more complex nature of the curriculum during the pre-clinical phase, specific guidelines for leave time cannot be provided. As such, students should discuss their anticipated timeline and the potential online/virtual learning accommodations as early as possible with Curriculum Managers, OSAC Deans, or CCOM Registrar.

During the *clinical phases* of the MD curriculum, there is more flexibility in scheduling due to the 16 weeks of flex time allotted for students, and the nature of the block scheduling of clerkships. While 8-10 weeks of flex time is typically reserved for residency interviews, and some additional weeks may be needed to complete USMLE examinations beyond the dedicated study block - there are reasonable scenarios where a student could take up to 6 weeks of flex time for a parental leave and still maintain their original graduation timeline.

During the clinical phases, If a student utilizes all flex weeks for leave and other commitments, but still wants to attempt to maintain their graduation timeline, there are some options to consider: 1) If interested in a primary care field, enrolling in a Continuity of Care (COC) **advanced elective** [which occurs over a 12-month period outside of regular clinical blocks], 2) enrolling in the advanced elective FAM:8424 Family Caregiving Transitions, coinciding beginning with or when returning from leave, 3) extending the final spring semester by 2 weeks past the commencement ceremony, thus taking additional weeks to graduate but still maintaining the necessary timeline to begin residency as scheduled. Otherwise, the student may choose to take a longer leave as necessary and simply push back the graduation date by a semester or year. Of note, this is general guidance and students should consult with an OSAC Dean or CCOM Registrar to individualize their plans.

Lactation Support

Upon return to classes or clerkships after a parental leave, the college is committed to supporting the academic success of lactating students. Through partnerships with 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.

Departments and units within the CCOM must reasonably accommodate a student's request for lactation time and ensure there is no retaliation, whether actual or threatened. Most lactating individuals need to pump milk approximately every 2 hours to maintain adequate milk supply. The policy applies to all educational/training experiences, including classroom experiences, clerkships and laboratory experiences. To see the entire policy and procedures supporting breastfeeding students, including resources on lactation facilities, please view the policy supporting breastfeeding students found on pp. 42-44 of this Handbook.

Counseling Services for New Parents

The Medical Student Counseling Center (MSCC) is committed to providing quality services and support to medical students, and recognizes the unique challenges faced by all medical students, but also those who are new parents. In order to maximize our students' success, we have developed **many programs** including those designed to support their mental health as guided by the **University of Iowa Carver College of Medicine Strategic Plan for wellness promotion**. To make an appointment with a counselor, call 319-335-8056, or visit the MSCC in 2181 MERF.

Additional Resources & Opportunities for Student-Parents

- **CCOM Student Parents – Student Organization**
    - This is a student interest group to support medical and PA students who are current or expectant parents and those interested in learning more about parenting.
- FAM:8424 Family Caregiving Transitions (**advanced clerkship**)
    - For M3/M4 Students with new babies within 3 months of birth or arrival (biological or adopted, mothers or fathers)
- **UI Family Services – Student Parent Resources**

    - Includes information on Child Care Subsidy program, back-up childcare options, and index of lactation room locations.
- **University New Parent Resources**
- **University and Community Resources**

Dropping Courses and Clerkships

Medical students are not permitted to drop a course after the deadline established by the Deans of the Office of Student Affairs and Curriculum of the Carver College of Medicine unless that student has received the permission of one of the Deans or the College's Registrar. Students who discontinue attending or participating in small group activities in a course without obtaining the permission of the dean shall receive a failing grade in the course.

Students in the M3 and M4 years must allow four-weeks' notice when asking to drop or add a clinical clerkship or making any other schedule changes. Students should utilize advice from their Specialty-Specific Faculty Advisor when making changes to their Phase III schedule.

Specialty-Specific Faculty Advising

Students who are planning for the Phase III advanced electives must select a Specialty-Specific Faculty Advisor (SSFA) in August of M3 year. There is a **list of Specialty Specific Faculty Advisors in the Guide to Specialty-based Pathways**; students must choose a Specialty Specific Faculty Advisor from the list. If a student has not chosen a specialty, they may choose the Learning Community Faculty Director or one of the OSAC Deans to assist in formulating the Phase III advanced elective schedule. Students are highly encouraged to select a Specialty Specific Faculty Advisor as soon as possible.

Student and advisor will review the planned electives. Once a satisfactory plan has been formulated, the Specialty-Specific Faculty Advisor must sign off on the proposed schedule. The signature is necessary before the Registrar team will accept the student's Phase III advanced elective scheduling request.

Students will be required to have another meeting with their SSFA during spring semester of M3 year, soon after having received their initial USMLE exam score. Additionally, if students change the desired specialty along the way, they will be required to have a meeting with a new SSFA upon making that change.

Welcoming & Respectful Environment

The Carver College of Medicine fosters a welcoming and respectful campus environment while ensuring compliance with state and federal law and accreditation criteria. We build community among learners and prepare students to serve Iowans from every background and life experience. Through comprehensive education and skill development, we empower future healthcare professionals to excel in their careers while meeting the needs of their communities.

Distinction Tracks

Distinction Tracks offer students the opportunity to pursue scholarship outside of the medical curriculum. The tracks represent ways for students to explore interests beyond the basic science and clinical knowledge domains. The pursuit of distinction tracks is documented within a student's Medical Student Performance Evaluation Letter and acknowledged during the graduation ceremony.

Students are limited to earning no more than two distinction tracks. Participation in more than one distinction track is only allowed when necessary requirements for each track are satisfied separately.

Academic Probation

Academic Probation status and duration is determined by the Medical Student Promotions Committee. For further information, see section on Evaluations, Grades, and Promotions (beginning on p. 9) in this Student Handbook.

Good Standing

Students are considered to be in good standing, except in the following circumstances:

- While on probation
- With an incomplete remediation
- Upon a dismissal decision by the Promotions Committee

Not being in good standing will prevent students from participating in activities that require good standing as a condition of participation. If a desired activity will occur after a student is anticipated to have returned to good standing (typically through the completion of a remediation or other requirement mandated by the Promotions Committee), then students may be approved to apply for such an activity.

Withdrawal from the College

A student may withdraw from the Carver College of Medicine upon approval of a written request submitted to one of the Deans in the Office of Student Affairs and Curriculum or the College's Registrar. The Financial Services unit should be consulted regarding the financial ramifications of such a withdrawal.

Reinstatement to the College

Students who voluntarily withdraw or who have been dismissed from the College may apply for reinstatement.

Requests for reinstatement can be made within the first three years of the student's separation from the College. One year following separation must elapse before a reinstatement request will

be considered. Requests must be received in writing to a Dean in the Office of Student Affairs and Curriculum at least four months prior to the requested date of readmission. For example, any student desiring to re-enroll in the College in August must make that known by April. (Revised effective January 1, 2021).

Requests for reinstatement will be considered by the Medical Student Promotions Committee. Reinstatement requests usually involve a personal interview with the Committee. ***Denials of a request for reinstatement cannot be appealed***. One year must elapse before a subsequent request for reinstatement will be considered by the Student Promotions Committee.

Students who voluntarily withdraw or who have been dismissed from the College more than three years prior must reapply for admission through the regular admission process.

Policy on Refunding of tuition and fees to students who withdraw or are dismissed follows on pp. 52-53

Carver College of Medicine – Policy OSAC.P.14

SUBJECT/TITLE: **Policy on Refunding of Tuition and Fees to Medical Students Who Withdraw or are Dismissed**

PURPOSE: To describe the policy on tuition and fee refunds in case of withdrawal or dismissal

SCOPE: Students, OSAC staff

POLICY:

The Carver College of Medicine observes the University of Iowa Billing Policies and Procedures available at: https://billing.uiowa.edu/refunds

A refund is processed if the student does not register for the next regular semester or in the event of withdrawal from current registration. A processing period of 45 days may be required for such a refund, and the account must have no activity for 60 days. The impact of this withdrawal on the student's tuition refund is determined by the time of withdrawal, as shown in the following table (for withdrawals, a week is Monday through Friday, regardless of course start day):

Withdrawal Tuition & Fee Responsibility for Students	
Semester Week Withdrawal	Tuition Percentage Responsible
during 1st week	10%
during 2nd week	25%
during 3rd week	50%
during 4th week	75%
after 4th week	100%

Students receiving Title IV aid may need to return part of their disbursed aid to the government, depending on the percentage of the semester completed:

1) Determine the percentage of the enrollment period completed by the student.
   a) Days Attended ÷ Days in Enrollment Period = Percentage Completed.
   b) If the calculated percentage exceeds 60%, then the student has "earned" all Title IV aid for the enrollment period.

2) Apply the percentage completed to the Title IV aid awarded to determine the student's eligibility for aid prior to the withdrawal.
   a) Total Aid Disbursed × Percentage Completed = Earned Aid

3) Determine the amount of unearned aid to be returned to the appropriate Title IV aid program.
   a) Total Disbursed Aid – Earned Aid = Unearned Aid to be Returned
   b) If the aid already disbursed equals the earned aid, no further action is required.
   c) If the aid already disbursed is less than the earned aid, a late disbursement will be made to the student.
   d) If the aid already disbursed is greater than the earned aid, the difference must be returned to the appropriate Title IV aid program.

4) When aid is to be returned, the refund is made directly by the University of Iowa in this order: Federal Direct PLUS Loan, Federal Direct Health Professions Unsubsidized Loan, Federal Direct Unsubsidized Stafford Loan. The amount returned will be applied to the student's University of Iowa bill (u-bill), and the student will need to pay that amount before they are allowed to re-enter the program. As needed, small loans from the University of Iowa can be used to offset this amount, to be paid back by the student within 3 years of graduation.

5) Private loans will need to be reviewed on a case-by-case basis in accordance with the lender's policies.

6) If the contracted charges are adjusted downward by the Registrar or Housing Office (per the table above) after the withdrawal is finalized, any credit balance is applied towards the student's university bill or is refunded directly to the student.

REFERENCES:
https://billing.uiowa.edu/refunds

Source: University of Iowa- Medical Education Council
Effective Date: 06/13/2024
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Linked to LCME Element 12.2

Health Policies

Mental Health and Wellness

Medical school is among the most difficult of educational endeavors. In order to maximize our students success, we have **developed many programs** including those designed to support their mental health as guided by the **University of Iowa Carver College of Medicine Strategic Plan for suicide prevention and wellness promotion**.

Health insurance

There are inherent risks involved in taking care of patients. For this reason, all Carver College of Medicine students are required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. It is recommended that alternative care plans cover immediate evaluation, testing, initiation of necessary prophylaxis, and follow-up for exposure to blood and body fluids.

If you have questions on the health insurance requirement or the various policies, please call the Benefits Office at 319-335-2676 or toll free 877-830-4001, Fax 319-335-2776 or go to **http://hr.uiowa.edu/benefits/health-insurance-graduate-students**.

Disability insurance, while not required, should be considered. If you are interested in purchasing disability insurance, we urge you to contact your local insurance agent. For additional details, see this linked disability insurance handout provided by OSAC Financial Services.

All health sciences students are required to have health insurance coverage. You have two options:

1. Submit the proof of insurance form annually. If you have your own non-UI health insurance plan (such as coverage through a parent, spouse/partner), you must provide annual proof of coverage. To do this:

- Sign in to MyUI (myui.uiowa.edu)
- Under “Student Information” click on +MORE
- Under “Student Life Management” click on “Student Insurance”
- Click on the green “Submit Proof” button and follow the steps.

2. Enroll in health/dental insurance. To do, so submit an enrollment request for insurance.

There is a monthly premium cost. More information on the cost and the plan coverage may be found at https://hr.uiowa.edu/benefits/ui-student-insurance/grad-students-and-health-science-majors-benefits or call the Benefits Office at 319-335-2676.

- Sign in to MyUI
- Under “Student Information” click on +MORE
- Under “Student Life Management” click on “Student Insurance”

- Click on the green “Enroll in Insurance” button and follow the steps.

Immunization requirements

Immunization is your personal responsibility. You can receive immunizations at your own healthcare provider office, or at **Student Health**.

The basic immunization requirements for health science students are

- Measles, mumps, rubella (MMR)
    - Two vaccines or positive antibody titres (blood tests) of all three diseases.
    - Two doses of each of the single component vaccines are acceptable. The first MMR must be given after the first birthday to be valid, and the MMR vaccines must be at least 28 days apart. For health science students, there is no age exemption for MMR.
- Tetanus/diphtheria/pertussis immunization within the last 10 years.
- Tuberculin skin test (TST) or IGRA (Interferon Gamma Release Assay- Quantiferon Gold or T-Spot blood test) required pre-entrance (and annually if positive test history exists).
    - If you have never had any TB skin testing, the two-step TST is done as follows: The first test is placed and results are read in 48-72 hrs. The second test is placed at least 7 days after the reading of the first test and read at 48-72 hrs. Send documentation of both tests and include placement date, reading date, result, and mm induration.
    - If you have documentation of (1) negative TST in the past 12 months or documentation of (2) negative TSTs in your past, you need one more TST to meet the two-step requirement.
    - TSTs must be read 48-72 hours after placement- required documentation includes placement date, reading date, result, and mm induration.
    - Those with a history of a positive TST or IGRA must provide a copy of the CXR (Chest x-ray) report.
    - If treated for LTBI (Latent TB Infection), provide medication treatment dates.
    - Students with a history of a positive TST are also required to complete a symptom assessment initially and annually-**form is on the SH website**.
- Hepatitis B (see below)
    - Three vaccine series, completed at the appropriate intervals, followed by antibody titre 4-8 weeks after third vaccine.
    - The titre is REQUIRED, even if series was completed as a child.
    - If antibody titre is negative, follow **algorithm form on website for boosters and re-checking titre**.
- Varicella (chicken pox)
    - Two vaccines or positive antibody titre.
    - If you had varicella as a child, you must have a titre to document immunity.
- Health Screening
    - Complete the Health Screening form once upon entry to the Health Science program.
    - Can be signed by RN, MD, DO, PA, ARNP.
    - **This form is on the SH website**

Other vaccines recommended by the CDC/ACIP and Student Health & Wellness:

- Meningitis: if initial vaccination was given before age 16, a booster is recommended.
- Influenza: many rotation sites and hospitals require this annually. Strongly recommended to reduce the risk of infection not only to the students but also to hospitalized patients who are placed at risk in part because of contact with hospital personnel.

- Hepatitis A: (2) vaccine series.
- HPV (human papilloma virus): (3)-vaccine series for males and females up to age 26.

Students receiving training at other facilities are required to meet the immunization and testing requirements of the training facility.

Hepatitis B

During the course of clinical training, students will come in contact with patients who have hepatitis B. Students are required to have completed the full hepatitis B immunization series (3 doses), and a hepatitis B titre (blood draw) that confirms immunity to hepatitis B, prior to the end of the first semester of medical school. Immunization is the student's personal responsibility. Students may wish to contact their personal physician for immunization. Immunization and titres for hepatitis B are available through **Student Health** . The vaccine is given over a period of six months, with three separate shots. The titre is drawn 4-8 weeks after the third shot. All three immunizations must be given to increase the likelihood that the vaccine will be fully protective. The first year financial aid budget is adjusted to include the cost of immunization.

Policy on Exposure to Infectious and Environmental Hazards follows on pp. 57-59.

Carver College of Medicine – Policy OSAC.P.08

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 Effective
Date: 07/10/2024
Version Number: 3
Date Revised: 06/24/2026 Date
Reviewed: 06/24/2026 Last
approved: 06/24/2026

Linked to LCME Element 12.8

Substance use

There is increasing recognition that alcoholism and drug dependence constitute a major health hazard for physicians. A study done by the Georgia Medical Society's program for impaired physicians suggests that one of every eight physicians will have a problem with drugs and/or alcohol at some time during his/her career. Although the average age at which substance use is identified in physicians is 45 years, the problem begins much earlier, often in college, medical school or residency. Factors contributing to this substantial risk for physicians include:

1. lack of education regarding the risk of substance use;
2. easy availability of drugs;
3. the MDeity complex or physicians' belief that they should be able to solve all problems and cure all diseases, both those of others as well as their own;
4. stress of time demands, unremitting responsibility and cultural expectations;
5. early social use of drugs or alcohol as therapy for stress;
6. Titanic complex that professes that physicians are "unsinkable";
7. Short-lived relief that alcohol may give those suffering from clinical depression or clinical anxiety; and
8. the common use of alcohol as a central part of many medical student social functions.

The purpose of early identification and evaluation of physician trainees who are impaired due to alcohol or drugs is to provide confidential services that are strictly divorced from disciplinary action and to assist trainees in pursuing career plans. Prevention strategies include awareness of the possible problem of substance use, development of various personal techniques for coping with stress, developing appropriate support systems, relapse prevention skills, enhanced communication abilities, healthy recreation skills and learning to seek and use assistance.

Providers who care for students with substance use issues are listed at https://md.medicine.uiowa.edu/student-and-program-resources/student-counseling/resources-and-referral-information , including descriptions of available services and access information.

Medical students who are concerned that their own or others' use of drugs or alcohol has led or may lead to any level of physical, social, academic or mental impairment are encouraged to seek assistance through the Office of Student Affairs and Curriculum, the OSAC Deans, the Medical Student Counseling Center, the University of Iowa Counseling Services (335-7294), University of Iowa Student Health, local community agencies, or private practitioners.

The Carver College of Medicine adheres to the policy regarding the use of illegal drugs and alcohol established by the University (Section IID. Policy Regarding the Use of Illegal Drugs and Alcohol, in the *Policies & Regulations Affecting Students)*. This may be found at **http://dos.uiowa.edu/policies**. In addition, failure to meet specific promotion requirements of the Carver College of Medicine as a consequence of substance use will be handled using standard promotions procedures.

Reasonable Accommodations Policy and Procedure follows on pp. 61-66.

Carver College of Medicine – Policy OSAC.P.22

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.

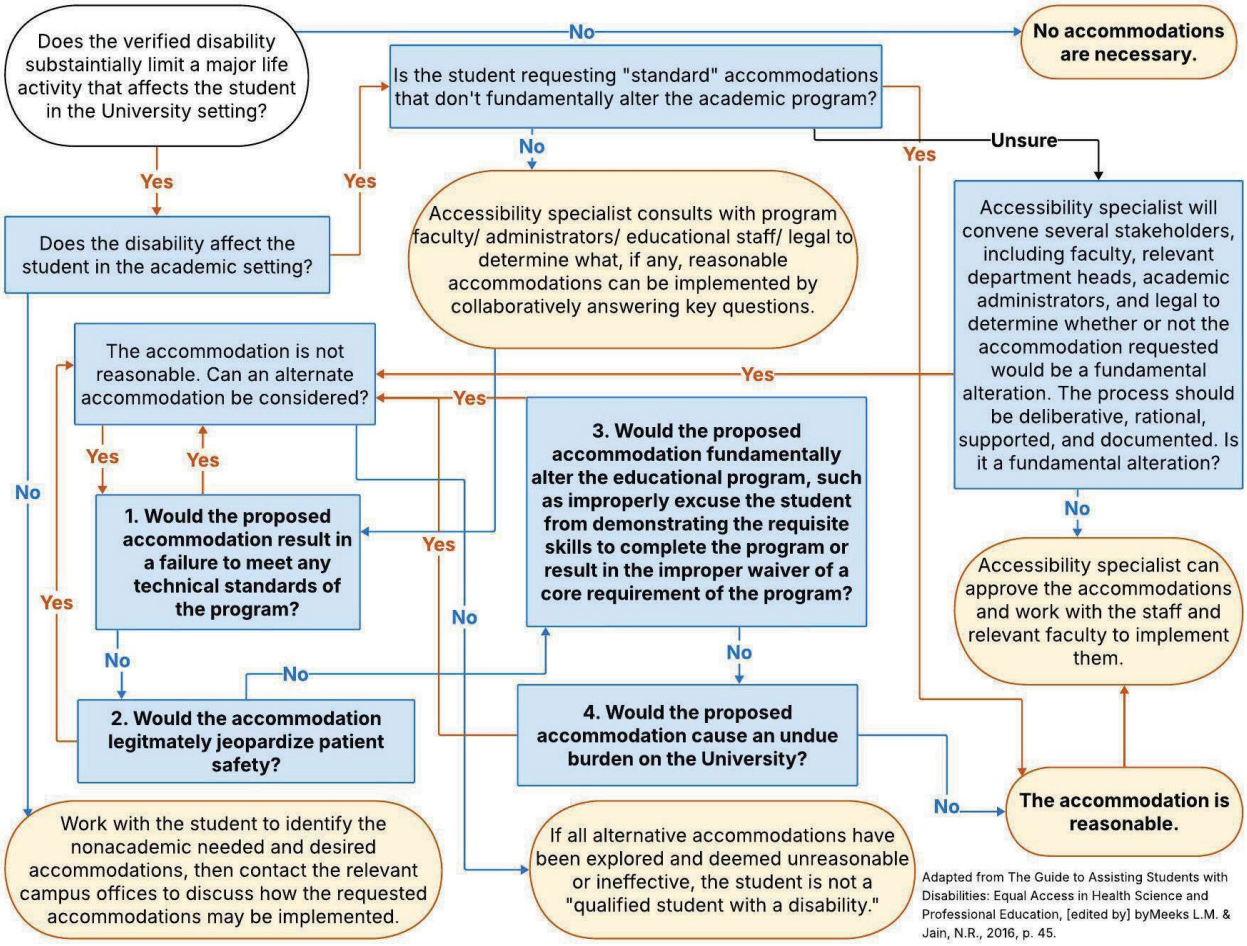
In other cases, the accessibility specialist will contact faculty, staff, and/or administrators to assist in the process of determining reasonable accommodations. Though not an exhaustive list, the accessibility specialist will include the necessary University of Iowa faculty, staff, and/or administrators

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.



Interactive process for determining reasonable accommodations

Implementing Reasonable Accommodations

After reasonable accommodations for which the student is eligible are identified, the accessibility specialist or an MSCC designee produces an official letter of accommodation that is sent to the student via email. Additionally, one of the following additional steps is taken depending on the year of training.

- 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 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 MSCCto 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
Effective Date: 09/19/2024
Version Number: 3
Last Revised:
07/08/2026 Last
Reviewed: 07/08/2026
Last Approved:
07/08/2026

Linked to LCME Element 10.5, 12.8

Personal counseling

Medical Student Counseling Center (MSCC) counselors are trained to help students manage and cope with difficulties that cause stress. If a student's concern is beyond the scope of the services the counseling center can provide, counselors will find appropriate resources for the student within the University or community. Medical students can be referred to and meet with a UIHC psychiatrist if it appears that medication may be an appropriate course of treatment.

Personal counseling at MSCC is confidential. Counselors are available to provide both short-term and long-term counseling and therapy to students. Typically, counseling is done individually. However, couples counseling is also available to medical students and their significant others. Workshops targeted at helping students with issues like depression, anxiety, and/or relationship concerns are offered periodically through the MSCC.

Appointments with a MSCC counselor can be made by contacting the **MSCC** at 335-8056. However, students should feel free to drop in at any time during office hours if they would like to speak with a counselor. Every effort will be made to meet with a student as soon as possible. For more information, please visit the Medical Student Counseling Center website

Policies on Professional and Ethical Behavior

Policies follow on pp. 68-71.

Carver College of Medicine – Policy 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 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.

<u>Examples of unethical behaviors and unprofessional conduct include, but are not limited to:</u>

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 identify, 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
Version Number: 3
Date Revised: 02/11/2026 Date
Reviewed: 02/11/2026 Last
approved: 02/11/2026

Linked to LCME Element 3.5

Honor Code

The health care professions require providers and learners of superb character who lead lives that exemplify high standards of ethical conduct. A shared commitment to maintaining those standards, embodied in an Honor Code, creates an atmosphere in which CCOM student members can develop professional skills and strengthen ethical principles.

The Honor Code demands that CCOM student members tell the truth, live honestly, advance on individual merit, and demonstrate respect for others in the academic, clinical and research communities.

The central purpose of the Honor Code is to sustain and protect an environment of mutual respect and trust in which students have the freedom necessary to develop their intellectual and personal potential. To support the concept of trust, students must accept individual responsibility and apply themselves to developing a collegial atmosphere. The intent of the Honor Code is not merely to prevent students from lying, cheating, and stealing or to punish those who violate its principles. Rather, participation in the Honor Code assures the University of Iowa Carver College of Medicine ("CCOM") community that the integrity of its students is expected by those in the academic, clinical and research communities. Participation in the Honor Code confers upon students the responsibility to respect and protect the integrity of CCOM.

CCOM is fully committed to free inquiry and vigorous debate. Free expression, academic freedom, and diversity of perspectives are all crucial to the fulfillment of our core mission. Nothing in this Honor Code is intended to restrict any form of speech or expressive conduct protected by state or federal law, including the First Amendment, or penalize any person for engaging in such speech or expressive conduct.

The foundation of the Honor Code rests upon the willingness of each individual to live up to the standards established by the student body. Violation of the Honor Code affronts us individually and collectively. The students of CCOM regard such violations as serious offenses.

CCOM students must:

- Not condone cheating on the part of others
- Refuse to assist others in fraudulent acts
- Take steps to ensure that other students cannot cheat from one's examination or paper
- Ask the professor for clarification if the student does not understand how the Honor Code pertains to any given assignment
- Be willing to speak to fellow students about violations of the Honor Code, or to report suspected violations to the Honor Council
- Explain or understand completely how the Honor Code applies to coursework undertaken for each class
- Discuss how the Honor Code applies to coursework and behavior during clinical rotations
- Include a statement about academic integrity in each course syllabus
- Contact the Honor Council regarding suspected infractions of the Honor Code

The commitment to personal and professional integrity embodied in this Honor Code releases the faculty from the obligation to proctor exams.

The Honor Code expects the absolute honesty of each individual. As a result, CCOM student members live with the freedom of knowing that:

1. All CCOM students are held to the same accountability established by the Honor Code;
2. Their personal property and academic work are respected and free from theft;
3. Classroom, clinical, and research environments for learning and evaluation are honorable;
4. The learning environment of any event, including but not limited to formal didactics, clinical rotations, student or faculty led organizations, associated with CCOM is established in a foundation that promotes equity and inclusion. Students are held to the same standard and accountability in establishing, maintaining, and protecting the afore-described learning environments. Actions should be in concordance with the University of Iowa Non-Discrimination Statement found in II. Community Policies, Chapter 6- Nondiscrimination Statement which is as follows:

    - The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of 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, or associational preferences. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Senior Director, Office of Civil Rights Compliance, the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705, ui-ocrc@uiowa.edu. Although not required, students have the option to share their pronouns and chosen/preferred names in class and through MyUI. Instructors and advisors can find information about a student's chosen/preferred name in MyUI.

Adoption of the Honor Code necessitates the creation of an Honor Council, a group empowered to hear disputes and make recommendations to the appropriate disciplinary bodies. The composition and operation of the Honor Council is described below.

Please note that the Honor Code strictly applies to CCOM students. Faculty and Staff within or associated with CCOM are held to separate professional standards and rules of conduct as a condition of employment. Concern regarding behavior that is believed to have violated CCOM policy, which includes but is not limited to the CCOM Honor Code can be reported to their supervisor(s) at any time. The Senior Associate Dean for Medical Education could assist with contacting the correct supervisor.

Read more about the Honor Code, and the student-run Honor Council.

Confidentiality

Medical students are required to respect the rights of patients including the right to confidentiality and shall safeguard patient confidences within the constraints of the law.

As a member of the patient care team, students will have access to information from patient medical records and/or computer-stored information. This information may not be discussed with anyone unless this disclosure is required in the performance of duties and responsibilities. *It is a breach of*

confidentiality to review medical records or to access computer-stored patient information not required in the performance of assigned duties.

Students are responsible for maintaining the confidence of patients by sharing confidential information only with others who need to know and by handling any documentation of information appropriately. Students are required to submit a signed confidentiality statement during Orientation and each year after that an online confidentiality statement is required.

Students should note that the confidentiality policy applies to all student-patient interactions, in both formal curricular and extracurricular or volunteer contexts.

Patient information furnished to The University of Iowa Health Care and staff/payroll personnel data stored in EPIC are confidential. The following are basic rules of confidentiality you are required to respect:

1. Under no circumstances should any information that is not required in the performance of the job be accessed (read or copied).
2. Information properly obtained while carrying out assigned duties may NOT be discussed with others who do not have the same need to know.
3. Once confidential information is on paper and in a student's hands, they are responsible to dispose of it appropriately: a) distribute to authorized persons only; b) file securely; c) destroy.

Iowa Health Care Policy on Dress Code and Professional Appearance follows on pp. 76-78.

Students are expected to dress appropriately and to comport themselves in a manner consistent with the location and nature of their educational activities.

When students interact with patients, families, and health care professionals, "traditional" attire and physician-identifying clothing, such as a white coat with the Carver College of Medicine embroidered logo and a name badge (required), are appropriate. Medical students are expected to identify themselves as students at all times and must assume responsibility to clarify their role to patients.

When students are assigned to clinical activities in the community, outside of UIHC or the VAMC, they should consider themselves as representatives of University of Iowa Health Care. Hence, attire and behavior should promote a positive impression for the individual student, the specific course, and the institution. Specific dress requirements may be set by community-based clinical activities. These requirements typically will be included in written course materials, but if any doubt exists, it is the responsibility of the student to inquire.

There are strict protocols at UIHC and the VAMC regarding the appropriate use of scrub attire:

- Maroon scrub suits may not be worn outside of the operating room suites
- Other colored scrub suits may be worn anywhere in UIHC or the VAMC, and are especially practical on night-call, but, in general, students should wear their own clothes for patient care in clinics and on inpatient services. Scrub suits may not be taken home.

- Bonnets, masks, foot coverings, and gowns from the operating suites look unprofessional when students are in the clinics or on the inpatient services. They should be removed before doing other patient care.

Below is the full Iowa Health Care's Human Resources Policy on Professional Appearance Policy for staff, faculty, physicians, students, and volunteers.

Human Resources – Policy HR.P.9

SUBJECT/TITLE: **Professional Appearance**

PURPOSE: To address the expectation of staff to present a professional appearance while at work.

SCOPE: System

DEFINITIONS: None.

POLICY:

A. It is the policy of UI Health Care that the dress, grooming, and personal hygiene of each person covered by this policy must be professional and appropriate to the work situation.

B. Departmental management and supervisors will be responsible for consistently enforcing this policy.

   1. Supervisors and managers who determine that an employee's personal appearance is inappropriate for the work environment are responsible for counseling the employee regarding the professional appearance requirements and determining whether the employee needs to leave the workplace to change.

   2. Repeated instances of inappropriate dress/personal appearance may result in discipline.

C. Departments may, because of the nature of job duties or other regulatory or legal requirements, adopt more stringent personal appearance guidelines to address issues not covered by this policy.

D. This policy will be administered with sensitivity and respect for each individual's medical, religious, or ethnic need to diverge from the rules set forth. Exceptions to the policy for these reasons should be considered on a case-by-case basis and appropriate counsel sought from Health Care Human Resources.

E. The following sections apply to all staff, faculty, physicians, house staff physicians and dentists, students, and volunteers who are required to wear a UI Health Care identification badge while working or volunteering within a UI Health Care facility.

   1. Staff Identification:

      a) The ID badge must be worn in accordance with HR.P.25, UI Health Care Photo Identification Badge.

2. Grooming/Personal Hygiene:
    a) Staff, faculty, physicians, students, and volunteers must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive odors such as body odor, cigarette or cigar smoke, etc.
    b) In order to promote a fragrance-free environment, staff will not wear perfume or other scents. Fragrances may cause allergic or adverse reactions in others and must be avoided.
    c) Hairstyles and facial hair are not to interfere with assigned duties or pose a threat of infection or physical hazard.
3. Jewelry/Adornments/Tattoos:
    a) The wearing of jewelry and accessories must not interfere with assigned duties and must not pose an infection threat or physical hazard to the patient, to self, or to another person.
    b) Tattoos, piercings, and body art with wording, images, or placement (e.g., tongue) that are inappropriate or offensive in a professional work environment must be covered or removed during work time.
4. Clothing/Footwear/Uniforms:
    a) Clothing must be neat, clean, and free from offending odors.
    b) Certain departments may require special dress standards, such as wearing uniforms or scrubs.
    c) OSHA Standard 1910.136(a) mandates that caregivers use protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such caregiver's feet are exposed to biological or electrical hazards. Closed toed shoes are required in departments and areas in which the above hazards exist, including all patient care areas.
5. Apparel not appropriate for staff in a facility providing clinical care:
    a) Shorts, denim clothing, yoga pants or other exercise or workout clothing, T-shirts, sweatshirts, or sweatpants.
        1) Groundskeepers and valets may wear knee-length shorts for exterior work.
    b) No flip-flops or other such footwear, and no open-toed shoes in clinical areas.
    c) No caps or hats, unless worn for medical or religious reasons or for the nature of specific duties, such as outdoor work.
    d) No apparel with inappropriate or unprofessional images, wording, or logos.
    e) No clothing that is too tight or too short; nothing that exposes cleavage, undergarments, mid-section, underwear, or buttocks.
    f) No holiday or event-themed costumes.

g) For non-clinical buildings (e.g., HSSB, CCOM), follow local guidance.

6. This is not intended to be an exhaustive list, and management reserves the right to determine whether apparel or personal grooming is appropriate for the workplace.
7. Additional Items to Consider
    a) Departments may have additional guidelines not covered by this policy due to health or safety concerns particular to a unit.
    b) Questions about specific situations due to medical, religious, or ethnic issues should be discussed with supervisors or Departmental HR Representatives.
    c) Noncompliance with these guidelines will result in counseling and may result in a request for staff to change into appropriate attire before being able to begin work.
    d) This policy will be enforced by departmental managers and supervisors.

RELATED POLICIES:

System:

CC.P.135	Hand Hygiene
CC.P.138	Artificial Nails/Fingernail Enhancements
HR.P.2	Scrub Attire
HR.P.25	UI Health Care Photo Identification Badge

Medical Center:

PS.P.05.05.07	Surgical Hand Antisepsis

Source: Health Care Human Resources
Effective Date: January 1, 2004
System Effective Date: April 15, 2026
Version Number: 8
Date Revised: July 2006; August 6, 2014; April 20, 2022; July 5, 2023; May 15, 2024; April 15, 2026
Date Reviewed: October 5, 2007

Course and lecture evaluations

Medical students' responsible and timely evaluation of lectures, small groups and courses improves curricular and clinical requirements. Additionally, providing evaluative feedback is an integral part of a physician's career. In order to strengthen curricular offerings and build effective skills in communication, students should offer constructive feedback and avoid excessive negativism and offensive language.

Attention to administrative details

Medical students are expected to attend to their administrative responsibilities in a timely manner. Examples of these responsibilities are paying their University bill on time, meeting the annual immunization requirements of Student Health Service, making and keeping appointments with OSAC deans and other staff or administrators, meeting deadlines such as drop and add deadlines for courses and clerkships, turning in applications and other paperwork on time, answering emails in a timely manner, etc. Students who consistently violate these requirements and courtesies will be referred to the Associate Dean for Student Affairs with possible referral to the Medical Student Promotions Committee (see Policy on Professional and Ethical Behavior on pp. 68-71 of this Handbook).

Collegiate computer misuse

Misuse of electronic communication equipment is considered a violation of the University Code of Student Life and may represent a violation of state or federal law. Violations of University policy may result in the violator being brought before the Medical Student Promotions Committee with a possible outcome of dismissal from the College. Relevant university policies are available here: https://opsmanual.uiowa.edu/community-policies/acceptable-use-information-technology-resources ; https://dos.uiowa.edu/policies/code-of-student-life/

Policy on Student use of artificial intelligence tools follows on pp. 80-81

Carver College of Medicine – Policy 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
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Additional Policies

Policy on Pre-Clinical and Clinical Time Commitments and Expectations (Duty Hours) follows on pp. 83-84.

Carver College of Medicine – Policy OSAC.P.11

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
Effective Date: 06/07/2023
Version Number: 6
Date Revised: 02/11/2026
Date Reviewed: 02/11/2026
Last approved: 02/11/2026

Linked to LCME Element 8.8

Parking

Parking near the medical school is limited. We recommend securing housing near the medical complex or housing that is served by public transportation: **www.icgov.org**; **www.coralville.org**; **transportation.uiowa.edu/cambus**.

UPASS: Bus passes for Iowa City and Coralville Transit systems are available through the university's **UPASS program**. The UPASS is an annual pass and can be purchased at a discounted rate for students.

You must have a valid class registration for the applicable semester before you can apply for a parking permit or UPASS. Once you have that you can apply online at **myui.uiowa.edu**. Log in with your HawkID and password. Then follow the prompts to apply for a parking permit or UPASS.

Parking options: available online at **transporation.uiowa.edu/parking**. Parking permits are available in limited quantities. The cost is billed by semester.

Motorcycle Parking Permits and Night Weekend Permits are available as well. **https://transportation.uiowa.edu/parking**

Parking and Transportation Questions
Contact the Parking Office by phone at 319-335-1475 or by email at **parking-office@uiowa.edu**.

Note - you are required to register your motor vehicle with the UI Parking Department even if you do not apply for a parking permit. Register your vehicle online at **https://parking.uiowa.edu/**

Smoking

The University of Iowa Hospitals and Clinics is a tobacco-free campus. University of Iowa campus policy prohibits the use of e-cigarettes, cigarettes, and other tobacco-related products on UI property. Under the Iowa Smokefree Air Act, persons smoking on UI property may be fined $50.

For campus boundary maps and links to resources to help stop using addictive tobacco products, visit the **Tobacco Free Campus Policy website**. Please report policy violations to UI Police non-emergency number at 319-335-5022 or UI Health Care Safety and Security at 319-356-2658.

General Policy Statement Regarding On-Call Rooms

On-call rooms are provided by OSAC in order to provide accommodations for medical students during their overnight shifts in the hospital. OSAC provides two call rooms: C54-8 (females) and C54-9 (males). Each room has 4 beds, a private bath with shower, and a computer. Your badges will provide you access to the rooms. We do not anticipate that more than 8 students will be on call in one night, so there is no "reservation system" for the call rooms.

Policies for CCOM Student Organizations

General Policies

- Student organizations and interest groups must register as a Supported Student Organization(SSO) through the UI Office of Leadership, Service, and Civic Engagement (OLSCE); and operate in accordance with all student organization policies as outline by OLSCE.
- Re-registration is required annually.
- The use of the University of Iowa name is restricted. Policy information: **https://opsmanual.uiowa.edu/community-policies/use-university-name**
- CCOM Financial Services are not equipped to handle all of the CCOM Student Orgs.
- Supported Student Organization financial operations are to be managed through the UI Student Organization Business Office (SOBO); and adhere to all operation guidelines and policies set forth by SOBO for student organization financial operations.

Policies related to specific fundraising activities

- Bake 'Sales' for fundraising have many policies to be followed for a **REGISTERED** organization. If a licensed vendor *DONATES* the food, you can put a price on your goods. This is because a licensed vendor has passed any food inspections by the State of Iowa in order to continue business. If the merchandise is homemade however, you CANNOT price your items for sale. **You can offer a suggested donation price only.** A list of ingredients is also required due to potential donors having allergies. And finally, there is the cash handling policy that needs to be followed. Any time cash is handled, we want to ensure that you are protected so there needs to be a paper trail of financial information.
- Raffles also come with many policies to follow. They are considered gambling in the State of Iowa. 6% of your proceeds go to the State and 1% to the local school district. Cash handling rules apply with this as well.
- Selling apparel has to be approved before certain logos are used and must be approved by and follow UI Trademark Licensing policies. Cash handling rules apply.
- **If your student organization is not planning on selling, purchasing, fundraising, raffles, traveling, etc (anything that requires money, including applying for funds from MSG) then you do not have to set up an account with the IMU Business Office. But if you are even considering it, the process takes time, so be pro-active and PLAN AHEAD (months in advance). Student organizations are, however, still required to register as a student organization with OLSCE regardless of intended financial operations.**

Scheduling an event for a student organization or club

- When scheduling a student organization's meeting or event, please review recent OSAC Happenings Newsletter editions, the OSAC Happenings Calendar, and other resources to see what else is scheduled on that date. Please remember that from 12:00-1:00 on Tuesdays is reserved for Learning Communities events so student groups cannot schedule regular events and meetings at that time. Events may be scheduled on Tuesday evenings .
- Reserve a room for your meeting by emailing **ccom-reservations@uiowa.edu**. This can be done as much in advance as you would like. If you plan to serve food at your event, please confirm by emailing **ccom-reservations@uiowa.edu** to ensure you are allowed to serve food in the room you are reserving. If you cancel your meeting, please cancel your room reservation by emailing **ccom-reservations@uiowa.edu**.
- Announce your meeting on your student organization's listserv. You may also send reminder notices on the list serve. Send meeting/event details and flyers to osac-happenings@uiowa.edu to be included in the OSAC Happenings Newsletter. If you are posting flyers in the building, please use the white lab tape that is available in each of the community offices or from OSAC. Scotch tape and masking tape leave marks on the walls, doors and glass. Please take your flyers down after your meeting.
- Please leave the room clean. If you have served food at your meeting, please wipe the tables, tie the garbage bags closed and place them in the hall. A vacuum cleaner and broom are available in OSAC. If you have rearranged furniture, please put the room back together.
- Questions may be directed to Cody Pritchard in OSAC, cody-pritchard@uiowa.edu

Study Space Guidelines

MERF 1st floor study rooms

- Are appropriate for group study and are often available evenings and weekends.
- Individuals studying in a study room should make it clear that people can join them (leave the curtain up, door open).
- Do not be afraid to ask to join people in their study rooms.
- RESERVATIONS can be made at least 24 hours in advance by contacting **ccom-reservations@uiowa.edu**, by recognized student organizations, tutor groups, and groups such as path small groups that specifically need that space.
- Reservations will be for no longer than 2 hours, unless there are special circumstances.
- Leaving one's belongings in a room does not reserve that room.
- There is also space available in the learning communities in MERF for study.

MERF 2nd floor small classrooms

- 2126, 2136, & 2156 are appropriate for group study and are often available evenings and weekends. Guidelines for use are similar to 1st floor small classrooms.
- Students are welcome to use the 6 clinical exam rooms in 2123 MERF for quiet, individual study. A card swipe system is installed on the main door to 2123, allowing students access during evenings (after 5:00 pm) and weekends. There may be occasional evenings when

these rooms are not available because of Clinical Skills Examinations or other curricular activities.

Continued use of 2123 for individual study will require that:

- rooms are kept in good order
- no trash of any type be left
- there is no theft or damage to any equipment
- only the desk and computer work station be used (no other equipment or any supplies)
- the power and ethernet computer cables not to be disconnected for any reason

In each exam room there are 2 switches - one for the overhead light and one for the "Room in Use" light. Use the Room in Use light so that you will not be disturbed. When you leave, turn off the overhead light and the Room in Use light, and leave the door open. The privacy curtain inside the main 2123 door is to remain up.

- Please be considerate of your fellow students by not monopolizing the use of these rooms.
- There will be specific nights and weekends during the semester that clinical exam rooms other than 2123 are available for students to practice physical exam skills and use supplies, gowns, and equipment. Those times will be announced by your course director or curriculum manager.

Custodial Concerns for all study spaces

- Please leave all furniture in place.
- Please leave the room cleaner than it was upon arrival.
- Please accommodate the staff and leave the room while it is being cleaned if necessary.
- Do not move the computer carts in the study rooms.
- These spaces will only be available if they are respected and kept clean.
- Please do not use the push-button locks on the classroom doors in MERF. It is very easy to lock yourself out of the room when you take a break.

Cash handling policy

- Money/Checks must be deposited when they total $500 or once a week, whichever comes first.
- Each community has a locking deposit bag (with 2 keys) that can be used when collecting money. The keys for the bags will be kept by the Learning Community Manager.
- If the money is to be held overnight without being deposited, it should be locked in the bag and given to the community support staff to be locked in their area.
- There is specific separation of duties that must be followed when processing money. They are as follows:< >Student collects money/checks, counts (Count #1) and fills out the money counting form, brings form and money to Learning Communities Director (Depending on the event you may want to keep a log of the actual checks received. If a log is kept please include a copy with the money counting form). Learning Communities Director counts (Count #2) the money/checks, puts his/her count on the money counting

form and brings to depositor when finished along with the check log if one is kept. Depositor (OSAC staff person) counts again (EDeposit Count) and fills out the deposit form for the bank, stamps the actual endorsement on the checks, and gives money/checks to our runner to take to the bank. A copy of the edeposit form, bank deposit slip, check log, and deposit form will all be attached together for the reconciler. Reconciler will monthly verify the statements of account with the deposit forms and bank deposit forms.

Student Involvement on CCOM Committees and Councils

Students play an important role on CCOM councils and committees, and participation among the student body is highly encouraged. There are instances when committee membership by students will be limited, specifically when involving committees that require a significant time commitment that conflicts with required educational activities.

As such, students will not be allowed to simultaneously serve on these committees: Student Promotions Committee, Admissions Committee, Medical Education Council (MEC), Student Body President/President-Elect, and any others that may be deemed as high-level by the OSAC Dean. Any participation in committees that result in time off from clerkships or coursework should be filed in accordance with the **time-off policy request system**.

Policy on Clinical Supervision follows on pp. 90-92.

Carver College of Medicine – Policy OSAC.P.03

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 (COMET). 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
Effective Date: 06/26/2024
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Last approved: 03/11/2026

Linked to LCME Element 9.3

Policy on Preparation of Resident, Faculty and Non-Faculty Instructors follows on p. 94.

Carver College of Medicine – Policy 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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Date Reviewed: 02/25/2026
Last approved on: 02/25/2026

Linked to LCME Element 9.1

Policy on Evaluation of Teaching by Adjunct Faculty follows on pp. 95-96.

Carver College of Medicine– Policy OSAC.P.05

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. ≥5% of "1" and "2" combined ratings on any survey question
   b. Average rating ≤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
Effective Date: 07/26/2024
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Linked to LCME Element 4.4, 9.2

Policy on the Balance of Inpatient and Ambulatory Experiences During Core and Selective Clerkships follows on p. 97.

Carver College of Medicine – Policy OSAC.P.21

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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Date Reviewed: 02/25/2026
Last approved: 02/25/2026 Linked to LCME Element 6.4

Policy on Advanced Subinternship Rotations follows on p. 98-99.

Carver College of Medicine – Policy 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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Version Number: 2
Date Revised: 02/11/2026
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Policy on Student Transfer and Advance Standing follows on p. 100.

Carver College of Medicine – Policy OSAC.P.18

SUBJECT/TITLE: **Policy on Student Transfer and Advance Standing**

PURPOSE: To describe policy and process to evaluate students requesting transfer from a different LCME-accredited school and policy on advanced standing.

SCOPE: Office of Admissions

POLICY:
The Carver College of Medicine does not accept transfer students or those with advanced standing.

An exception to the transfer policy may be made in cases of severe exigency. This exception will only apply to students attending an LCME-accredited US medical school from within the passport-granting area of the United States, who are in the clinical phase of their curriculum.

Transfer students are asked to provide a statement describing the reasons for the requested transfer, and to submit a copy of their AMCAS application, transcripts from all degree-granting institutions as well as from the current medical school, and a letter from the dean of the current medical school attesting to the enrollment status of the student. This information is presented to the full Admissions Committee for consideration, and a majority vote by the committee is required for admission.

The same standards used for entering students are applied to transfer students. In addition, the medical school transcript is reviewed, and grading systems are compared. In some cases, students are requested to supply syllabi from courses. All transfer decisions are contingent on the student passing the USMLE Step 1 on their first attempt and having a clear criminal background check. In addition, students applying for transwer during the final year of the curriculum are required to have passed the USMLE Step 2 exam on their first attempt.

After a decision is made by the Admissions Committee to accept a student transfer from another medical school, the Promotions Committee will make any decisions regarding advanced standing. The Promotions Committee will consider the student's performance and the equivalence of previously taken clerkships relative to our clerkships and pre-requisites, and our graduation requirements.

Source: Carver College of Medicine- Medical Education Council
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Date Reviewed: 07/22/2026 Last approved: 07/22/2026
Linked to LCME Element 5.10, 10.7

Important University Policies & Resources

- Resources located on the University of Iowa Dean of Students site:
  - **Policies Affecting Students, The Student Bill of Rights, University Policy on Human Rights and much more**
- **University of Iowa Division of Student Life**
- **University of Iowa Operations Manual**
- Policy on Sexual Harassment
  - **http://www.uiowa.edu/~our/opmanual/ii/04.htm https://osmrc.uiowa.edu/ Policy on Consensual Relationships Involving Students**
- **Anti-harassment Policy**
- Nighttime Transportation Options On-Campus
- **Visitors in the workplace (refers to all University facilities)**
- Basic Needs Resources
  - Well-Being at Iowa: https://wellbeing.uiowa.edu/
  - Basic Needs: https://basicneeds.uiowa.edu/
  - Hawkeye Meal Share: https://dos.uiowa.edu/assistance/meal-share/
  - Student Life Emergency Fund: https://dos.uiowa.edu/assistance/student-support-initiatives/
  - Food Pantry: https://imu.uiowa.edu/imu-services/food-pantry-iowa