



**VIRGINIA TECH CARILION
SCHOOL OF MEDICINE
STUDENT HANDBOOK
2016-2017**

STUDENT HANDBOOK

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Virginia Tech Carilion School of Medicine Student Handbook July 2016

The policies contained herein are provided to give a general understanding of the regulations governing Student Affairs at Virginia Tech Carilion School of Medicine. They are subject to revision at any time with little or no advance notification.

STUDENT HANDBOOK

I. INTRODUCTION AND WELCOME

This handbook has been developed by the Office of Student Affairs and contains the official Policies and Procedures of the Virginia Tech Carilion School of Medicine (VTC SOM), as approved by the Dean of the School, that relate to academic and student life. It also contains helpful guidance to enhance your medical school experience. We hope that you find it useful. If you have questions or need clarification, please contact the Office of Student Affairs at 540-526-2500.

WELCOME from the Dean

As a member of the VTC SOM community, you have entered upon an exciting and life-changing journey to become a future physician thought leader through the processes of inquiry, research, and discovery. I commend you on this decision, and am glad you chose VTC SOM for your medical school education.

Our innovative Patient Centered Learning approach will allow you to learn in a manner that will connect the basic sciences of medicine with the clinical sciences from the start of your education, and will be done in a way that aligns with the best evidence for how adults learn. Our longitudinal Research experiences will develop you into a physician who will utilize evidence based medicine and integrate research into everyday medical practice. Our Interprofessionalism curriculum will give you the skills to effectively work alongside other health disciplines, skills such as teamwork, communication, and conflict resolution. These skills will be invaluable as they will help break down barriers that have historically hampered the delivery of quality patient care.

An essential task in the professional development of a medical student is to gain an understanding of the fundamental and universal principles and values of the medical profession and commit to the integration of these values and principles into his/her professional identity and roles. One very important role of the physician thought leader is that of serving patients in the most capable and compassionate manner.

We strive to offer you an excellent and rewarding educational experience that will prepare you to not only thrive as a physician, but also to be a thought leader in our rapidly changing and challenging healthcare environment.

I look forward to traveling this journey with you,



Cynda Ann Johnson, M.D., MBA
President and Founding Dean, Virginia Tech Carilion School of Medicine

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WELCOME from the Faculty:

Medical Schools have been charged with the responsibility for providing students with an educational experience which prepares them to participate in a rapidly changing world, and to do so with a commitment to the highest moral and ethical standards. At VTCSOM, we call these individuals “thought leaders,” and it is our intention that over the course of your time in medical school, you will become such a thought leader through research, inquiry, and discovery.

Being part of the VTCSOM community provides many opportunities to exercise individual rights, but also requires the assumption of important responsibilities. We hope your medical school experience is both excellent and life-changing. Proudly represent VTCSOM in all you say and do. Please seize this opportunity to help form this school and make it your own.

We wish you the very best of success.

—The Faculty of the Virginia Tech Carilion School of Medicine

WELCOME from the Associate Dean for Student Affairs:

The Office of Student Affairs at the Virginia Tech Carilion School of Medicine exists to be supportive of medical students’ needs throughout their undergraduate medical education. This support involves most of the day-to-day events and activities of student life, and this handbook provides much detail of these functions.

You are entering into a challenging, rewarding and sometimes stressful time. You will experience much personal growth as you develop the skills, confidence, and compassion necessary to assume responsibility for the health care of others as their physician. The Office of Student Affairs is dedicated to assisting you in the successful completion of this growth process and to helping you become the best physician you can be. Please utilize the services we have to offer and look to us for support and guidance throughout your time at VTCSOM.

Aubrey L. Knight, MD
Associate Dean for Student Affairs

School Contact Information:

Virginia Tech Carilion School of Medicine
2 Riverside Circle Suite M104
Roanoke, VA 24016
Phone: (540) 526-2559
Fax: (540) 581-0741

E-mail: vtc@vt.edu Website: <http://vtc.vt.edu/>

II. ABOUT THE VIRGINIA TECH CARILION SCHOOL OF MEDICINE

A. HISTORY

Development of the Virginia Tech Carilion School of Medicine

After two years of study and planning, on January 3, 2007, Virginia Tech President Charles W. Steger and Carilion Clinic President and CEO Edward G. Murphy, along with Virginia governor Timothy M. Kaine, joined to announce the creation of a public-private partnership in the form of a new medical school and research institute, the Virginia Tech Carilion School of Medicine and Research Institute. In November, 2007 Carilion Clinic and Virginia Tech announced Cynda Ann Johnson, M.D., MBA, as the President and Founding Dean of the Virginia Tech Carilion School of Medicine (VTC SOM). In May 2008, the governor of Virginia formally signed legislation approving a capital projects bond package including \$59 million for Virginia Tech Carilion.

Collectively called Virginia Tech Carilion (VTC), the Virginia Tech Carilion School of Medicine and Research Institute will leverage Virginia Tech's world-class strength in basic sciences, bioinformatics, and engineering with Carilion Clinic's highly experienced medical staff and rich history in medical education. Virginia Tech Carilion will improve human health and quality of life by providing leadership in medical education and biomedical and clinical research.

Utilizing an innovative patient centered curriculum, VTC SOM will address the increasing need for research-competent physicians who can translate research from the bench to the bedside and into the community. Virginia Tech Carilion School of Medicine will also ameliorate some of the physician shortage that has been identified as a priority by the American Association of Medical Colleges and the American Medical Association.

Research conducted at the Virginia Tech Carilion Research Institute (VTCRI) creates a bridge between basic science research at Virginia Tech and clinical expertise at Carilion Clinic and increases translational research opportunities for both partners. Research conducted by scientists at the institute is aimed at understanding the molecular basis for health and disease, and development of diagnostic tools, treatments, and therapies that will contribute to the prevention and solution of existing and emerging problems in contemporary medicine.

Virginia Tech Carilion is located near downtown Roanoke, Va., adjacent to Carilion Roanoke Memorial Hospital, in a burgeoning biomedical health sciences campus. The Virginia Tech Carilion building is contemporary in style and partially constructed with Hokie Stone, the traditional stone utilized on the Virginia Tech campus in Blacksburg.

The Partners:

Virginia Tech

Virginia Tech is a comprehensive, innovative, research university with the largest full-time student population in Virginia of about 30,000 students. Located in Blacksburg with satellite campuses and research sites across the state, Virginia Tech has eight colleges offering 60 bachelor's degree programs and 140 master's and doctoral degree programs.

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In the biosciences, Virginia Tech has outstanding programs in bioengineering, bioinformatics, bio-imaging, and veterinary medicine, and has joint degree programs and affiliation relationships with the Wake Forest University School of Medicine and Georgetown University. The institution is ranked 44th in research expenditures in the United States with \$396.7 million for research programs in fiscal year 2009.

The university is committed to research and creative scholarship in strategically important areas that draw upon established strengths and capture opportunities. Priorities are health, food, and nutrition; energy, materials, and environment; innovative technologies and complex systems, which includes nanotechnology, bioinformatics, biotechnology, high-performance computing, robotics, wireless technologies, and geographic information systems; and social and individual transformation, which includes economic, social, political, technological, environmental, and cultural change with applications in domestic and international aspects of community life.

Carilion Clinic

Carilion Clinic is a healthcare organization with more than 600 physicians in a multi-specialty group practice and eight not-for-profit hospitals. Carilion Clinic specializes in patient-centered care, medical education, and clinical research, with a goal of providing the best possible health outcome and healthcare experience for each patient.

The core of the Carilion Clinic is an integrated, multi-specialty physician group which through its physician leadership has accountability for all aspects of Carilion's clinical outcomes, operations, and educational programs. As part of the multi-specialty physician group, 67 primary care physician practices stretch from far southwest Virginia through the Shenandoah Valley. Overall, Carilion provides services for the metropolitan Roanoke population of 300,000 and has a referral area of one million people. The Carilion network of hospitals is anchored by Carilion Roanoke Memorial Hospital, which includes a new children's hospital, an advanced heart treatment center and floors designed for women's care. In 2009, Carilion Clinic was ranked 18th of the country's most integrated health networks.

Services

Among its services, Carilion provides a regional cancer center; cardiac catheterization and cardiac surgery programs, Level I Trauma Center; Level III neonatal intensive care unit, neuro-trauma, medical, cardiac, and cardiac surgery intensive care units, neonatal intensive care, perinatology, pediatric intensive care, and numerous ambulatory departments. The Carilion Medical Center has received the Gold Seal of Approval from the Joint Commission for stroke care and orthopedic services. Additionally, the Carilion nursing services are Magnet Status Hospital certified.

Medical Education

Carilion has been involved in graduate medical education for over 60 years. The sponsoring name, Carilion Clinic – Virginia Tech Carilion School of Medicine Programs, reflects our affiliation with the Virginia Tech Carilion School of Medicine. The training programs at Carilion Clinic include the following residency programs: dermatology, emergency medicine, family medicine, general hospital dentistry, internal medicine, obstetrics and gynecology, pediatrics, podiatry, psychiatry, general surgery, and neurological surgery. Fellowship training includes: addiction psychiatry, adult reconstructive surgery, cardiovascular medicine, child and adolescent psychiatry, gastroenterology, geriatric medicine, geriatric psychiatry, hospice and palliative medicine, infectious disease, interventional cardiology, pulmonary and critical care medicine.

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Carilion Clinic is actively engaged in the planning and development of new residency programs in neurology and plastic surgery, as well as a fellowship program in clinical cardiac electrophysiology.

Carilion is involved in the education of nursing, physician assistant and allied health students through its Jefferson College of Health Sciences (JCHS), as well as through regional partners including Virginia Western Community College and Radford University.

Information Technology

Carilion Clinic has invested more than \$200 million in information technology to enhance quality, safety and efficiency of patient care over the last decade and in 2010 was named one of the “100 Most Wired and Wireless” health systems (*Hospitals & Health Networks*) in the country. In 2007 Carilion Clinic began implementation of a \$68 million integrated electronic medical record (EMR) which ties together clinical data for all Carilion Clinic hospitals and physician practices. The EMR allows physicians to immediately access all information about a patient's current and past medical history, along with test and lab results.

Research

Carilion Clinic continues to grow in research with over 1255 patients enrolled in 102 clinical trials. The clinical trials are important in bring investigational and state of the art medical treatment to patients in southwest Virginia. Clinical trials are currently available to patients with cardiac, hematologic, oncologic, neurological and psychiatric illnesses. A multiuse basic science laboratory is available to researchers at Carilion Roanoke Community Hospital Campus. Growing research interest has been fostered with the opening of the Virginia Tech Carilion Research Institute, co-located with VTCSOM.

B. VISION, MISSION, VALUES, GOALS

Vision: The Virginia Tech Carilion School of Medicine (VTCSOM) will be the first choice of a diverse class of medical students who are seeking an educational experience grounded in inquiry, research, and discovery, set in an environment of interprofessionalism and cultural competency.

Mission: To develop physician thought leaders through inquiry, research and discovery, using an innovative curriculum based upon adult learning methods in a patient centered context. VTCSOM graduates will be physicians with outstanding clinical skills and significantly enhanced research capabilities who will remain life-long learners. They will have an understanding of the importance of interprofessionalism to enable them to more effectively function as part of a modern healthcare team.

Values:

- VTCSOM values the concept of patient centered care, manifested in physicians who develop patient plans grounded in evidence-based medicine with an emphasis on safety, quality, professionalism, and cultural competency.
- VTCSOM values the science of medicine and its application to the resolution of clinical problems, and the development of self-instruction skills that keep physicians informed regarding developments in medical sciences.
- VTCSOM values continuous improvement of quality in its broad application to clinical care and to the development of new knowledge

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- VTCSOM values communication, interpersonal skills, and interprofessionalism to make the healthcare system better for patients and all healthcare professionals.
- VTCSOM values community service by providing service learning opportunities, encouraging students to see themselves as having the responsibility to improve the world around them.

Goals and Objectives:

The goals and objectives for the School are to assure demonstrated capabilities in each of the Accreditation Council on Graduate Medical Education (ACGME)/American Board of Medical Specialties (ABMS) competencies for medical practice, integrated with the five competencies for the health care system articulated by the Institute of Medicine (IOM). These competencies are highly interrelated and mutually supportive as outlined below:

ACGME/ABMS Competencies for Medical Practice:	IOM Competencies for the Health Care System ¹
<ul style="list-style-type: none">• Medical knowledge	<ul style="list-style-type: none">• Employ evidence-based practice
<ul style="list-style-type: none">• Patient care	<ul style="list-style-type: none">• Provide patient centered care• Work in interdisciplinary teams
<ul style="list-style-type: none">• Interpersonal and communication skills	<ul style="list-style-type: none">• Provide patient centered care
<ul style="list-style-type: none">• Professionalism	<ul style="list-style-type: none">• Provide patient centered care
<ul style="list-style-type: none">• Practice-based learning and improvement	<ul style="list-style-type: none">• Employ evidence-based practice• Apply quality improvement techniques
<ul style="list-style-type: none">• Systems-based practice	<ul style="list-style-type: none">• Utilize informatics

These competencies are expressed as specific outcome measures for graduates, and are accomplished by weaving inquiry, research and discovery, self-directed learning, interprofessionalism team skills and the traditional elements of basic and clinical science to an integrated, innovative curriculum. VTCSOM has defined four “Value Domains” (Basic Sciences; Clinical Sciences; Research; and Interprofessionalism) which are woven through the curriculum in all four years. These value domains informed the development of the curriculum and are addressed in each block, rotation, and clinical experience.

VTCSOM's overarching goal is to train physicians who will be excellent clinicians and will continuously incorporate knowledge gained from the practice of research and scientific inquiry into their everyday practice of medicine. These physicians will be better prepared to function as members of interprofessionalism teams. VTCSOM graduates will be prepared to enter any area of medicine and to be a thought leader in that field, including academic medicine, research, community medicine, health policy, or health information technology.

¹ “Crossing the Quality Chasm, a New Health System for the 21st Century”, Institute of Medicine, 2003

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Virginia Tech Carilion School of Medicine Goals and Objectives

These goals and objectives have incorporated the ACGME core competencies and the core areas identified by the Institute of Medicine in their report on Health Professional Education (2003).

I. ACGME Core Competency: Patient Care IOM Core Area: Patient-Centered Care and Quality Improvement

GOAL I

Graduates will be physicians who are skilled in providing care to individual patients.

Objective 1

Students will acquire skill in gathering essential and accurate information about the patient.

Outcomes:

1. Graduates will be able to obtain, document and present an accurate and appropriate history fitting the clinical encounter.
2. Graduates will be able to perform, document and present findings from an accurate and appropriate physical and mental status examination.
3. Graduates will demonstrate proficiency in the use of electronic medical records.

Objective 2

Students will learn to make diagnostic decisions based on patient information, knowledge of basic sciences, rational clinical decision making, and evidence-based medicine.

Outcomes

1. Graduates will use clinical reasoning and available data to derive a differential diagnosis.
2. Graduates will be able to develop a diagnostic plan to support appropriate clinical approaches towards patient care.
3. Graduates will be able to order diagnostic tests with an understanding of specificity, sensitivity, and cost effectiveness.
4. Graduates will demonstrate awareness of the appropriate use of specialty consultants.

Objective 3

Students will acquire competence in developing and carrying-out patient management plans.

Outcomes

1. Graduates will be able to formulate a problem list and design an appropriate management plan.
2. Graduates will be able to develop a treatment plan using patient/disease characteristics to select the most appropriate therapy.
3. Graduates will be able to recognize and initiate management of life-threatening conditions.
4. Graduates will be able to adapt and modify a diagnosis and treatment plan on the basis of continued monitoring, evaluation, new information, and changes in clinical status of patients.
5. Graduates will be able to establish clinical priorities in case management.
6. Graduates will participate in the coordination of care for patients with chronic disorders.
7. Graduates will be able to develop motivational plans to help patients improve their health.

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8. Graduates will recognize the importance of the patient's family, community, and cultural context in the provision of health care.

Objective 4

Students will develop skill in providing effective health maintenance and anticipatory guidance.

Outcomes

1. Graduates will be able to discuss possible acute or long term complications of the illness with the patient and the family.
2. Graduates will be able to formulate and effectively communicate preventive interventions that foster risk-reduction practices.

Objective 5

Students will acquire basic procedural clinical skills.

Outcomes

1. Graduates will at a minimum have received training in and be able to perform the following basic clinical skills in a simulation setting, including, but not limited to:
 - Administering injections
 - Inserting and removing Foley catheters
 - Inserting and removing nasogastric tubes
 - Performing phlebotomy
 - Inserting intravenous lines
 - Suturing and tying surgical knots
 - Performing lumbar punctures
 - Performing cardiopulmonary resuscitation
 - Scrubbing for surgery
 - Performing intubations
 - Using bedside ultrasound
 - Obtaining informed consent
 - GYN speculum insertion
 - Performing a Pap smear

Objective 6

Students will be able to provide patient care with strong emphasis on patient safety.

Outcomes

1. Graduates will understand the importance of and learn to skillfully obtain informed consent from patients.
2. Graduates will recognize the prevalence, impact, and alleviation strategies for medical errors.
3. Graduates will promote patient safety using the following skills:
 - a. Universal precaution
 - b. Fall prevention
 - c. Use of restraints
 - d. Isolation procedures
 - e. Clear verbal and written communications
 - f. Effective transmission of patient information between healthcare providers

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II. ACGME Core Competency: Medical Knowledge IOM Core Area: Evidence Based Medical practice

GOAL I

Graduates will be physicians who understand the scientific basis of medicine and are capable of applying that knowledge in the practice of medicine.

Objective 1

Students will learn the sciences basic to medicine in order to create a foundation for learning the principles of health promotion and pathobiology of disease.

Outcomes

1. Graduates will demonstrate basic knowledge of normal body structure and function and how this is altered in disease.
2. Graduates will demonstrate knowledge of etiology, pathobiology, signs and symptoms, psycho-social context, diagnosis, and management of disease.

Objective 2

Students will acquire skills in identifying and resolving clinical problems, derived from a solid foundation in the health sciences.

Outcomes

1. When presented with an array of patient problems, graduates will apply essential basic science concepts and clinical knowledge related to the problem and the patient's treatment.
2. Graduates will seek out and explore evidence-based information that will improve patient care.
3. Graduates will demonstrate an understanding of the behavioral, social, and cultural factors associated with the origin and progression of disease.
4. Graduates will be able to identify atypical features and use them to generate further inquiry based questions.

GOAL II

Graduates will be physicians who are self-directed, lifelong learners.

Objective 1

Students will acquire knowledge and learn skills to stay current with changes in medical practice.

Outcomes

1. Graduates will demonstrate the ability to critically evaluate, understand, and apply the results of scientific research and incorporate relevant findings from the current medical literature into patient care.
2. Graduates will demonstrate skills in the use of informational technology to manage information and to search the biomedical literature.
3. Graduates will understand the importance of self reflection and recognition of gaps in knowledge that will foster their continued professional development.

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III. ACGME Core Competency: Practice-based Learning and Improvement IOM Core Area: Quality Improvement and Information Technology

GOAL I

Graduates will be physicians who participate in practice based improvement.

Objective 1: Students will learn and apply skills to analyze their practice, identify opportunities for improvement, and track the results of their interventions.

Outcomes

1. Graduates will understand and use databases and standards to measure quality in their patient care practices.
2. Graduates will demonstrate the use of common quality improvement tools and techniques.
3. Graduates will access, use, and understand the development of evidence-based clinical guidelines.
4. Graduates will understand and use standard techniques to maintain and improve patient safety.

GOAL II

Graduates will be equipped with a fundamental understanding of the basic principles of research and be proficient at applying basic, clinical, and translational research towards the improvement of patient care and the generation of new medical knowledge.

Objective 1

Students will learn the principles of conducting and evaluating clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.

Outcomes

1. Graduates will demonstrate knowledge of common research methods.
2. Graduates will apply the principles of research to improve patient care, and to generate or apply new medical knowledge.
3. Graduates will understand the importance of basic, clinical, and translational research in the delivery and quality of care from the perspective of the clinician, the individual patient, the patient's family, and the community.
4. Graduates will demonstrate knowledge of research ethics and be able to apply these principles to their research project.

Objective 2

Students will refine and strengthen their research exposure through a conceptual framework integrated throughout the curriculum and will be incorporated into practical research programs throughout the four years.

Outcomes

1. Graduates will understand and be able to apply research principles to design, develop and execute an investigative project.
2. Graduates will be capable of applying appropriate statistical methods to analyze results.

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3. Graduates will be able to complete a hypothesis-driven research investigation.
4. Graduates will be able to prepare a research manuscript suitable for publication.
5. Graduates will be capable of presenting their research in an appropriate public forum.

IV. **ACGME Core Competency: Interpersonal and Communication Skills**

IOM Core Area: Interdisciplinary Teamwork

GOAL I

Graduates will be physicians who use effective interpersonal and communication skills with patients, families, and professional associates.

Objective 1

Students will develop interpersonal and communication skills that result in effective information exchange.

Outcomes

1. Graduates will create a supportive environment conducive to effective communication between doctor, patient, and other professionals in order to determine an accurate diagnosis and improve patient satisfaction and adherence. They will also strive to decrease patient anxiety.
2. Graduates will be able to recognize stress in themselves and in others and realize the effects of stress on effective communication.
3. Graduates will communicate effectively to the patient and/or family, and other members of the health care team, relevant information about the patient's clinical problem, condition and management plan.
4. Graduates will employ active and responsive listening skills.
5. Graduates will demonstrate skills in educating and motivating patients toward optimal health.

Objective 2

Students will acquire skills to create and sustain a therapeutic and ethical relationship with patients.

Outcomes

1. Graduates will consistently treat patients with empathy, compassion, respect, and sensitivity toward their needs.
2. Graduates will elicit and address the patient's understanding, concerns, and fears about his or her illness.

V. **ACGME Core Competency: Professionalism**

IOM Core Area: Interdisciplinary Teamwork

GOAL I

Graduates will be physicians who demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.

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Objective 1

Students will develop professional attitudes and behaviors.

Outcomes

1. Graduates will behave in an ethical, responsible, reliable, trustworthy, respectful, and dependable manner.
2. Graduates will project a professional image in interpersonal relationships, manner and dress that is consistent with the medical profession.
3. Graduates will use appropriate behavior in interviewing and examining patients.
4. Graduates will understand and practice patient confidentiality.
5. Graduates will use appropriate and respectful language.
6. Graduates will know appropriate relationship boundaries with patients and co-workers.
7. Graduates will demonstrate timeliness in meeting their responsibilities.
8. Graduates will be able to give and receive appropriate feedback.
9. Graduates will demonstrate sensitivity and respect for diversity of culture, religion, age, gender, sexual orientation, and physical disabilities.
10. Graduates will demonstrate cultural sensitivity and understand clinically relevant and linguistic information, such as how symptoms present themselves in men versus women, or how management of a disease might be adjusted for specific cultural groups.
11. Graduates will demonstrate emotional intelligence and adaptability.

Objective 2

Students will develop team and leadership skills.

Outcomes

1. Graduates will demonstrate the ability to communicate and work effectively with other professionals as a member of a healthcare team.
2. Graduates will demonstrate dedicated training to develop leadership skills.
3. Graduates will be able to recognize barriers to healthcare access, quality, and patient safety. Based upon their integrated clinical and research training, they will have the motivation, confidence, and leadership skills to take action to overcome those barriers.
4. Graduates will demonstrate leadership in healthcare through their documented excellence in two of the following areas:
 - Academic initiative
 - VTCSOM extracurricular activities
 - Research
 - Community involvement in health promotion and disease prevention
 - National service in healthcare organizations (e.g., American Heart Association, AAMC)
 - VTCSOM quality improvement
 - Leadership in organized community service projects

Objective 3

Students will learn the skills to appropriately balance the demands of a professional career with family and self-care.

STUDENT HANDBOOK

Outcomes

1. Graduates will understand and demonstrate the altruism characteristic of a physician committed to the well-being of the patients and populations they serve.
2. Graduates will be able to apply self-care strategies including stress relief, anger management, conflict resolution, personality-based coping strategies, use of positive interpersonal skills, and methods to optimize job/family responsibilities.
3. Graduates will know the principles of healthy lifestyle, to include diet, exercise and leisure activities.

VI. **ACGME Core Competency: Systems-based Practice** **IOM Core Area: Quality Improvement and Interdisciplinary Teamwork**

GOAL I

Graduates will demonstrate an awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care.

Objective 1

Students will develop a basic understanding of cost-effective healthcare and resource allocation that does not compromise quality of care.

Outcomes

1. Graduates will know costs of common diagnostics and therapeutics, referrals, and consultations.
2. Graduates will understand cost effective care consistent with "best practice" guidelines.

Objective 2

Students will develop a basic understanding of the interaction of self-improvement and the improvement of health care systems.

Outcomes

1. Graduates will identify key problems that may prevent optimal healthcare delivery.
2. Graduates will understand the concepts of quality assurance and improvement.
3. Graduates will understand the reciprocal impact of professional practice, healthcare teams, and healthcare organizations on the community and society.
4. Graduates will exhibit a pattern of continuous self-directed learning and systematic reflection of their own experiences.
5. Graduates will demonstrate their aptitude for systems-based care, health policies related to care, and the economics that effect healthcare.
6. Graduates will be able to recognize and propose solutions for common and important clinical, moral, ethical, and legal problems of medical practice.

Objective 3

Students will develop an approach to patient care that values advocacy.

STUDENT HANDBOOK

Outcomes

1. Graduates will understand how to guide patients through the complexity of the healthcare system.
2. Graduates will understand how to advocate for quality patient care and advancement of health of the population.
3. Graduates will understand the concept and practice of continuity of care.
4. Graduates will recognize barriers to healthcare access and strive to overcome them.
5. Graduates will identify potential barriers to the effective coordination of care of patients with multiple healthcare needs and providers.
6. Graduates will demonstrate an understanding of the role of different specialties and other health care professionals in overall patient management.

C. OFFICERS AND DIRECTORS

Virginia Tech Carilion School of Medicine Board of Directors

The Board of Directors has the legal authority and operating control of the VTCSOM. Within the institution's governance structure, they are directly responsible for the school's mission, its fiscal stability, and institutional policy. The 2016-2017 VTCSOM Board of Directors are:

Sidney C. Smith, Jr., M.D. (Vice Chair)
Nancy Howell Agee, R.N., B.S.N., M.S.N.
James L. Chapman, IV
Nicholas C. Conte, J.D.
Warner Dalhouse
Ben J. Davenport, Jr.

Jonathan Hagmaier
Terry H. Jamerson
Carmen Hooker Odom, M.R.P.
Timothy D. Sands, Ph.D.
James R. Smith.

Non-voting, *ex officio* representatives to the board are:

Bertram Spetzler, M.D. (faculty) Christopher McLaughlin (student)
Karen Eley Sanders, EdD

President and Founding Dean: Cynda Ann Johnson, M.D., M.B.A.

The President and Dean is the Chief Executive Officer (CEO) of the medical school. As president, she supervises and controls all of the affairs of the VTCSOM in accordance with any policies or directives approved by the board, and has ultimate responsibility for the development and management of the annual budget. She serves as the chief academic and administrative officer of VTCSOM and has ultimate responsibility for the development, planning, and execution of new programs related to undergraduate medical education. The Dean builds a foundation of excellence in medical education which supports fellowship programs and a robust research agenda. She demonstrates responsiveness to the concerns and needs of faculty and learners and fosters a close relationship between and among clinical and basic science faculty, management and clinical staff. The Dean is a physician leader and manager for the growth and development of medical education and biomedical research programs at VTC.

STUDENT HANDBOOK

Vice Dean, Secretary of the Board: Daniel Harrington, M.D.

The Vice Dean is responsible for the daily operation of the medical school, including financial aid, enrolment management, library services, and also oversees faculty affairs and serves as accreditation liaison. His duties includes entering into and executing on behalf of the VTSOM all contracts, leases, debt obligations, agreements, or instruments. As Secretary of the Board, he is responsible for the corporate record-keeping requirements, state and federal reporting requirements, and coordination with the United States Department of Education.

Principal Business Officer, Chief Financial Officer, Treasurer of the Board, Assistant Secretary of the Board: Donna Littlepage, M.B.A., C.P.A.

The Principal Business Officer and the Chief Financial Officer and Treasurer of the Board is responsible for presenting and reporting accurate and timely historical financial information and for the internal control financial processes for VTCSOM. She provides cost- benefit analysis, forecasting, and financial expertise and advice to the VTCSOM leadership. She has custody of, and responsibility for, corporate funds and securities and provides full and accurate accounts of receipts and disbursements.

D. ADMINISTRATIVE LEADERSHIP

Senior Dean for Research: Michael J. Friedlander, Ph.D.

The Senior Dean for Research oversees VTCSOM's research education activities. The Senior Dean is also the leader of the research value domain of the curriculum and administers the research mentorship program. He also serves as the Chair of Biomedical Sciences overseeing the activities of the basic science faculty.

Senior Dean for Academic Affairs: Richard Vari, Ph.D.

The Senior Dean for Academic Affairs oversees the implementation and integration of all four years of the VTCSOM curriculum. This includes the coordination and oversight of curricular activities with each domain leader in Phase 1 and all clinical educational activities at clinical rotation sites in Phase 2. Major responsibilities include the coordination of vertical and horizontal integration of the curriculum through the Block Integration Committees, oversight of the student assessment and program evaluation processes and implementation of curriculum modifications enacted by the Medical Curriculum Committee and the Dean.

Associate Dean for Faculty Affairs: Bruce Johnson, M.D.

The Associate Dean for Faculty Affairs is responsible for issues of faculty governance and the administration of VTCSOM's appointment, promotion, and tenure processes. Both Faculty Affairs and Academic Affairs are responsible for faculty development.

Associate Dean for Student Affairs: Aubrey L. Knight, M.D.

As the Associate Dean for Student Affairs, Dr. Knight oversees student affairs and services at the Virginia Tech Carilion School of Medicine. His responsibilities include supervising student affairs, academic and career advising, and formal counseling, preparation of Dean's letters, student wellness, and USMLE preparation programs.

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Associate Dean for Community and Culture: David Trinkle, M.D.

The Associate Dean for Community and Culture (ADCC) is responsible for the interprofessionalism value domain, and community outreach and relations. Along with the Chief Diversity Officer (CDO), the ADCC oversees the development and implementation of the Diversity Strategic Plan, and is responsible for outreach programs, attends national and regional meetings on diversity, and is active with local groups related to diversity initiatives. The Associate Dean works individually with members of the VTCSOM community, as needed, to assure their diversity interests and needs are met in the school and in the community. The Associate Dean for Community and Culture serves as a content-expert, and works collaboratively with the Associate Deans for Admissions and Administration, Faculty Affairs and Student Affairs on diversity-related programs and initiatives. The ADCC reports directly to the CDO on all matters involving our diversity and inclusion strategic plan, specifically including outreach and pipeline initiatives aimed at broadening the pool of potential applicants from diverse ethnic backgrounds and socioeconomic status.

Associate Dean for Admissions and Administration: Stephen Workman, Ph.D.

The Associate Dean for Admissions and Administration is responsible for the VTCSOM admission program, including student recruitment, applicant processing, MMI interviews, and the administration of the admissions committee. He has direct responsibility for programs and pipelines aimed at achieving student diversity goals. The Associate Dean is responsible for the management of the bookstore, the SOM facilities and building planning, office management and security coordination, and emergency management programs.

Assistant Dean for Admissions: Melanie Prusakowski, M.D.

The Assistant Dean for Admissions will assume responsibility for the VTCSOM admission program, including student recruitment, applicant processing, MMI interviews, and the administration of the admissions committee on October 1, 2016. She has direct responsibility for programs and pipelines aimed at achieving student diversity goals.

Assistant Dean for Clinical Science - Years 1 and 2: Tarin Schmidt-Dalton, M.D.

The Assistant Dean for Clinical Science - Years 1 and 2 oversees the teaching of clinical skills to the first and second years of the curriculum. This includes the standardized patient program, the Longitudinal Ambulatory Care Experiences (LACE), and the clinical skills program.

Assistant Dean for Clinical Science - Years 3 and 4: Tracey Criss, M.D.

The Assistant Dean for Clinical Science - Years 3 and 4 is chair of the Block Integration Committee-2 and oversees the clinical components in the third and fourth years, including the clerkships and electives.

Assistant Dean for Faculty Development: David Musick, Ph.D.

The assistant dean for faculty development at the VTCSOM coordinates professional development activities across the public-private partnership. He is the director of continuing professional development and oversees the Center for Simulation, Research and Safety, Continuing Medical Education and physician professional development.

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Chief Diversity Officer: Karen Eley Sanders, Ed.D.

The Chief Diversity Officer (CDO) is responsible programmatic efforts to improve and promote diversity across the VTCSOM community. This includes leading the identification, promotion, and execution of best practices for the recruitment and retention of a diverse VTC community; working with academic and non-academic units, the clinical affiliates, and the university partner to increase the enrollment and retention of diverse faculty and students; coordinating activities that support the school's strategic goals for inclusion and access; establishing systems of accountability throughout VTCSOM; and advocating for ownership of quantifiable progress at every level of leadership. Additionally, the CDO leads the development, integration, coordination, and implementation of policies, practices, programs and initiatives that contribute to building a diverse and equitable community that enriches students' education and enhances their ability to participate in a rapidly evolving, multicultural world and enables VTCSOM to recruit, retain, and support talented people from all backgrounds. She fosters an environment that appreciates individual differences, values equal opportunity for all, and eliminates barriers based on factors related to race, gender identity or expression, ethnicity, nationality, economic background, age, disability, sexual orientation, marital status, language, veteran status, and religious belief. She serves as an ex-officio, non-voting member of the Board of Directors, advocating for and representing the diversity of the VTCSOM community.

E. ACADEMIC DEPARTMENTS

Department of Biomedical Sciences

Chair – Michael Friedlander, Ph.D.

The mission of the Department of Biological Science is to provide a productive educational atmosphere for the students of VTCSOM. The Department of Biological Science coordinates all instruction in the basic science disciplines: Anatomy, Physiology, Immunology, Biochemistry, Pathology, Microbiology, Virology, Genetics, Histology, Pharmacology, Nutrition, Biostatistics, and Neuroscience.

Clinical Departments and Chairs

The Clinical Departments encompass the following clinical science disciplines:

Emergency Medicine	John Burton, M.D.
Family and Community Medicine	Michael P. Jeremiah, M.D.
Internal Medicine	Paul Skolnik, M.D.
Obstetrics and Gynecology	Eduardo Lara-Torre, M.D. (Interim)
Orthopaedic Surgery	Joseph T. Moskal, M.D.
Pediatrics	Alice Ackerman, M.D., M.B.A.
Psychiatry	Thomas Milam, M.D. and Tracey Criss, M.D. (co-interim)
Radiology	Evelyn Garcia, M.D.
Surgery	Bruce Long, M.D. (Interim)

Interprofessionalism Department

Chair – Nathaniel L. Bishop, D. Min.

The Interprofessionalism Department provides a productive educational atmosphere and academic home for the faculty of VTCSOM, drawn from multiple traditional departments, and other institutions and universities, to develop, implement and continually improve the Interprofessionalism curriculum.

STUDENT HANDBOOK

F. DIVERSITY

Vision: The Virginia Tech Carilion School of Medicine (VTCSOM) will be the first choice of a diverse class of medical students who are seeking an educational experience grounded in inquiry, research, and discovery, set in a learning environment of interprofessionalism, and cultural competency.

Mission: To develop physician thought leaders through inquiry, research and discovery, using an innovative curriculum based upon adult learning methods in a patient-centered context. Our graduates will be physicians with outstanding clinical skills and significantly enhanced research capabilities who will remain life-long learners. They will have an understanding of the importance of interprofessionalism to enable them to more effectively function as part of a modern healthcare team.

Values:

- Virginia Tech Carilion School of Medicine values human diversity because it enriches our lives and the School. We acknowledge and respect our differences while affirming our common humanity. As care givers and educators, we value the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.
- Virginia Tech Carilion School of Medicine values the concept of patient-centered care, manifested in physicians who are receptive and expressive communicators, developing patient plans grounded in evidence-based medicine with an emphasis on safety, quality, professionalism, and cultural competency.
- Virginia Tech Carilion School of Medicine values the science of medicine and its application to the resolution of clinical problems, and the development of self-instruction skills that keep physicians informed regarding developments in medical sciences.
- Virginia Tech Carilion School of Medicine values continuous improvement of quality in its broad application to clinical care and to the development of new knowledge.
- Virginia Tech Carilion School of Medicine values communication, interpersonal skills, and interprofessionalism to make the healthcare system better for patients and all healthcare professionals.
- Virginia Tech Carilion School of Medicine values community service by providing service learning opportunities, encouraging students to see themselves as having the responsibility to improve the world around them.

G. MEDICAL SCHOOL FACILITIES

VTCSOM has purpose-built facilities to support its medical educational program, and is co-located with significant research and clinical facilities, all on the medical campus. The SOM building is specifically designed around the Patient Centered Learning curriculum. VTCSOM students have a truly dedicated learning environment that includes two lecture halls, specially-equipped symposium rooms, a medical library with study space and small conference rooms, 12 dedicated team rooms with individual storage and study space, a media center, a student lounge, a student recreation and wellness space, and ten OSCE rooms to support the clinical education program. VTCSOM shares the state-of-the-art Virginia Intercollegiate Anatomy Laboratory at the Jefferson College of Health Sciences. The VTC Research Institute is located in the same building and adds to the availability of research laboratories available to VTCSOM students.

STUDENT HANDBOOK

H. CLINICAL TEACHING FACILITIES

The resources of Carilion Clinic, including its inpatient and outpatient sites, its proximity to VTCSOM and the size and expertise of its faculty in clinical practice and education, make for a robust partner to VTCSOM in undergraduate medical education. Clinical faculty are available and skilled in teaching clinical skills and serving as clinical preceptors. Training opportunities include a simulation lab in operation at CRMH and a standardized patient program at the VTCSOM OSCE suite. Both inpatient and outpatient services with large and diverse patient populations are available for pre-clinical and clinical training opportunities, many within walking distance. The Senior Dean for Academic Affairs works closely with the Associate Dean for Basic Science Education and other faculty and staff to identify specific training sites, and to integrate the VTCSOM students into the existing clinical educational and patient care programs.

Carilion has significant Undergraduate Medical Education experience as well, as their facilities have served for years as a teaching site for the University of Virginia School of Medicine's Third Year clinical clerkships as well as other medical schools in the region. Nursing, physician assistant, and allied health students from Jefferson College of Health Sciences, Virginia Western Community College, and Radford University have clinical rotations within Carilion Clinic. Currently, over 400 Carilion Clinic physicians are on the VTCSOM teaching faculty

Carilion Clinic has also been involved in graduate medical education for over 50 years, and is a member of the Council of Teaching Hospitals (COTH). Currently, Carilion has 200 residents and fellows training in 19 accredited programs. Over 170 graduates of Carilion's Family Medicine Residency have stayed to practice in Virginia with over 70 remaining in the Roanoke Region, and more than 50 graduates from other residencies have stayed to practice in Virginia.

Carilion Clinic owns and operates the Jefferson College of Health Sciences, accredited by the Southern Association of Colleges and Schools (SACS) as well as by the State Council of Higher Education for Virginia (SCHEV). The College enrolls over 1000 students in 14 degree-granting programs primarily in health professions. This relationship provides the context for the major focus on Interprofessionalism Education in the VTCSOM curriculum.

Carilion Clinic has an affiliation agreement with the Salem Veterans Administration Medical Center (Salem VAMC) as an additional site for training. Salem VAMC provides services to more than 112,500 veterans living in a 26-county area of southwest Virginia and provides a training site in surgery, internal medicine, psychiatry, and ophthalmology. VTCSOM is working with the Salem VAMC to provide educational opportunities for VTCSOM students. There are more than 50 members of the Salem VAMC staff on the faculty of VTCSOM.

I. LIBRARY

Both Virginia Tech and Carilion Clinic libraries provide extensive biomedical resources for VTCSOM. On the Roanoke Campus, Carilion provides study space and physical materials at VTCSOM, Carilion Roanoke Memorial Hospital (CRMH), and Jefferson College libraries. You have 24/7 physical access to both VTCSOM and CRMH libraries; library staff must be present to access Jefferson College library. You have 24/7 hour access to the online information resources of both Virginia Tech and Carilion Clinic libraries.

All Carilion Clinic libraries are supported by professional library staff. Staffing hours may vary according to class schedules, special circumstances or inclement weather.

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VTCSOM library staffing hours are:
Monday – Friday: 8 am to 5 pm

CRMH library staffing hours are:
Monday—Friday: 7:30 am to 4:30 pm

Jefferson College library staffing hours vary with the academic calendar but typically are:
Fall and Spring: Monday—Thursday: 7:30 am to 8 pm; Friday 7:30 am to 5 pm,
Sunday 1 pm to 6 pm

“Ask a Librarian” chat services are available during Jefferson staffing hours.

BORROWING: At VTCSOM, you may borrow most materials on an honor system; however, library staff must be present to borrow equipment. At CRMH and Jefferson, library staff must be present in order for you to borrow materials. You are expected to return materials in good condition on or before the due date. Unauthorized removal of materials from any library is a serious offence and violates the VTCSOM environment of educational integrity. If you demonstrate a lack of integrity, you are referred to Student Affairs.

LATE RETURNS & FINES: There are no fines for late returns except for equipment. See the library equipment policy for details. You are sent email reminders at 1 week, 2 weeks, and 4 weeks. At 4 weeks, materials are considered lost and you are notified of the replacement cost.

DAMAGED OR LOST MATERIALS: You must pay replacement costs for lost or damaged library materials.

PROFESSIONALISM: If you do not return materials, pay fines, or pay for lost/damaged materials within 45 days, you demonstrate a lack of professionalism. Students who demonstrate a lack of professionalism are referred to Student Affairs.

For further information or research assistance, contact:

Rita McCandless, M.L.S.
Clinical Research Librarian, VTCSOM Library
Carilion Health Sciences Libraries
540-526-2570 (Office)
540-728-0280 (Mobile)
mjmccandless@carilionclinic.org

Mona Thiss, M.L.S.
Director, Carilion Clinic Health Sciences Libraries
540-985-9828 (Office)
540-206-4271 (Mobile)
rthiss@carilionclinic.org

J. PROFESSIONAL ORGANIZATION MEMBERSHIP

VTCSOM is a member of the Association of American Medical Colleges (AAMC), whose mission it is to serve and lead the academic medicine community to improve the health of all. AAMC represents all 133 accredited U.S. and 17 accredited Canadian allopathic medical schools; approximately 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 125,000 faculty members, 75,000 medical students, and 106,000 resident physicians.

STUDENT HANDBOOK

Association of American Medical Colleges

2450 N Street, NW

Washington, DC 20037-1126

Phone: 202-828-0400

Web: www.aamc.org

III. ADMISSIONS

A. ACADEMIC REQUIREMENTS

VTCSOM is dedicated to providing exceptional medical education to students who are prepared to benefit from this specialized curriculum and instruction. The primary objective is to produce physician thought leaders through an educational experience grounded in inquiry, research, and discovery.

VTCSOM aims to identify candidates with clear evidence of leadership, scholarship, and motivation for a career in medicine. VTCSOM is looking for individuals who are committed to serving the needs of members of society and whose accomplishments reveal originality and a capacity for independent, critical thinking. Applicants must demonstrate a great affinity to a broad educational and personal experience that includes the humanities, social science, and social services.

As a private school, VTCSOM offers a four-year doctor of medicine (M.D.) degree, and admits both Virginia in-state residents and out-of-state residents. However, only U.S. citizens and U.S. permanent residents will be considered for admission.

VTCSOM has developed a list of required coursework and academic requirements for applicants to the School of Medicine. VTCSOM believes that this coursework is necessary to provide the medical student with an adequate foundation for their medical education. These requirements and recommendations are similar to those required by other institutions and those outlined by the Association of American Medical Colleges (AAMC).

- General Biology with laboratory: 2 semesters
- General Inorganic Chemistry with laboratory: 2 semesters
- Organic Chemistry with laboratory: 2 semesters
- Physics with laboratory: 2 semesters
- Mathematics: two semesters of calculus or one each of Calculus and Statistics
- English, two semesters, or one semester each of English and Philosophy

Awarding of the bachelor's (baccalaureate) degree is required for all students matriculating at VTCSOM. All coursework must be completed in a satisfactory manner in an educational institution located in the United States or Canada and approved by a regional accrediting body.

Applicants with baccalaureate degrees from accredited institutions outside the US will be considered on a case-by-case basis. To provide reasonable grade compatibility with their peers, these applicants must, at a minimum, have taken all required courses for admission to VTCSOM, regardless of prior foreign academic history, at an educational institution located in the United States approved by a regional accrediting body.

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College Level Examination Program (CLEP) credits may not be used to fulfill any of the premedical course requirements listed above. Online courses for prerequisites may be accepted on a case-by-case basis. Advanced Placement (AP) credits or International Baccalaureate (IB) credits for English, Biology, Math, Physics and Inorganic Chemistry are acceptable so long as they appear on college transcripts and are verified by the American Medical College Application Service (AMCAS). However, in these instances, graded advanced courses in these subject areas are highly recommended.

VTCSOM encourages applicants to sample a broad range of academic disciplines and to explore one or more areas of in-depth research. Of particular interest to VTCSOM are activities that demonstrate the applicant's spirit of discovery and inquiry and potential to be a "thought leader" in some aspect of medicine. Such activities should demonstrate advanced skills in problem solving and might be in upper level complex work. These activities may be in traditional areas of biomedical research, but could also be in the humanities, in community service, in education, or in the arts.

The following courses are not required, but have been identified by graduating medical students as having been "helpful" in their medical school education. VTCSOM will inform students in their application materials that these courses are not required for admission, but may be chosen because of their potential benefit to their education. Students who feel their performance in the "required" courses is marginal may strengthen their application with excellent performance in these courses.

- Anatomy
- Biochemistry
- Cell Biology
- Genetics
- Microbiology
- Physiology
- Psychology (preparation for MCAT 2015)
- Sociology (preparation for MCAT 2015)

VTCSOM will be seeking students who are, in addition to their clinical services, interested in making contributions to greater society through clinical and basic science research.

B. TECHNICAL STANDARDS

All applicants to VTCSOM are considered without regard to disability but with the expectation that they can complete all portions of the curriculum. In addition to certain academic standards, candidates for the M.D. degree must have abilities and skills in observation, communication, motor function, quantification, abstraction, integration, conceptualization, and interpersonal relationships and social behavior. Some disabilities in certain of these areas may be overcome technologically, but candidates for the medical degree must be able to perform in a reasonably independent manner without the use of trained intermediaries. More detailed information is outlined in the Technical Standards Policy.

C. TRANSFER OF PREVIOUS CREDIT

For its M.D. program, VTCSOM does not accept transfer students nor credit for any previous medical school coursework from other institutions.

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D. ADMISSIONS PROCESS

Minimum criteria to be considered for interview at VTCSOM will include the following: (1) completion of the AMCAS formal application process with behavioral evidence of strong interest in medicine, (2) receipt of a completed VTCSOM secondary application, (3) receipt of three letters of recommendation.

Phase I of the Application Process: AMCAS Application

The VTCSOM application process mirrors its mission: seeking to enhance the scope of physician graduates with emphasis on the development of future thought leaders grounded in inquiry, research, and discovery. Accordingly, the application process will include both the AMCAS application and a follow-up secondary application looking for behavioral demonstration of these traits.

Phase II of the Application Process: Secondary Application

Following the receipt and verification of the AMCAS application and supportive data, each applicant who meets the minimum criteria for interview (described in the next paragraph) will be sent a secondary application which will require a \$50 non-refundable application fee. This second phase of the application process will utilize essay questions designed to explore the candidate's prior experience in self-directed learning, independent study, research, inquiry, and leadership activities. In particular, the candidate will be encouraged to describe how any of these activities may enhance their contributions to society during a career in healthcare delivery. The secondary application will also offer candidates an opportunity to discuss their identity with any under-represented group as they seek admission to medical school.

The decision to send secondary materials to an applicant will reflect our interest in learners who will likely achieve academic success in the rigorous academic setting of medical school, while experiencing further growth in other important aspects of professionalism. Accordingly, the secondary application will seek behavioral evidence of honesty, integrity, trust, service to others with emphasis on prior activities of inquiry, research, and leadership. Before submitting an AMCAS application to VTCSOM, we strongly encourage reviewing our website Class Statistics page (<http://www.vtc.vt.edu/education/admissions/class-statistics.html>) and review the class mean GPA, mean MCAT scores, and MCAT range to have a better idea of the typical qualifications of the students accepted. The School of Medicine receives over 3000 AMCAS applications each year for 42 class seats. Candidates need a current MCAT with a combined score of 27 or above to be considered for a secondary application invitation.

VTCSOM encourages a minimum of three letters of recommendation, including one from a science faculty, teacher, or mentor with significant contact with the student. Students may decide the source of the other two letters. Other suggested references include research PIs or mentors, and medical professionals who have observed the applicant's interaction with patients. Applicants are encouraged to provide their letters electronically via the AMCAS Letters service.

Phase III of the Application Process: Interviewing:

Interviews take place on the VTCSOM campus. The interview day is intended to be a bi-directional educational experience. In addition to the direct interviews, interviewees will meet with deans and members of the faculty, attend presentations of the curriculum, tour the community and medical school, and share lunch with faculty and/or students.

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The format for the interview process is the Multiple-Mini-Interview (MMI). The MMI scenario interviewers are not members of the Admissions Committee, but include basic science and clinical faculty as well as members of the Roanoke professional community. They will be blinded as to information in the interviewee's application. Interviews are horizontally framed, i.e., each interviewer will pose a scenario question to each interviewee related to competency-related constructs (such as "Professionalism/ Interdisciplinary Teamwork"). Interviewees rotate through nine scenario "stations" so that all nine interviewers have an opportunity to assess all interviewees within the context of their respective scenario being discussed. This allows interviewers to rank interviewees using predetermined evaluation criteria based on qualities that reflect the interviewee's desire to develop into excellent clinicians and innovators in the biomedical sciences and public health. A member of the Admissions Committee will also conduct an individual eighteen-minute traditional interview with each applicant.

The interview process will refine the interviewee pool to individuals who have compiled excellent undergraduate records with clear evidence of leadership and scholarship, and motivation for a career in medicine.

Phase IV of the Application Process: Acceptance Process

The Admissions Committee will meet regularly through the interview season. The full committee is organized in to two subcommittees. All application materials (AMCAS application, letters of recommendation, secondary application, and the MMI interview score sheet) will be made available to individual committee members who will then present candidate records for consideration to one of the subcommittees of the full committee.

After discussion of the quantitative and non-academic personal/professional attributes of each candidate, the subcommittee members vote their level of confidence in each candidate. The results of those confidence votes become one of the categories of information (along with letters of recommendation, MCAT scores, GPA, graduate degrees, research experience, medical volunteer experience, campus/community volunteer experience, teamwork and leadership, and MMI scores) considered when the full committee members vote to offer acceptances. For the 2014-14 admissions cycle, the full committee voted on four occasions to offer medical school acceptances.

Once notified of an acceptance, acceptees have two weeks to notify the Admissions Office of their decision. If an applicant accepts the offer of admission, a refundable deposit of \$100 will be required at that time. Additionally, each accepted applicant will be advised that matriculation to VTCSOM will be dependent upon: (a) satisfactory criminal background check, (b) satisfactory completion of a prescribed drug screen, (c) satisfactory completion of their bachelor's degree program and required pre-medical coursework, (d) understanding of and agreement to abide by the VTCSOM Standards of Ethical and Professional Conduct Policy, (e) ability to comply with VTCSOM's Technical Standards, and (f) completion of the VTCSOM medical history and physical examination forms.

Deferral of Acceptance

Personal, family, or medical circumstances might prompt accepted applicants to request a deferral of matriculation to medical school for one year. Requests for deferral must meet the medical school's standards for granting the request. Deferrals have been granted for medical, health, employment commitment, and educational experience reasons.

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Deferral requests made in writing will be reviewed by the associate dean for admissions to determine if the request meets the school's criteria. If a deferral is granted, the applicant must comply with the medical school's requirements for reapplication in the next admissions cycle.

If a request for deferral is denied, the applicant may appeal the decision by submitting a written request to the dean of the medical school within ten working days of the notification. The dean's decision is final.

IV. CURRICULUM: DOCTOR OF MEDICINE (M.D.)

A. ABOUT THE EDUCATIONAL PROGRAM

Patient Centered Curriculum Overview

The Patient Centered Curriculum at Virginia Tech Carilion School of Medicine is integrated across all four years of medical school and provides students the foundational knowledge and clinical experience to enter into any residency program. In addition, graduates have the added advantage of an educational experience that provides in-depth experiences in research and interprofessional health care education and practice that prepares entering residents with accentuated leadership skills grounded in research principles and teamwork knowledge and appreciation. Knowledge and experience in four major domains of professional development is provided using a variety of sound educational strategies to maximize student learning. These strategies include: placing emphasis on small group learning activities such as Problem Based Learning cases, interprofessional team building, and cadaveric dissection; using enhanced technology for teaching, learning and assessment such as digital textbooks, required laptop computers, and on-line exams, and placing emphasis on early clinical exposure to frame the basic sciences in the proper context for medical education, and finally the inclusion of basic sciences in the more clinical years which further reinforces the fundamental importance of basic sciences to clinical medicine. Domains include: Basic Sciences, Clinical Sciences and Skills, Research, and Interprofessionalism. While these components are described separately, the Domains have been integrated to the greatest extent possible. This is addressed, in part, by Block Design Teams that have representation from all of these domains. The curriculum is divided into Phase 1 and 2 with multiple Blocks, clerkships, and electives varying in duration and content.

Basic Sciences Value Domain

The Basic Sciences Domain curriculum is a Problem-Based Learning (PBL) Hybrid model of medical education combining both the best practices of small group independent learning and more traditional lecture and laboratory sessions. The first four Blocks (Year 1) are focused on "Normal Structure and Function of the Human Body" and are approached from an organ systems perspective. The second four Blocks (Year 2) are focused on "Pathobiology" and also uses an organ systems approach. All of the foundational basic science content necessary for understanding clinical medicine is delivered and integrated by weaving in traditional disciplines such as anatomy, physiology, biochemistry, and pathology into each organ system. Building on many years of experience in this type of successful medical education at other medical schools, the basic science curriculum at VTCSOM has innovative teaching and assessment components that prepare our students to enter into the more formal clinical phase in years 03 and 04 better prepared to apply the basic science content to clinical patient cases. Learning the basic sciences with emphasis on normal structure and function in year 01 and abnormal in year 02, both using patient cases, allows students enough time to fully develop and reinforce important concepts integrated across health and disease.

STUDENT HANDBOOK

During the PBL component of the basic sciences, students meet in small groups (seven students) three times per week for two hours on Monday, three hours on Wednesday, and three hours on Friday with an experienced faculty facilitator and process patient cases. The cases progressively unfold and are all made available electronically to all groups in their individual team rooms. Students learn and teach each other important basic science content relative to the case of the week. In addition, clinical reasoning skills are developed, communication skills are assessed and improved, and professionalism is ingrained and reinforced in each student as they are participating in this small group. Continuous faculty assessment of student performance in these small groups is a critical aspect of student learning in this format. Lectures and laboratories, while reduced in number compared to a more traditional medical curriculum, support the learning objectives of these cases and overall Block objectives. Students experience the anatomical sciences using a multifaceted approach that includes cadaveric dissection, computer imaging, radiological images, and portable ultrasound. Histology and pathology use digital imaging and cases that have greatly enhanced not only the visual acuity of these disciplines but the clinical application as well. Pharmacology is woven into each of the cases with principles being reinforced with practicing pharmacists (PharmD) from our flagship hospital. Our faculty are committed to making all sessions as interactive as possible in order to enhance the learning environment for today's adult learners and prepare them for a career of life-long learning.

Exciting innovations to the PBL process are continually evolving at VTCSOM; we call it PBL 3.0. Year 02 includes the addition of a "Case Perspectives" session in which a physician and sometimes basic scientists review the case of the week highlighting important concepts in clinical reasoning and basic science content. Students are allowed more flexibility in managing case content, presentation formats, and assigning individual and group responsibilities for each week. These innovations project VTCSOM as a leader in medical education reform resulting in an enhanced learning environment for our students. Another major highlight of this curriculum continues to be the "Case Wrap-up" session with an actual patient that was studied in the PBL Case that week and a physician. This experience provides the opportunity for students to place their learning in the context of a real patient, to interact with the patient on a personal level, to extend their learning utilizing up-to-date best practices highlighted by the physician and sometimes other health-care professionals, and to observe positive physician role modeling and healthcare teamwork in action.

Research Value Domain

A recent report, Scientific Foundations for Future Physicians, from the Association of American Medical Colleges (AAMC) and the Howard Hughes Medical Institute (2009) emphasizes the importance of the science of medicine for selecting and educating tomorrow's doctors and for improving healthcare delivery. A key element of the science of medicine is the discovery process itself, including the scientific reasoning process, understanding how data are obtained and evaluated, assessing the validity of medical and scientific claims and practicing evidence-based medicine. Putting what's best for the patient as the top priority often requires weighing competing claims from the medical literature, from colleagues, from industry as well as from the patients themselves and their families. The AAMC (2008) encouraged being aware of the potential conflicts in evaluating such claims and making decisions based on evidence. Thus, to meet these challenges and in light of our vision and our mission to provide an educational experience and to develop physician thought leaders grounded in inquiry, research, and discovery, VTCSOM has developed a program where students learn these values and competencies through participating in original medical research under the mentorship of accomplished scientists and physicians.

STUDENT HANDBOOK

The Research Value Domain is incorporated throughout all four years of the curriculum with the goal of developing scientist physicians. Scientist physicians are medical practitioners whose main focus is patient care but who bring the perspective, knowledge and analytical skills of a scientist to all aspects of the practice of allopathic medicine. To train scientist physicians, the VTCSOM curriculum immerses students in the language, culture and practice of research. This begins in the classroom setting during Year 01, where original medical scientific literature is used to expose students to both seminal and contemporary research related directly to the topics that are explored in the Basic Science Domain as well as to introduce them to real-world challenges and limitations of modern medicine that require ongoing inquiry. Fundamental research principles (the scientific method, the ethical and regulatory issues associated with human and animal research, successful scientific collaboration, inferential reasoning) and contemporary tools of medical research (biostatistics, epidemiology) are introduced in the context of real medical scientific literature, allowing students to experience how these concepts are applied in actual research. An additional component of the Year 1 Research Domain curriculum is the Timothy A. Johnson Medical Scholar Seminar Series, in which distinguished physician scientists from across the country visit the campus to present contemporary overviews of their field and their current work, in alignment with the topics being presented in the Basic Science domain. The medical students prepare for the Scholar's visit through a "Methods in Logic" session where, together with graduate students, they present the recent work of the visiting researcher to the class with the facilitation of a faculty member, followed by the students attending the research presentation and meeting with the visitor in a small group. This program provides exposure to the leading edge of medical science discovery, presents an opportunity for students to meet with role models who have, in many cases, combined careers as medical practitioners with that of a researcher, and helps to establish networks of professional contacts for the students' future careers. Such immersion in the language of research fosters life-long learning.

Student research opportunities are managed, assessed for relevance, approved, and overseen by the Senior Dean for Research, who also serves as the Executive Director of the Virginia Tech Carilion Research Institute (VTCRI). Extramurally-funded research programs providing medical research opportunities for students are housed in the VTCRI and additional research mentorship is provided from faculty at the Virginia Tech main campus and from faculty clinicians at Carilion Clinic.

The VTCRI is co-located with VTCSOM. This institute houses leading biomedical, behavioral and health implementation and policy investigators and their research teams including postdoctoral fellows, PhD students, laboratory technicians and clinical coordinators whose research programs are supported by federal funding agencies such as NIH, DoD, DoE, DARPA, NSF and several major private medical research foundations. The institute also bridges the life sciences, behavioral, physical, chemical and engineering sciences, engineering, computational and informatics research at Virginia Tech and the clinical expertise at Carilion Clinic.

By actively participating in research under the guidance of a skilled mentor, VTCSOM students learn by doing research. Throughout Year 1, students are introduced to investigators and laboratories at the VTC Research Institute and from across Virginia Tech and Carilion Clinic via the "ResearchLive!" series, providing students the opportunity to talk with potential research mentors, explore research opportunities and define specific areas of interest for their own research projects. At the conclusion of Year 01, students have developed a hypothesis-driven research project in conjunction with their mentor, and the students' participation in the Research Value domain becomes predominantly self-directed. Blocks of time are subsequently designated for the student to be fully engaged in their research project

STUDENT HANDBOOK

in each year of the curriculum. In addition to these scheduled research times, students are also expected to maintain an active research effort during intervening periods over the entire 4 years. This approach will prepare the student for the practice of evidence-based medicine where they will be required to integrate patient care with the discovery process on a daily basis. Interested students may also pursue a Masters or Ph.D. degree after Year 02. While pursuing an additional degree, the student will be withdrawn from the VTCSOM and will be a graduate student at Virginia Tech. The student may receive financial support from the mentor through various funds available to the mentor such as research grants or university or clinic funds, the VTCSOM, a funding agency, or some combination of sources, similar to the type of support that is standard for any other graduate student. After completing the requirements for the M.P.H., M.B.A., M.S., or Ph.D., such students would return to the VTCSOM curriculum.

The culmination of the Research Value Domain is a publishable-quality manuscript that may either stand alone or may be integrated into a larger body of ongoing work from the mentor's research program. During Year 04, students submit their manuscript for approval and make a formal oral presentation on their work. In addition, the student's work is submitted to an appropriate regional or national medical or scientific forum for presentation. Fourth-year student participation in the VTCSOM Medical Student Research Symposium is required and provides a venue for the VTCSOM community to learn about the accomplishments of their colleagues. The Research Value Domain activities during Year 04 thus provide the students the opportunity to demonstrate their successful mastery of both the language and practice of research as future scientist physicians.

Students are reminded that various research activities may require specific trainings or certifications. Those may include, but are not limited to, training related to the Health Insurance Portability and Accountability Act (HIPAA), modules administered through the Collaborative Institutional Training Initiative (CITI) Program, training mandated by the Institutional Animal Care and Use Committee (IACUC) or Environmental Health and Safety (H&S), certifications required by the International Air Transport Association (IATA), Carilion Clinic education modules, and Virginia Tech education modules. Students should consult with their mentor(s) to determine specific required programs and training.

The VTCSOM Research Mentor Handbook, which provides a more detailed description of the requirements and expectations of the Research Domain, is available from the Director of Research Education for both student and faculty mentor reference.

Interprofessional Value Domain

The interprofessional domain curriculum was innovatively developed and continually revised to deliver a higher understanding and practice of effective team work in health care settings to improve quality, safety and patient outcomes. Initiatives such as interprofessional education have been encouraged and mandated by the Institute of Medicine Report (2003 and 2010), Josiah Macy Report (2007 and 2010), American Association of Medical Colleges (2008), the American Council on Graduate Medical Education (2011), as well as the passage of health care reform (2009) and the Patient Protection and Affordable Care Act (2010). They have all stipulated that effective team approaches to patient centered care will not only be required but offer the best solutions to improving patient care and outcomes in the context of rapidly growing medical technology and diminishing resources. These initiatives have led to the recent release of an expert panel titled: *Core Competencies for Interprofessional Collaborative Practice* (2011). These core competencies have been integrated into our course objectives.

STUDENT HANDBOOK

Given our mission to graduate physician thought leaders focused on patient centered outcomes, VTCSOM has focused many efforts and resources to delivering an innovative and exciting curriculum to improve our students' understanding of team work, communication, leadership, diversity, professionalism, health professional roles and practices, and the concepts of quality and safety as applied to rapidly changing health care systems, resources and practices. These skills will be invaluable as they will help break down barriers that have historically hampered the delivery of quality patient care. It is the aim of our interprofessional domain to engage our students in such a manner that they will indeed become thought leaders both in their career and in their community and as a result achieve a higher degree of career and life satisfaction. VTCSOM has a committed partnership with the nearby Jefferson College of Health Sciences in delivering our interprofessional curriculum through diverse interprofessional faculty and course directors. A concerted effort is underway to assure that interprofessional topics are integrated vertically through the syllabi of the other domains and horizontally within our own domain curriculum. The aim of the interprofessional leadership (IPL) curriculum is to deliver the foundational principals and the theoretical and practical application of interprofessionalism in health care settings.

In Phase 1, the Year 01 curriculum includes Blocks 1-4 where the curriculum emphasizes activities that highlight independent and small group reflection and learning focused on individual student personality profiles, communication, conflict resolution, team building principles and skills, team science, quality and safety. Personal value understanding and an ability to listen and to better complement other team member's values and perspectives are practiced in various group settings and scenarios. The roles of various health professionals, their "journeys" to enter their chosen careers, their scope of practice and value to health care teams and patients are imparted to our students through various didactics and experiential activities. These team skills are practiced in facilitated small group discussions, activities/assignments and through a group community service project. The Year 02 curriculum includes Blocks V-VII and includes experiencing and assessing an interprofessional health care team, learning ethical and legal issues in practice and medical humanities.

In Phase 2 - Years 03 and 04(Clinical Clerkships), interprofessionalism is a strong component of every rotation and usually involves interprofessional healthcare teams. Students will be evaluated and assessed on Interprofessional Core Competencies (as related to ACGME Core Competencies) and students will evaluate faculty and team members on the same competencies. Interprofessionalism is an integral part of domain days (usually twice a six week block). Interprofessionalism and a review of the entire domain and curriculum delivery will be a part of the Dean's Colloquium prior to graduation.

Clinical Sciences and Skills Value Domain - Years 1 and 2

The Association of American Medical Colleges clearly states that "clinical skills education in the undergraduate medical curriculum is fundamental to the development of basic clinical method and the lifelong achievement of excellence in clinical practice." At VTCSOM, the Clinical Science Value Domain is introduced immediately. Using a developmentally appropriate longitudinal process, it is designed to prepare the student with a solid foundation to participate in all future clerkship rotations and optimally learn from their patient encounters. In addition to solid physical exam skills, clinical reasoning skills and oral and written presentation skills, this course emphasizes the development of exceptional patient engagement and communication skills which are directly linked to improved health outcomes and optimal patient satisfaction rates. Students refine such skills through a range of instructional methods specifically chosen to best support given learning objectives. Methodologies include small group sessions, discussions and workshops as well as simulated clinical learning opportunities.

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In support of our commitment at VTCSOM to teach and model interprofessionalism, clinical sciences integrates a variety of physician faculty, including primary care providers and subspecialists, as well as other instructors including nurses, psychologists, physician assistants, ultrasonographers and therapists. This fosters interdepartmental communication, collegiality and teamwork. It also provides students with opportunities to discuss which clinical skills may be appropriate in various clinical scenarios and settings and the corresponding roles of each member in the modern healthcare team necessary to deliver excellent patient care.

Similarly, vertical integration with the Basic Science Domain is fostered by coordinating the highlighted physical exam skills with the morning basic science material and organ systems emphasized during each block, allowing students ample opportunity to apply their understanding of newly acquired biomedical information studied in anatomy, histology, pathophysiology and their PBL cases. This deepens student understanding of PBL cases and enhances learning interest. Likewise, cases utilized in the standardized patient program have been written to practice specific interview and physical exam skills directly related to block content.

The Research Domain at VTCSOM further supports such application of scientific knowledge and methods to clinical problem solving. These skills are particularly important as the student progresses from a reporter of patient histories and exam findings to a more advanced critical thinker and thought leader with potential to improve patient outcomes and healthcare delivery.

Continuous faculty feedback and assessment of clinical skills are integral components of student learning in this domain. Scheduled time is dedicated to providing students with the opportunity to learn and practice clinical skills with faculty and standardized patient feedback prior to summative assessment.

Students are also provided the opportunity to apply the skills learned in the Clinical Science classrooms to real patient care. Beginning in Block II of Year 01, each student is assigned to an ambulatory clinic preceptor in the Longitudinal Ambulatory Care Experience (LACE). Students attend this clinic for two half days every block in Year 01 and for one half day in Year 02. Prior to each session, the students and their preceptors are given specific interview skills and/or physical exam skills to focus on during their time together that corresponds to the Clinical Sciences curriculum. This experience continues throughout the first two years and provides an immediate introduction for the student into the clinical practice of medicine and a longitudinal opportunity for patient continuity, progressive assessment of clinical skills, and professional mentorship.

Clinical Sciences Value Domain – Years 3 and 4

The Clinical Sciences Value Domain in Phase-2 was thoughtfully designed to be integrated, allowing the various departments to collaborate towards an enhanced experience for the student. VTCSOM students enter Phase-2 (Years 3 and 4) well prepared from the students experience with the Patient Centered Learning curriculum, Longitudinal Ambulatory Care Experience, shadowing experiences, and the excellent Phase-1 clinical sciences curriculum.

Most of Year 3 is spent at Carilion Medical Center with clinical faculty who are largely members of Carilion Clinic, an integrated, multi-specialty physician health care system with more than 600 physicians and eight not-for-profit hospitals, specializing in patient-centered care, medical education, and clinical

STUDENT HANDBOOK

research, with a goal of providing the best possible health outcome and healthcare experience for each patient. Carilion Clinic, through its physician leadership, has accountability for all aspects of Carilion's clinical outcomes, operations, and educational programs. The resources of Carilion Clinic, including its inpatient and many outpatient sites, its proximity to VTCSOM, and the size and expertise of its faculty in clinical practice and education, make for a robust partner to VTCSOM in undergraduate medical education.

Year 3 is where students will complete a year of required clerkships consisting of 6-week rotations in the core clinical disciplines (Internal Medicine, Surgery, Family & Community Medicine, Pediatrics, Psychiatry, and OB/GYN) and 2-week rotations in Radiology and Neurology. Research continues to be integrated into the clerkship year with a dedicated 4 week Block. In addition, there are 4 weeks available for electives in Year 3. Some students can use their M3 elective time to complete the Emergency Medicine clerkship.

Throughout the clerkships and at the end of the third year, students will be assessed on clinical and communication skills in a multi-station Objective Structured Clinical Exam (OSCE). This information will be formative and used to help structure the student's experience in subsequent Blocks of required clinical experiences and electives as well as to better prepare them for the USMLE Step 2 Clinical Skills examination.

During Year 4, students will complete a four-week required clinical experience in Emergency Medicine as well as selectives to include one Medical Subspecialty (2 weeks), one Surgical Subspecialty (2 weeks) and one ICU/Critical Care rotation (2 weeks). There are 18 and up to 26 weeks of additional elective time and additional flexible time for interviewing for residency programs and vacation. Finally, there is a required two-week Research rotation. This rotation can be lengthened for students whose research requires additional time. This determination can be made by the research mentor, the Director of Research Education, and the Senior Associate Dean for Academic Affairs. At the discretion of the faculty and based on individual student needs, students can be required to take particular electives.

While the Clinical Sciences are prominent during Phase-2 of the VTCSOM educational experience, threads from each of the four value domains are woven into the experience. Students will be brought together on two Friday afternoons per six-week block to continue to integrate the four educational Value Domains (Basic Science, Clinical Science, Research, and Interprofessionalism). The planning and implementation of the content of these "Domain Days" sessions is rotated among the various domain leaders and core clinical departments.

There is a 4-week "Transition to Residency" course. The first two weeks surround Match Week and the last two weeks are the final two weeks of the M4 year. Students are provided information on current updates in basic sciences, debt repayment and financial aid issues, residency preparation activities and suggestions, legal issues and new educational developments at VTCSOM. Students will get ACSL certified and faculty will finalize the Entrustable Professional Activities certification on graduating students.



STUDENT HANDBOOK

B. CURRICULUM MAP

		Curriculum Map 2016-2017																																																																									
PHASE I		BLOCK I										BLOCK II										BLOCK III										BLOCK IV																																											
YEAR 1 2016-2017	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28	12/5	12/12	12/19	12/26	1/2	1/9	1/16	1/23	1/30	2/6	2/13	2/20	2/27	3/6	3/13	3/20	3/27	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5																													
	Orientation	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks																				
YEAR 2 2016-2017	7/5	7/11	7/18	7/25	8/1	8/8	8/15	8/22	8/29	9/5	9/12	9/19	9/26	10/3	10/10	10/17	10/24	10/31	11/7	11/14	11/21	11/28	12/5	12/12	12/19	12/26	1/2	1/9	1/16	1/23	1/30	2/6	2/13	2/20	2/27	3/6	3/13	3/20	3/27	4/3	4/10	4/17	4/24	5/1	5/8	5/15	5/22	5/29	6/5																										
	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks										Exam	Special Studies	Classroom hours	0 Weeks								

Legend: 0=Block/0.25=1 Week
 Planning: November 20, 2016
 Class Meeting: October 17, 2016; January 1, 2017
 Exam (including holiday): July 26-28, 2017

PHASE II	2016												2017																																						
	7/27	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12	7/27	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12																											
YEAR 1 2016-2017	Orientation	Rotation 1 6 weeks	Rotation 2 6 weeks	Rotation 3 6 weeks	Rotation 4 6 weeks	Rotation 5 6 weeks	Rotation 6 6 weeks	Rotation 7 6 weeks	Rotation 8 6 weeks	Rotation 9 6 weeks	Rotation 10 6 weeks	Rotation 11 6 weeks	Rotation 12 6 weeks	Rotation 13 6 weeks	Rotation 14 6 weeks	Rotation 15 6 weeks	Rotation 16 6 weeks	Rotation 17 6 weeks	Rotation 18 6 weeks	Rotation 19 6 weeks	Rotation 20 6 weeks	Rotation 21 6 weeks	Rotation 22 6 weeks	Rotation 23 6 weeks	Rotation 24 6 weeks	Rotation 25 6 weeks	Rotation 26 6 weeks	Rotation 27 6 weeks	Rotation 28 6 weeks	Rotation 29 6 weeks	Rotation 30 6 weeks	Rotation 31 6 weeks	Rotation 32 6 weeks	Rotation 33 6 weeks	Rotation 34 6 weeks	Rotation 35 6 weeks	Rotation 36 6 weeks	Rotation 37 6 weeks	Rotation 38 6 weeks	Rotation 39 6 weeks	Rotation 40 6 weeks	Rotation 41 6 weeks	Rotation 42 6 weeks	Rotation 43 6 weeks	Rotation 44 6 weeks	Rotation 45 6 weeks	Rotation 46 6 weeks	Rotation 47 6 weeks	Rotation 48 6 weeks	Rotation 49 6 weeks	Rotation 50 6 weeks
	Orientation	Rotation 1 6 weeks	Rotation 2 6 weeks	Rotation 3 6 weeks	Rotation 4 6 weeks	Rotation 5 6 weeks	Rotation 6 6 weeks	Rotation 7 6 weeks	Rotation 8 6 weeks	Rotation 9 6 weeks	Rotation 10 6 weeks	Rotation 11 6 weeks	Rotation 12 6 weeks	Rotation 13 6 weeks	Rotation 14 6 weeks	Rotation 15 6 weeks	Rotation 16 6 weeks	Rotation 17 6 weeks	Rotation 18 6 weeks	Rotation 19 6 weeks	Rotation 20 6 weeks	Rotation 21 6 weeks	Rotation 22 6 weeks	Rotation 23 6 weeks	Rotation 24 6 weeks	Rotation 25 6 weeks	Rotation 26 6 weeks	Rotation 27 6 weeks	Rotation 28 6 weeks	Rotation 29 6 weeks	Rotation 30 6 weeks	Rotation 31 6 weeks	Rotation 32 6 weeks	Rotation 33 6 weeks	Rotation 34 6 weeks	Rotation 35 6 weeks	Rotation 36 6 weeks	Rotation 37 6 weeks	Rotation 38 6 weeks	Rotation 39 6 weeks	Rotation 40 6 weeks	Rotation 41 6 weeks	Rotation 42 6 weeks	Rotation 43 6 weeks	Rotation 44 6 weeks	Rotation 45 6 weeks	Rotation 46 6 weeks	Rotation 47 6 weeks	Rotation 48 6 weeks	Rotation 49 6 weeks	Rotation 50 6 weeks
YEAR 2 2016-2017	Rotation 51 6 weeks	Rotation 52 6 weeks	Rotation 53 6 weeks	Rotation 54 6 weeks	Rotation 55 6 weeks	Rotation 56 6 weeks	Rotation 57 6 weeks	Rotation 58 6 weeks	Rotation 59 6 weeks	Rotation 60 6 weeks	Rotation 61 6 weeks	Rotation 62 6 weeks	Rotation 63 6 weeks	Rotation 64 6 weeks	Rotation 65 6 weeks	Rotation 66 6 weeks	Rotation 67 6 weeks	Rotation 68 6 weeks	Rotation 69 6 weeks	Rotation 70 6 weeks	Rotation 71 6 weeks	Rotation 72 6 weeks	Rotation 73 6 weeks	Rotation 74 6 weeks	Rotation 75 6 weeks	Rotation 76 6 weeks	Rotation 77 6 weeks	Rotation 78 6 weeks	Rotation 79 6 weeks	Rotation 80 6 weeks	Rotation 81 6 weeks	Rotation 82 6 weeks	Rotation 83 6 weeks	Rotation 84 6 weeks	Rotation 85 6 weeks	Rotation 86 6 weeks	Rotation 87 6 weeks	Rotation 88 6 weeks	Rotation 89 6 weeks	Rotation 90 6 weeks	Rotation 91 6 weeks	Rotation 92 6 weeks	Rotation 93 6 weeks	Rotation 94 6 weeks	Rotation 95 6 weeks	Rotation 96 6 weeks	Rotation 97 6 weeks	Rotation 98 6 weeks	Rotation 99 6 weeks	Rotation 100 6 weeks	
	Rotation 51 6 weeks	Rotation 52 6 weeks	Rotation 53 6 weeks	Rotation 54 6 weeks	Rotation 55 6 weeks	Rotation 56 6 weeks	Rotation 57 6 weeks	Rotation 58 6 weeks	Rotation 59 6 weeks	Rotation 60 6 weeks	Rotation 61 6 weeks	Rotation 62 6 weeks	Rotation 63 6 weeks	Rotation 64 6 weeks	Rotation 65 6 weeks	Rotation 66 6 weeks	Rotation 67 6 weeks	Rotation 68 6 weeks	Rotation 69 6 weeks	Rotation 70 6 weeks	Rotation 71 6 weeks	Rotation 72 6 weeks	Rotation 73 6 weeks	Rotation 74 6 weeks	Rotation 75 6 weeks	Rotation 76 6 weeks	Rotation 77 6 weeks	Rotation 78 6 weeks	Rotation 79 6 weeks	Rotation 80 6 weeks	Rotation 81 6 weeks	Rotation 82 6 weeks	Rotation 83 6 weeks	Rotation 84 6 weeks	Rotation 85 6 weeks	Rotation 86 6 weeks	Rotation 87 6 weeks	Rotation 88 6 weeks	Rotation 89 6 weeks	Rotation 90 6 weeks	Rotation 91 6 weeks	Rotation 92 6 weeks	Rotation 93 6 weeks	Rotation 94 6 weeks	Rotation 95 6 weeks	Rotation 96 6 weeks	Rotation 97 6 weeks	Rotation 98 6 weeks	Rotation 99 6 weeks	Rotation 100 6 weeks	

C. DEGREE REQUIREMENTS

Upon recommendation by the School of Medicine Faculty, the Virginia Tech Carilion School of Medicine will confer the degree of Doctor of Medicine upon candidates who have:

1. Successfully completed the Phase 1 and Phase 2 requirements;
2. Completed the research project criteria (manuscript, Year 04 presentation, and submission of an abstract for presentation);
3. Passage of the USMLE Step 1, Step 2 CS, and Step 2 CK examinations;
4. Discharged all financial obligations to the School of Medicine.

Each student's record is reviewed by the Medical Student Performance and Promotion Committee (MSPPC) in the latter half of their fourth year to confirm the successful completion of all academic requirements and the demonstration of a degree of professionalism deemed to be essential for all physicians. Upon completion of this review, the findings and recommendations of the MSPPC are forwarded to the Dean for approval.

D. ACADEMIC CALENDARS

2016-2017 M-1 Class of 2020 Schedule

FALL 2016

Tuesday, July 5: Students billed FALL Tuition & Fees
Friday, July 15: First disbursement of Financial Aid for FALL
Monday, July 25: First Financial Aid refunds available
Monday, July 25: FALL Tuition & Fees due
Orientation-Monday, July 25 - Friday, July 29, 2016 – MANDATORY ATTENDANCE REQUIRED

Block I

Monday, August 1: Classes Begin – Block I
Monday, September 5: **Labor Day, no classes, student holiday**
Friday, September 23: Classes End
Monday, September 26 – Friday, September 30: Exams
Monday, October 3 – Friday, October 7: Special Studies Week

Block II

Monday, October 10: Classes Begin – Block II
Friday, October 21 - White Coat Ceremony
Wednesday, November 23 (PM): **Thanksgiving Holiday Begins (at completion of class), student holiday**
Monday, November 28: Classes Resume
Friday, December 2: Classes End
Monday, December 5 – Friday, December 9: Exams
Monday, December 5: Short Term Loan applications due (if applicable)
Tuesday, December 6: Students billed SPRING tuition & fees
Monday, December 12 – Friday, December 16: Special Studies Week
Wednesday, December 14: Students to receive STL funds if applications received by December 5 deadline
Saturday, December 17 – Sunday, January 1 – Winter Break

SPRING 2017

Monday, January 2: SPRING Tuition & Fees due
Block III
Monday, January 2: Classes Begin – Block III, First disbursement of Financial Aid for SPRING
Monday, January 9: First Financial Aid refunds available
Monday, January 16: **Martin Luther King Day, no classes, student holiday**
Friday, February 24: Classes End
Wednesday, March 1: Priority deadline for FAFSA completion
Monday, February 27 – Friday, March 3: Exams
Monday, March 6 – Friday, March 10: Special Studies Week

Block IV

Monday, March 13: Classes Begin – Block IV
Friday, March 24 – Class of 2017 Research Symposium
Friday, May 5: Classes End
Saturday, May 6 - Graduation
Monday, May 8 – Friday, May 12: Exams
Monday, May 15 – Friday, May 19: Special Studies Week

M1 RESEARCH

Monday, May 22: M1 RESEARCH Begins
Friday, June 9: M1 RESEARCH Ends

M1 3 week SUMMER SESSION (Optional) –

Monday, June 12: M1 SUMMER SESSION Begins
Friday, June 30: M1 SUMMER SESSION Ends

HOLIDAYS: The administrative offices of the Virginia Tech Carilion School of Medicine observe the holidays listed on this calendar and classes are not held for first and second year students. Observation of all holidays by third and fourth year students is determined by the hospitals and is contingent upon the student's clinical responsibilities.

IMPORTANT GRADE DEADLINES FOR BLOCK DIRECTORS – Grades are due to the Registrar's Office by the deadlines listed below:

Friday, October 14: Grades DUE for Block I
Monday, December 19: Grades DUE for Block II
Friday, March 17: Grades DUE for Block III
Friday, May 26: Grades DUE for Block IV
Friday, June 23: Grades DUE for M1 RESEARCH

This schedule is subject to change***Please note the dates and times for holidays***Travel should be planned accordingly as exceptions for exams will not be approved.

2016-2017 M-2 Class of 2019 Schedule

FALL 2016

Friday, June 3: Students billed FALL Tuition & Fees

Monday, June 27: FALL Tuition & Fees due

Friday, July 1: First disbursement of Financial Aid for FALL

Block V

Tuesday, July 5: Classes Begin – Block V

Friday, July 8: First Financial Aid refunds available

Friday, August 12: Classes End

Monday, August 15 – Friday August 19: Exams

Monday, August 22 – Friday, August 26: Special Studies Week

Block VI

Monday, August 29: Classes Begin – Block VI

Monday, September 5: **Labor Day, no classes, student holiday**

Friday, October 7: Classes End

Monday, October 10 – Friday, October 14: Exams

Monday, October 17 – Friday, October 21: Special Studies Week

Block VII

Monday, October 24: Classes Begin – Block VII

Wednesday, November 23 (PM): **Thanksgiving Holiday Begins, student holiday**

Monday, November 28: Classes Resume

Friday, December 2: Classes End

Monday, December 5 – Friday, December 9: Exams

Monday, December 5: Short Term Loan applications due (if applicable)

Tuesday, December 6: Students billed SPRING tuition & fees

Monday, December 12 – Friday, December 16: Special Studies Week

Wednesday, December 14: Students to receive STL funds if applications received by December 5 deadline

Saturday, December 17– Sunday, January 1 – Winter Break

SPRING 2017

Monday, January 2: SPRING Tuition & Fees due

Block VIII

Monday, January 2: Classes Begin – Block VIII, First disbursement of Financial Aid for SPRING

Monday, January 9: First Financial Aid refunds available

Monday, January 16: **Martin Luther King Day, no classes, student holiday**

Friday, February 10: Classes End

Monday February 13 – Friday, February 17: Exams

Monday, February 20 – Friday, February 24: Special Studies Week

M2 RESEARCH*

Monday, February 27: M2 RESEARCH Begins

Wednesday, March 1 - Priority deadline for FAFSA completion

Friday, March 24 – Class of 2017 Research Symposium

Friday, April 21: M2 RESEARCH Ends

INDEPENDENT STUDY – (STEP 1 PREP)*

Monday, April 24: INDEPENDENT STUDY Begins

Saturday, May 6 - Graduation

Friday, June 2: INDEPENDENT STUDY Ends

M2 3 week SUMMER SESSION (Optional)

Monday, June 5: M2 SUMMER SESSION Begins

Friday, June 23: M2 SUMMER SESSION Ends

Friday, June 23: Class of 2019 deadline to sit and record a score for USMLE Step 1**

*students may reverse the order of M2 Research and Independent Study with the approval of the Associate Dean for Student Affairs and the Director of Research Education.

pending approval by Associate Dean of Student Affairs – **Dr. Knight - to confirm future date*

HOLIDAYS: The administrative offices of the Virginia Tech Carilion School of Medicine observe the holidays listed on this calendar and classes are not held for first and second year students. Observation of all holidays by third and fourth year students is determined by the hospitals and is contingent upon the student's clinical responsibilities.

IMPORTANT GRADE DEADLINES FOR BLOCK DIRECTORS – Grades are due to the Registrar's Office by the deadlines listed below:

Friday, September 2: Grades DUE for Block V

Friday, October 28: Grades DUE for Block VI

Monday, December 19: Grades DUE for Block VII

Friday, March 3: Grades DUE for Block VIII

Friday, May 5: Grades DUE for M2 RESEARCH

Friday, June 16: Grades DUE for INDEPENDENT STUDY

This schedule is subject to change***Please note the dates and times for holidays***Travel should be planned accordingly as exceptions for exams will not be approved.

2016-2017 M-3 Class of 2018 Schedule

FALL 2016

Friday, June 3: Students billed FALL Tuition & Fees

Monday, June 27: FALL Tuition & Fees due

Orientation AND Boot Camp – Monday, June 27 - Friday, July 1

Wednesday, June 29 – Student Clinician Ceremony

Friday, July 1: First disbursement of Financial Aid for FALL

Monday, July 4 - Holiday, student holiday

Tuesday, July 5: Rotation 1 begins

Friday, July 8: First Financial Aid refunds available

Sunday, August 14: Rotation 1 ends

Monday, August 15: Rotation 2 begins

Sunday, September 25: Rotation 2 ends

Monday, September 26: Rotation 3 begins

Sunday, November 6: Rotation 3 ends

Monday, November 7: Rotation 4 begins

Monday, December 5: Short Term Loan applications due (if applicable)

Tuesday, December 6: Students billed SPRING tuition & fees

Wednesday, December 14: Students to receive STL funds if applications received by December 5 deadline

Sunday, December 18: Rotation 4 ends

Monday, December 19 – Sunday, January 1 – Winter Break

SPRING 2017

Monday, January 2: SPRING Tuition & Fees due

Monday, January 2: Rotation 5 begins, First disbursement of Financial Aid for SPRING

Monday, January 9: First Financial Aid refunds available

Sunday, February 12: Rotation 5 ends

Monday, February 13: Rotation 6 begins

Wednesday, March 1 - Priority deadline for FAFSA completion

Friday, March 24 – Class of 2017 Research Symposium

Sunday, March 26: Rotation 6 ends

Monday, March 27: Rotation 7 begins

Saturday, May 6 - Graduation

Sunday, May 7: Rotation 7 ends

Monday, May 8: Rotation 8 begins

Sunday, June 18: Rotation 8 ends

Monday, June 19 – Friday, June 23 – Assessment Week

Saturday, June 24 – Sunday, July 2 – Summer Break

HOLIDAYS: The administrative offices of the Virginia Tech Carilion School of Medicine observe the holidays listed on this calendar and classes are not held for first and second year students. Observation of all holidays by third and fourth year students is determined by the hospitals and is contingent upon the student's clinical responsibilities.

IMPORTANT GRADE DEADLINES FOR CLERKSHIP DIRECTORS – Grades are due to the Registrar's Office by the deadlines listed below:

Monday, August 29: Grades DUE for Rotation 1

Monday, October 10: Grades DUE for Rotation 2

Monday, November 21: Grades DUE for Rotation 3

Monday, January 2: Grades DUE for Rotation 4

Monday, February 27: Grades DUE for Rotation 5

Monday, April 10: Grades DUE for Rotation 6

Monday, May 22: Grades DUE for Rotation 7

Monday, July 3: Grades DUE for Rotation 8

This schedule is subject to change***Please note the dates and times for holidays***Travel should be planned accordingly as exceptions for exams will not be approved***You must come in for pre-rounding and rounding. Check with your clerkship for the time.

2016-2017 M-4 Class of 2017 Schedule

FALL 2016

Friday, June 3: Students billed FALL Tuition & Fees

Monday, June 27: FALL Tuition & Fees due

Friday, July 1: First disbursement of Financial Aid for FALL

Tuesday, July 5 - Sunday, July 17: Rotation 1A

Friday, July 8: First Financial Aid refunds available

Monday, July 18 - Sunday, July 31: Rotation 1B

Friday, July 29: Class of 2017 preferred date to sit for USMLE Step 2 CK*

Monday, August 1 - Sunday, August 14: Rotation 2A

Monday, August 15 - Sunday, August 28: Rotation 2B

Monday, August 29 - Sunday, September 11: Rotation 3A

Monday, September 12 - Sunday, September 25: Rotation 3B

Monday, September 26 - Sunday, October 9: Rotation 4A

Monday, October 10 - Sunday, October 23: Rotation 4B

Monday, October 24 - Sunday, November 6: Rotation 5A

Saturday, November 5: Class of 2017 preferred date to sit for USMLE Step 2 CS**

Monday, November 7 - Sunday, November 20: Rotation 5B

Monday, November 21 - Sunday, December 4: Rotation 6A

Monday, December 5 - Sunday, December 18: Rotation 6B

Monday, December 5: Short Term Loan applications due (if applicable)

Tuesday, December 6: Students billed SPRING tuition & fees

Wednesday, December 14: Students to receive STL funds if applications received by December 5 deadline

SPRING 2017

Monday, January 2: SPRING Tuition & Fees due

Monday, January 2 - Sunday, January 15: Rotation 7A, First disbursement of Financial Aid for SPRING

Monday, January 9: First Financial Aid refunds available

Monday, January 16 - Sunday, January 29: Rotation 7B

Monday, January 30 - Sunday, February 12: Rotation 8A

Monday, February 13 - Sunday, February 26: Rotation 8B

Monday, February 27 - Sunday, March 12: Rotation 9A

Monday, March 13 - Sunday, March 26: Transition to Residency I

Friday, March 17 - Match Day

Friday, March 24 - Class of 2017 Research Symposium

Monday, March 27 - Sunday, April 9: Rotation 10A

Monday, April 10 - Sunday, April 23: Rotation 10B

Monday, April 24 - Thursday, May 4: Transition to Residency II

Saturday, May 6, 2017 - Graduation

**pending approval by Associate Dean of Student Affairs*

***this date guarantees score by December 14*

Breakdown of Year 4

Year 4 encompasses 2 week and 4 week rotations

33 (Minimum) - 41 (Maximum) total weeks for instruction:

15 ½ weeks for Requirements;

Year 4 Requirements (15 ½ weeks total)

Emergency Medicine Clerkship- 4 weeks

ICU elective- 2 weeks

Medical Subspecialty - 2 weeks

Research- 2 weeks

Surgical Subspecialty - 2 weeks

Transition to Residency I- 2 weeks

Transition to Residency II- 1 ½ weeks

Year 4 Electives

Minimum 16 weeks, Maximum 24 weeks: (2 or 4 week rotations)

11 weeks of vacation including:

8 weeks of vacation during which interviews should be scheduled

(this vacation time is to be determined by the individual student's schedule)

3 scheduled weeks of official VTCsOM breaks

HOLIDAYS: The administrative offices of the Virginia Tech Carilion School of Medicine observe the holidays listed on this calendar and classes are not held for first and second year students. Observation of all holidays by third and fourth year students is determined by the hospitals and is contingent upon the student's clinical responsibilities.

IMPORTANT GRADE DEADLINES FOR ELECTIVE/CLERKSHIP DIRECTORS - Grades are due to the Registrar's Office by the deadlines listed below

IMPORTANT GRADE DEADLINES FOR ELECTIVE/CLERKSHIP DIRECTORS - Grades are due to the Registrar's Office by the deadlines listed below

Monday, August 1 - 1A; August 15 - 1B

Monday, August 29 - 2A; September 12 - 2B

Monday, September 26 - 3A; October 10 - 3B

Monday, October 24 - 4A; November 7 - 4B

Monday, November 21 - 5A; December 5 - 5B

Monday, December 19 - 6A; January 2 - 6B

Monday, January 30 - 7A; February 13 - 7B

Monday, February 27 - 8A; March 13 - 8B

Monday, March 27 - 9A; April 10 - Transition to Residency I

Monday, April 24 - 10A; Friday, April 28 - 10B***

This schedule is subject to change***Please note the dates and times for holidays***Travel should be planned accordingly as exceptions for exams will not be approved***You must come in for pre-rounding and rounding. Check with your clerkship for the time.

2016-2017 VTCSOM MD ACADEMIC CALENDAR

2016 – 2017	(M4) Class of 2017	(M3) Class of 2018	(M2) Class of 2019	(M1) Class of 2020
Fall 2016 (Term 1)				
Assessment week	6/20/2016-6/24/2016			
Fall Semester Orientation	N/A	6/27/2016-7/1/2016	N/A	7/25/2016-7/29/2016
Fall Semester Classes Begin	7/5/2016	7/5/2016	7/5/2016	8/1/2016
Labor Day Holiday	N/A	N/A	9/5/2016	9/5/2016
Thanksgiving Holiday	N/A	N/A	11/23/2016-11/27/2016	11/23/2016-11/27/2016
Fall Semester Ends	12/18/2016	12/18/2016	12/16/2016	12/16/2016
Spring 2017 (Term 2)				
Spring Semester Begins	1/2/2017	1/2/2017	1/2/2017	1/2/2017
Martin Luther King Day	N/A	N/A	1/16/2017	1/16/2017
Spring Semester Ends	5/4/2017	6/18/2017	6/2/2017	6/9/2017
Summer Session	N/A	N/A	6/5/2017-6/23/2017	6/12/2017-6/30/2017
Graduation	5/6/2017	N/A	N/A	N/A

E. COURSE DESCRIPTIONS

YEAR ONE

MED 600. Orientation to Medical School and to VTCSOM (1 credit)

Topics for this course include:

Patient Centered Learning Case process, Introduction to the Curriculum and Value Domains, VTCSOM Student Policies and Procedures, Introduction to Student Services, Introduction to Student Health and Well-Being.

Prerequisite(s): None

Co-requisite(s): None

MED 601. Block I: Functional Biology of Cells and Tissues, Patient Centered Interviewing and Physical Exam I, Fundamentals and Foundations of Research, Interprofessional Teamwork and Roles for Collaborative Practice (11 credits)

Topics for this course include:

Functional Biology of Cells and Tissues: Molecules, Genes, Chromosomes, Proteins, Cells, Tissues, Metabolism, Transcription, Translation, Musculoskeletal System, Immunology, Introduction to Pharmacology

Interviewing and Physical Exam I: Patient Centered Interviewing, Introduction to the Physical Exam (Musculoskeletal Exam), Ultrasound

Fundamentals and Foundations of Research: The Scientific Method, Thinking like a Scientist Physician, Basic, Clinical, and Translational Research Principles, Scientific Misconduct, The Protection of Human Subjects in Research, the Use and Protection of Animals in Research, Research Live, Methods in Logic, and the Medical Scholar Series

Interprofessional Teamwork and Roles for Collaborative Practice: Healthcare Roles and Responsibilities, Introduction to Team Building, Individual Professional Journey

Prerequisite(s): MED 600

Co-requisite(s): None

MED 602. Block II: Human Body I, Interviewing and Physical Exam II, Research, Interpersonal and Interprofessional Communication (11 credits)

Topics for this course include:

Human Body I: Early Development, Cardiovascular, Respiratory, and the Autonomic Nervous System

Interviewing and Physical Exam II: Patient and Doctor Centered Interviewing (History of Present Medical Illness, Past, Medical, Family, Medications & Habits), Vital Signs, Heart and Lungs, BMI, Vascular Ultrasound, Normal Aging Process, Longitudinal Ambulatory Care Experience (LACE)

Research: Biostatistics, Research Live, Methods in Logic, and the Medical Scholar Series

Interpersonal and Interprofessional Communication: Healthcare Roles and Responsibilities, Challenges and Issues in Team Dynamics (Conflict Resolution, Accountability, Feedback, etc), Patient Voice, Positive Outcomes of Effective Healthcare Teams, Begin Planning for Service Learning Project

Prerequisite(s): MED 600 -601

Co-requisite(s): None

Med 603. Block III: Human Body II, Interviewing and Physical Exam III, Research, Collaborative Leadership in the Healthcare Environment (11 credits)

Topics for this course include:

Human Body II: GI Tract, Liver and Biliary, Renal, Endocrine, and Reproduction

Interviewing and Physical Exam III: Patient and Doctor-Centered Interviewing (Personal & Social Hx), Abdominal Exam, Male and Female Genitourinary Exams, Introduction to the Obstetrics Exam, Breast Exam, Lymphatic Exam, Cultural Considerations, Abdominal Ultrasound, LACE

Research: Epidemiology, Research Live, Methods in Logic, and the Medical Scholar Series, Research Mentor and Project Selection

Collaborative Leadership in the Healthcare Environment: Simulations (Quality of Healthcare and Patient Safety, Patient and Family Interactions, Expanded Healthcare Teams), Community Service Learning Project

Prerequisite(s): MED 600 – 602

Co-requisite(s): None

Med 604. Block IV: Biology of the Nervous System, Interviewing and Physical Exam IV, Research Outcomes, Community Service Learning Project (11 credits)

Topics for this course include:

Biology of the Nervous System: Central Nervous System, Peripheral Nervous System, Special Sensory Structures

Interviewing and Physical Exam IV: Patient and Doctor-Centered Interviewing (Review of Systems), Neurological Exam, Pediatric Development, HEENT, Dental Exam, Mental Status Exam, LACE

Research Outcomes: Research Prospectus preparation and presentation, Literature Searches, Methods in Logic, and Medical Scholars Series

Community Service Learning Project: Project Implementation, Reports and Presentations, Interprofessional Controversies, Professional Oaths

Prerequisite(s): MED 600 - 603

Co-requisite(s): None

MED M1 Research: Research (3 credits)

Students will complete three weeks of independent research.

Prerequisite(s): MED 600 - 604

Co-requisite(s): None

YEAR TWO

MED 701. Block V: Fundamentals of Pathobiology, Interviewing and Physical Exam V, Research, Experience and Assessment of Interprofessional Health Care Teams (8 credits)

Topics for this course include:

Fundamentals of Pathobiology: Cells and Tissues, Necrosis, Neoplasia, Immunological Diseases, Principles of Microbiology, Skin Disorders, Therapeutic Pharmacology

Interviewing and Physical Exam V: Clinical Skills Review (Complete Hx & Physical Exam), Dermatology Exam including Ultrasound, Fundamentals of Case Presentation, Clerkship Competency Series: Gown & Glove, Health Promotion & Disease Prevention, Introduction to Smoking Cessation, Adult Immunizations, LACE

Research: Individual Student Research Project

Experience and Assessment of Interprofessional Health Care Teams: On-site evaluation of Interprofessional Healthcare teams, High-Fidelity Simulation Scenarios

Prerequisite(s): MED 600 – 604 and MED M1Research

Co-requisite(s): None

MED 702. Block VI: Pathobiology of the Human Body I, Interviewing and Physical Exam VI, Research, Ethical and Legal Issues in Healthcare (8 credits)

Topics for this course include:

Pathobiology of the Human Body I: Hematology, Vascular Diseases, Heart, Pulmonary, Systems Microbiology, Therapeutic al Pharmacology

Interviewing and Physical Exam VI: Fundamentals of Case Presentation, Assessing Stages of Change: Smoking Cessation, Exam Findings in Cardiopulmonary Disease, ECG and Cx-ray Interpretation, Clerkship Competency Series: ABG's, Venous Blood Draws, Oxygen Therapy, LACE

Research: Individual Student Research Project

Ethical and Legal Issues in Healthcare: Applied clinical ethics and decision making, discipline specific ethical perspectives and values, Law, Practice and Codes of Ethics, Autonomy, Respect for Dignity and Veracity, Beneficence and Nonmaleficence, Distributive Justice, Ethics in the Workplace

Prerequisite(s): MED 701

Co-requisite(s): None

MED 703. Block VII: Pathobiology of the Human Body II, Interviewing and Physical Exam VII, Research, Medicine, Culture and Society (8 credits)

Topics for this course include:

Pathobiology of the Human Body II: GI Tract, Liver, Pancreas, Renal, Male and Female GU, Breast, Systems Microbiology, Therapeutical Pharmacology

Interviewing and Physical Exam VII: Fundamentals of Case Presentation, Assessing Stages of Change: Nutrition & Supplement History, OB & Sexual History, Review: Breast, GU exams, Exam findings in GI, Renal H & P, Urogenital Diseases including ultrasound findings, Clerkship Competency Series: NG tube, Foley catheter, LACE

Research: Individual Student Research Project

Medicine, Culture and Society: Cultural and Social Norm Effects, Ethical and Cultural Implications of Rapidly Changing Technology, Development of Reflective Competencies

Prerequisite(s): MED 701-702

Co-requisite(s): None

MED 704. Block VIII: Pathobiology of the Human Body III, Interviewing and Physical Exam VIII, Research, Current Topics in Interprofessionalism (8 credits)

Topics for this course include:

Pathobiology of the Human Body III: Oral Health, Endocrine, Genetic Disorders, Musculoskeletal Diseases, Neurological Disorders, Disorders of Behavioral Medicine

Interviewing and Physical Exam VIII: H & P of Neuromuscular Diseases, Clinical psychiatric syndromes and their underlying neurobiologic dysfunctions, Exam findings in HEENT and Dental Diseases, Endocrine Cases including Thyroid Ultrasound, Clerkship Competency Series: Suturing & Wound Care, Lumbar Punctures, LACE

Research: Individual Student Research Project

Current Topics in Interprofessionalism: Public health, Global Health, Healthcare Financing, Affordable Care Act

Prerequisite(s): MED 701-703

Co-requisite(s): None

MED M2 Independent Study: Independent Study (8 credits)

Students will complete 6 weeks of Step 1 preparation.

Prerequisite(s): MED 701 - 704

Co-requisite(s): None

MED M2 Research: Research (11 credits)

Students will complete 8 weeks of independent research. Oral presentation of project.

Prerequisite(s): MED 701 - 704

Co-requisite(s): None

Year 1 and Year 2 Contact Hours:

First Year: Begins August; duration: 44 weeks (includes Orientation Week); scheduled hours per week: 30, not including Orientation, Assessment, Special Studies week and three weeks of Research.

	Lecture	Lab	Small Groups	Patient Contact	Assessment	Total Hours	
Orientation to Patient-Centered Learning	13	0	11	1	0	25	
BLOCK I							
MED 601: Functional Biology of Cells and Tissues	56	32	144	16**	32	280	
BLOCK II							
MED 602: Human Body I, Physical Exam and Human Life Cycle I		56	32	144	16**	32	280
BLOCK III							
MED 603: Human Body II, Physical Exam and Human Life Cycle II		56	32	144	16**	32	280
BLOCK IV							
MED 604: Biology of the Nervous System, Neurological Exam		56	32	144	16**	32	280
MED M1 RESEARCH	0	120	0	0	0	120	
Total:	237	248	587	64	128	1265	

Year One - Includes case-based or problem solving sessions. Small group time includes 8 hours/week in Patient Case work, Problem-Based Learning (PBL, 64/block), 3 hours per week in clinical skills (24/block), 4.5 hours per week in Research (36/block) and Interprofessionalism (20/block); Total 144 hours.

**This number is based upon one patient per week in the Basic Science Domain, and 8 hours/Block for LACE in Year One.

Second Year: Begins July; duration: 46 weeks; scheduled hours per week: 32.5, not including, Assessment, Special Studies week and fourteen weeks of Research.

	Lecture	Lab	Small Groups	Patient Contact	Assessment	Independent Study/Research	Total Hours
BLOCK V							
MED 701: Fundamentals of Pathobiology	42	24	93	10**	32	27	228
BLOCK VI							
MED 702: Pathobiology of the Human Body I		42	24	93	10**	32	228
BLOCK VII							
MED 703: Pathobiology of the Human Body II		42	24	93	10**	32	228
BLOCK VIII							
MED 704: Pathobiology of the Human Body III		42	24	93	10**	32	228
MED M2 Independent Study		0	0	0	0	240	560
MED M2 Research		0	0	0	0	0	320
Total:	168	96	372	40	128	668	1472

Year Two -Includes case-based or problem solving sessions. Small group time includes 8 hours/week in Patient Case work, Problem-Based Learning (PBL, 48/block), 4.5 hours per week in clinical skills (27/block), and Interprofessionalism (18/block); Total 93 hours. Independent Research accounts for 4.5 hours per week (27/block), for Blocks V –VIII, and 40 hours/week for M2 Research. M2 Independent Study is 40 hours/week.

**This number is based upon one patient per week in the Basic Science Domain, and 4 hours/Block for LACE in Year Two.

YEAR THREE

The Virginia Tech Carilion School of Medicine requires clerkship rotations in the following medical specialties and in Research in the M3 year:

- Internal Medicine (6 weeks)
- Family Medicine (6 weeks)
- Pediatrics (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Psychiatry (6 weeks)
- Surgery (6 weeks)
- Emergency Medicine (4 weeks) – occurs in the M3 or M4 year and has a prerequisite of having completed the Internal Medicine, Surgery, OB-GYN, and Pediatric Clerkships.
- Radiology (2 weeks)
- Neurology (2 weeks)
- Research (4 weeks)

MED 801. Clerkship – Emergency Medicine (4 credits):

This clerkship will occur in the last portion of the 3rd year or the first half of the 4th year. Students will spend the four week clerkship in the Carilion Roanoke Memorial Hospital Emergency Department working various shifts and learning to rapidly assess a patient stability and initiate urgent work-ups and treatments.

Prerequisite(s): MED 705, MED 803, MED 805, MED 806, MED 809 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 4 weeks

MED 802. Clerkship – Family Medicine (6 credits):

The student will work with one of the Roanoke-based Family Medicine practices. During this six week clerkship, the student will have a wide variety of experiences and be exposed to a myriad of different patients, but should come away with firm knowledge of how to approach all of the different situations from the comprehensive, patient-centered view that characterizes Family Medicine. The required Geriatric Medicine experience for the 3rd year will occur during the Family Medicine clerkship.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED 803. Clerkship – Internal Medicine (6 credits):

The 3rd year clerkship in Internal Medicine will occur at Carilion Roanoke Memorial Hospital. It will span six weeks. The focus will be on caring for adult hospitalized patients. The six weeks will be spent working with one of the Internal Medicine teaching teams.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED 804. Clerkship – Neurology (2 credits):

The 3rd year clerkship in Neurology is a two week experience that will be divided between working with the Carilion Clinic Neurologists in the inpatient and outpatient settings and the Neurologists at the Salem VA Medical Center. Students will be exposed to a variety of

cases and be able to observe the means by which Neurologists diagnose and treat diseases of the central and peripheral nervous systems, and of skeletal muscle.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 2 weeks

MED 805. Clerkship – OB-GYN (6 credits):

The focus of this six-week rotation is to expose students to both obstetrical and gynecologic patients with a broad range of issues. During the six week clerkship, students will spend one week on each of the following: labor and delivery days, labor and delivery nights, and the ob clinic. Students will additionally spend two weeks on the gyn service which will include inpatient gynecology, outpatient gynecology and time in the operating room. Finally, students will spend one week on one of the gyn subspecialty services.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED 806. Clerkship – Pediatrics (6 credits):

The six-week Pediatric Clerkship will be divided into two weeks of inpatient pediatrics at Roanoke Memorial Hospital (RMH), one week of newborn nursery at RMH, two weeks of outpatient general pediatrics, and one week of pediatric subspecialties. Through these clinical experiences, the student will get an extensive overview of general pediatrics.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED 807. Clerkship – Psychiatry (6 credits):

The six-week psychiatry clerkship is designed to continue with the principles of lifelong learning, humanism, inquiry, and professionalism established in the preclinical years. The clerkship is divided into two sections. All students participate in the same initial core four week rotation, based on the Adult Inpatient Psychiatry units at Carilion Medical Center. Each patient will be followed by a given student from admission to discharge. During the final two weeks of the clerkship this student will opt for two separate "selective" rotations of one week each.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED 808. Clerkship – Radiology (2 credits):

The 3rd year clerkship in Radiology is a two-week experience where the student will become familiar with the commonly used imaging modalities and imaging findings of medical, surgical, and traumatic conditions. Students will also become familiarized with the concepts and principles of appropriateness criteria, their incorporation in, and evolution from evidence based medicine. This will be achieved through a variety of experiences in the radiology department.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 2 weeks

MED 809. Clerkship – Surgery (6 credits):

The focus of this six week rotation is to introduce students to the care of surgical patients including initial patient assessment and perioperative management as well as surgical intervention itself. Students will spend four weeks with a general surgery service and two weeks with a subspecialty service. This rotation length will allow good continuity with the surgical team and the patients under the care of the various surgery teams.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 6 weeks

MED M3 Research: Research (4 credits)

Students will complete four weeks of independent research.

Prerequisite(s): MED 705 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 4 weeks

Electives: For students not doing the Emergency Medicine Clerkship during the 3rd year, there are four weeks of elective time available. These four weeks can be divided into 2 two-week electives or 1 four-week elective. Each two-week experience counts as 2 credits and each four-week experience counts as 4 credits.

MED 900 Elective - Step 1 Preparation Independent Study (2, 4, or 6 credits):

The focus of this elective is to provide structured study time and educational resources for students who have been required to delay their Step 1 examination due to not achieving a target practice test score or for students who have taken and failed the Step 1 examination. Students will create a structured study plan and will work with the Senior Dean for Academic Affairs (or designee) in collaboration with the Associate Dean for Student Affairs and appropriate faculty to implement this independent study plan.

Prerequisite(s): Year 1

Co-prerequisite(s): None

Duration: 2, 4, or 6 weeks

900-2 (2 week Independent Study Elective)

900-4 (4 week Independent Study Elective)

900-6 (6 week Independent Study Elective)

YEAR FOUR

Required curricular components (10- 14 weeks depending on whether Emergency Medicine was completed in Year 3):

- **Emergency Medicine Clerkship – 4 weeks**
- **Research – 2 weeks**
- **Medical Subspecialty Elective – 2 weeks**
- **Surgical Subspecialty Elective – 2 weeks**
- **ICU Elective – 2 weeks**
- **Transition to Residency I and II- 4 weeks**

Electives (18 or 22 weeks depending on whether Emergency Medicine was completed in Year 3)

Vacation- 10 weeks (including Winter Break) from which other electives can be added.

MED 801. Clerkship – Emergency Medicine (4 credits):

This clerkship will occur in the last portion of the 3rd year or the first half of the 4th year. Students will spend the four week clerkship in the Carilion Roanoke Memorial Hospital Emergency Department working various shifts and learning to rapidly assess a patient stability and initiate urgent work-ups and treatments.

Prerequisite(s): MED 705, MED 803, MED 805, MED 806, MED 809 and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 4 weeks

MED M4 Research: Research (2 credits)

Students will complete two weeks of independent research.

Prerequisite(s): Years 1, 2, 3, and the successful passage of the USMLE STEP 1

Co-requisite(s): None

Duration: 2 weeks

MED TTRI. Transition to Residency I (2 credits)

This course occurs during the two weeks surrounding the Residency Match. In addition to Match Day, the VTCSOM Research Day will occur during this rotation; all students will do a poster presentation and some students may present their research projects. Other topics pertinent to residency preparation including specialty-specific topics will be presented.

Prerequisite(s): Years 1, 2, 3.

Co-requisite(s): None

Duration: 2 weeks

MED TTRII. Transition to Residency II (2 credits)

This course occurs during the final two weeks in the fourth year curriculum. Students are provided information on current updates in basic sciences, debt repayment and financial aid issues, residency preparation suggestions, legal issues and new educational developments at VTCSOM. Students will be provided BLS and ACLS training.

Prerequisite(s): Years 1, 2, 3.

Co-requisite(s): None

Duration: 2 weeks

MED 911 Elective - Step 2 Preparation Independent Study (2, 4, or 6 credits):

The focus of this elective is to provide structured study time and educational resources for students who have been required to delay their Step 2 examination due to not achieving a target practice test score or for students who have taken and failed the Step 2 examination. Students will create a structured study plan and will work with the Senior Dean for Academic Affairs (or designee) in collaboration with the Associate Dean for Student Affairs and appropriate faculty to implement this independent study plan.

Prerequisite(s): Year 1, 2, 3

Co-prerequisite(s): None

Duration: 2, 4, or 6 weeks

911-2 (2 week Independent Study Elective)

911-4 (4 week Independent Study Elective)

911-6 (6 week Independent Study Elective)

MED 999 Elective – Away Elective (2, 4, or 6 credits):

This course notates students enrolled in senior away electives at U.S. LCME medical schools and independent academic medical centers that are members of the Council of Teaching Hospitals and Health Systems (COTH).

Prerequisite(s): Year 1, 2, 3 + MCC Approval

Co-prerequisite(s): None

Duration: 2, 4, or 6 weeks

999-2 (2 week Away Elective)

999-4 (4 week Away Elective)

999-6 (6 week Away Elective)

***All elective course descriptions are available in the VTC Course Catalog.**

VT/VTC Dual Enrollment Course Descriptions:

Research in Translational Medicine Certificate Program

Year 01 Fall Semester

RTM 5014, Introduction to Biomedical Research (6 credits)

Concepts and elements of biomedical research, including the application of the scientific method, hypothesis generation, the biomedical research continuum (basic, translational, and clinical research), research tools, and biostatistics. Review of medical literature and components of successful interdisciplinary research. Pre: Graduate standing (6H, 6C).

Year 01 Spring Semester

RTM 5024, Translational Science Applications of Biomedical Research (6 credits)

Theory and application of the key concepts and elements of biomedical research, emphasizing the scientific method through the formulation and detailed study of biomedical research questions. Application of biostatistics concepts to an in-depth study of epidemiology and public health. Detailed consideration of biomedical research presentations, primary literature, effective collaboration and scientific misconduct in biomedical research. Pre: 5014 (6H, 6C).

Year 02 Fall Semester

GRAD 5974: Independent Study (6 credits)

Year 02 Spring Semester

GRAD 5904: Project & Report (6 credits)

F. ASSESSING THE CURRICULUM

The Medical Curriculum Committee (MCC) is charged with reviewing, evaluating and recommending policy to the Dean regarding the medical student curriculum at VTCSOM. Critical to the operation of this committee is the support provided by Academic Affairs with the advice and consult of the Department Chairs. The Medical Curriculum Committee works in collaboration with the chief academic officer, the senior dean for academic affairs, the Block Integration Committees 1 and 2, and the departments with regard to educational program management. Responsibilities include:

- Ensuring the use of appropriate teaching methods or instructional formats
- Ensuring that content is coordinated and integrated within and across academic periods of study

- Ensuring the use of appropriate methods to evaluate student performance
- Monitoring the quality of teaching

VTCSOM also participates in the Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire (MSQ) process which provides feedback to help medical schools fine-tune their educational programs to fit the needs of the students.

Evaluation and Improvement:

The curriculum, teaching methods, assessment instruments, or other teaching materials may be revised to address constructive comments of faculty and students. The Medical Curriculum Committee (MCC) is responsible for determining the effectiveness of the Patient-Centered Curriculum by documenting the extent to which stated objectives have been met. Block and clerkship directors receive program evaluation data on all aspects of curricular performance. The educational evaluation processes provide the necessary data to drive continuous program improvement, educational innovation, faculty development, and an overall environment conducive to change, flexibility and adaptability. In addition to explicit learning outcomes and their targeted measurement with specific student assessment methodology, other indices of educational program quality will be used as part of the comprehensive program evaluation.

Periodic curriculum review using external measures will show how our curriculum and overall educational experiences compare to those provided by other leading schools of medicine. Evidence in the professional literature will be further used to guide continuous improvement.

V. INFORMATION FOR STUDENTS

A. NEW STUDENT ORIENTATION

All first-year students are required to participate in New Student Orientation, MED 600. Attendance is required at all scheduled events during orientation. During orientation, students will be introduced to the Dean, Associate Deans, Department Chairs, Directors, as well as other key faculty and staff members. In addition, medical students are provided with a wealth of important information, including but not limited to the following:

- Patient Centered Learning Case process
- Research Programs
- Academic advising and Physician Thought Leader Communities
- Health and wellness, life-style balance, stress management
- Important policies and procedures
- Information about the various student services available at VTCSOM
- Information about the curriculum and value domains
- Financial aid information
- Professionalism
- Mistreatment
- Student safety
- Information about the community

B. CRIMINAL BACKGROUND CHECK

VTC performs a criminal background check on all applicants who are accepted to matriculate at VTC SOM. The results of this background check may affect the student's eligibility to enter the program.

Students are expected to self-report any arrests and/or convictions to the Associate Dean for Student Affairs at the time they occur. Discovery of the student's failure to do so would be considered unprofessional conduct and could result in a referral to the MSPPC for a student disciplinary hearing under the conditions outlined in the "Violations of the SEPCP and/or Teacher-Learner Compact" Policy.

C. STUDENT AFFAIRS

The mission of the Office of Student Affairs is to create a supportive environment in which medical students may develop personally and professionally. The Associate Dean for Student Affairs is available by appointment during designated hours and available at other times as mutually agreed upon. An assistant at the Office of Student Affairs is generally available to students from 8:00 AM to 5:00 PM during published school academic days. Additionally, the Associate Dean of Student Affairs or designee can be reached by phone or e-mail to address individual problems or requests of an urgent or emergent nature.

Student Affairs Staff include:

Audrey Knight, MD – Associate Dean for Student Affairs

2 Riverside Circle Roanoke, VA 24016 Location: M155

Appointments available through Angelica Stovall at (540) 526-2555

alknight@carilionclinic.org

Emily Holt, MA – Director of Academic Counseling & Enrichment Services

2 Riverside Circle Roanoke, VA 24016 Location: M118

Office Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.

(540) 526-2533

emholtfoerst@carilionclinic.org

The Director of Academic Counseling & Enrichment Services duties include: Advising students on academic, personal and interpersonal concerns; providing guidance to students on successful multiple choice exam taking, test anxiety, time management as well as other academic success strategies; Serving as resource for students struggling with personal and interpersonal issues.

Angelica Stovall, MBA, QMHP – Director of Student Affairs

2 Riverside Circle Roanoke, VA 24016 Location: M115

Office Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.

(540) 526-2555

awstovall@carilionclinic.org

The Director of Student Affairs duties include: Managing the Electronic Residency Application Service (ERAS) system for residency applications; contact for the Careers in Medicine (CiM) program; serve as notary public; attendance tracking; providing student service referrals, medical record and immunization documentation; student club/org/SIG reimbursements; coordinating all student handbook and course catalog revisions; and overseeing room reservations.

D. ENROLLMENT MANAGEMENT AND FINANCIAL AID

Hope Reynolds, MALS – Director of Enrollment Management & Registrar

2 Riverside Circle Roanoke, VA 24016 Location: M149
Office Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.
(540) 526-2512
hvparks@carilionclinic.org

The Director of Enrollment Management & Registrar duties include: Collecting, recording, maintaining and reporting of student records within FERPA guidelines, e.g., grades, registration data and transcripts; preparing timely reports for regulatory agencies; and collaborating with the Financial Aid Coordinator on issues involving Financial Aid, Scholarships, and the Virginia Tech Bursar's Office.

Elvir Berbic, MS – Clerkship Enrollment Manager

2 Riverside Circle Roanoke, VA 24016 Location: M116
Office Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.
(540) 526-2572
enberbic@carilionclinic.org

The Clerkship Enrollment Manager duties include: Managing the scheduling and registration process for Year 3 and Year 4 students; oversee the application process, and student evaluations for away rotations; collect, record and maintain student immunization records, assist the Director of Enrollment with duties surrounding graduation ceremony, grade reporting, and registration data.

Pamela Carpenter – Medical Education Coordinator

1 Riverside Circle, Suite 107, Roanoke, VA 24016
Office Hours: Monday through Friday 8:00 a.m. – 5:00 p.m.
(540) 581-0245
pcarpenter@carilionclinic.org

Pam provides support to the senior director of enrollment management, the dean for clinical science integration, and the assistant dean for clinical science years 3 and 4. She supervises, trains, and assists nine clerkship coordinators, prepares, plans, and delivers annual orientation and educational activities for students, and is chief proctor for all NBMEs and clinical comprehensive exams. In addition, Pam coordinates the human resources process and training for student rotations at the Veteran's Administration in Salem.

Autumn Learn – Associate Director of Scholarship and Financial Aid

2 Riverside Circle Roanoke, VA 24016 Location: M152
Office Hours: Monday through Friday 8:00a.m. – 5:00pm
(540) 526-2507
alearn@carilionclinic.org
aul211@vt.edu

The Associate Director duties include: Processing financial aid including student loans, grants, and scholarships; handles requests for additional funds (short term loans, appeals for additional aid eligibility); counsels students through financial aid process (applying for aid, budgeting, debt

management, loan repayment options, etc); conducts information sessions on financial literacy topics; manages the private/ended scholarship application process; acts as liaison between VTCSOM students and Virginia Tech's Bursar's Office.

E. TECHNICAL STANDARDS (MEDICAL STUDENTS)

I. General Issues

A. Overview

The Virginia Tech Carilion School of Medicine (VTCSOM) has a responsibility to society to graduate the best possible future physicians. All graduates must have knowledge, skills, and attitudes to function in a wide variety of clinical situations and to render a wide spectrum of patient care. The essential standards (academic and technical) are designed to ensure the graduation of capable, well-rounded future clinicians.

Undergraduate medical education in the United States is required by the Liaison Committee on Medical Education (LCME - the accrediting body) to prepare students to enter any field of graduate medical education. The standards ensure that graduates of VTCSOM possess the background to pursue any clinical medicine specialty. VTCSOM's academic and technical standards support that requirement and all candidates must meet both to matriculate, to progress through the curriculum, and to meet the requirements for graduation.

Academic standards refer to acceptable demonstrations of mastery in various disciplines, before matriculation and after, as judged by faculty members, examinations, and other measurements of performance. Once a candidate matriculates, acceptable levels of mastery are required in seven broad areas of competency. These general areas of competency are quite similar to those used by graduate medical education programs to evaluate their residents, and, through its curriculum, VTCSOM will prepare its students for the next phase of their education. These areas of competency are:

- Clinical Skills
- Lifelong Learning
- Interpersonal and Communication Skills
- Medical/Scientific Knowledge
- Ethics and Professionalism
- Health Care Systems-based Practice and Improvement
- Research

Academic standards are addressed in more detail in the VTCSOM's Student Goals and Objectives. Students who have specific questions about performance requirements in a Block, required clinical experience, or elective, will be directed to speak with the specific director.

The LCME also requires technical standards for the admission, retention, and graduation of applicants or students with disabilities, in accordance with legal standards. *Technical Standards* are the essential aptitudes and abilities that allow medical students (and physicians) to perform in the vast array of requisite ways summarized by the seven areas of competency above. All candidates have received notice of the technical standards expected of students for the degree of Doctor of Medicine and will sign a statement that they understand the standards and believe they will be able to meet those standards during their medical school training at VTCSOM. These are described in detail under Section II.

Without the ability to demonstrate the essential technical standards, students cannot fulfill the requirements of all the Blocks and clinical experiences at VTCSOM. Meeting the technical standards (detailed below) is, required for 1) matriculation (inasmuch as the abilities can reasonably be determined before matriculation), 2) subsequent promotion from year to year, and 3) graduation.

B. Students with Disabilities

Individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) may be qualified to study and practice medicine with the use of reasonable accommodations. To be qualified for the study of medicine, those candidates must be able to meet both the VTCSOM academic standards and technical standards, with or without reasonable accommodation. Accommodation is viewed as a means of assisting students with disabilities to meet essential standards by providing them with an equal opportunity to participate in all aspects of each Block or required clinical experience. Reasonable accommodation is not intended to *guarantee* that students will be successful in meeting the requirements of the Block or clinical experience.

C. The Use of Auxiliary Aids and Intermediaries

When requested, qualified candidates with documented disabilities are provided with reasonable accommodations, which may include involvement of an intermediary, or an auxiliary aid. No disability, however, can be reasonably accommodated with an aid or intermediary that provides cognitive support, or substitutes for essential clinical skills, or supplements clinical and ethical judgment. Thus, accommodations cannot eliminate essential program elements or fundamentally alter the medical school curriculum.

II. The Virginia Tech Carilion School of Medicine Technical Standards

The listed capacities are essential in meeting the core competencies as defined by VTC's Goals and Objectives document. Candidates must have capacities/abilities in six broad areas:

- A. Perception/Observation
- B. Communication
- C. Motor/Tactile Function
- D. Cognition
- E. Professionalism
- F. Ethical and Legal Standards

A. Perception/Observation

Sensory skills adequate to perform a physical examination are required, including functional vision, hearing, smell and tactile sensation. All these senses must be adequate to observe a patient's condition and to elicit information through procedures regularly required in a physical examination, such as inspection, auscultation, palpation and percussion. Candidates must be able to perceive, by the use of senses and mental abilities, the presentation of information through:

- Team and collaborative activities;
- Small group discussions and presentations;
- Large-group lectures;
- One-on-one interactions;
- Individualized self-directed study;
- Demonstrations;
- Laboratory experiences;
- Patient encounters (at a distance and close at hand);

B. Communication

Candidates must be able to speak and hear clearly. They must be able to use observational skills to describe changes in mood, activity and posture, and perceive non-verbal communications. They must be able to effectively and sensitively communicate in English in both written and oral form in order to interact with faculty members, other members of the healthcare team, patients, families, and other students, in order to:

- Elicit information;
- Convey information;
- Clarify information;
- Create rapport;
- Develop therapeutic relationships; and,
- Work collaboratively.

Additionally, the candidate must be able to develop mature, sensitive, and effective relationships with patients and colleagues. The ability to tolerate physical and emotional stress and continue to function effectively is a must. Candidates must be adaptable, flexible, and able to function in the face of uncertainty during the course of study and with patients. He or she must have integrity, the motivation to serve, a high level of compassion, and a consciousness of social values. Candidates need the interpersonal skills to interact positively with people from all levels of society, ethnic backgrounds and beliefs.

C. Motor/Tactile Function

Candidates must have motor function to elicit information from patients using inspection, palpation, auscultation, and percussion, and to carry out diagnostic maneuvers. Such skills require coordination of gross and fine muscular movements, equilibrium, and sensation. Candidates must have sufficient postural control, neuromuscular control, control of the upper extremities, and eye to hand coordination to:

- Produce written and oral communication;
- Attend and participate in classes, groups, and activities which are part of the curriculum;
 - Examine patients (including inspection, auscultation, palpation, percussion, and other diagnostic maneuvers);
- Do basic laboratory procedures and tests;
- Perform diagnostic procedures;
- Provide patient care appropriate to the circumstances (general and emergency care);
- Function in a wide variety of patient care venues;
- Perform in a reasonably independent and competent way in potentially high speed/high demand environments; and,
- Adhere to standard precautions and meet safety standards.

D. Cognition

Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical school curriculum. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in research and in diagnosis and treatment of patients in a variety of clinical modalities. Candidates must be able to demonstrate higher-level cognitive abilities, which include:

- Rational thought;
- Measurement;
- Calculation;

- Visual-spatial comprehension;
- Conceptualization;
- Analysis;
- Synthesis;
- Organization;
- Representation (oral, written, diagrammatic, three dimensional);
- Memory;
- Application;
- Clinical reasoning;
- Ethical reasoning; and,
- Sound judgment.

E. Professionalism

Candidates must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Medical school is demanding both intellectually and emotionally. Candidates must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress and to display flexibility and adaptability to changing environments. They must have the emotional health to use fully their intellectual ability, exercise good judgment, and carry out all responsibilities attendant to the diagnosis and care of patients. Candidates must display sufficient emotional health to withstand stress, uncertainties and changing circumstances that characterize the rigors of the program and the reality of life as a physician. They must be capable of regular, reliable and punctual attendance at classes and in regard to their clinical responsibilities. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. It is expected that minimum accommodation will be requested with regard to this set of standards. Candidates must consistently demonstrate the core attributes of professionalism. VTC has defined the following behaviors as indicators of professionalism:

- Altruism;
- Commitment to Excellence;
- Honesty and Integrity;
- Respect for Others;
- Empathy and Compassion;
- Professional Responsibility; and,
- Social Responsibility.

F. Ethical and Legal Standards

Candidates must meet the legal standards to be licensed to practice medicine in the Commonwealth of Virginia. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in VTCSOM. In addition, any student convicted of any felony offense while in medical school agrees to immediately notify the Associate Dean for Student Affairs as to the nature of the conviction. Failure to disclose prior or new offenses can lead to disciplinary action by VTCSOM that may include dismissal. Ethical standards are addressed in VTC's Standards of Ethical and Professional Conduct Policy.

G. Student Responsibility

Students at VTCSOM are provided a copy of the technical standards prior to matriculation and are required to sign a document upon matriculation stating that they are in compliance with the VTCSOM technical standards. In the event that an enrolled student refuses to sign the attestation of compliance with the technical standards, they would be referred to the MSPPC for a student hearing.

F. STATEMENT OF PROFESSIONAL VALUES

An essential task in the professional development of a medical student is to gain an understanding of the fundamental and universal principles and values of the medical profession and commit to the integration of these values and principles into his/her professional identity and roles. Professional principles and attributes have been defined and articulated by many. The AAMC in its Medical School Objectives Project, Report I: "Learning Objectives for Medical Student Education: Guidelines for Medical Schools", developed a consensus statement of "...the attributes that medical students should possess at the time of graduation," and broadly defined the "...learning objectives for the medical school curriculum derived from those attributes"². The descriptions include: altruistic, knowledgeable, skillful, and dutiful.

The American Board of Internal Medicine Foundation (ABIM), in collaboration with the American College of Physicians Foundation (ACP) and the European Federation of Internal Medicine (EFIM), has developed a physician charter identifying fundamental principles and responsibilities of medical professionalism. The identified fundamental principles of professionalism include the primacy of patient welfare, patient autonomy, and the principle of social justice. The identified set of professional responsibilities include commitments to: professional competence, honesty with patients, patient confidentiality, maintaining appropriate relations with patients, improving quality of care, improving access to care, a just distribution of finite resources, scientific knowledge, maintaining trust by managing conflicts of interest, and professional responsibilities.³

VTCSOM endorses the above attributes, principles, and responsibilities as guiding principles for medical student education and recognizes these are consistent with the articulated mission of VTCSOM to "...produce physician thought leaders through an educational experience grounded in inquiry, research, and discovery" who will be prepared to serve the patients in the most capable and compassionate manner.

Inherent in these professional values of students is the recognition of confidentiality and privacy of patient records. Under no circumstances should students access the records of or be involved in the care of fellow students.

G. TEACHER-LEARNER COMPACT

VTCSOM recognizes that preparation for a career in medicine demands acquisition of a large fund of knowledge and a wide variety of skills. It also demands strengthening virtues that support the relationship between doctor and patient and sustain the practice of medicine as a moral enterprise. The process of undergraduate medical education requires substantial involvement and contribution from

² Association of American Medical Colleges, Medical School Objectives Project Report I: "Learning Objectives for Medical Student Education: Guidelines for Medical Schools". January 1998.

https://services.aamc.org/Publications/showfile.cfm?file=version87.pdf&prd_id=198&prv_id=239&pdf_id=87

³ ABIM Foundation Medical Professionalism Project. Ann Intern Med. 2002;136:243-246.

<http://www.annals.org/content/136/3/243.full.pdf+html>

faculty members and students. The Teacher-Learner Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

Students are exposed to multiple learning environments in clinical and non-clinical settings throughout the course of their medical education. These learning environments must support and reinforce the professional attributes, principles, and responsibilities outlined in the Standards of Ethical and Professional Conduct Policy. All faculty and students, commit to uphold the guiding principles, responsibilities, and commitments put forth in this agreement.

The responsibilities for faculty will include:

1. Treat learners with respect.
2. Treat learners and colleagues equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
3. Treat colleagues and patients in a professional manner.
4. Provide current, high quality materials in an effective format for learning.
5. Respect the student's time by:
 - a. Being on time for scheduled encounters.
 - b. Developing educational experiences which are meaningful to the practice of medicine and reasonable for the time period allotted.
6. Provide timely and constructive feedback.
7. Provide a role model for professionalism.

The commitments of faculty include:

- ✓ We pledge our utmost effort to ensure that all components of the educational program for students are of high quality.
- ✓ As mentors for our student colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- ✓ We respect all students as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student.
- ✓ We pledge that students will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' well being.
- ✓ We do not tolerate any abuse or exploitation of students.
- ✓ We encourage any student who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

The responsibilities for students will include:

1. Treat learners, faculty, and patients with respect and professionalism.
2. Treat learners and faculty equally without regard to gender, race, disability, cultural origins, age, or religious beliefs.
3. Commit the time and energy necessary to attain the goals and objectives of the curriculum.
4. Respect the time of other students and faculty by being on time for scheduled educational encounters.

5. Contribute to the quality of group assignments and work products by actively engaging in discussion, problem solving, and development of materials.
6. Communicate concerns and suggestions regarding learning environment and educational community in a timely, constructive, and professional manner.

The commitments of students include:

- ✓ We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- ✓ We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- ✓ We pledge to respect all faculty members and all students as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- ✓ As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.
- ✓ In fulfilling our own obligations as professionals, we pledge to assist our fellow students in meeting their professional obligations, as well.

H. ACADEMIC ADVISING AND TUTORING

Background

VTCSOM is committed to helping students achieve their academic and personal goals through high quality academic advising using a holistic approach to the student's development. The goal of the academic advising system is for each student who matriculates at VTCSOM to successfully complete the medical curriculum and attain the degree of Medical Doctor. The objectives of the academic advising system are to provide:

- Early identification of students who are struggling with the academic demands of medical school
- Effective intervention for students who demonstrate academic deficiencies and/or who are required to remediate components of the curriculum
- Accessible resources to meet the individual needs of students including tutoring, advising, counseling, study and testing-taking guidance, and time management strategies

The Patient Centered Curriculum at VTCSOM is integrated across all four years of medical school, is centrally managed, and provides students the foundational basic science knowledge and clinical knowledge and skills to enter into any residency program. Graduates have the added advantage of an educational program that provides in-depth experiences in research and interprofessional health care education and practice.

The curriculum is broken down into two main sequential phases (Phase-1: Years 1 and 2 and Phase-2: Years 3 and 4). Four educational Value Domains are woven throughout the two phases and include: Basic Science, Clinical Science, Research, and Interprofessionalism. A schematic diagram of the program is presented in the Appendix.

Phase-1 begins with a week-long Orientation to medical school followed by sequential 6-8 week blocks (which serve as our courses) with each Domain's objectives being addressed within a given block. The blocks are "organ-systems" based with Year 1 being focused on "Normal Structure and Function of the Human Body" and Year 2 "Pathobiology". Basic Science is learned in the context of patients (PCL cases) using a problem-based-learning-hybrid model.

Phase-2 is comprised of clinical clerkships and electives that include clerkships in Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, Radiology, and Surgery as well as Research rotations in both Year 2 and Year 3. Phase-2 concludes with the Dean's Colloquium which is designed as a capstone experience to help with the transition into residency.

Phase 1 (Years 1 and 2) advising

Academic advising for students in Phase 1 is coordinated by the Associate Dean for Student Affairs in consultation with the Senior Associate Dean for Academic Affairs, Director of Academic Counseling and Enrichment Services, the Senior Dean for Research, the Assistant Dean for Clinical Science - Years 1 and 2, the Domain Director for Interprofessionalism, and Physician Thought Leader Community faculty leader.

The advising program begins at orientation. Students are given an overview of the curriculum and the means of assessment and are introduced to each of the domains. They work through a Patient-Centered Learning (PCL) case during the orientation week. There is an introductory session on academic advising where students are made aware of the resources available to them. Finally, there is a lunch session with members of the M2 class who provide advice on successful navigation of the transition to medical school. Each M1 student is assigned an M2 student as a peer mentor.

Each student will receive on-going support from the Associate Dean for Student Affairs as well as the Director of Academic Counseling and Enrichment Services. In addition to receiving details during orientation regarding the availability of support, students will also receive a monthly email newsletter which highlights student resources, events and services. Personal or email contact with students is also made on an as needed basis, to provide guidance and resources.

The Block 1 PCL facilitators will meet with their assigned students at the mid-point of Block 1 in order to identify students who are having trouble assimilating into medical school. Mid-block assessment on the formative Integrated Clinical Exam (ICE) and NBME-type exam in Block I is also used to identify students at risk. Feedback regarding perceptions of students at risk in the Interprofessionalism, Clinical Science, and Research Domains will be obtained from the faculty at the midpoint of each block and shared at the BIC-1 meeting. These identified students meet with the Senior Associate Dean for Academic Affairs, the Associate Dean for Student Affairs, and Director of Academic Counseling and Enrichment Services to discuss any difficulties.

Students are required to meet individually with their PCL facilitator at the halfway point and at the end of every block to discuss progress and to be given formative and summative feedback. The PCL facilitator should alert the Director of Facilitator Development who will work with the Director of Academic Counseling and Enrichment Services to conduct outreach to any student who is having academic difficulties. Students have an intra-block Standardized Patient (SP) encounter for each of the eight Phase 1 blocks. Students are made aware of performances on these encounters that fall below the given cutoff on the SP feedback assessment tool. Finally, these at-risk students will be identified during the mid-block BIC-1 meeting.

For students who have been identified as having academic difficulties during a block or need to remediate following a block, a meeting with the Associate Dean for Student Affairs and the Director of Academic Counseling and Enrichment Services to explore stresses or issues that may be contributing to the current academic difficulties is required. If necessary, a referral for further evaluation may be made.

Additionally, students have access to the online study skills resources of the Virginia Tech Cook Counseling Center, which are available at http://www.ucc.vt.edu/academic_support_students/online_study_skills_workshops/index.html.

In order to ensure students receive the assistance they need when experiencing academic difficulties, students are encouraged to seek assistance if they: (a) are at risk of failing a course, (b) have achieved a borderline but passing performance, or (c) during the course of a block, instructors have identified learning difficulties. Students are also encouraged to self-identify and/or self-report academic difficulties if the student feels he/she is experiencing difficulty or may be at risk of failing a Block. This identification/reporting is ideally directed to the Associate Dean for Student Affairs or the Director of Academic Counseling and Enrichment Services but can also be directed to a faculty member, block director, the Director of Student Assessment, or the Senior Associate Dean for Academic Affairs.

The primary objective of the VTCSOM remediation program is to help students identify weaknesses in knowledge, skills and attitudes within and across the four domains of basic science, clinical science, research and interprofessionalism uncovered by the assessment modalities. Students participate with faculty in developing a remediation plan to address these deficiencies and are then retested. The student's remediation plan may include referral for evaluation of study skills, focused help from faculty to prepare for remediation, and/or a referral for tutoring. These services will be continued through the following blocks as needed. The indicator of success is advancement to the subsequent block or year of Phase-1.

Students who have remediated any component of assessment in a Block or who have failed one of these blocks are referred to the Associate Dean for Student Affairs for academic counseling and the Director of Academic Counseling and Enrichment Services for academic counseling. Self-referral is always possible for students. Students who fail two Blocks in the same academic year are referred to the Medical Student Performance and Promotions Committee (MSPPC) for a hearing.

Members of the faculty will be available to students for consultation or for supplemental instruction outside of scheduled course time during regular work hours by appointment. Tutors (including senior medical students and graduate students) in specific areas are available and requests for these services should be directed to the Director of Academic Counseling and Enrichment Services.

Phase 2 (Years 3 and 4) advising

The Assistant Dean for Clinical Science- Years 3 and 4, along with the Associate Dean for Student Affairs, serves as the primary academic advisors for students during Phase 2. Other individuals involved in academic advising during Phase 2 include the Clerkship Directors (CD), the Physician Thought Leader Community (PTLC) Leaders, the Director of Academic Counseling and Enrichment Services, and the specialty-specific advisors.

For each of the required clerkships of four weeks or greater, the CD or designee, meets with each student at the mid-point of the rotation in order to give formative feedback. At that meeting the CD will have evidence of progress toward completion of the clerkship passport as well as assessments from various faculty members. Students considered at high risk will be identified to the Assistant Dean for Clinical Science- Years 3 and 4. A separate meeting with the student, the CD, and the Assistant Dean for Clinical Science- Years 3 and 4 occurs where options and interventions for assuring successful completion of the clerkship are discussed and make a referral for evaluation and further academic support including testing, tutoring, or counseling, as needed.

Students in good academic standing who receive grades of Unsatisfactory (U) for any of the Assessment Components other than the composite of assessments will be assigned a time to repeat the examination or given a deadline for completing the incomplete component. The CD will provide guidance to the student on the best means of preparation for the completion of the task. For instance, students who are not successful at the end-of-clerkship OSCE will review the tape of the encounter with the Senior Director of Evaluation as well as the CD for specific feedback on the OSCE. Students who do not pass the written examination will be given resources for preparation prior to the remediation of the examination.

Students in good academic standing who receive grades of Unsatisfactory (U) for the composite of assessments will need to remediate the clerkship or elective and will be placed on academic probation. The terms of the remediation are determined by the Clerkship Director and Assistant Dean for Clinical Science- Years 3 and 4. A remediation contract is created and is signed by the Clerkship Director, the student, and the Associate Dean for Student Affairs. The goals and objectives for the remediation will be communicated clearly to the student.

Training of the various advisors

The Physician Thought Leader Community Leaders have a yearly faculty development session at which time they are given information on, among other things, the academic advising expectations, remediation policies, and the resources available to students.

The specialty-specific advisors have as their primary responsibility assisting students with career counselling. They also serve as support for academic advising as described above during Phase 2. There is a yearly training session for specialty specific advisors at which time they are given information on, among other things, the academic advising expectations, remediation policies, and the resources available to students.

Preparation for USMLE Step 1, Step 2 CK, and Step 2 CS

VTCSOM provides a one-year subscription to the USMLE World Step 1 Question Bank beginning early in the 2nd year. We have a contract with The Step 1 Method, an outside vendor that provides on-site seminars and webinars aimed at assisting students with a study plan for preparing for USMLE Step 1. The school provides three NBME Comprehensive Basic Science Self-Assessments with expanded feedback. Students will be provided guidance from the Associate Dean for Students Affairs and the Director and Academic Counseling and Enrichment Services based on study progress. Students are expected to following basic study plan as laid out by Student Affairs and The Step 1 Method.

VTCSOM provides a one-year subscription to the USMLE World Step 2 CK Question Bank beginning early in the 3rd year. A Comprehensive Clinical Science Self-Assessment is administered during Assessment Week at the end of the 3rd year. The results of this practice test help to guide students in study for the USMLE Step 2 CK exam.

Students do a 10-station mock Step 2 CS exam during Assessment Week at the end of the 3rd year. The results of this practice test help to guide students in preparation for the USMLE Step 2 CS exam.

I. CAREER PLANNING AND MENTORING

Deciding on a career path in medicine can be a long and sometimes unsettling process, one that evolves over the entire undergraduate medical school experience. To help students with this process, the Office of Student Affairs has developed a comprehensive career planning program that spans all four years. The Office of Student Affairs can assist students in contacting mentors and setting up personal time with the Associate Dean for Student Affairs and other faculty for career counseling.

VTCSOM participates in the AAMC Careers in Medicine (CiM) program. During Year One, all students are required to create a personal profile at the “Careers in Medicine” online program sponsored by the Association of American Medical Colleges (AAMC) at <https://www.aamc.org/cim/>. “Careers in Medicine” is a four-phase career planning program that works in partnership with medical schools and is designed to help students select a medical specialty and apply to a residency program, starting in the first year of their medical school experience. Students create a personal profile by taking an online self-assessment to help them identify their values, interests, skills, personality and practice needs. This confidential personal information allows students to explore over one hundred specialties with a variety of references and decision-making tools that are designed to help students select a specialty and apply to residency programs to meet their career objectives.

Careers in Medicine Limited Vocational Exploration (CiM Live)

A Careers in Medicine Limited Vocational Exploration (CiM LIVE) is a voluntary opportunity for students to spend time with specific physicians in order to explore a clinical specialty and/or gain additional exposure to a clinical area of interest or potential interest. VTCSOM, in collaboration with Carilion Clinic, is supportive of these activities. Such activities are separate and distinct from the student’s Longitudinal Ambulatory Clinical Experience (LACE). As such, a CiM LIVE experience has distinct guidelines that must be followed.

Any student desiring to perform a CiM LIVE should contact the faculty member with whom they would like to spend time and inquire as to the faculty member’s willingness to have the student observe. If the student is uncertain who they should contact, they should inquire with the Associate Dean for Student Affairs and he/she can help facilitate the initial contact. Once this contact is made and permission verified, the student should contact the clinician directly to make more specific arrangements with regard to date(s) and time(s).

Once these specific arrangements have been made, it is the student’s responsibility to contact the Office of Student Affairs via e-mail to provide the supervising physician and the date(s), time(s) and location of the CiM LIVE experience. Failure to do so could result in the student’s being denied further CiM LIVE opportunities.

All VTCSOM and Carilion Clinic patient care policies and procedures for students are applicable during student CiM LIVE experiences. A student who is on academic or non-academic probation may not participate in the CiM LIVE program.

Physician Thought Leader Communities (PTLC):

The mission of VTCSOM is to train physician thought leaders through developing the skills of research, inquiry, and discovery. The development of a thought leader is a deliberate process that extends well beyond the classroom. One way that VTCSOM guides student development as thought leaders is through the Physician Thought Leader Communities. The PTLCs are faculty led student communities that provide an administrative structure through which students can experience individualized personal,

academic, and career advising and mentoring that fosters personal and professional growth. Additionally, it is intended that these communities teach and model professionalism, enhance connectivity and collaboration both between students and faculty as well as among classes, and promote student wellness.

There are sixteen Physician Thought Leader Communities. Each Community is led by an exemplary faculty member chosen by the Dean's Office through an application process. The communities are comprised of 2-3 students from each Class for a total of 10-11 students per community.

Responsibilities of a Physician Thought Leader Communities leader:

- Leadership training, which includes learning how to use the AAMC Careers in Medicine (CiM) material.
- Meet with each of their assigned M1, M2, M3, and M4 students individually at least once a year for personal, academic, and career counselling.
- Meet with their M1 students as a group and their M2 students as a group at least once a year.
- Be available to meet with their students on an as needed basis
- Help to facilitate the organizing of and participate in group gatherings for their PTLC at least 2x/year. This could include such things as a journal club, a book club, viewing and discussing a movie or article, attending a lecture together and meeting afterward to discuss, or meeting to discuss patient care or professionalism issues. These gatherings could also be purely social. This is dependent on the personality of each PTLC.
- Meet with the Associate Dean for Student Affairs once a year individually and once a year as a group to discuss progress, receive and provide feedback, and help plan for ongoing improvement in the process.

In addition to the PTLC process, VTCSOM offers the following opportunities and resources throughout the four years of school for career planning and mentoring.

Year 1: Students are exposed to different specialties through their Patient Centered Curriculum. Faculty from various specialties participate in the weekly case wrap-ups. The Associate Dean for Student Affairs coordinates a series of meetings during Block 3 titled "Introduction to the Clinical Departments" where faculty representatives from the VTCSOM clinical departments share about specialty and sub-specialty career options in their discipline. During Block 2, interested students are encouraged to join or form specialty-specific interest groups (SIGs) and become involved in specialty societies/organizations. The Associate Dean for Student Affairs works with the Medical Student Council to facilitate student activities fair to allow first year students to become more acquainted with the opportunities for involvement in the SIGs and other student organizations. Starting in Block 2, students are also encouraged to participate in the CiM LIVE (Careers in **M**edicine **L**imited **V**ocational **E**xploration) process. This is designed to allow students to spend time with physicians in clinical specialties for which they desire to gain exposure. Also in the first year, the Associate Dean for Student Affairs is available to meet with any interested student to discuss their academic performance, learn about his/her background and interests in medicine, answer questions, and suggest mentors with similar interests. Students are not assigned faculty mentors, but are encouraged to contact specific faculty as they have questions. The Associate Dean for Student Affairs may direct a student to a particular faculty for mentoring. As part of their clinical skills curriculum, each student will be assigned a LACE preceptor, with whom they will work for the first 2 years and who can also function as a clinical advisor. The students also have access to upper level students as well as the resident physicians from the Carilion Clinic Graduate Medical Education

programs for career guidance and mentoring. Such connections can be facilitated by the Associate Dean for Student Affairs.

Year 2: In the second part of Phase 1, the emphasis in the Patient-Centered Curriculum is on pathobiology. The clinical medicine disciplines all participate in the presentation and discussion of these cases, offering both faculty and students the opportunity to explore clinical interests in many different disciplines. Involvement in specialty interest groups is encouraged and the CiM LIVE process continues. During the second year, students also form and meet with their research committee. This committee includes at least one clinician, and offers additional advising opportunities. Starting in Block VIII, students may choose a specialty faculty advisor. This process is guided by their PTLC leader as well as the Associate Dean for Student Affairs, the Senior Dean for Academic Affairs, and the Assistant Dean for Clinical Science - Years 3 and 4.

Year 3: Students during Phase 2 rotate in various clinical specialties, giving them first hand exposure to these disciplines, the training involved, and the “culture.” Students often change their career paths as a result of their experiences in the clinical years, and have the opportunity to discuss these changes with their faculty advisor and faculty mentors within or outside the specialty of interest. Specialty interest group meetings will continue to be encouraged to provide students contact with physicians in various clinical disciplines of interest. All students will be required to choose a specialty faculty advisor by January of Year 3. The Associate Dean for Student Affairs, the Senior Dean for Academic Affairs, the Assistant Dean for Clinical Science - Years 3 and 4, the Clerkship Directors, and the Department Chairs can assist in this process. Students can change this advisor should their career plans change. Students are encouraged to meet with their specialty faculty advisor to discuss strategies for scheduling 4th year electives. The Associate Dean for Student Affairs is also available to provide guidance as needed. During the third year, students receive information from the Office of Student Affairs about the Visiting Student Application Service (VSAS), the Electronic Residency Application Service (ERAS), the National Residency Match Program (NRMP), and the Fellowship and Residency Electronic Interactive Database Access (FREIDA) which provides information on over 7,800 ACGME accredited residency programs in the U.S.

Year 4: Clinical experiences, particularly “acting internships,” give students a more in-depth experience in a specialty that is potentially of interest to them. The specialty interest groups meetings are an opportunity for students to discuss with residents and faculty different programs around the country, how to interview, factors to consider in the decision making process, etc. Students will meet with their specialty advisor during the summer of Year 4 to discuss application and interview strategies. The Associate Dean for Student Affairs meets with each student early in the final year to answer questions and to discuss some of the information that is included in the Medical Student Performance Evaluation. A Senior Colloquium week during the fourth year includes discussions of career advice, financial planning, and residency life.

J. RESIDENCY APPLICATION

For the Class of 2017

The dates included in this calendar are estimated for the 2017 NRMP Match (for the M4s) as well as the early matches for ophthalmology and urology. Student agreements and registration forms for each match will have complete schedules of dates printed on them. It is mandatory that you review these schedules to ensure that applicable deadlines are met.

Summer 2016

- Study for and take Step 2 CK
- Take Step 2 CS
- Write curriculum vitae (CV) and personal statement.
- Write unique characteristics paragraph for MSPE
- Arrange MSPE interview with the Associate Dean for Student Affairs - do this early and have CV and personal statement ready by time of interview.
- Research residency training programs through AMA's FREIDA.
- Military match -- check deadlines, even if applying for deferments.
- Meet with Department Chair for Letter of Recommendation
- Meet with other Letters of Recommendation authors
- Non-ERAS applications should be sent to programs prior to their stated deadline. Each program sets its own deadlines.
San Francisco Match for Ophthalmology
AUA Urology Match

September 6, 2016

ERAS Post Office opens for applicants to submit applications.

September 15, 2016

National Resident Matching Program (NRMP) information and registration available online. Late registration fee applies after November 30, 2015.*

September 15, 2016

ERAS Post Office opens for programs receive applications.

September 2016

Read over MSPE to correct any errors.

October 1, 2016

MSPEs are sent through the ERAS post office to the programs.

Sept - Nov 2016

Begin to arrange interviews. Some programs will not grant an interview until all materials have been received and/or reviewed. Consider calling to assure your application is complete. Call or respond early as some programs fill interview spots quickly.

Nov - Dec 2016

Submit application for extra loan money if needed for interviews and/or relocation. Applications are available in the Financial Aid Office.

January 2017

Results of military matches/deferments announced.

October – January 2017

Interviews!

January 2017

Rank order lists due for ophthalmology and urology. Check each match for specific dates as they are also announced in January.

February 2017

Deadline for Applicants and Programs to enter Rank order lists on the NRMP- R3 web page

March 17, 2017

MATCH DAY! Results of NRMP are announced at noon EST

March - April 2017

Hospitals and programs send letters of appointment or contracts to students matched at their institutions.

For the Class of 2018:

The dates included in this calendar are estimated for the 2018 NRMP Match (for the M3s) as well as the early matches for ophthalmology and urology. Student agreements and registration forms for each match will have complete schedules of dates printed on them. It is mandatory that you review these schedules to ensure that applicable deadlines are met.

Winter-Spring, 2016-17

Select your specialty-specific advisor(s)

November 11, 2016

Workshop: Preparing for Year 4; Intro to VSAS

February 17, 2017

Year 4 Lottery

Spring 2017

Apply to Away electives

May 12, 2017

Workshop- Intro to ERAS, NRMP; Preparing for the Match

- Discussion on registering tokens and using your previous AAMC login
- An overview of ERAS software, including reference materials and helpful hints
- Discussion of various milestone dates and action required on or before those dates

June 19-23, 2017

Assessment Week

- Mock Step 2 CK
- Mock Step 2 CS
- Year 4 orientation
- Preparing for Step 2 CS- Heidi Lane
- Year 04 Research Presentations

Summer 2017

- Study for and take Step 2 CK
- Take Step 2 CS
- Write curriculum vitae (CV) and personal statement.
- Write unique characteristics paragraph for MSPE
- Arrange MSPE interview with the Associate Dean for Student Affairs - do this early and have CV and personal statement ready by time of interview.
- Research residency training programs through AMA's FREIDA.
- Military match -- check deadlines, even if applying for deferments.
- Meet with Department Chair for Letter of Recommendation
- Meet with other Letters of Recommendation authors
- Non-ERAS applications should be sent to programs prior to their stated deadline. Each program sets its own deadlines.
San Francisco Match for Ophthalmology
AUA Urology Match

September 15, 2017

National Resident Matching Program (NRMP) information and registration available online. Late registration fee applies after November 30, 2015.*

September 15, 2017

ERAS Post office opens for applicants, schools and programs to submit and receive applications.

September 2017

Read over MSPE to correct any errors.

October 1, 2017

MSPEs are sent through the ERAS post office to the programs.

Sept - Nov 2017

Begin to arrange interviews. Some programs will not grant an interview until all materials have been received and/or reviewed. Consider calling to assure your application is complete. Call or respond early as some programs fill interview spots quickly.

Nov - Dec 2017

Submit application for extra loan money if needed for interviews and/or relocation. Applications are available in the Financial Aid Office.

January 2018

Results of military matches/deferments announced.

October 2017 – January 2018

Interviews!

January 2018

Rank order lists due for ophthalmology and urology. Check each match for specific dates as they are also announced in January.

February 2018

Deadline for Applicants and Programs to enter Rank order lists on the NRMP- R3 web page

March 16, 2018

MATCH DAY! Results of NRMP are announced at noon EST

March - April 2018

Hospitals and programs send letters of appointment or contracts to students matched at their institutions.

Electronic Residency Application Service (ERAS)

The Electronic Residency Application Service (ERAS®) is a service that transmits the MyERAS application and supporting documentation from applicants and their Designated Dean's Office (VTCSOM Office of Student Affairs) to program directors. ERAS consists of MyERAS, Dean's Office Workstation (DWS), Program Director's Workstation (PDWS), and the ERAS Post Office. This service transmits residency applications, letters of recommendation (LoRs), the medical student performance evaluation (MSPE), medical school transcript, USMLE transcript, photograph, and personal statement(s) from you and your Designated Dean's Office to program directors.

Your responsibility as a student is to complete the following:

- Research Residency Programs and request any additional information you may want to know.
- Attend all Student Affairs Retreats related to ERAS to receive important information and updates regarding the process.
- Register for MyERAS using the token provided by the Office of Student Affairs.
- Complete your MyERAS application.
- Submit your MyERAS applications after your final sit down meeting with the Office of Student Affairs.
- Request and assign your USMLE transcripts, LoRs and photograph.
- Create and finalize your LoR Author(s) within MyERAS.
- Print Letter Request Forms and distribute to LoR Author(s).
- Apply to programs.
- Track documents through ADTS and monitor the Message Center for information from residency programs, as well as important notices from ERAS.
- Return to MyERAS to update your Profile, request updated USMLE scores, and make changes to program selections and assignments as needed.
- Pay all fees as invoiced.

Faculty Letters of Recommendation

Programs will generally request that three or four letters of recommendation from faculty members be submitted as part of your application package. You should select three or four faculty members who know you and ask each one to write a letter of recommendation for you. The ideal letter is written by a senior faculty member who knows you well, whose field is in the specialty to which you are applying, who is known at the program to which you are applying. The ideal may not be attainable, but try. You can obtain advice about these choices from your advisor and the Associate Dean for Student Affairs. A

copy of your biographic sketch, a written statement of your career goals and a brief reminder of your contact with them will help the faculty write better letters on your behalf. These letters should be sent by the faculty member directly to the residency program for Non-ERAS Programs. For ERAS Programs, they should be uploaded by the faculty member directly into the ERAS system. For Non-ERAS Programs, be sure to provide the faculty member with a list of persons and addresses to whom they should send the letter of recommendation.

These letters can be very valuable to program directors looking for some distinguishing characteristics among the many applications they receive. After reading through this manual, everyone will know how to write a good CV and personal statement, the quality of letters of recommendation may be the strength of your application.

Your letters of recommendation often become an important reflection of your academic performance and serve as an important source of information.

Number of Letters

Most residency programs request three or four letters of recommendation. Sometimes they specify certain departments or rotations from which the letters should originate; be sure to follow directions from the program brochure. One letter should come from the Chair of the Department into which your residency of choice falls. Occasionally, a letter from a person not involved in the profession of medicine will be requested.

Requesting a Letter

In most instances, you will request a letter from a rotation in which you did well, that relates to your chosen field, or was specifically requested by the program brochure. When possible, choose someone who knows you well over someone who does not. Choose someone who can judge your clinical skills and intentions as well as your personal qualities. Choosing at least one person who is likely to be recognized by the program is also a good idea. Also, make it easy for the person preparing your letter by providing a CV and a copy of your personal statement. Make a brief appointment with the letter writer to review your resume personally and to provide additional personal information, particularly if you can remind him or her of some specific event or situation in which you performed well on his or her rotation.

Each letter writer must receive the following from you: a LoR request form printed from the ERAS website showing your letter ID number. Encourage authors to upload letters into the ERAS system. This is a new option and is preferred to scanning the letters and sending them to the ERAS post office.

Agree to waive the right to review the letter.

Chair's Letter

Most residencies like to see a letter of recommendation from the chairperson of the department (chief of service) of the specialty in which you are applying. These letters usually reflect the department's composite assessment of its experience with you. Most department chairpersons will ask that you schedule an interview with them and provide them with a copy of your personal statement and/or CV before they will write a letter for you. Once you know where you want the chairperson's letter sent, submit the list to the chairperson's office.

Personal Statement

A part of nearly every application process is the preparation of a personal or autobiographical statement. Generally speaking, the application forms for residency positions will request a personal statement. As in the case of a CV, faculty members who write your letters of recommendation and the Associate Dean for Student Affairs will ask for this information even if your applications do not. The importance of your personal statement and its interpretation by every program director and residency selection chairman will vary. Some individuals will use these essays as background to the rest of the

application; others will use them to assess an applicant's intelligence, personality, character, aspirations, and professionalism.

A personal statement serves to compliment and supplement your CV with a description of your qualifications and strengths in narrative form. Like a CV, it is written for a specific purpose or position. The goal is to eloquently convey how and why you are qualified for the position to which you are applying. In the case of a residency position, you want to make clear the basis of your interest in that specialty and, if possible, that particular program.

Highlight items in your CV if they help to remind your reader of your experiences that make you well prepared for the position. However, do not simply re-hash your CV in prose form and call it your personal statement. Expand on the important activities so that your reader may appreciate the breadth and depth of your involvement in them.

Writing a personal statement also gives you the opportunity to describe yourself, your background, significant personal experiences in your life (if they are relevant), and your hopes and expectations about your future career. The best essays tell the reader what a superior applicant you are without explicitly stating it. For example, telling a story about yourself is a good way to accomplish this because it allows the reader to draw his or her own conclusions about you. In addition, the ability to put down on paper clear, realistic, and carefully considered goals will leave the reader with a strong impression of your maturity, self-awareness, and character.

The importance of effective writing skills cannot be overemphasized. The quality of your writing in the preparation of a personal statement is at least as important as the content. Unfortunately, not only are good writing skills allowed to deteriorate during medical school, in some sense, they are deliberately undermined in the interest of learning to hastily write histories and physicals. For the moment, forget everything you know about writing H & P's. Start writing and rewriting your personal statement very early in the process so that you have time to perfect it. Be sure that you have as many other people as possible help you edit your personal statement.

Here are some pointers for writing an interesting and effective personal statement:

- * Start early and consider it a draft so you have time to rewrite your statement multiple times.
- * Remember your purpose in the personal statement is to make them want you. Your cv gives your "actions"; your personal statement should convey your "contemplations or reflections". Try and convince them you are a superior applicant without explicitly stating it.
- * Use plain language. The goal is to engage the reader. If you use flowery language or pretentious words, the reader is more involved in the language and not the story.
- * Tell a story and let the reader draw conclusions about you. Resist the phrase, "I am passionate about..." Let the story make that clear.
- * Write a focused essay covering the basics, 4-5 paragraphs and < one page long.
- * Write in full sentences and tend toward shorter sentences. One thought/one sentence; One topic/one paragraph.
- * Use correct grammar and spelling – always run a spellcheck or better yet let a good proofreader read it.
- * Avoid abbreviations and acronyms.
- * Avoid repetitive sentence structure.
- * Write with a fresh presentation in order to spark some interest for the reader.
- * Identify your specialty early.
- * Own up to red flags and describe how you've grown. Don't make excuses.
- * Do not use the pronoun "I" too much.
- * Be honest and consistent with the rest of your application.
- * Too long is worse than too short.

To ensure your statement is well written, have others read and edit it with you. Remember, the key to good writing is rewriting. You may also want a crash course in good writing skills, so consider reading The Elements of Style by Strunk and White.

Medical Student Performance Evaluation (MSPE)

"The MSPE describes, in a sequential manner, a student's performance, as compared to that of his/her peers, through three full years of medical school and, as much as possible, the fourth year. The MSPE includes an assessment of both the student's academic performance and professional attributes." - AAMC

1. **Composition-** *"Final authority for composing the MSPE, as an institutional assessment composed on behalf of the medical school faculty, should rest with a professional person, at the faculty level in the institution, who has access to all relevant evaluation data for all students. Ideally, the process by which the MSPE is composed should include a personal meeting with each student".- AAMC*
2. **Content**
 - a. **Identifying information**
 - b. **Unique characteristics**
 - i. Information about special considerations, including any distinguishing characteristics exhibited by the student in medical school (e.g., demonstrated leadership and research abilities, participation in community service activities).
 - ii. Information about any significant challenges or hardships encountered by the student during medical school.
 - c. **Academic history**
 - i. The month and year of the student's initial matriculation in, and expected graduation from, medical school.
 - ii. An explanation, based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.
 - iii. Information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.
 - iv. Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical education.
 - v. Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution.
 - vi. Narrative information regarding the student's overall (rather than course-specific) performance in the preclinical/basic science curriculum.
 - vii. Narrative information regarding the student's overall performance on each core clinical clerkship and elective rotation completed to date, with a focus on summative, rather than formative, comments by clerkship/elective directors. This information should be provided in the chronological order in which the student completed each core clinical clerkship and elective rotation. Information should be provided about the location of any "away" elective rotations.
 - viii. Narrative information about the student's level of initiative, enthusiasm, and ability to self-start in all curricular components.

- ix. An assessment of the student's compatibility with faculty members, peers, other members of the health care team, and patients during all curricular components.
 - d. The **Summary** section includes a summative assessment, based upon the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance. We will be using three categories based on Letters of Distinction (positive factor) and Remediations (negative factor); the number of students will not be equally distributed in those categories.
 - e. Various **Appendices** to include a cover letter, VTCSOM information page, and tables that describe the student's overall performance relative to peers will be included
3. **Your Input**
- a. Provide a draft of the Unique Characteristics section
 - b. Meet with the Associate Dean for Student Affairs
 - c. Review the MSPE for accuracy prior to its being uploaded into ERAS

Interviews

There is no question that your residency interview is an important factor in determining your place on the rank list of programs. Your credentials and accomplishments are what landed you the interview. The impression you make at the interview becomes the most important factor in determining a rank order. Therefore, it certainly makes good sense to make every effort to prepare yourself so that you will be seen in the best possible light.

You have two purposes for the interview:

1. You are attempting to assess how compatible you are with a program, how comfortable you feel, and how well the program meets your stated goals.
2. You are also trying to convey your sense of compatibility with the program to your interviewers. This goes beyond making a good impression; you are demonstrating to the faculty and residents that you would be a welcome addition to their ranks.

The best time to visit programs participating in the NRMP is mid-October through January. Programs participating in the early matches: ophthalmology, urology, and the military, will have interviewing schedules that begin earlier. There is no reliable data to conclude that it makes a difference in outcome whether you interview first, in the middle, or last at a given program, so try not to worry about it. There is general agreement, however, that you should schedule the interview for your most highly desired program after you have had some experience with one or two interviews in other programs.

It is a good idea to email or call and confirm your appointment about a week before your scheduled interview. This will give you an opportunity to reconfirm the place and time of your meeting, name of the individual with whom you are to meet first, and other details such as parking arrangements. Interviewing is expensive, so save money when you can. Try to cluster interviews in the same geographic location. Be sure to ask for student discounts at motels and residency interview discounts on airlines. Contact local VTC alumni to see if they can assist you in finding inexpensive lodging.

Just before the interview, take time to research the information you have received from the program. Write down the facts that you want to double-check as well as any initial impressions you may have formed based on the written material. Pay special attention to the names and positions of people you are likely to meet. Remind yourself of the specific questions you had about this program and write them down in a convenient place so that you will be sure to ask them. You should have some interesting questions prepared ahead of time to let the interviewers know that you have seriously considered the qualities of their particular program. The interviewer gets as much information about you from the questions you ask as from the answers you give. You may want to formulate a list of standard questions

which you will ask every program for comparison, or you may develop a checklist of program characteristics to fill out after each interview. Don't be surprised if the interview begins with your questions.

As important as knowing what to ask is knowing what NOT to ask during the interview. Areas to avoid are salary/benefits, vacation, the competition, moonlighting, and topics that may put the interviewer on the defensive. You can get most of the answers to these questions from the residents.

K. FINANCIAL INFORMATION

Financial Aid Services

VTCSOM's Office of Financial Aid assists students with resources to meet the costs of their medical education and provides student with opportunities to evaluate their financial situation. The Associate Director conducts financial aid information sessions with prospective and matriculated medical students. Sessions may include individual pre-admission counseling, entrance and exit interviews, awarding of financial aid, debt management counseling, and general financial aid assistance. In person and online financial literacy and debt management workshops are coordinated by the Associate Director. The Office of Financial Aid can be contacted at (540) 526-2507 or email at vtcsomfinaid@vt.edu.

Students also have access and are strongly encouraged to utilize online resources offered by the Association of American Medical Colleges (AAMC). Financial Information, Resources, Services, and Tools (FIRST), a debt management initiative from the AAMC, offers a full range of financial information, services, and tools for applicants, medical school students, residents, advisors, and financial aid officers (FAO). The program offers a website with a number of resources including: "First Facts" informational sheets on a variety of financial aid related topics; an FAO Lender Assessment Tool for financial aid administrators to sort survey data based on loan industry-related criteria in order to compare various loan programs; and a new Economic Hardship Deferment Calculator for medical students and residents to estimate eligibility for deferment.

The Association of American Medical College's also offers the [Aspiringdocs.org](http://www.aspiringdocs.org) Program, which is designed to help increase diversity in medicine by guiding students through the process of preparing for, applying to, getting into, and financing medical school. Further information can be found at <http://www.aspiringdocs.org> and <http://www.aamc.org/diversity/aspiringdocs/start.htm>.

VTCSOM requires that all students submit the FAFSA (www.fafsa.ed.gov) in order to be eligible for both Federal and Institutional Financial Aid. Priority deadline for FAFSA completion is March 1st. Students may choose to finance their education through loan borrowing made available by the Department of Education (Direct Stafford Loan and Graduate PLUS Loans) or private banks and lenders. Due to added protection, typically lower interest rates, and additional benefits, the Office of Financial Aid suggests that students first utilize their Direct Stafford Loan borrowing eligibility. According to Federal Regulations, students choosing to borrow their Federal loan eligibility are required to complete an Entrance Counseling and Master Promissory Note the initial time of borrowing and an Exit Counseling once ceasing to be enrolled at VTCSOM (www.studentloans.gov).

Students should also seek outside resources and scholarship opportunities. Please visit VTCSOM's Financial Aid website for a listing of known foundations that have awarded have previously awarded scholarships to VTCSOM students. The Office of Financial Aid will also periodically notify students via email of scholarship opportunities in which our office was made aware.

All students are encouraged to apply for VTCSOM privately funded/endowed scholarships by completing both the FAFSA and Scholarship Application. More information on these scholarships and the Scholarship Application form can be found on VTCSOM’s Financial Aid website.

The Virginia Tuition Assistance Grant (VTAG) is offered through the School Council of Higher Education for Virginia for domiciled residents of Virginia. For the more information and to access the application, please visit VTCSOM’s Financial Aid website.

Tuition and Fees

Tuition for the 2016-2017 academic year is \$49,873 per year.

Tuition and fees remain the same for both in-state and out-of-state residents. The table below provides a breakdown of the tuition and fees.

COA Component	2016-2017 Academic Year			
	M1 Class	M2 Class	M3 Class	M4 Class
Tuition	\$49,873	\$49,873	\$49,873	\$49,873
Internal Fees	\$250	\$275	\$350	\$475
External Fees	\$500	\$1,100	\$2,869	\$1,224
Equipment	\$2,300			
Health & Dental Insurance	\$2,702	\$2,734	\$2,734	\$2,702
Disability Insurance	\$57	\$57	\$57	\$57
Textbooks	\$533	\$614	\$512	\$577
Fourth year-rotation travel				\$5,000
Living Expenses	\$1,966	\$1,967	\$1,967	\$1,966
(monthly x no. months)	11	12	12	11
	\$21,627	\$23,604	\$23,604	\$21,627
COA	\$77,842	\$78,257	\$79,999	\$81,535

+ Students are required to have a laptop computer. Minimum specifications will be provided. Students who wish to purchase a new laptop have access to VTC’s Dell and Apple purchase plans. The computer expense is for first year only which is included in the Equipment allowance. All other expenses are projected per year. Technology support services are provided at no cost to students through the Carilion Clinic Technology Support Group.

+ All students will be required to carry health insurance. The cost of health insurance is the responsibility of the student and fees will vary according to the plan the student selects. If a student already has a health insurance plan, they will be able to keep it. A variety of individual and group plans will be made available to students attending VTCSOM. For example, The Virginia Tech VTCSOM Aetna Graduate Student health plan (\$100,000 coverage) for an individual costs on average \$2,350.00 per year.

** All fees subject to annual review by the VTC Board of Directors.

A non-refundable \$100 class reservation fee is charged to all applicants. VTC does not permit installment payments for tuition. Refer to the Tuition Refund Policy for details about tuition refunds.

Satisfactory Academic Progress Policy for Financial Aid

In accordance with federal regulations, students who receive Federal Financial Aid must be in good academic standing and maintain Satisfactory Academic Progress (SAP) toward their degree. Satisfactory Academic Progress is evaluated annually at the end of the spring term.

As promotion standards from year to year exceed the federal student aid minimum requirements, a student is considered to meet SAP standards if they are promoted by the MSPPC.

Students who fail to be promoted by the MSPPC will be ineligible for continued financial aid funding beginning the term immediately following the term in which SAP requirements were not met. If a student appeals the promotion decision by the MSPPC and the appeal is granted, the same appeal decision applies to Satisfactory Academic Progress. The student's academic plan, for SAP purposes, are the academic requirements set forth by the MSPPC.

If a student applies for re-admission and the re-admission is approved, the student is considered to have re-established his or her financial aid eligibility for the next evaluation period.

Although terms do not need to be consecutive, financial Aid cannot be offered for terms beyond 150 percent of the normal length of the program.

L. STUDENT HEALTH AND WELLNESS

Urgent Medical Care

Urgent care services are offered to all VTCSOM students by Carilion Clinic Community Care or VelocityCare. Hours of operation are Monday through Friday from 8:00 am to 5:30 pm and Saturday from 8:00 am to 1:00 pm (Community Care) and Monday-Saturday 8:00 am to 8:00 pm and Sunday 10:00 am to 6:00 pm (VelocityCare). Same day and walk-in sick appointments are available; laboratory and radiology services are available on-site. Carilion Clinic Community Care and VelocityCare both accept the Virginia Tech graduate student medical insurance coverage as well as other commercial insurance plans.

Other available urgent and emergency visits are available through Doctor's Express.

Providers at Carilion Clinic Community Care, Doctor's Express, and Velocity Care are not involved in any way with student assessment. All records of visits are confidential and can be released only with the written permission of the student.

Primary Medical Care

Comprehensive primary care services are offered to all VTCSOM students by a variety of local primary care practices. All students are encouraged to establish care with a primary care physician. The Office of Student Affairs can assist them with this. Students have the option of choosing their primary care physician from among the Carilion Clinic primary care practices or outside of Carilion Clinic. All physicians in the Carilion Clinic accept the Virginia Tech graduate student medical insurance coverage as well as other commercial insurance plans. Students also have access to the specialty network of Carilion Clinic with referral coordinated through their primary healthcare provider.

Primary care providers outside of Carilion Clinic are not involved in any way with student assessment. For students who elect a primary care practice within Carilion Clinic, our conflict of interest policy and attestation will serve to assure that physicians with whom a conflict of interest is identified will not be placed in a position of assessing the student.

All records of visits are confidential and can be released only with the written permission of the student.

Immunizations

Ensuring the health and safety of all students, faculty, staff, patients, and the general public is a priority of VTCSOM. VTCSOM requires that all students present proof of required immunizations prior to matriculation and/or actual patient contact. These records are housed in the office of the Director of Enrollment Management and are not available to individuals who have a role in assessment or promotion of students. Students who fail to submit complete health history and immunization documents prior to the first day of class will not be permitted to attend classes or clinical rotations until all information is complete or an acceptable plan is in place to do so as determined by the Vice Dean.

VTCSOM's immunization policies and procedures are in accordance with the guidelines issued by the Centers for Disease Control and Prevention and Carilion Clinic. (Refer to Section V. for Immunization Policy)

Counseling Services

As part of our commitment to helping students achieve their full potential, VTCSOM provides counseling and wellness services to all students (<http://www.jchs.edu/page.php/prmID/259>). Counseling (therapy) is a free and confidential service, supported by the Student Health Fee, which seeks to assist in the development and maintenance of students' academic and personal growth.

While students are expected to accept the responsibility for making their own decisions, counselors are available to assist them in making necessary adjustments for improving academic skills, learning better communication skills, strengthening relationships and solving problems that interfere with learning and life. Counseling can often provide assistance in dealing with loneliness, anxiety, frustrations and depression that can sometimes be associated with the medical school experience.

Students are able to receive services by self-referral or they may be referred by the Associate Dean for Student Affairs. Refer to the Student Health and Welfare Policy for details about mandatory referrals.

The Director of Counseling and Wellness is Dr. Jennifer Slusher (jjslusher@jchs.edu). Her office is on the 4th floor of the Carilion Roanoke Community Hospital and her phone number is (540) 985-8502.

Personal Counseling

Students who are experiencing personal problems which prevent full participation in their program of study or which result in difficulty or decrease their ability to be academically successful should seek or be referred for counseling. In helping students with personal problems, the counselor can assess and provide therapy for the following:

- Relationship problems
- Crisis intervention
- Conflict resolution
- Anxiety
- Depression
- Wellness issues
- Substance abuse
- Stress management

This is not an inclusive list; students should seek counseling whenever they feel they are in need of these services.

Appointments

Initial, non-emergency appointments are usually scheduled within one week of the request. Appointments can be made by calling (540) 985-8395 or e-mailing Debbie Stinnett at dmstinnett@jchs.edu. In the event of an after-hours emergency, students are to call RESPOND at (540) 776-1100 or CONNECT at (540) 981-8181. Other resources include the student's primary health care provider or the hospital emergency department. The cost for any such care is the responsibility of the student.

Confidentiality

Contact made with counselors, including information resulting from individual sessions, does not become a part of a student's permanent record. Such information can be released only with the written permission of the student. The exceptions to confidentiality, as mandated by state law, include:

- when the information relates to clear and imminent danger to an individual;
- when there is reason to believe that a child or vulnerable adult has been, or is likely to be, abused or neglected;
- when the information is requested by a valid court order;
- when the information is academic; and
- when it is necessary to protect the health and safety of the student, his/her family, the VTC community, or the public.

Any disclosure in these situations will be made to an appropriate authority and will be limited to material directly related to the issue involved.

Eligibility for Services

All Virginia Tech Carilion School of Medicine students are eligible for Counseling Services.

Limits of Service and Referral to Other Providers

These counseling services are primarily for short-term therapy. If more intensive care or certain specialty or hospital services are needed, the staff can assist in making referrals to outside mental health providers. Health professionals who provide psychiatric, psychological counseling or other sensitive health services to medical students may not be involved in the academic evaluation or promotion of students receiving these services. As with counselors with the Center for Counseling and Wellness, contact made with psychiatrists, psychologists, or other counselors, including information resulting from individual sessions, does not become a part of a student's permanent record. Such information can be released only with the written permission of the student. The exceptions to confidentiality, as mandated by state law, include:

- when the information relates to clear and imminent danger to an individual;
- when there is reason to believe that a child or vulnerable adult has been, or is likely to be, abused or neglected;
- when the information is requested by a valid court order;
- when the information is academic; and
- when it is necessary to protect the health and safety of the student, his/her family, the VTC community, or the public.

Other counseling services:

In addition to the counselors with the JCHS Counseling and Wellness Center, there are counselors, psychologists, and psychiatrists from who students can seek assistance. Refer to the Student Services page on Blackboard for an updated listing.

Student Wellness

VTCSOM is committed to providing its students with opportunities to learn about wellness and explore ways in which they can assume responsibility for their own physical, mental, emotional, social, and spiritual wellbeing. We view wellness not merely as the absence of illness but as a commitment to the optimal development of the whole person. There is a curriculum entitled; "From Student to Clinician" that includes class retreats during each of the four years. The year one retreat focuses on acclimating to medical school and school life balance. The second year retreats focus on preparing for the change from a curriculum centered in the classroom and small group setting to a curriculum centered in the clinical settings. The third year retreats focus on balance, wellness during clinical training, and dealing with loss and grief. The Transition to Residency courses in the spring of Year 04 includes sessions on preparing for life as a resident.

There is a student recreation area located on the second floor of VTC. There is also a wellness room across from the recreation area, specifically designed to provide comfort and privacy for nursing mothers as well as for medication self-administration and private worship. Shower facilities are immediately accessible through the student recreation space. Additionally, students each receive a membership to the Roanoke and Botetourt Athletic Clubs and Zoom fitness center.

VTC is situated within one block of three city-owned parks. Immediately across the street, the Riverside Sports Complex, provides baseball and softball diamonds, a soccer field, and open green areas for a variety of games. The Wasena and Smith Parks include a bicycle path, jogging trail, and greenway along the river.

Ombudsperson:

The Ombudsperson at VTCSOM serves as a neutral, independent and confidential resource for students within the medical school community. Independent of existing administrative or academic organizational structures, and responsible only to the Dean of the School of Medicine, the Ombudsperson supplements other resources available to students. Services include mediation, investigation, listening, coaching, and offering problem-solving options. A student may wish to connect with the ombudsperson to seek assistance regarding perceived unprofessional behavior, interpersonal and professional difficulties, or other concerns. The Ombudsperson has no authority to take action but has access to anyone in the School for the purpose of informal resolution of concerns and disputes.

The Ombudsperson will treat all matters confidentially within the bounds of the law. The student's privacy will be respected. Should the pursuit of an inquiry require the disclosure of details that identify a student, that student would be contacted and no further action would be taken without the student's permission (unless there is a potential threat to safety or a legal issue compelling disclosure).

To access the Ombudsperson, please contact the Office of the Dean at 540-526-2559 and request a confidential appointment.

Health Insurance

Acceptable medical insurance is mandatory for all students and must be documented at matriculation. The cost of medical insurance is borne by the students. All students are eligible for the Virginia Tech

Graduate Student health plan. It is recommended that students get minimum annual benefit coverage at the \$100,000 or \$250,000 level. The latest premium information may be found online at:

<http://www.co.vt.edu/Risk/studenthealthinsr/index.html>

Disability Resources

VTCSOM seeks to consistently provide educational opportunities to a broad spectrum of people, many of whom traditionally may not have considered medical school an option. VTCSOM serves all applicants and students equally and does not discriminate against anyone based on disability. VTCSOM actively works to monitor its compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Employment Act, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 and all other laws, rules and regulations that are applicable. VTCSOM continually works to educate faculty and staff about discrimination issues. VTCSOM will continue these and other measures to ensure equitable access and treatment for all applicants, students and employees. Refer to the Disability Assessment and Accommodation Policy for further details.

Disability Insurance:

Disability insurance is included as part of tuition and fees.

M. HONOR SOCIETIES

Alpha Omega Alpha Society

Alpha Omega Alpha (AΩA), founded in 1902, is the national medical honor society. AΩA seeks to promote service and humanism while encouraging academic and community leadership. Election into AΩA is an honor signifying a lasting commitment to scholarship, leadership, professionalism, and service. A lifelong honor, membership in the society confers recognition for a physician's dedication to the profession and art of healing. Criteria for election into AΩA are detailed in its Constitution. About 3000 students, alumni, housestaff and faculty are elected each year. Since its founding in 1902, more than 150,000 members have been inducted into the society.

VTCSOM is proud to host the Delta Virginia chapter of Alpha Omega Alpha, a student run group committed to upholding the ideals of the national society. Our chapter sponsors VTCSOM students for a variety of fellowships in research, service, and leadership. The Virginia Tech Carilion School of Medicine chapter was established in 2014.

Up to ten students will be selected for possible nomination based on their overall academic performance and letters of distinction. From this group, up to six students (15% of the class) will be selected for final nomination into AΩA based not only on academic criteria but on leadership activity, research achievements, community service, interprofessionalism, humanism, and clinical performance. Two students will be selected during the third year and the remaining four students will be selected early in the fourth year. More information on our selection process can be obtained by contacting VTCSOM AΩA leadership at VTCSOM.AOA@gmail.com.

Gold Humanism Honor Society

The Virginia Tech Carilion School of Medicine chapter of the Gold Humanism Honor Society (VTC-GHHS chapter) was established in 2013 with faculty and residents who had been inducted into the society at other institutions. A major goal in establishing this society was to foster a culture in the medical school in which the qualities of humanism and professionalism would be recognized and highly valued.

Students are selected midway through the M3 year and are nominated by peers using a validated questionnaire. The VTC-GHHS chapter then uses the results of this questionnaire to select the six (15% of the class) inductees.

The VTC-GHHS chapter selects a graduating student recipient of the Leonard Tow Humanism in Medicine Award. The student awardee will be selected by the VTC-GHHS chapter with input from the Deans and Department Chairs from among the six GHHS members in the graduating class. Attributes for the student awardee include:

- consistently demonstrates compassion and empathy in the delivery of care to patients
- illustrates professional and ethical behavior by example
- shows respect for everyone
- demonstrates cultural sensitivity in working with patients and family members of diverse backgrounds
- displays effective communication and listening skills—good rapport with patients
- understands patients' need for interpretation of complex medical diagnosis and treatment and makes an effort to assure patient comprehension—shows respect for the patients' viewpoint
- helps to articulate the patients' concerns to attending physicians and others
- sensitive to the patients' psychological well-being
- cooperative, easy to work with—engenders trust and confidence
- willing to help others and, when necessary, willing to seek help from others
- displays concern for the general welfare of the community and engages in volunteer activities
- seeks and accepts criticism, using it to improve performance
- committed to reflection and objective self-evaluation of his/her skills
- displays competence in scientific endeavors

N. STUDENT GOVERNMENT

Student involvement is essential to the success of VTCSOM. The Medical Student Council (MSC) is the representative body for all medical students at Virginia Tech Carilion School of Medicine, and serves as a forum for students to discuss issues pertaining to their education and community. The MSC and the individual class student governments operate under the supervision of the Associate Dean for Student Affairs. The MSC is responsible for coordinating, promoting, and overseeing VTC-sanctioned student activities, improving student quality of life, and fostering interactions with the community. All VTC recognized student clubs, student chapters of professional medical and/or specialty organizations, and specialty interest groups will require the endorsement of the MSC as part of their approval process. In addition, the MSC represents the student body to the Dean and Associate Deans on all issues related to education and student life.

Each class will have, at a minimum, a president, a vice-president, an Organization of Student Representatives (OSR) representative, and an activities/social chair. A class may choose to elect additional officers as they deem necessary. The MSC will be comprised of the class presidents and vice-presidents for each class. The chair and secretary/treasurer of the MSC will be the president and vice-president of the most senior class represented on the MSC. As much as possible all elected officers (President, VP, Social Chair, and OSR reps) should be present at either the first or second MSC meeting of each year to discuss goals and plans for the year going forward. At the last meeting of each academic year MSC members should create a new list of goals and objectives for the coming year.

Roles of the Student Government President (M4 Class President):

- Attend all MSC meetings
- Maintain communications between the administration, board of directors, and the MSC.
- Coordinate with the Housestaff officers of the Carilion Residency Programs as needed.
- Present new medical student interest groups (MSIGs) and recognized student clubs (RSCs) to the MSC for approval.
- Formulate agenda for meetings with the Associate Dean of Student Affairs

Roles of the class officers:

President

- Attend all MSC meetings
- Maintain communication between classmate, MSC, and administration
- Organize end of block meetings with the Senior Associate Dean of Academic Affairs as needed.
- M1 and M2 Class Presidents serve on the Roanoke Interprofessional Collaborative working group.

Vice president

- Attend all MSC meetings.
- Update MSC meeting minutes
- Review and monitor student activities budget and spending. This includes administering funds as requested to clubs, SIOGs, and organizations.

Activities/Social chair

- Plan the “Med School Formal”
- The social chairs may establish a subcommittee to organize this event.
- Work in concert with the Student Affairs Business Manager to budget and pay for events.
- Communicate with student representatives at JCHS and Carilion Residency Programs in organizing extracurricular social events.
- Coordinate with members of SIGs and clubs to organize school wide extracurricular events.
- Plan additional school-wide social events as needed.

Election Process:

Each student government office is an one (1) year term, and all students are eligible to run for office each academic year as long as they are in good academic standing (cannot be on academic or non-academic probation). Candidacy is by nomination, and students are eligible to self-nominate. Student interest in serving will be determined by the Associate Dean for Student Affairs prior the election. A student may only be a candidate for one class government position. In the case that a student is nominated for more than one position, they must select the office they would like to be considered for prior to the election.

Elections for all student government positions will be coordinated by the office of student affairs and occur by ballot as follows:

- Year 1- within the first month of the academic year
- Year 2- nominations during the last month of Year 1 with the election occurring after the conclusion of the Block IV exams and through the next week.

- Year 3- nominations near the end of Block VIII of Year 2 and election during the Special Studies week and the following week.
- Year 4- nominations in early May and election during the next week.

Positions will be determined by the candidate who receives the greatest number of votes. Write-in ballots will not be considered for student elections.

Student nominations for all VTCSOM committees will be coordinated through the office of student affairs. Candidacy is by nomination, and students are eligible to self-nominate. All nominees must be willing to serve in order to be considered and must be in good standing in the school. Committee elections will be held at the same time as the class officer election. A vote by secret ballot of each class for each committee will be held. All students are eligible to vote.

At the conclusion of the vote and for each committee, a slate of candidates that is up to twice the number of committee student positions will be created and forwarded to the Dean, where the final selections will be determined.

O. STUDENT CLUBS AND ORGANIZATIONS

VTCSOM encourages students to form VTC Student Clubs, specialty interest groups (SIGs) and student chapters of regional and national professional medical organizations, and to become involved with local, regional, and national specialty organizations/societies. There are specific processes involved in order for a group to become recognized by VTC for each of these categories. The Associate Dean for Student Affairs will assist students who desire to form a VTCSOM-recognized SIG, club, or local chapter, and/or become involved with medical specialty and professional organizations.

Guidelines for Establishing a VTC student club, SIG, or local chapter

VTC student clubs must be established according to the following steps:

- Obtain an application form from the Office of Student Affairs or the Medical Student Council President;
- Determine which category of group you are applying for;
- Establish a name for the club, SIG, or local chapter;
- Identify the connection to one of the four Value Domains;
- Identify a faculty member or members as sponsor/advisor and obtain his/her agreement;
- Write a statement of purpose;
- Identify an organizing leader;
- List initial club members (must be at least three);
- Identify goals for the group;
- Submit the application form to the president of the Medical Student Council for review by the MSC;
- If approved by the Medical Student Council, the form will be submitted to the Associate Dean for Student Affairs for approval;
- Once a group receives approved, it should meet and elect/select a president, vice-president, and secretary/treasurer. They should submit this information to the Associate Dean for Student Affairs.

Once the Associate Dean for Student Affairs gives final approval, the group becomes a recognized VTC group and is eligible to advertise using VTC communications, be listed on the VTC website, have a presence on the VTC Blackboard site, and meet on campus without prior approval from the Associate Dean for Student Affairs. All student groups must be self-funded. There are no VTCSOM funds allocated

to support student groups. All funding for VTC-recognized groups must be used to fund group activities, and must be accounted for by the secretary/treasurer of the group. VTC Student groups may accept external funding only with the approval of the Associate Dean for Student Affairs. Any external funds received must be accounted for by the group and be kept in a VTCSOM regulated account.

All VTC student groups require a faculty advisor. Students should petition faculty they believe may be interested in serving as an advisor. An advisor is expected to be in close contact with the group and to provide advice as may be appropriate and necessary to the group and to the VTCSOM administration.

Student Clubs:

Student Clubs can provide the opportunity for students to become more involved in school and community life, to foster community outreach, or to more deeply explore an academic or scholarly interest. VTCSOM encourages students to form and become involved with student clubs as a way to augment their medical school experience and help enhance their personal and/or professional development.

Specialty Interest Groups (SIGs):

VTC believes it is important for students to become exposed to the broad wide range of career options as they consider their future beyond medical school. To encourage students to learn about the enormously diverse fields of medicine, the Associate Dean for Student Affairs will help to coordinate a series of meetings over the course of Year 1 where faculty representatives from each of the clinical departments will share about specialty and sub-specialty career options in their discipline.

It is anticipated that over time, individual clinical departments and/or interested students will form specialty-specific interest groups. Specialty Interest Groups are student organizations aimed at helping students learn about a specific specialty within medicine and network with others who are interested in the possibility of pursuing a career in that specialty. The Associate Dean for Student Affairs can assist in this effort.

The Goals for these groups include:

- To broaden exposure to faculty role models in the major clinical specialties;
- To foster mentoring relationships with faculty, community physicians, and residents;
- To provide networking opportunities with faculty, residents, and the healthcare community;
- To facilitate learning opportunities in the various specialties at Carilion or other clinical affiliates; and
- To provide support in residency program application.

Student Chapters of Professional Medical and Specialty Organizations:

There are many local, regional and national professional medical organizations and medical specialty organizations that encourage student involvement. Common examples include the Organization of Student Representatives to the Association of American Medical Colleges (AAMC OSR), the American Medical Association Medical Student Section (AMA-MSS), and the American Medical Student Association (AMSA). Students will be made aware of these organizations throughout the year through information disseminated by the Associate Dean for Student Affairs and through the Medical Student Council. They will learn more through resident and faculty mentors. Additionally, interested students can contact these organizations directly.

P. STUDENT PARTICIPATION ON STANDING COMMITTEES (ROLES AND RESPONSIBILITIES)

Candidacy is by nomination, and students are eligible to self-nominate. All nominees must be willing to serve in order to be considered and must be in good standing in the school. A vote by secret ballot of each class for each committee will be held if there is more than twice the number of nominees for a particular committee. All students are eligible to vote. At the conclusion of the vote and for each committee, a slate of candidates that is up to twice the number of committee student positions will be created and forwarded to the Dean's office, where the final selections will be determined.

1. MEDICAL STUDENT ADMISSIONS COMMITTEE (MSAC)

The Medical Student Admissions Committee is responsible for all activities and policies related to the admissions process. This committee makes the final decisions regarding acceptance of applicants. The committee reports directly to the Academic Council. The committee has a total of 26 members, consisting of:

- Fifteen (15) elected regular faculty members
- Five (5) Dean's appointees
 - The Dean's appointees need not be regular faculty members
- Two (2) Dean's appointees to serve as Chair and Vice Chair
 - The appointed Chair and Vice Chair shall be regular faculty members
- Four (4) student members
 - The student members will all come from the M3 class

The term of service for each student is one (1) year. A student may only serve for one term.

The Committee functions as two (2) parallel sub-committees, each with 12 members headed by the Chair or the Vice Chair. Two student members from the M3 class will serve on each of the subcommittees. At the discretion of the Chair and Vice Chair, both sub-committees may be asked to meet in joint session for purposes of policy, proposals of change, or other Admissions Committee business.

Within the functioning of the weekly sub-committee applicant review process, each student member is a voting member. When a second student is added to the subcommittee in subsequent years, the two students on each subcommittee will have one vote between them.

Student members are not asked to prepare a "brief" on any of the applicants; "brief" preparation shall be done only by elected or appointed members of the Committee. Student members do not participate in the interview process and do not participate in the final voting to determine acceptances. Per the LCME rules, the process to determine final offers of acceptance is limited to VTCSOM faculty members.

2. MEDICAL CURRICULUM COMMITTEE (MCC)

The Medical Curriculum Committee is responsible for all aspects of the educational endeavor of VTCSOM. As such, all courses, teaching styles, educational innovations, clinical and research experiences and other educational endeavors fall under the responsibility of this Committee. The Curriculum Committee is not exclusively formed of regular faculty members. The composition of the Committee is:

- Four (4) faculty from the Division of Basic Sciences,
- Four (4) faculty from the Division of Clinical Sciences
- Two (2) students, one from the M2 and one from the M4 year.

- The term for students is one (1) year

The Associate Dean for Medical Education is a permanent advisor to this Committee; other advisors include the Associate Dean for Research and the Associate Dean for Student Affairs. Organizationally, this committee reports to the Academic Council on matters of policy; once policy is confirmed, implementation of policy is the responsibility of the Dean.

3. MEDICAL STUDENT PERFORMANCE AND PROMOTION COMMITTEE (MSPPC)

The MSPPC is delegated the following responsibilities:

- Evaluate the academic achievement of all VTCSOM students
- Develop policies and provide oversight regarding standards for advancement, including student requests for disability accommodation.
- Evaluate professional conduct of students
- Judge cases of probation and dismissal

This committee is responsible for assuring the academic achievement of all VTCSOM students. In this role, this committee is responsible for developing and overseeing policy regarding standards for advancement. This Committee is not exclusively formed of regular faculty members. It is composed of:

- Six (6) regular faculty members including three (3) Basic and three (3) Clinical Science regular faculty members
- One student representative from each of the four classes (M1 - M4).
- The Chair of this Committee is a regular faculty member and is elected by members of the Committee and serves for one (1) year; it would be possible to remain on the committee after serving as chair. The Chair may be reelected as long as he/she is a member of the committee.

The term of office for student members is one (1) year. Students may serve more than 1 year but must go through the nomination and selection process yearly. The permanent advisor to this committee is the Associate Dean for Student Affairs. Organizationally, this committee reports to the Academic Council. This committee will periodically ascertain that adequate progress towards the medical degree is being achieved by each student in each phase. Formal recognition of completion of one year's study and passage to the next year will be sent to the student and the Dean. Towards the conclusion of the student's academic program at VTCSOM, following the advice of the Associate Dean for Student Affairs and Associate Dean for Medical Education, the committee will recommend appropriate candidates to the Dean for the conferral of the Doctor of Medicine degree. This Committee also has primary responsibility to respond to concerns regarding advancement of a student and, if necessary, enforce policies and procedures that may eventually result in dismissal from VTCSOM.

For disciplinary hearings of the MSPPC, a quorum is considered a simple majority of the committee members. This number must include at least one student member.

4. LIBRARY AND EDUCATIONAL TECHNOLOGIES COMMITTEE (LETS-C)

The Library and Educational Technologies Committee is responsible for the identification of and maintenance of resources necessary for the education of students at VTCSOM. This committee is a joint faculty-administrative policy and operations committee. A report of actions and any policy recommendations of the committee go to the Academic Council. Recommendations or actions for expenditures or acquisitions are reported by the Chair of this committee to the Dean. The Director of the Health Sciences Libraries is permanent Chair. Advisors to the Library and Educational Technologies Committee are the Senior Dean for Academic Affairs and the Senior Dean for Research.

The Library and Educational Technologies Committee will have eight (8) members, consisting of:

- One (1) Chair, the Director of the Health Sciences Libraries, who will serve as permanent chair of the committee;
- Two (2) elected regular faculty members;
- Three (3) Dean's appointees;
- Two (2) student representatives (one each from the M1 and M2 year).

The terms of the Library and Educational Technologies Committee are as follows:

- Three (3) years for elected regular faculty members and three (3) years for Dean's appointees
 - Elected regular faculty members may serve two (2) consecutive terms before rotating off for at least one year
 - Dean's appointees may have unlimited consecutive terms
- One (1) year for elected student representatives:
 - The student representative from the M1 year may be elected for a second one (1) year term.

This committee is to function as an oversight and policy group regarding the management of library and educational technologies resources needed to deliver the educational activities of VTCSOM. It has budgetary authority for the library and technology resources.

5. LEARNING ENVIRONMENT ADVOCACY COMMITTEE (LEAC)

The Virginia Tech Carilion School of Medicine (VTCSOM) strives to achieve a respectful, cooperative and professional learning environment for our students, faculty and staff at VTCSOM and in all educational and clinical sites. The learning environment must be conducive for a student to be able to fully engage in learning, free from student mistreatment, coercion, undue influence, and other unprofessional behaviors that negatively influence the ability of the student to perform at their best. Behaviors that constitute mistreatment and other undue negative influence are unacceptable and allegations and complaints of mistreatment will be addressed accordingly. Allegations will be fully investigated and if the allegations are found to be true, appropriate disciplinary action will be taken to address the unacceptable behavior.

Equally important is for VTCSOM to promote a professional learning environment and to identify the positive factors leading to a healthy learning environment and to share those factors with others in order to promote the best environment for our students, faculty, residents and staff.

Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, gender, age or sexual orientation. Examples of mistreatment include but are not limited to the following:

1. Threatening and abusive language, profanity or language that can be perceived as rude, threatening, demeaning, sarcastic, loud or offensive
2. Belittling or humiliation
3. Intentional neglect or being left out of the communications
4. Offensive sexist remarks or names
5. Racist or ethically offensive remarks or names
6. Requiring personal services be performed(i.e. babysitting, shopping, personal errands)

7. Threatening with physical harm (e.g. hit, slapped, kicked)

To achieve a healthy learning environment, VTCSOM has established the VTCSOM Learning Environment Advocacy Committee (LEAC). The committee is charged with promoting a learning environment that best supports our students in every education setting. This process involves addressing complaints of mistreatment of students by others, as well as other factors that influence the learning environment. In addition, the committee works with students, faculty, residents and staff to raise awareness about mistreatment and work to influence the positive aspects of the learning environment.

Committee Members

The committee membership includes broad representation from VTCSOM students, faculty, and staff; Carilion Clinic residents, nursing, other health professions and administration. The committee includes one student from the M1 class, two students from each of the M2, M3 and M4 classes for a total of seven students. The students are peer nominated and elected each year. The term of office for student members is one year and students may serve more than one term but must go through the nomination and selection process yearly. Other members of the committee are chosen by the Dean and include: Five faculty members (one will serve as the chair, one is the Chief Diversity Officer, and the others from the faculty), a VTCSOM staff representative, and from Carilion Medical Center: three residents, a representative each from nursing, other health professions, and senior management. The residents are appointed for a one year term but may be reappointed for two additional one year terms. All others are appointed for a three year term and may be appointed for one additional term.

Q. CLASS CANCELLATION

There may be circumstances when Year 1 and 2 classes will need to be cancelled. VTCSOM will close or delay for weather emergencies, disasters, or incidents based on the decision of the Administration. Notification of class cancellation or delay due to severe weather conditions is made via the Carilion e-mail system and notifications to local television stations, including WSLS 10 and WDBJ 7. Please note that VTC has no control over how rapidly or accurately the radio and television stations report closings. Notification of emergency class cancellation or delay is made via the emergency alert system (e2Campus), VTC webpage, and main phone number, (540) 581-0136. Students are encouraged to sign up for e2Campus.

If VTCSOM cancels classes, the rescheduling of academic activities will be at the discretion of the Senior Associate Dean for Academic Affairs.

For Years 3 and 4, there will be no assumed cancellation due to inclement weather. If clinical activities are cancelled, the Clerkship or Rotation Director will be in touch with the affected students individually. If the student feels unable to get to the clinical site due to weather, the Clerkship or Rotation Director must be made aware before the scheduled start of the clinical activity.

R. TRANSFERABILITY OF CREDIT

Circumstances may arise when a student chooses to transfer to another school to continue their medical education. Under such circumstances, the accepting school would determine the credits which would transfer from VTCSOM.

S. HOUSING INFORMATION

Roanoke offers many housing options for students in close proximity to the school including affordable apartments, rental houses, and loft-living arrangements. VTCSOM is not responsible for securing housing for students. The housing cost built in to the VTCSOM cost of attendance is based on sharing a two-person apartment with a roommate. Accepted students are encouraged to check with the admissions office or the student affairs office on housing recommendations before signing a lease.

T. STUDENT PARKING

Student automobiles should be parked on Level 3 or higher of the Carilion parking deck on the campus during Carilion Clinic operating hours. There is no charge for parking in the parking deck. Students may park in the open lot in front of the School of Medicine or anywhere in the parking deck between 5 p.m. and 7 a.m. on weekdays and all day on weekends. Students are not permitted to park in the lot on the ground floor of VTC, on the backside of the VTC nor in the front patient parking lot at any time. Violations of this policy will be considered a breach of student professionalism and will be addressed accordingly.

U. CAMPUS SAFETY AND POLICE AUTHORITY AND JURISDICTION

The safety of students is a primary concern of VTC. The educational process involves long hours, many spent alone studying or working in the laboratory, and students must take extra precautions on and off campus. VTC is served by Carilion security officers and the Carilion Police Department. Carilion Clinic police have security on site at VTC 24 hours a day, 7 days a week. Officers can be reached at (540) 981-7911 or through the Carilion phone system at 7-7911. **If a student is experiencing a true emergency, he/she should call 911.**

Victims or witnesses of crimes on campus are encouraged to report those crimes anonymously on a voluntary, confidential basis for inclusion in the annual crime disclosure report by calling the Carilion Clinic Police and Security Department. Students also have the option of contacting other VTCSOM resources such as the Associate Dean for Student Affairs, the Counseling and Wellness Center, the ombudsperson, or their faculty advisor who can assist with notifications, if desired.

The following preventive measures are recommended: avoid isolated sites, have access to other people or a phone, secure doors behind you, and don't walk to the parking lot alone at night.

Carilion Police have complete police authority to apprehend and arrest anyone involved in illegal acts on-campus and areas immediately adjacent to the campus. Any VTC-owned or leased property in outlying areas may be patrolled jointly by both Carilion Police and City Police. If minor offenses involving VTC rules and regulations are committed by a VTC student, the Carilion Police may also refer the individual to the Associate Dean for Student Affairs for judicial action.

Major offenses such as rape, murder, aggravated assault, robbery and auto theft are reported to the local police and joint investigative efforts with investigators from Roanoke City Police are deployed to solve these serious felony crimes. The prosecution of all criminal offenses, both felony and misdemeanor, are conducted at the Roanoke City General District Court or the Roanoke City Circuit Court. Carilion Police personnel work closely with local, state and federal police agencies and have direct communication with the City Police Department through our twenty four hour emergency police dispatch service. The emergency telephone number is (540) 981-7911.

The Carilion Police Department maintains a National Criminal Information Center (NCIC) and Virginia Criminal Information Network (VCIN) computer terminal. Through this system police personnel can access the National Crime Information Computer system as well as the Virginia Criminal Information Network computer. These computer databases are used for accessing criminal history data, nationwide police records, driver/vehicle identification information, as well as other local, state and federal law enforcement information. The Carilion Police will provide daily crime statistics to students and faculty upon request. The statistics are available for viewing in the main office, located at Carilion Roanoke Memorial Hospital, 5th floor. Additionally, the Carilion Clinic Police Department provides crime data to the Virginia Tech police, who submit the Clery Act data to the Department of Education.

No weapons are allowed on campus. This would include handguns, long guns, and knives with blades 4 inches or longer. Violations of this will be handled as a legal matter as well as a School of Medicine matter.

V. CAMPUS MAP

A map of the campus appears on the next page.

VTC

Virginia Tech Carilion

School of Medicine and Research Institute

2 Riverside Circle
Roanoke, VA 24016

www.vtc.vt.edu

ROANOKE AREA

Key to Facilities

<ol style="list-style-type: none"> 1. VTC School of Medicine and Research Institute - 2 Riverside 2. Riverside Center - 1 Riverside 3. Carilion Clinic - 3 Riverside 4. Carilion Roanoke Memorial Hospital (CRMH) 5. CRMH Bellevue Parking Garage (free public parking) 6. CRMH Riverwalk Parking Garage (employee) 7. Carilion Roanoke Community Hospital (CRCH) <ul style="list-style-type: none"> Endoscopy Services Inpatient Rehabilitation Jefferson College of Health Sciences (JCHS) Occupational Medicine Pediatric Dental Clinic Urgent Care Wound Care 8. Community Medical Office Building 9. CRCH Parking Garage (free public parking) 10. Carilion Clinic Cancer Center of Western Virginia <ul style="list-style-type: none"> CyberKnife Center 11. Carilion Clinic Outpatient Rehabilitation Center 12. Ronald McDonald House 13. Carilion Clinic McCranahan Building <ul style="list-style-type: none"> Carilion Clinic, General Surgery 14. Carilion Medical Building - Crystal Spring 15. Carilion Clinic Life-Guard Helport 	<ol style="list-style-type: none"> 16. Carilion Clinic Patient Transportation 17. Technology Services Group (TSG) 18. OB/GYN Family Planning Clinic and Pediatric Clinic 19. Pediatric Clinic (Abermarle) 20. Carilion Clinic Jefferson Plaza <ul style="list-style-type: none"> Carilion Credit Union Carilion Diabetes Management Center Carilion Clinic, Neurosurgery Carilion Clinic, Urology/Medical Oncology Carilion Clinic Sleep Center Pediatric Neuro Developmental Clinic 21. JCHS Emergency Services Program 22. Carilion Clinic Home Care and Hospice 23. Carilion Clinic Breast Care Center 24. Highland Medical Office Building 25. Carilion Administrative Services Building (CASB) <ul style="list-style-type: none"> Carilion Labs Eligibility Assistants Service Medkey ZOOM Fitness On the Go 26. Carilion Clinic Center for Healthy Aging 27. JCHS Admissions Office (Fratin House) 28. Reid Center/Jefferson College of Health Sciences 29. JCHS Office of the Registrar
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P Parking

DOWNTOWN ROANOKE

W. CRIME ALERTS – TIMELY WARNINGS

VTCSOM is in full compliance with the Department of Higher Education and the Jeanne Clery Campus Disclosure of Campus Security Policy and Campus Crime Statistics Act, or the Clery Act. In accordance with this act, VTC advocates active, community involvement as a critical component of a safe and secure environment for students and staff. Should an occasion arise when the Carilion Clinic Police Department, VTC faculty or administration deems an ongoing or continuing threat to safety, a campus wide warning will be issued to provide instructions. This warning will be issued to all students, faculty and staff through multiple sources including: the e2Campus emergency text message system, VTC email system, VTC or Carilion Police website, and through posted flyers. Such outlets are designed to provide students and staff immediate notification to ensure safety.

In the instance when a particular circumstance does not pose an immediate threat to the community or individual, a notification may be posted in the VTC e-mail system.

Any situation requiring a prompt or immediate response from the Carilion Clinic Police Department or faculty should be communicated by calling (540) 981-7911. Anyone with information beneficial to such circumstances should report to this information to the Office of Student Affairs and Carilion Clinic Police Department by phone at (540) 981-7911, or directly to the police office located on the first floor of the medical school.

All faculty and students are encouraged to sign up for emergency notifications through e2campus through the VTC website at <http://www.vtc.vt.edu/about/policesecuritysafety.html>. Faculty and students are encouraged to sign up for emergency notifications through the Virginia Tech's emergency notification system (VT Alerts) at <http://www.alerts.vt.edu/>.

X. ATHLETICS

A small work-out facility is available on the 2nd floor of VTCSOM for students, faculty, and staff. Shower facilities and temporary lockers are available. **Use of this facility may be limited during regular school hours as determined by the Associate Dean for Student Affairs.** All students also receive a membership in the Roanoke Athletic Clubs and Zoom Fitness Center. More information on this can be found at <http://www.carilionfitness.com/>

Additionally, the Roanoke River Greenway and Rivers Edge Athletic Complex are within walking distance of the VTCSOM Campus and provide ample opportunity for outdoor recreation close to campus.

Y. GIFT SHOP AND BOOKSTORE

VTCSOM has a small gift shop and bookstore on campus, where VTC-logo office and apparel items related to the school and research institute may be purchased or ordered.

Z. CHILDCARE

Students with children will find many nearby day-care centers. There is a childhood development center, HoneyTree Early Learning Center, on the Carilion Clinic Campus that is within walking distance of the School of Medicine (more information at <http://www.honeytreeelc.com/>) VTCSOM does not provide or pay for childcare services.

AA. DISSECTING LABORATORY RULES

During orientation faculty will disseminate dissecting laboratory rules to students.

BB. KEYS/SECURITY

All students are issued sub-master keycards at registration that allow access to certain areas in the School of Medicine. Students who encounter problems with keycards and cannot access student areas should contact the Associate Dean for Student Affairs. During non-working hours, students should contact Campus Security. There is a fee for any replacement cards. All M1 and M2 students will also be provided with a locker located on the 3rd floor of the medical school. Keycards should not be shared with non-VTCSOM students and doing so could be considered a violation of the SEPCP.

CC. PHOTOCOPY MACHINES

Multifunction printers are available in the Student Alcove area and in the library. Double-sided copying is encouraged. Limits could be placed on copying should the volume of copying be determined to be excessive by the VTCSOM administration.

DD. PLACES TO STUDY

While each student will find the places most conducive for their studying, students are encouraged to take advantage of the VTC facilities for their studying needs. Within the School of Medicine, PBL rooms and the library are available at all hours for students to study.

EE. REFRIGERATORS

Two refrigerators are available for students in the student lounge. Students are expected to maintain the cleanliness of this area. In addition, there is a refrigerator in the student lounge in the Medical Education Building adjacent to CRMH. Students are expected to maintain the cleanliness of this area.

FF. COMMONS

The student Commons, located on the second floor of the school, is provided to enhance the quality of student life while on campus. As a student common area, it is expected that students will hold each other accountable for the upkeep of these areas.

GG. CONSTITUTION DAY AND CITIZENSHIP DAY OBSERVANCE

In 2004, Congress changed the designation of September 17, from "Constitution Day," to "Constitution Day and Citizenship Day," and added two provisions:

- *first, that the head of each federal agency provide each new employee with educational and training materials concerning the Constitution and also provide such materials to every employee on September 17 of each year; and*
- *second, that each educational institution that receives federal funds shall hold an educational program on the Constitution for students on September 17 of each year.*

Each September VTC observes Constitution Day and Citizenship Day by holding a short program for students during the school day. Students receive pocket copies of the Declaration of Independence and Constitution. Depending on the calendar year, topics for discussion may include the Virginia voter registration process; federal, state, and local elections scheduled for the coming year; the Bill of Rights; and other current events involving Constitutional issues or the Bill of Rights.

VI. STUDENT POLICIES

A. POLICIES

This handbook is available on the VTCSOM website. www.vtc.vt.edu.

1. STUDENT RECORDS

1 Purpose

Student records at VTCSOM are defined as any portion of the educational history of a student in which a student can be personally identified and that is maintained by the school for the purpose of sharing with other academic officials and is intended to support the academic progress of the student. VTCSOM follows the Family Education Rights and Privacy Act of 1974 (U.S. Public Law 93-579) (FERPA) with respect to the confidentiality of student records and access to that information. In addition to guaranteeing the individual's rights to access, FERPA also provides guidance for third party access to the records.

2 Policy

As of January 3, 2012, the U.S. Department of Education's FERPA regulations expand the circumstances under which your education records and personally identifiable information (PII) contained in such records — including your Social Security Number, grades, or other private information — may be accessed without your consent. First, the U.S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or state and local education authorities ("Federal and State Authorities") may allow access to your records and PII without your consent to any third party designated by a Federal or State Authority to evaluate a federal- or state-supported education program. The evaluation may relate to any program that is "principally engaged in the provision of education," such as early childhood education and job training, as well as any program that is administered by an education agency or institution. Second, Federal and State Authorities may allow access to your education records and PII without your consent to researchers performing certain types of studies, in certain cases even when we object to or do not request such research. Federal and State Authorities must obtain certain use-restriction and data security promises from the entities that they authorize to receive your PII, but the Authorities need not maintain direct control over such entities. In addition, in connection with Statewide Longitudinal Data Systems, State Authorities may collect, compile, permanently retain, and share without your consent PII from your education records, and they may track your participation in education and other programs by linking such PII to other personal information about you that they obtain from other Federal or State data sources, including workforce development, unemployment insurance, child welfare, juvenile justice, military service, and migrant student records systems.

3 Procedures

Collection

The Office of the Registrar is the primary administrator of student academic records, and has oversight responsibility for the management and maintenance of these records. This responsibility and activity follows the guidelines contained in the AAMC's Handbook for Student Records Administrators, November 2008, and the AAMC's Guidelines for Maintaining Active and Permanent Individual Student Records, March 2005.

Maintenance

Student Records are stored securely in the VTCSOM Administrative Suite in the Office of Administrative and Educational Support Services in fire-proof, locked safes. Keys or combinations are in the possession of only the authorized custodians.

In keeping with state law and school policies, student records will be retained for a specific period based on content as identified in the AAMC Handbook for Student Records Administrators, November 2008. Details can be found at http://www.aamc.org/members/gsa/active_permanent_records0305.pdf. Record formats may include handwritten, printed, computer images or data, e-mail, video/photos, and audio tapes. However, academic records do not include private notes maintained by a VTCSOM official that are not accessible or released to other personnel, law enforcement or campus security records, medical records except those noted above, employment records, and alumni records.

Confidentiality

Students have a right to expect that faculty and staff will respect their privacy and deal with sensitive information in an appropriate and professional manner. Information on an individual student's grades, performance on external examinations (e.g., USMLE), financial status, medical problems, personal problems, and similar sensitive information is handled carefully so as to prevent disclosure to unauthorized individuals.

Records may be viewed only on a "need to know" basis and only when the viewing is necessary as part of the student's academic activities. School officials with such access are defined as those persons appointed to the school of medicine in an administrative academic capacity whose position requires access to the records to fulfill their stated job descriptions. This viewing does not require the student's permission. Other facilitators, faculty members, instructors, mentors, and other persons may not view the student's record without the written consent of the student. A copy of this release of information will remain as part of the permanent record.

Dissemination

FERPA allows for the designation of certain student record information as "directory" [academic record information not requiring prior written permission to release]. This information will not be available to vendors. VTCSOM defines directory information as follows:

- Student's name
- Student's photo
- Local and permanent address
- Telephone number(s)
- Major field of study
- Enrollment status
- Class (academic) level
- Student's National Resident Matching Program results
- Anticipated graduation date
- Certification that the student has applied for the degree
- Dates of enrollment

- Degree(s) earned, including date and areas of distinction
- Participation in officially recognized school activities

Directory information will be withheld if requested in writing by the student. Such requests may be submitted to the Registrar, and a copy of the form will be maintained as part of the student's record.

No parts of the record may be copied without the student's permission. No parts of the record may be altered. No portions of the record may be removed except through petition to the Registrar and based on records found to be contrary to fact.

Students are afforded the following rights with respect to their student records:

1. The right to inspect and review his/her student records within 7 days of the day the School receives a request for access. Students should submit to the Registrar a written request that identifies the record(s) they wish to inspect. The VTCSOM official will make arrangements for access and notify the student of the time and place when the records may be inspected. Materials in any student record cannot be modified, removed, or copied by the student.
2. The right to request the amendment of his/her student records that the student believes to be inaccurate or misleading. Students may ask the VTCSOM to amend a record that they believe is inaccurate or misleading. They should write the VTCSOM official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the VTCSOM decides not to amend the record as requested by the student, the VTCSOM will notify the student of the decision and advise the student of his/her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's records, except to the extent that FERPA authorizes disclosures without consent. Access to students' records, except directory information, which may be released, is never granted to individuals from off campus requesting information, unless the student involved has given written permission or as applicable law requires.

To minimize the risk of improper disclosure, academic, educational, and student affairs records (including disciplinary records) are kept separate. Students may authorize disclosure of information to parents or anyone else by completing a Consent to Disclose Information from Educational Records Form available in the Registrar's Office. This authorization for disclosure may also be revoked by the student through written notification to the Registrar's Office.

VTCSOM may also exercise its discretion to disclose information from the student's educational records (either with or without student identification) without written authorization from the student under the following circumstances:

- a. to federal, state, and local authorities involved in the audit or evaluation of compliance with education programs;

- b. to comply with a judicial order or subpoena, provided that VTCSOM make a reasonable effort to notify the student of the order or subpoena in advance of compliance, when the order or subpoena does not prohibit such notification;
- c. in connection with financial aid;
- d. to organizations conducting studies for educational purposes (deidentified only);
- e. to accrediting organizations;
- f. to the parents of a dependent student (special guidelines apply);
- g. when a health or safety emergency is apparent;
- h. when directory information is being released;
- i. to an alleged victim of a crime of violence, the final results of a disciplinary hearing may be disclosed (limited to the student's name, the violation committed and the sanction imposed). Disclosure of final results pursuant to this section may be made regardless of whether the school determined that a violation occurred. The school may not disclose the name of any other student, including a victim or witness, without the prior consent of the other student; and
- j. to school officials who have a legitimate educational interest.

A school official is a person employed or appointed by VTC in an administrative, supervisory, academic (MSPPC committee members, PTLC leaders, student designated advisors), research, or support staff position (including security personnel and health staff); a person or company with whom VTCSOM has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Directors; a duly appointed agent or representative of the VTC acting within the scope of his or her appointment; or a student serving on an official committee, such as the Medical Student Performance and Promotion Committee (MSPPC), or assisting another school official in performing his or her tasks, e.g. a faculty member or student on an ad hoc committee investigating unprofessional behavior under the auspices of the MSPPC.

A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his or her professional responsibility, perform a task related to a student's education, or perform a task related to a disciplinary action involving a student. All such officials are required to sign a "Confidentiality Agreement".

A student at VTCSOM has a legitimate educational interest if he/she is performing a task related to his/her membership on an official school committee where education records are reviewed or discussed.

Students may not access the records of other students without satisfying the above reason for legitimate educational interest in specific records. This applies to paper and electronic records.

4. The right to file a complaint with the U.S. Department of Education concerning the alleged failures by VTC to comply with requirements of FERPA. The name and address of the office that administers FERPA is:
Family Policy Compliance Offices, U.S. Department of Education
400 Maryland Avenue SW
Washington, D.C. 20202-4605.

Ordering/Withholding Transcripts:

Students may request a transcript by mail or in person to the Registrar. There is a charge of \$10 per copy. Transcripts include all coursework attempted at VTCSOM. Transcript requests can be held for pending grades and/or graduation.

Transcripts cannot be produced for anyone whose record is being held by Student Financial Services because of a past-due financial obligation or by the MSPPC because of a pending investigation.

Permanent Record Storage:

Upon completion of all graduation requirements, the Registrar will electronically store the student's documents listed below and permanently store hard copies of each student academic file by using a document management system. Files of students who do not complete the course of study will be archived in the same manner. The Registrar's Office will have computer access to obtain any of the electronically stored documents. The only permanently archived student documents retained at VTCSOM are under the custodial care of the Registrar and will include the following:

1. Personal identification, such as the student's photograph and a document containing the student's signature
2. Official dates of enrollment at VTC, dates of leaves of absences or withdrawal, and graduation date
3. Official transcript of all medical school work
4. USMLE scores, ID number, exam date, and notation of pass or fail
5. Student's clinical clerkship performance evaluations written by faculty
6. Documentation of grade changes.
7. Documentation of dismissal, withdrawal on Enrollment Status Change Form, or any disciplinary action
8. Medical Student Performance Evaluation (MSPE, formerly the Dean's Letter), including appendices.
9. Copy of diploma

2. CREDIT HOURS

1 Purpose

In compliance with Federal Regulation 34 CFR §602.24(f)(1)(i)(B) the following states the *Credit Hour Policy* for the Virginia Tech Carilion School of Medicine. This policy shall be published annually as part of the Student Handbook.

2 Policy

Clock to Credit Hour Conversion

Consistent with practices at U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME), the equivalent of credit hours in a medical education program (first professional degree) at a school is weeks of instruction in the curriculum. VTCSOM

shall use the amount of classroom (direct faculty instruction) contact time or its equivalent as a basis to derive the number of credit hours during a given period, itself defined as the number of weeks of instruction. The factor applied shall be based upon the learning modality as described in Federal Regulation §602.24(f)(1)(i)(B) and hereby published in Table 1. Further, Table 2 provides guidelines for the comprehensive application of the credit hours earned during the four year VTCSOM program. (See, Tables *infra*)

Integrity of the Professional Degree Program (M.D.)

At least one-third of the credits for the medical education program are required to be earned through the VTCSOM. The following components establish the threshold for the minimum portion of the coursework the VTCSOM shall provide for the M.D. degree.

The VTCSOM curriculum is divided into two phases: Phase 1 is comprised of years 1 and 2 which are preclinical years. Years 3 and 4 comprise Phase 2 of the curriculum and focus on the clinical curriculum. The two phases are further divided into 11 blocks of medical education study.

- Year 1: Blocks I, II, III, IV, M1 Research
- Year 2: Blocks V, VI, VII, VIII, M2 Research, M2 Independent Study (USMLE Step One Prep for medical licensure)
- Year 3: Block X, Clerkships, Selectives, Electives, M3 Research,
- Year 4: Block XI, Clerkships, Selectives, Electives, M4 Research, Dean's Colloquium

Preclinical Years: Years 1 and 2

Years one and two include, in addition to basic science, clinical science and skills, research and interprofessionalism course work, a mandatory orientation, exam, special studies and remediation periods, research project time and US Medical Licensure Exam (USMLE) Step 1 preparation time.

Clinical Years: Years 3 and 4

Year three includes clinical clerkships in Internal Medicine, Emergency Medicine, Surgery, Family Medicine, Pediatrics, OB/GYN, Psychiatry, Radiology and Neurology as well as selectives, electives, and research. Year four includes Emergency Medicine, if not completed in Year 3, required selectives, electives, research, and Transition to Residency I and II.

3 Procedures

Guidelines for the Application of the Credit Hour Policy

Table 1.

Time Period	Contact Hours	Earned Credit Hour	Learning Modality
Block I	25.5	1	Lecture, Lab, Small Groups, Patient Contact and Assessment
Block II	25.5	1	
Block III	25.5	1	
Block IV	25.5	1	
MED M1 Research:	23	1	Independent Study
Block V	28.5	1	Lecture, Lab, Small Groups, Patient Contact and Assessment
Block VI	28.5	1	
Block VII	28.5	1	
Block VIII	28.5	1	
MED M2 Research:	40	1	Students will complete 8 weeks of independent research
MED M2 Independent Study:	40	1	Students will complete 6 weeks of Step 1 preparation. Prerequisite(s): MED 701
Block X	80	1	Required Clerkships, Selectives, MED M3 and M4 Research (40 contact hours) and Electives
Block XI	80	1	

Note: The Association of American Medical Colleges (AAMC) limits contact hours to 80 per week. Students are given one credit per week of clinical experience in Years 3 and 4.

Table 2.

Virginia Tech Carilion School of Medicine Summary of Contact Hour to Credit Hour Conversion 2012 - 2016	Total Hours	Conv. Factor	Credit Hours	# of Weeks
Orientation	25	25.5	1	
Block I	280	25.5	11	
Block II	280	25.5	11	
Total Semester One	585		23	21
Block III	280	25.5	11	
Block IV	280	25.5	11	
MED M1 Research	120	40	3	
Total Semester Two	680		25	23
Block V	228	28.5	8	
Block VI	228	28.5	8	
Block VII	228	28.5	8	
Total Semester Three	684		24	24
Block VIII	228	28.5	8	
MED M2 Research: Research MED M2 Independent Study	560	29.5	11 8	
Total Semester Four	788		27	22
Total Year 3	3,840	80	48	48
Total Year 4	2,720	80	Min 31 and Max 41	42
Grand Total MD Program	6,560		181	180

4 Definitions

Federal Definition of the Credit Hour

For purposes of the application of this policy and in accordance with federal regulations, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates:

- a. Not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time, or
- b. At least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, clinical rotations, studio work, and other academic work leading to the award of credit hours.

5 References

1. CFR 34 668.22
2. DCL ID: GEN-11-14 (Implementation of Program Integrity regulations)

3. TUITION PAYMENTS AND REFUND OF TUITION PAYMENTS AND STUDENT FEES

1 Policy

Tuition Payments:

Students are expected to pay their tuition and fees within 3 weeks of the date the bill is sent. After that time, their student account will be frozen and they will not be permitted to attend class or assigned clerkship, take exams, receive grades, or have library access. Additionally, this nonpayment of tuition could be reported to the Medical Student Performance and Promotion Committee (MSPPC) for further action.

Students are therefore encouraged to contact financial aid if they are concerned that they may not be able to meet the tuition payment deadline so they can be counseled regarding what options are available to them.

Refund of Tuition Payments and Student Fees:

VTCSOM students who have completed registration and have paid all tuition and fees due and have completely withdrawn from classes according to the schedule(s) below are eligible for the corresponding refunds.

Fall Tuition Refund Schedule

Percent of Curriculum Delivered	M1 Semester Class Day	M2 Semester Class Day	M3 Semester Class Day	M4 Semester Class Day	Student Refund
Day One	Day One	Day One	Day One	Day One	100% of Tuition and Fees
10%	End of Classes, Week 2	End of Classes, Week 3	End of Classes, Week 3	End of Classes, Week 3	90% of Tuition ONLY
25%	End of Classes, Week 6	End of Classes, Week 6	End of Classes, Week 6	End of Classes, Week 6	50% of Tuition ONLY
50%	End of Classes, Week 11	End of Classes, Week 12	End of Classes, Week 12	End of Classes, Week 12	25% of Tuition ONLY
>50%	Week 12+	Week 13+	Week 13+	Week 13+	0%

M1 Weeks in Fall Curriculum 21

M2 – M4 Weeks in Fall Curriculum 24

Spring Tuition Refund Schedule

Percent of Curriculum Delivered	M1 Semester Class Day	M2 Semester Class Day	M3 Semester Class Day	M4 Semester Class Day	Student Refund
Day One	Day One	Day One	Day One	Day One	100% of Tuition and Fees
10%	End of Classes, Week 3	End of Classes, Week 3	End of Classes, Week 3	End of Classes, Week 2	90% of Tuition ONLY
25%	End of Classes, Week 6	End of Classes, Week 6	End of Classes, Week 6	End of Classes, Week 5	50% of Tuition ONLY
50%	End of Classes, Week 12	End of Classes, Week 11	End of Classes, Week 12	End of Classes, Week 9	25% of Tuition ONLY
>50%	Week 12+	Week 11+	Week 12+	Week 9+	0%

M1 Weeks in Spring Curriculum 23
 M2 Weeks in Spring Curriculum 22
 M3 Weeks in Spring Curriculum 24
 M4 Weeks in Spring Curriculum 18

2 Procedures

In the following exceptional circumstances a full refund of total tuition paid will be made upon presentation of the proper documentation:

- Death of a student or withdrawal after the death of an immediate family member (parent, spouse, child or sibling). Death certificate required.
- Involuntary call to military service. Copy of orders required.

Other exceptional circumstances will be considered by the Financial Aid Office on a case-by-case basis. Appeals for tuition refunds must be submitted in writing to the Principal Business Officer by the end of the term for which the refund is requested. There are no exceptions to this policy.

All tuition and fees must be paid prior to class attendance. Students receiving financial aid must pay any balance that exceeds their anticipated financial aid award. Late financial aid applicants are required to pay tuition and fees upon registration.

The effective date of withdrawal or resignation is determined by the approval date on the official withdrawal form, which may or may not be the same as the last date of classes attended.

Any refunds due to the student because of withdrawal or resignation will first be offset against any other amounts owed to VTCSOM. VTCSOM is authorized to reduce the refund to pay other charges owed to VTCSOM by the student, such as bookstore or telecommunications bills, parking fines, outstanding emergency loans, etc. Students who receive Title IV financial aid are refunded tuition and fees in accordance with federally-mandated Return of Title IV Aid Policy.

4. ENTERING AND CHANGING GRADES IN A STUDENT TRANSCRIPT

1 Purpose

VTCSOM is committed to maintaining confidential and accurate student records that document academic performance in the official transcript. Protecting the integrity of those records is the responsibility of the Registrar.

2 Policy

Only the Registrar is authorized to enter or change grades in the institutional database used to create student transcripts. The Registrar may enter or change a grade for students only if requested to do so by the Senior Dean for Academic Affairs (or designee).

3 Procedures

1. Grades for all students during Phase 1 must be entered into the database by the Registrar no later than one week after the end of the Block. Grades for all students during phase 2 must be entered into the database by the Registrar no later than six weeks after the close of the clerkship period.
2. The Senior Dean for Academic Affairs (or designee) may request a change to a student grade in writing to the Registrar after this time based on appeals, completion of assignments, or other circumstances deemed appropriate by the Senior Dean for Academic Affairs (or designee).
3. The Senior Dean for Academic Affairs (or designee) is responsible for establishing procedures for sharing course grades with their students in a timely manner and in such a way that supports this policy and helps ensure accuracy. Random audits of grade entries and grade changes will be conducted not less than annually by the Registrar, and reported to the Senior Dean for Academic Affairs (or designee).

5. ASSESSMENT, ADVANCEMENT, AND GRADUATION

1 Purpose

VTCSOM is a professional community of students and faculty who share the responsibility for the achievement of a common goal: the education of competent physicians who shall exhibit and maintain high standards of professional and personal conduct. Achievement of this goal is a complex process with many incremental steps through which a student must progress. The progress of students shall be monitored by the faculty to ensure and facilitate each student's adherence to proper standards of performance including academic, professional skills, behavior, academic honesty, and satisfactory performance within all components of the curriculum.

2 Policy

Each student has the responsibility of abiding by the rules and regulations of VTCSOM and meeting the standards of academic performance and personal conduct. At the same time, each student has the right to be afforded the benefit of policies and procedures in matters related to his/her progress through the medical curriculum and with respect to grievances of an academic nature. The Medical Student Promotion and Performance Committee (MSPPC) is delegated the oversight responsibility for student advancement and graduation.

3 Procedures

Assessments

The Patient-Centered Curriculum is incorporated into integrated Blocks which structurally serve as courses. The curriculum is designed to maximize learning by minimizing formal

didactic sessions and emphasizing self-directed learning in a team setting. Students in VTCSOM are assessed as they progress through and complete each Phase of the curriculum. The assessment process includes internal and external measures as described below.

VTCSOM's Goals and Objectives document contains benchmarks and outcomes focused on knowledge, skills, and attitudes for all of the goals listed. This provides a framework for development of assessment methodology targeted to definite outcomes.

Internal Assessments:

The knowledge base of students is assessed with multiple choice questions, lab practical exam questions, short essay basic science questions (tasks on the Integrated Case Exam), and individual facilitator comments and ratings on the "Acquisition and Integration of Knowledge" section of the on Patient-Centered Learning Assessment form (SPIRAL). Clinical skills are assessed with end-of-Block clinical skills exams. Students are assessed in data gathering and interpersonal communication skills as well as clinical reasoning. "Peer Teaching and Communication Skills" are assessed on the SPIRAL form. Clinical reasoning skills are assessed with tasks on the Integrated Case Exam. Attitudes are assessed by narratives and ratings on the "Professionalism" section of the Patient-Centered Learning Case form. Success in the Interprofessionalism and Research domains are assessed by a combination of multiple choice questions, written assignments during the Block, and formal assessments by faculty. In the teamwork aspects of the interprofessionalism curriculum, preceptor assessments are obtained. Specific timelines for research goals are set by research mentors and committees, and reports on student progress are to be submitted. In addition, students provide self-assessments to their facilitators during the formative assessment sessions of each Block which are compared to the facilitator impressions of the individual student's performance.

Exams are given at the end of each Block. The exams are coordinated by the Director of Assessment. Some assignments may be given in the Research and Interprofessionalism Domains that will be needed to be completed during the Block in order to satisfactorily complete the block. These assignments will be made known to the students prior to beginning each block and formative assessment should be included. Students will be given the results of assessment week on the Friday of that week and these will be posted on Blackboard. Grades will be reported to the Registrar at the end of Special Studies Week.

During Phase 2, students are assessed utilizing a standardized assessment form in all clerkships and electives. In addition, various clerkships utilize other means of assessing students. The details are described below.

Students must demonstrate satisfactory progress on their research project to their Research Committee by the end of Phase 1 in order to continue to Phase 2.

External Assessments:

All students must take and pass Step 1 of the USMLE before they begin the second clerkship rotation of Phase 2.

All students must pass the Clinical Knowledge (CK) and Clinical Skills (CS) portions of Step 2 of the USMLE in order to graduate.

Grading Assessment Policy

The following grading policy is designed to match the Patient-Centered Curriculum at VTCSOM. The policy is based on the premise that the curriculum is criterion-referenced and evaluations are based on stated learning objectives. The grading system is intended to reflect the needs of the students, the faculty, and external agencies (e.g., residency programs). The Senior Dean for Academic Affairs (or designee) provides each student with their performance results and a record of this is kept in the student's educational file. Grades for transcripts are reported to the Registrar for inclusion in the student's formal record. Any notices of deficiencies are also forwarded to the Chair of MSPPC whenever appropriate.

Student Assessment Plan

Student success in the program of study will be measured and assessed using a variety of both internally and externally developed assessment methods. Student progress and achievement will be assessed at defined intervals. Appropriate and frequent formative feedback will be provided throughout the curriculum.

Success in achieving the stated objectives of the curriculum will be graded and documented using a Satisfactory (S) / Unsatisfactory (U) grading system.

Phase 1

A. Assessment Components

Success in achieving the stated learning objectives of the Phase 1 curriculum will be measured at regular intervals using both objective and subjective measures. Each interval assessment (Block) exam will be comprised of six (6) individual component assessments: four Domain Assessment Tools, an Integrated Case Exam and the Patient-Centered Learning Case Facilitator Assessment. Individual elements of each component are indicated below.

Components of the Learning Assessment Plan

<u>Component</u>	<u>Passing Score</u>	<u>Grade</u>
Basic Science Domain MCQ Exam (NBME Questions) Laboratory Exam	TBD*	S/U
Clinical Science Domain MCQ Exam Clinical Skills Exam	75%	S/U
Research Domain Assignments Written/MCQ Exam	75%	S/U
Interprofessionalism Domain Preceptor Evaluations Team Action Group Written/MCQ Exam	75%**	S/U
Integrated Case Exam Case-Based Short Answer Exam	75%	S/U
Patient-Centered Learning		S/U

Case Facilitator Assessment (SPIRAL)

***NOTE: (TBD): the passing score for the Basic Science Domain is determined based on individual block exam format and the use of NBME cut-score standards.**

**** NOTE (75%): the passing score in some blocks for Interprofessionalism may be different than 75% to be congruent with other Interprofessional School grading standards.**

B. Assessment Policies (Implemented by the Director of Assessment)

1. Grades assigned for academic achievement/accomplishment include:
Satisfactory (S)
Unsatisfactory (U)

Other grades which can be recorded:

Incomplete (I) - An Incomplete grade is assigned only to a student who has been doing Satisfactory (S) work in a course, but who has not completed all the requirements due to extenuating medical and/or personal circumstances. The Incomplete grade may only be removed by Satisfactory (S) completion of the course. Incomplete grades must be converted in order to be considered for promotion. A student cannot graduate with an Incomplete grade on his or her academic record.

Withdrawn (W) – This grade notation is assigned to a student who, with approval from the MSPPC (Medical Student Performance and Promotion Committee), withdraws from a course and/or has been granted a leave of absence.

If a student receives a grade of Unsatisfactory (U) for a course, the original grade assigned for that course will remain on their transcript. If they receive a grade of Satisfactory (S) after remediating the course the grade on the transcript will be changed to an (S). If the student repeats the course, the transcript will show both registrations and both grades.

2. Students must earn a grade of Satisfactory (S) in each of the six (6) Components of a Block in order to remain in good academic standing.
3. Students in good academic standing who receive a grade of Unsatisfactory (U) for any one (1) component of a Block will be provided with a remediation plan, detailed in a written and signed contract, which must be successfully completed during the Special Studies week. The remediation plan is tailored to the individual student following identification of deficiencies and the degree of unsatisfactory performance in a particular Domain. The remediation exam could consist of targeted questions on identified topics or, in the case of more severe deficiencies, a new comprehensive exam. In addition, students will be required to meet with the Associate Dean for Student Affairs and the Director of Academic Counseling and Enrichment Services before or during Special Studies week to discuss the availability of additional academic support services and to facilitate other counseling services if necessary. Successful remediation results in the student returning to the status of good academic standing. Students who fail to successfully remediate a deficiency during Special Studies week will be assigned a grade of Unsatisfactory for the Block and will be placed on academic probation. They will be allowed to participate in the next Block and will be required to remediate the deficiency in the month following Blocks IV (Year 1) or VIII (Year 2). Students on academic probation who are required to

complete an end-of-the-year remediation will be reported to the MSPPC. This remediation consists of a minimum of four weeks of independent study focused on the Domain(s) that was (were) not successfully completed during the block. Similar assessment tools are applied to test for competency in the Domain(s) at the end of this remediation period. Students who successfully remediate the Block will be returned to good academic status. Students who fail to successfully remediate a block during the summer will be referred to the MSPPC for a dismissal hearing.

Block Remediation during Special Studies Week

The following Remediation Plan allows students who do not successfully complete a given Block assessment to identify their deficiencies and demonstrate they have addressed them prior to proceeding on to the next Block. These activities occur during the week immediately following assessment week or in some cases in the month following Block IV and Block VIII.

If a student receives an “Unsatisfactory” grade on a knowledge or skills-based component of Block assessment, the student is required to meet with the Domain Leader to discuss a plan for remediation. The initial step of the plan is always a review of the failed examination by the student and the faculty member with attention given to the identification of areas of academic strength and weakness.

Basic Science Domain

Year 01 (Anatomy Practical Exam)

If anatomy practical exam deficiency noted, focused study on anatomy and remediation activities based on the identified areas of weakness.

Years 01/02 (NBME Exam failure)

Comprehensive study of *all* material presented during Block
Comprehensive NBME exam

Research Domain

Focused study and remediation activities based on identified areas of weakness
Focused exam based on specific identified weaknesses.

Integrated Case Exam (ICE)

Focused study and remediation activities based on identified areas of weakness

Clinical Sciences Domain

OSCE

Focused study and remediation activities based on identified areas of weakness (written, interview, skills)

Written Exam

Focused exam based on specific identified weaknesses (written and/or interview, skills)

Focused study and remediation activities

Interprofessionalism Domain

based on identified areas of weakness

PCL Facilitator Assessment (SPIRAL)

Focused review of PCL Facilitator Assessment and remediation activities based on identified areas of weakness (Acquisition and Integration of Knowledge, Peers Teaching and Communication, Professionalism)

In all cases, participating faculty will provide written documentation of the completion of required components of the remedial experience and will make a recommendation to the Director of Assessment, via the written signed contract, regarding the award of a “Satisfactory” or “Unsatisfactory” grade.

4. Students who remediate 2 (two) individual components during a 12-month period will be referred to the Director of Academic Counseling and Enrichment Services to discuss the need for additional academic support services and to facilitate other counseling services as deemed necessary. Students who remediate 3 (three) individual components during a 12-month period will be referred to the MSPPC for an academic review.
5. Students in good academic standing who receive grades of Unsatisfactory (U) for any two (2) or more of the six Assessment Components of a Block will be assigned a grade of Unsatisfactory for the Block and be placed on academic probation. The students will be required to meet with the Associate Dean for Student Affairs and the Director of Academic Support to discuss the need for additional academic support services and to facilitate other counseling services as deemed necessary. They will be allowed to participate in the next Block and will be required to remediate the deficiency in the month following Blocks IV (Year 1) or VIII (Year 2). Students on academic probation who are required to complete an end-of-the-year remediation will be reported to the MSPPC. This remediation consists of a minimum of two weeks of independent study focused on the Domain(s) that was (were) not successfully completed during the block. Similar assessment tools will be applied to test for competency in the Domain(s) at the end of this remediation period. Students who successfully remediate the Block will be returned to good academic status. Students who fail to successfully remediate a block during the summer will be referred to the MSPPC for a dismissal hearing. Successful remediation results in the student returning to the status of good academic standing.
6. Students on academic probation who receive a grade of Unsatisfactory (U) for any one (1) Assessment Component of a second Block will be provided with a remediation plan as detailed in Item # 3 above. Students who successfully remediate the deficiency will be permitted to participate in the following block, but will remain on academic probation and will be referred to the MSPPC for academic review. Successful remediation results in the student returning to the status of good academic standing. Students who fail to successfully remediate the deficiency will be assigned a grade of Unsatisfactory for the Block and since this represents two block failures in the same year, will be referred to the MSPPC for a dismissal hearing and will not be permitted to participate in a subsequent block.
7. Students on academic probation who receive a grade of Unsatisfactory (U) for any two (2) or more Assessment Components of a Block will be assigned a grade of Unsatisfactory for the Block

and since this represents two block failures in the same year, will be referred to the MSPPC for a dismissal hearing. Such students will not be permitted to participate in a subsequent block.

8. Students repeating an academic year who receive a grade of Unsatisfactory (U) for any one (1) Assessment Component of a Block will be provided with a remediation plan detailed in item #3 above. Students who fail to successfully remediate the deficiency during Special Studies week will be assigned a grade of Unsatisfactory for the Block. Since this represents a failure in a repeated block, these students will be referred to the MSPPC for a dismissal hearing. Such students will not be permitted to participate in a subsequent block.
9. Students repeating an academic year who receive a grade of Unsatisfactory (U) for any two (2) or more Assessment Components of a Block will be assigned a grade of Unsatisfactory for the Block. Since this represents a failure in a repeated block these students referred to the MSPPC for a dismissal hearing. Such students will not be permitted to participate in a subsequent block.
10. Only students who are in good academic status at the end of Year 01 will be permitted to begin Year 02 of Phase-1 of the curriculum.
11. Only students who are in good academic status at the end of the Year 02 will be permitted to begin Phase-2 of the curriculum

Phase 2

A. Assessment Components

Success in achieving the stated learning objectives of the Phase 2 curriculum will be measured at regular intervals using both objective and subjective measures. Each clerkship or elective will determine the components that comprise the final assessment, although all rotations (clerkships or electives) will, at a minimum, utilize a composite of faculty assessments. The six (6) core clerkships (Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) will administer a written examination with questions similar to those on the USMLE Step II Clinical Knowledge examination and a Clinical Skills Examination.

Please refer to the Clerkship Handbooks or the Elective Descriptions for details of which of the Assessment Components will be utilized.

Components of the Assessment Plan can include:

- Written Examination
- Clinical Skills Examination
- Clerkship Passport
- Specific Clinical Responsibilities
- Composite of Assessments
- Oral Examination

B. Assessment Policies

1. Grades assigned for academic achievement/accomplishment include:
Satisfactory (S)
Unsatisfactory (U)

2. Students must earn a grade of Satisfactory (S) in each Clerkship or Elective in order to remain in good academic standing.
3. In order to achieve a grade of Satisfactory (S), students must achieve a satisfactory on each Assessment Component for the Clerkship or Elective as described in the Clerkship Handbook or Elective Description.
4. Students in good academic standing who receive grades of Unsatisfactory (U) for any of the Assessment Components other than the composite of assessments must successfully retake the examination or complete the incomplete component. Prior to repeating the examination or completing the incomplete component, the student must meet with the clerkship director to determine the time for the examination or deadline for completing the incomplete component. In addition, at that meeting the clerkship director will advise the student on study strategies and/or offer academic assistance.
5. Students who are unsuccessful on retake of the examination will be required to use the first available two-week elective period to complete a remediation. These students will be placed on academic probation. The terms of the remediation are determined by the Clerkship Director and Assistant Dean for Clinical Science- Years 3 and 4. A remediation contract is created and is signed by the Clerkship Director, the student, and the Associate Dean for Student Affairs. The student must take the examination at the conclusion of the remediation period. These students will be reported to the MSPPC and referred to the Director of Academic Counseling and Enrichment Services. Successful remediation results in the student returning to the status of good academic standing.
6. Students who are unsuccessful on the second retake of the examination will be referred to the MSPPC for a dismissal hearing.
7. Students on academic probation who receive a grade of Unsatisfactory (U) for any of the Assessment Components other than the composite of assessments must successfully retake the examination or complete the incomplete component. Prior to repeating the examination or completing the incomplete component, the student must meet with the clerkship director to determine the time for the examination or deadline for completing the incomplete component. In addition, at that meeting the clerkship director will advise the student on study strategies and/or offer academic assistance. Successful remediation results in the student returning to the status of good academic standing. Students on academic probation who are unsuccessful on retake of the examination or who fail to meet the deadline for completion of the incomplete component will be referred to the MSPPC for a dismissal hearing.
8. Students who remediate three or more individual assessment components over the course of Year 3 will be referred to the MSPPC for an academic review as well as to the Director of Academic Counseling and Enrichment Services for consultation.
9. Students in good academic standing who receive grades of Unsatisfactory (U) for the composite of assessments will need to remediate the clerkship or elective and will be placed on academic probation. The terms of the remediation are determined by the Clerkship Director and Assistant Dean for Clinical Science- Years 3 and 4. A remediation contract is created and is signed by the

Clerkship Director, the student, and the Associate Dean for Student Affairs. These students will be reported to the MSPPC. Successful remediation results in the student returning to the status of good academic standing.

10. Students who fail to receive a grade of Satisfactory (S) on remediation or repeat of the clerkship or elective will be referred to the MSPPC for a dismissal hearing.
11. Students who receive a grade of Unsatisfactory (U) for any two clerkships and/or electives in a single year will be referred to the MSPPC for a dismissal hearing.

Advancement

Promotion from one phase of the curriculum to the next and graduation with the granting of an M.D. degree are based on a student satisfactorily meeting the performance standards established by the faculty of VTCSOM.

A. Performance Standards

1. Students must be registered for each Block, rotation, required clinical experience, research, or elective at the prescribed time as outlined in the VTCSOM Bulletin unless otherwise authorized by MSPPC.
2. Student performance is determined on the basis of achievement of prescribed Block, rotation, required clinical experience, research, or elective objectives. Students must achieve the satisfactory criterion level established by the faculty and presented to all students at the beginning of each Block, required clinical experience, or elective.
3. Student performance will be recorded according to the grading policy for medical students (described above).
4. Satisfactory completion of Steps 1 and 2 (CK and CS) of the United States Medical Licensing Examination (USMLE), according to established National Board of Medical Examiners (NBME) criteria, is a requirement for graduation and granting of the M.D. degree by VTCSOM. A student must take USMLE Step 1 Examination no later than June of year two of Phase-1 unless he/she has received permission from the Associate Dean for Student Affairs to schedule the exam for a later time. A student will not be permitted to take USMLE Step 1 before Blocks I-VIII have been satisfactorily completed, and must receive approval from the Associate Dean for Student Affairs prior to taking the exam during or after M2 Research and Independent Study. This approval is based on the student achieving a minimal target score on the NBME Comprehensive Basic Sciences Self-Assessment exam. Should a student fail to pass Step 1, he/she will be placed on academic probation and be required to take the USMLE Independent Study elective as their next course. All students on academic probation are reported to the MSPPC. Under such circumstances, they are not permitted to advance to the next clerkship Block until they have retaken the exam. If a student fails a USMLE Step Examination two times, he/she will be referred to the MSPPC for a dismissal hearing.
5. If a student fails the USMLE Step 1 Examination for the first time and has already used their USMLE Independent Study elective in preparation for this first attempt, he/she may not take another USMLE Independent Study elective. Under such circumstances, he/she will start rotations as scheduled, and will have until December 1st of that academic year to take the exam

so that their score will be reported prior to the winter break. Should he/she fail the exam a 2nd time, he/she will be referred to the MSPPC for a dismissal hearing.

6. Students are required to complete all 3rd year clerkships and successfully complete the VTCSOM Clinical Skills Examination during the Year 03 Assessment Week prior to taking the USMLE Step 2 CS exam. Students are required to complete all 3rd year clerkships and achieve a satisfactory score on the Comprehensive Clinical Sciences examination administered during Year 03 Assessment Week in order to take the USMLE Step 2 CK exam.
7. Students must take both the Step 2 CS and Step 2 CK examinations prior to December 1 of Year 04
8. Students must demonstrate satisfactory progress on their research project by the end of M2 Research and Independent Study in order to continue to Phase 2.
9. Satisfactory grades in individual components of the curriculum do not guarantee that the student's performance, viewed as a whole, will meet requirements for awarding the M.D. degree. This determination is made by the MSPPC.

Curriculum Completion and Promotions

Students admitted to VTCSOM must complete their requirements for the M.D. degree within six years from the date of matriculation. Phase 1 must be completed satisfactorily in no more than three years from the date of matriculation, and required clinical experiences and electives of Phase 2 must be completed satisfactorily in no more than three years from the date the student begins the Phase 2 required experiences. Failure by any student to complete requirements as stated is grounds for dismissal. The MSPPC may make limited exceptions to this policy for medical or other compelling reasons.

Each student's record is reviewed by the MSPPC at the end of each academic year of Phase 1 and Phase 2 to confirm completion of academic and professionalism requirements necessary for advancement in the curriculum. Formal notification of this will be provided to the student and the Dean by the Chair of the MSPPC, and the Academic Council will be informed.

Graduation

Upon recommendation by the School of Medicine Faculty, the Virginia Tech Carilion School of Medicine will confer the degree of Doctor of Medicine upon candidates who have:

1. Successfully completed the Phase 1 and Phase 2 requirements;
2. Completed the research project criteria (manuscript, Year 04 presentation, and submission of an abstract for presentation);
3. Passage of the USMLE Step 1, Step 2 CS, and Step 2 CK examinations;
4. Discharged all financial obligations to the School of Medicine.

Each student's record is reviewed by the Medical Student Performance and Promotion Committee (MSPPC) in the latter half of their fourth year to confirm the successful completion of all academic requirements and the demonstration of a degree of professionalism deemed to be essential for all physicians. Upon completion of this review, the findings and recommendations of the MSPPC are forwarded to the Dean for approval.

6. LETTERS OF DISTINCTION

1 Policy

Letters of Distinction will be given throughout the 4 year curriculum. These will be given to a limited group of students based on outstanding performance in a particular portion of one of the four Value Domains utilizing the criteria outlined below. Receipt of letters of distinction will be recorded on a student's transcript.

2 Procedures

Areas of Distinction by Value Domain:

Basic Science

	Time of Award – End of Year
Academic Performance (8)	2
Best Team Member—Student Selection (8)	2
Facilitators' Picks For Overall Performance (8)	2

Interprofessionalism

Leadership (8)	1
Humanism and Teamwork (8)	3
Service Learning And Community Service (8)	4

Research

Best Research Project (8)	4
Scholarly/Research Productivity (8)	4
Academic Performance In Research Curriculum (8)	2

Clinical Science

Overall Performance—Clinical Skills (8)	2
Clinical Science Integration- "Domain days" (8)	3

Clinical "Clerkships" (All VTC Clinical Departments)

Psychiatry (8)
Obstetrics (8)
Family Medicine (8)
Emergency Medicine (8)
Surgery (8)
Internal Medicine (8)
Pediatrics (8)
Radiology (8)

To be awarded during 4th year (by July 31) with the exception of the Emergency Medicine clerkship.

Basic Science Domain –Distinction Criteria

Eight Letters of Distinction will be given for overall academic performance in Blocks I-VIII. Selection criteria will include cumulative performance on the multiple choice and lab assessments and the integrated case exams.

Up to Eight Letters of Distinction will be given to students nominated by PCL faculty facilitators based on the performance criteria detailed on the PCL Assessment Form: Acquisition and Integration of Knowledge, Peer Teaching and Communication Skills, and Professionalism. Faculty can nominate students at the end of any Block and the ad hoc Basic Science Distinction Committee will pick up to eight from these nominations at the end of Year 2.

Up to Eight Letters of Distinction will be given by the ad hoc Basic Science Distinction Committee to students that are nominated by students based on the performance criteria detailed on the PCL Assessment Form: Acquisition and Integration of Knowledge, Peer Teaching and Communication Skills, and Professionalism. Each Student may nominate up to four of their classmates for consideration at the end of Year 2.

Research Value Domain – Distinction Criteria

Academic Performance in the Research Curriculum:

Students will be selected based on both their academic performance in the Year 1 course and on information about the students' commitment, productivity and work ethic, creativity, and reasoning on their research project provided by their research mentors. (Up to 8 awards at the end of Year 2)

Best Research Project:

During their final year of study, students will submit a written publication-quality manuscript and present their research orally to an evaluation committee composed of experts and accomplished researchers, scientists and clinicians selected by the Senior Dean for Research and Director of Research Education who also oversee the evaluation process. Immediately following the oral presentation, the evaluating committee will consider whether to recommend the student to be placed in the finalist group for consideration for a Research Value Domain letter of distinction in the category of "Best Research Project". Recommendations will be made based on the overall quality, significance, relevance, innovation, thoroughness, rigor and clarity of the students' findings as presented in their written document and oral presentation, along with their understanding, ability to effectively communicate, and response to questions during the oral presentation. Final selections for up to eight (8) letters of distinction in this category will be made by an ad hoc committee assembled and overseen by the Senior Dean for Research. The eight students selected will present their work as a formal 15-minute oral presentation with appropriate documentation in PowerPoint format at the annual VTCSOM Medical Student Research Day to which all 4 classes of medical students, the students' mentors, VTCSOM faculty, and the community will be invited. (Up to 8 Awards throughout Year 4)

Research Productivity:

Students will be asked to catalog, document, and report for their primary officially approved research project, any formally presented papers or abstracts at official meetings, any papers published, in press or officially accepted for publication, any grants submitted or awarded on which they are listed as primary or co-principal investigator or key personnel with the granting agency, grant title, grant status, period and their role on the grant indicated, any official recognition received for their primary research project activities such as foundation or funding agency awards or fellowships, and any disclosures or patents, based partly or wholly on their research where they are officially listed as contributing to the disclosure. In addition, students should report separately on any such scholarly activities in which they are involved that are not a result of their primary research project and indicate those as "supplementary research activities." An ad hoc committee assembled and overseen by the Senior Dean for Research will select up to eight (8) students to receive recognition in this category. (Up to 8 awards throughout Year 4)

Selection Committee:

The Research Distinction ad hoc committee will be formed to review all documents submitted and generate a list of the top eight most distinguished students in the categories of Best Research Project and Research Productivity. The committee will be co-chaired by the Senior Dean for Research and the Director of Research Education, who will select three other members. Their recommendations will be forwarded by the Senior Dean for Research to the Associate Dean for Student Affairs.

Clinical Sciences – Distinction Criteria

Overall Performance:

At the end of the 2nd year of medical school up to eight Letters of Distinction will be awarded to students by the ad hoc Clinical Science Distinction Committee for overall performance in Blocks I-VIII. Selection criteria will include distinguished cumulative academic performance on assessment exams which encompass patient communication skills, physical exam skills, clinical knowledge, clinical reasoning skills, and oral and written presentations skills. Demonstration of class leadership is strongly considered which includes active participation and professionalism while interacting with the standardized patient program, patient volunteers, faculty and peers.

Clinical Clerkships – Distinction Criteria

The clinical clerkships occur in the 3rd year of the curriculum and include rotations in the following clinical areas: Family Medicine, Emergency Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Radiology, and Surgery. These core rotations foster growth of medical knowledge through direct patient-care experiences under the supervision of residents and attending physician. During the 3rd and 4th year of training, the student learns to incorporate the knowledge and experiences from the basic sciences, the clinical sciences and the research domains to become competent physicians.

Grading in the Clinical Clerkships, like the rest of the curriculum, is pass/fail; however, the student has the opportunity to receive letters of distinction recognizing outstanding performance on the clerkship. Up to 8 letters of distinction will be awarded by each of the 8 clinical departments (Emergency Medicine, Family and Community Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Radiology, and Surgery). With the exception of Emergency Medicine, these letters of distinction will be awarded no later than July 31 of the 4th year. Up to six of the possible eight letters of distinction for Emergency Medicine will be awarded by August 30 with the potential for two additional awarded by February 28.

A LOD for the Clinical Clerkships recognizes the awardees' demonstration of excellence during the clerkship in the following areas:

1. Demonstration of proficiency in the acquisition and perfection of those skills which permit the student to provide the best possible patient care for his or her patients
2. Genuine compassion for the ill, regarding them as persons in need of help
3. Utilization of a scientific approach to the unique problems of the patients cared for
4. Exemplary verbal and written communication skills
5. Commitment to teamwork and interprofessionalism in the provision of care
6. Integrity in dealing with patients, classmates, and faculty

The students will be selected by a committee which includes the Clerkship Director and Chair based on the above criteria and performance toward the ACGME Competencies (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication skills, Practice-based learning, and Systems-based practice). Assessment form scores, the final exam, comments and nominations from preceptors, and performance in written and oral communication will be used as measures. Stated interest in the particular specialty should have no bearing on the determination of a letter of distinction.

Clinical Science Integration- “Domain Days”

Letters of distinction will be awarded based on student attendance, participation, and performance on the various Domain Day programs. Domain Day is a required element of the third year curriculum during the four to six week rotations. These are awarded by July 31 by a committee which reviews the completed evaluations and assessments of each Domain Day program.

Interprofessionalism – Distinction Criteria

Leadership:

Up to 8 VTC students can receive distinction in this category, decided after completion of the interprofessionalism curriculum, by an ad hoc committee of interprofessionalism instructors. These awards will be based on clear acquisition of leadership and team skills, enthusiasm for blocks I-VIII interprofessionalism curriculum and the required and voluntary service learning project(s). The awards will be given during an end of second year ceremony.

Humanism and Team Work in Service to the Patient:

Up to 8 VTC students can receive distinction in this category, decided by an Interprofessionalism faculty ad hoc committee in their fourth year and given during a ceremony in the fourth year of medical school. The awards are based on acquisition of and enthusiasm for medical humanities, humanism, patient-centered team work, and interprofessionalism in multiple areas including all domains, clinical clerkships and community health outreach.

Service Learning and Community Service:

Up to 8 VTC students in their fourth-year can receive distinction in this category, decided by members of a VTC faculty and Community and Diversity Advisory Board ad hoc committee. The awards are based on abilities to understand personal value and meaning of service to one's community and a clear dedication for involvement in one's community as a means of personal and professional growth and commitment.

Student Evaluation of Courses and Clinical Experiences

The Block Directors, Clerkship Directors and Domain Leaders and the Senior Dean for Academic Affairs maintain an “open door” policy in order to collect real time feedback and correct any major issues. Both a comprehensive end-of block feedback survey covering all of the Domains, and a facilitator evaluation are mandatory and conducted at the end of each Block using Blackboard as a distribution platform. Block Directors and Domain Leaders, the Senior Dean for Academic Affairs, the Medical Curriculum Committee, and the Dean are provided with the results of these surveys. Block directors and Domain leaders will utilize this information for quality improvement in conjunction with feedback from BIC I or BIC II.

During every block students will also evaluate individual faculty teaching effectiveness through presenter evaluations conducted at the end of each instructional activity including interactive lectures/presentations, workshops, and labs. This information is provided to the Senior Dean for Academic Affairs for analysis and implementation of faculty development initiatives. Faculty performance data is also provided to the respective Block directors, appropriate Clerkship directors, appropriate department chairs, and Domain Leaders. Aggregate data on faculty performance is provided to the Medical Curriculum Committee and the Dean.

M-3 students will perform evaluations of individual instructors throughout the clerkship and complete a final clerkship evaluation at the end of each clerkship rotation. Students will complete a mid-clerkship self-evaluation. All evaluations will be conducted in One45. Information from these evaluations will be analyzed and prepared for each Clerkship Director, the Assistant Dean for Clinical Science - Years 3 and 4, the Senior Dean for Academic Affairs and the Dean of the School of Medicine. An aggregate report will be prepared for the MCC.

7. ACADEMIC DEFICIENCIES

1 Purpose

VTCSOM has developed a prescribed process regarding academic action relating to a medical student whose academic performance is deficient according to the standards of VTCSOM. The Medical Student Performance and Promotion Committee (MSPPC) is delegated the responsibility for overseeing all processes by which students are promoted, evaluated, or removed from their academic program. The MSPPC does so by following student-centered policies and processes meant to ensure fair treatment.

2 Policy

The Medical Student Promotions Process: Information for Students:

The MSPPC is responsible for overseeing the advancement process leading toward graduation and for making decisions relative to student academic status (good standing, probation, etc). The Chair of the MSPPC will review aggregate student performance data on an annual basis, provided by the Senior Dean for Academic Affairs (or designee) to ensure that the academic process is being followed and that appropriate student progress is being maintained. The MSPPC will meet as needed to review individual student academic and professionalism issues that may result in probation, suspension, a leave of absence, or dismissal.

3 Procedures

Students could be required to meet with the MSPPC in any situation that can affect enrollment status, including but not limited to:

- Failure of two of the following in one academic year: Blocks, rotations, required clinical experiences, or electives, or showing unprofessional behavior and/or academic dishonesty.
- Failure to take USMLE Step 1 by the end of June of Phase-1 (unless in a previously approved program of study).
- Failure to pass USMLE Step 1 after two attempts.
- Failure to pass USMLE Step 2 Clinical Knowledge and Clinical Skills exam after two attempts.
- Failure to meet research requirements.

- Requests to extend the period of study beyond the usual time allowed of 6 years.

Failed Courses and Clerkships

The grading system and criteria are presented in the Evaluation, Advancement, and Graduation Policy. The following describes the process that governs subsequent actions requiring MSPPC attention.

Appearing Before the MSPPC:

Any student who has received unsatisfactory grades in two of the following in one academic year: blocks, clinical rotations, required clinical experiences, or electives, or who has failed to meet the contingencies of a probation or an academic leave of absence shall be notified by certified mail from the Chairperson of the MSPPC that a dismissal hearing will be held.

The MSPPC Chairperson shall notify the student by letter of the details of the dismissal hearing at least ten (10) business days prior to the scheduled MSPPC hearing. The Chairperson shall send the letter by certified mail, return receipt requested, to the student at his/her address appearing in the registrar's records. The letter may also be hand delivered to the student by the Associate Dean for Student Affairs with the student signing a document acknowledging receipt of the letter. A copy of the letter will be sent to the Associate Dean for Student Affairs who will be available to advise the student in matters pertaining to the hearing. In the event that the Chairperson is unable to have the letter personally delivered to the student or the student does not sign the receipt for the certified letter, after reasonable attempts, the MSPPC Chairperson may show by sworn statement that a reasonable attempt has been made to provide notice to the student, and the MSPPC shall proceed with the hearing.

The letter to the student shall:

1. Document the reasons for the dismissal hearing;
2. Direct the student to be present at the specified time, date, and place of the dismissal hearing;
3. Advise the student of his/her rights to:
 - a. Appear in person alone or with a student-selected member of the VTCSOM community.
 - b. Have legal counsel present to assist and advise the student. Legal counsel may make no statements, may not ask questions, and may not submit written or other materials.
 - c. Request the Chair of the MSPPC recuse any persons designated to hear the case for cause or conflict of interest.
 - d. Know the identity of each person who will provide information in the case.
 - e. Summon individuals to provide supporting information, require production of documentary and other evidence, offer evidence, and argue in his/her own behalf.
 - f. Question each person who will provide information in the case for the purpose of clarification.
 - g. Receive a copy of the secretary's record of the hearing.
 - h. Appeal the decision of the MSPPC to the Dean.
4. Direct the student that they shall disclose through the Committee Chairperson no later than five (5) business days before the meeting their intent to be assisted by

legal counsel during the meeting. Failure to provide notification will result in forfeiture of the right to have legal counsel present.

5. Indicate that the student and the Senior Dean for Academic Affairs (or designee) shall disclose through the Committee Chairperson no later than five (5) business days before the meeting, the names of any persons to be called to the meeting.
6. List the names of any individuals who will provide information concerning the academic deficiencies.
7. Indicate that an appropriate representative of the Office of the Dean (typically the Senior Dean for Academic Affairs or designee) and members of the MSPPC may question the involved student and anyone else who provides information on the student's behalf.

The MSPPC Chairperson shall compile a list of all individuals who will present information on behalf of either the student or VTCSOM and shall distribute the list to the student and to each member of the MSPPC four (4) business days before the meeting. In deciding the question of dismissal, the MSPPC has the right and responsibility to review the student's entire record. The MSPPC for good cause may postpone the hearing and notify all interested persons of the new hearing date, time, and place. Upon request of the student, the MSPPC also may waive the ten business day period of notice, informing all interested persons of the new hearing date, time, and place.

The Hearing will be conducted with the objective of providing basic fairness to all parties. The MSPPC Chairperson shall preside during the meeting according to the following procedure:

1. The Senior Dean for Academic Affairs (or designee) represents the interests of VTCSOM at the hearing and presents the facts of the case.
2. VTCSOM legal counsel may be present to advise the committee.
3. The student presents his/her case.
4. The student may have legal counsel present to advise him/her.
5. The student's legal counsel, if present, may make no statements, may not ask questions, and may not submit written material.
6. Persons called to the meeting may present information and then may be questioned by the student, the Senior Dean for Academic Affairs (or designee), and members of MSPPC.
7. The Senior Dean for Academic Affairs (or designee) and the student may present rebuttal evidence and counter-arguments. Members of the MSPPC may ask questions.
8. The MSPPC deliberates on the information presented with the student absent and makes a decision.

For disciplinary hearings of the MSPPC, a quorum is considered a simple majority of the committee members. This number must include at least one student member. The proceedings of the MSPPC are confidential and any discussion of the proceedings or the facts revealed, outside of the committee meeting, is a violation of the student's right to privacy and will be viewed as unprofessional and subject to disciplinary action as such.

MSPPC Actions:

The MSPPC Chairperson will submit in writing the decision of the Committee to the parties involved within two (2) business days of the hearing. The decision shall detail the reasons for the action recommended. The actions of the MSPPC for a student with academic deficiencies can include probation, an academic leave of absence, or dismissal. After completion of all MSPPC actions, all documents and records of the case shall be forwarded to the Office of Administrative and Educational Support Services for storage in their student affairs file. The Hearing record is confidential and consists of a copy of the notice prepared by the Chair of the MSPPC which is forwarded to the student, a written summary of the hearing together with all documentary and other evidence offered or admitted in evidence, written motions, pleas and any other material considered by the MSPPC, the decision of the MSPPC, and the student's entire record.

Appeals to the Dean:

The student may appeal the MSPPC decision directly to the Dean of VTCSOM. Grounds for appeals are limited to the following:

1. The proceedings were not conducted according to the VTC designated protocol and therefore resulted in significant prejudice against the accused student;
2. Significant information was not available to the individual or the MSPPC at the time of the hearing or has subsequently come to light;
3. The sanction imposed was believed to be inappropriate to the severity of the violation for which the student was found responsible.

The student must submit the written request for an appeal to the Dean within ten (10) business days after the date of the written decision of the MSPPC. The written request for an appeal shall contain the student's name, the date of the decision, all supporting materials accompanying the request, and the name of the student's representative, if any.

A written request of appeal suspends the imposition of sanctions or penalty until the appeal is finally decided. Pending appeal, the Dean may suspend the right of the student to attend class and/or engage in academic programs for reasons relating to the student's physical or emotional safety and well-being, or for reasons relating to the safety of patients, students, or faculty.

The Dean may approve, reject, or modify the decision in question or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the decision. The Dean's decision must be forthcoming within five (5) business days of the date of the receipt of all supporting materials. The Dean's decision shall be communicated in writing to the student, the Associate Dean for Student Affairs, the Chair of the MSPPC, and any other parties involved as determined by the Dean. The timeline described in this process (MSPPC meeting through appeal to Dean) may be altered at each level by mutual agreement between the student and the Chair of MSPPC and/or the Dean due to extenuating circumstances. The Dean's decision cannot result in a harsher sanction than the original decision of the MSPPC. The Dean can either uphold the original sanction or decide on a lesser sanction.

The Dean's decision is final and not subject to further internal appeal. A student who has been dismissed from VTC SOM is not permitted to be reinstated or reapply for admission. Notation of dismissal will be recorded on the student's academic transcript.

If the student feels that the process outlined above has not treated them fairly, he/she may file a complaint with the State Board of Higher Education for Virginia. The student should submit complaints to:

State Council of Higher Education for Virginia
Private and Out-of-State Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building
Richmond, VA 23219

No student will be subject to unfair action or treatment by the administration or faculty of VTC SOM as a result of the initiation of a complaint.

Conflict of Interest:

In the event of conflict of interest, real or perceived, members of the MSPPC will be expected to recuse themselves from the official proceedings of the committee. The student has the right to challenge the presence of individual members of the MSPPC to be at the hearing. The determination of such a conflict will be made by the Chair of the MSPPC. If the Chair of the MSPPC is the individual in question, the determination of such a conflict will be made by the Senior Dean for Academic Affairs.

8. ACADEMIC GRIEVANCE

1 Purpose

Situations may arise in which a student disagrees with a decision related to the fair application of academic policies. In such cases, a student has the option of initiating a formal academic grievance. An academic grievance is defined as a written statement expressing a complaint lodged by a student about an academic circumstance (such as grading or testing) which is thought by the student to be unfair and not in line with academic policies.

2 Policy

All students have the opportunity to review their exams (if possible) with the Director of Student Assessment or the individual serving in this role if they so request. This may not be possible with an NBME customized subject exam. Meeting with the Director of Student Assessment should be the first step prior to any formal academic grievance process.

3 Procedures

If, after review the Director of Student Assessment, the student is still in disagreement with the decision and desires to file a formal academic grievance, the following process must be followed:

- A. It is the responsibility of the student to initiate and advance the grievance at all stages of the process.
- B. Academic grievances with respect to grades (satisfactory or unsatisfactory) must be initiated by the student in writing within five (5) business days after receipt of the grade. Each step of the grievance process must be initiated within five (5) business days after a

- previous step has been completed. Response time at each step also shall be five (5) business days.
- C. Any student with an academic grievance should first file a written description of the grievance with the Domain Director (Phase-1) or Clerkship/Elective Director (Phase-2) and request relief from that person.
 - D. If the grievance is not resolved to the student's satisfaction by the Domain Director (Phase-1) or Clerkship/Elective Director (Phase-2), the student may forward the formal grievance to the Senior Dean for Academic Affairs (or designee) and request relief.
 - E. Grade grievances filed with the Senior Dean for Academic Affairs (or designee) and with the Medical Student Performance and Promotion Committee (MSPPC) must be in regard to a grade determination which has been deemed to be unfair by the student.
 - F. If the grievance is not resolved to the student's satisfaction by the Senior Dean for Academic Affairs (or designee), the student may request a review of the grievance by the MSPPC. The grievance must be presented in writing to the Chair of the MSPPC. The MSPPC will consult with all parties significantly involved in the grievance, document its findings, and make a decision. Copies of the decision will be forwarded to all principal parties.
 - G. If the grievance is not resolved to the student's satisfaction by the MSPPC, the student may appeal the decision to the Dean. The decision of the Dean is the final internal step in the grievance process.

If the student complaint cannot be resolved to the student's satisfaction after exhausting the school's grievance process, the student may file a complaint with the State Board of Higher Education for Virginia. The student should submit complaints to:

State Council of Higher Education for Virginia
Private and Out-of-State Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building
Richmond, VA 23219

No student will be subject to unfair action or treatment by the administration or faculty of VTC SOM as a result of the initiation of a complaint. The proceedings of the MSPPC are confidential and any discussion of the proceedings or the facts revealed, outside of the committee meeting, is a violation of the student's right to privacy and will be viewed as unprofessional and subject to disciplinary action as such.

Grade changes from academic grievance decisions will be reported to the Registrar by the Senior Dean for Academic Affairs (or designee).

9. NON-ACADEMIC GRIEVANCE

1 Policy

VTC students have the right to due process involving grievance and appeals procedures for non-academic grievances. A non-academic grievance could include a concern regarding administrative policies, procedures, regulations or requirements of the school or of a school program, service or activity. All students have the opportunity to informally discuss non-academic grievances with the Associate Dean for Student Affairs if they so request. This should be the first step prior to initiating any formal non-academic grievance process. The

student may also elect to consult the Ombudsperson about their concern. Any student who has a non-academic grievance which they feel has not been sufficiently resolved during a conversation with the Associate Dean for Student Affairs should follow the steps listed below to have his or her grievance addressed.

2 Procedures

- A. Submit the details of the grievance in writing to the Associate Dean for Student Affairs. Then make an appointment with the Associate Dean for Student Affairs to discuss the grievance and request relief from that person.
- B. If the grievance is not resolved to the student's satisfaction at the Associate Dean for Student Affairs level, the student may request a review of the grievance by the MSPPC. The grievance must be made in writing to the Chair of the MSPPC. The MSPPC will consult with all parties significantly involved in the grievance, document its findings, and make a decision. Copies of the decision will be forwarded to all principle parties.
- C. If the grievance is not resolved at the MSPPC level, the student may appeal the decision to the Dean. The decision of the Dean is the final step in the non-academic grievance process.

No student will be subject to unfair action or treatment by the administration or faculty of VTCSOM as a result of the initiation of a complaint. The proceedings of the MSPPC are confidential and any discussion of the proceedings or the facts revealed, outside of the committee meeting, is a violation of the student's right to privacy. All violations of the student's right to privacy will be viewed as unprofessional and subject to disciplinary action as such.

10. STANDARDS OF ETHICAL AND PROFESSIONAL CONDUCT (SEPCP)

1 Purpose

VTCSOM recognizes that students are exposed to multiple learning environments in clinical and non-clinical settings throughout the course of their medical education. These learning environments must support and reinforce the professional attributes, principles, and responsibilities outlined below. Faculty and students have a set of responsibilities to the learning environment and to the teacher-learner relationship that must also be articulated and endorsed.

2 Policy

Guiding Principles for the teacher-learner relationship, established by the AAMC, are as follows:

- **Duty:** Medical educators have a duty not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.
- **Integrity:** The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- **Respect:** Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing the ethic. Given the inherently hierarchical nature of the teacher-learner

relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

The principles and responsibilities listed below are broad descriptions of expected behaviors by the VTCSOM academic community. The medical education environment is complex, yet all parts of it require adherence to the guiding principles and responsibilities defined in the SEPCP below.

3 Procedures

Duty: Members of the academic community have duties to patients as well as to each other. Failure of duty exists when the individual:

1. Knowingly participates in a research or clinical activity likely to cause grave injury without any chance of benefit to another person.
2. Refuses to respond to a life threatening situation when specifically requested to perform actions within one's scope of practice.
3. Fails to provide constructive objective feedback.
4. Does not engage in the educational process in good faith.
5. Neglects clinical responsibilities.

Integrity: Membership in the academic community is based upon integrity. Members shall not engage in any of the following activities:

1. Plagiarism.
2. Scientific fraud or misconduct.
3. Concealing pertinent conflicts of interest in educational activities.
4. Cheating on exams offered by the institution or by other professional organizations.
5. Dishonesty.
6. Falsification of documents or electronic records pertaining to patient care or student advancement.
7. Violations of confidentiality.
8. Mistreatment of patients.
9. Unlawful activity when it is determined the interest of the school is involved.
10. Misappropriation of funds or resources for personal benefit or use.

Respect: Members of the academic community will demonstrate respect for others at all times. Inappropriate behaviors include:

1. Unwanted physical contact or threat of the same.
2. Sexual harassment.
3. Loss of personal civility or decorum including: shouting, personal insults or attacks, throwing items, or damaging personal or community property.
4. Discrimination in teaching and assessment.
5. Requests for others to perform inappropriate personal errands in return for educational advancement.

11. VIOLATIONS OF THE SEPCP AND/OR TEACHER-LEARNER COMPACT

1 Purpose

VTCSOM takes the precepts outlined in the Standards of Ethical and Professional Conduct Policy (SEPCP) and the Teacher-Learner compact quite seriously and has developed a prescribed process regarding alleged student violations of either of them. The Medical

Student Performance and Promotion Committee (MSPPC) is delegated the ultimate responsibility for overseeing the student conduct system. The process of addressing concerns is an incremental one, and could involve a hearing by the MSPPC to consider varying actions (see below) that would affect the status of a medical student at VTCSOM. Students could be required to appear before the MSPPC for alleged violations of professional or ethical behavior as identified in the SEPCP and/or the Teacher-Learner Compact. One possible outcome of an MSPPC hearing for violations of the SEPCP and/or the Teacher-Learner Compact is a recommendation for student dismissal from VTCSOM.

2 Policy

Addressing a Concern Regarding a Student

Circumstances may arise when a faculty member, staff member, medical school administrator, resident physician, other healthcare worker, fellow student, or other individual involved directly or indirectly with medical student education feels that a student has exhibited an action or behavior that they would consider unprofessional or academically dishonest in nature and/or could be in violation of the SEPCP and/or the Teacher-Learner Compact. When this occurs, the following process should be followed. The incremental process identifies a hierarchy of individuals who may address the concern.

1. The individual who has witnessed or experienced the behavior may address their concern directly with the student, identifying the specifics of their concern and requesting that the behavior stop or other action be taken to correct the situation.
2. If that fails to correct the situation or if the individual so chooses, he/she may address his/her concern verbally or in writing with whomever would be considered their direct report or the student's direct supervisor in the context in which the concerning behavior has occurred.
3. If that fails to correct the situation or if the individual so chooses, he/she may address his/her concern with the appropriate Domain or Clerkship Director.
4. If that fails to correct the situation or if the individual so chooses, he/she may address his/her concern with either the Associate Dean for Student Affairs or the Senior Dean for Academic Affairs (or designee).
5. An initial inquiry regarding a concern may be made by any of the parties who receive the complaint to determine the nature of the concern, and they may address the concern directly with the student if they deem this appropriate in their judgment. At any point in this process, based on the nature of the concern, the repetitive nature of it, the comfort of the individual in addressing the concern, or the student's response when the concern is brought to their attention, any of the above individuals may bring the concern directly to the Associate Dean for Student Affairs or the Senior Dean for Academic Affairs (or designee) and request an intervention.
6. Once any individual involved in the process has determined that they will address the concern, they must meet with the student within three (3) business days of when the concern is brought to their attention. During this meeting they are to discuss the nature of the concern/s and identify possible resolution. Should an understanding be reached regarding a resolution, all those who were involved in the process will be informed of the proposed resolution by the person who addressed the concern. If the behavior continues or is repeated after an apparent resolution has been determined, this should be reported in writing to the Associate Dean for Student Affairs for further action.

7. If the person who initially raised the concern is not satisfied with the outcome of the initial inquiry, they may request that the concern be forwarded to the Associate Dean for Student Affairs, or, if this has already occurred, that the concern be forwarded to the MSPPC.
8. All concerns brought to the Associate Dean for Student Affairs or the Senior Dean for Academic Affairs with a request for intervention should be in writing, specifying in appropriate detail the nature of the concern. All written concerns submitted to the Senior Dean for Academic Affairs will be forwarded to the Associate Dean for Student Affairs. This process is detailed below under the heading "Process of addressing a written concern of possible violations of the SEPCP and/or Teacher-Learner Compact." The receipt of such information by the Associate Dean for Student Affairs would automatically lead to a formal investigation of the concern and will be done within three (3) business days.
9. Though not required, the Associate Dean for Student Affairs encourages any concerns regarding student conduct to be brought to his/her attention, even if a satisfactory resolution has been reached. This should be done in writing. If this is done, the communication should specify that no further action is requested ("FYI").
10. If during the investigation into the complaint it is felt that the accusation/s made against the student are unwarranted or frivolous, such actions would be addressed with the direct supervisor of the individual who initially raised the concern.
11. Once a formal investigation is initiated by the Associate Dean for Student Affairs, it is considered unprofessional conduct for an accused student to share the details of this investigation with anyone without prior permission from the Associate Dean for Student Affairs. The frivolous, gratuitous, and/or damaging spread of information is an unprofessional action and could in itself result in the student being referred to the MSPPC for disciplinary action.

Protecting Confidentiality:

Circumstances may arise when an individual feels the need to bring forth a concern regarding a student to the school administration but for whatever reason desires to remain anonymous. In such circumstances, the individual is encouraged to contact their supervisor to initiate the grievance. The process of addressing the concern would be that listed above, with the exception that the individual who addresses the concern with the student would first discuss with the individual who has brought the anonymous concern as to whether they are comfortable with the approach that will be taken. It must be recognized that the ongoing desire for anonymity on the part of the person raising the concern may limit those involved with investigating the complaint and attempting to determine a resolution.

Suspension from School:

In circumstances when it is felt that a student's presence on campus or in the clinical setting, based on the nature of the concern, could have the potential to adversely impact the safety and/or well-being of others, that student may be placed in a suspension status and barred from campus by joint agreement of the Associate Dean for Student Affairs and the Chair of the MSPPC pending an MSPPC hearing. Should this occur, the Dean must be notified in writing and an emergency meeting of the MSPPC must be held within 3 business days to review the circumstances of the violation and make recommendations. The student's suspension status would be reviewed as part of the emergency meeting and could be extended by a determination of the MSPPC.

3 Procedures

Process of addressing a written concern of possible violations of the SEPCP and/or Teacher-Learner Compact to the Associate Dean for Student Affairs:

- A. As outlined above, a concern regarding a possible violation of the SEPCP and/or Teacher-Learner Compact including but not limited to unprofessional behavior or academic dishonesty may be raised at any time by any member of the VTCSOM community. If an allegation is submitted in written form, it should describe in detail the specific violation to allow review by the appropriate persons and/or committees, and to inform the student of the nature of the offences or conduct which must be explained and should be signed by the person who is raising the concern/allegation. The receipt of a written allegation of unprofessional behavior or academic dishonesty by the Associate Dean for Student Affairs requires the initiation of a formal inquiry and the development of a confidential file maintained by the Associate Dean for Student Affairs. Access to this file shall be restricted to the Associate Dean for Student Affairs and is not part of the student's permanent record. The Associate Dean for Student Affairs may share information from this file, as necessary, with the accused student, the Chair of the MSPPC, the Dean, other medical school leadership, and VTCSOM legal counsel as he/she deems appropriate.
- B. The Associate Dean for Student Affairs, in conjunction with any other appropriate administrative authority, upon receipt of a written allegation of unprofessional behavior and/or academic dishonesty, is authorized to conduct an immediate investigation for the purpose of determining appropriate action, which could include addressing the allegation directly or forwarding the complaint to the Chair of the MSPPC. This will occur within 3 business days of the receipt of the written allegation. If two or more unrelated complaints are submitted during any given Block concerning a student, or if a second complaint is received after an initial complaint has been found to be warranted and the behavior has been addressed, the allegations must be forwarded to the Chair of the MSPPC by the Associate Dean for Student Affairs. During his/her investigation, the Associate Dean for Student Affairs may mandate a psychiatric, psychological, and/or substance abuse evaluation for the student either as a part of the initial investigation, or as part of a corrective action as a result of his/her investigation. The results of this mandated assessment must be made available to the Associate Dean for Student Affairs as well as the Chair of the MSPPC should the MSPPC become involved.
- C. If a written allegation of unprofessional behavior or academic dishonesty is forwarded from the Associate Dean for Student Affairs to the Chair of the MSPPC, the following process will be followed:
 - a. The student in question will be notified by the Chair of the MSPPC that an allegation has been forwarded to the MSPPC.
 - b. The MSPPC Chair shall appoint a subcommittee consisting of two students and one faculty member. The members will be selected from a pool of regular faculty and students. The members of MSPPC may not serve on this subcommittee.
 - c. The subcommittee will meet with the involved student and the individual(s) filing the allegation as soon as possible and within five (5) business days. The student will be given an opportunity to explain or rebut any of the evidence or information concerning conduct or circumstances contained in the written allegation.

- d. After reviewing all pertinent information, the subcommittee shall make one of the following recommendations within five (5) business days:
 - i. Refer the matter to the MSPPC for investigation and hearing.
 - ii. Dismiss the matter due to insufficient evidence. If this subcommittee is not in full agreement with regards to their decision, the matter must be referred to the MSPPC for investigation and hearing.
- e. The MSPPC Chair will review the subcommittee's recommendation and supporting information and:
 - i. If a hearing is required, the Chair must initiate the procedure by notifying the student by letter following the process outlined below.
 - ii. If the matter has been dismissed due to insufficient evidence, the Chair shall inform the student and the Associate Dean for Student Affairs in writing of this decision and shall expunge the record. It is the responsibility of the Associate Dean for Student Affairs to contact other involved parties, including the individual/s who brought forth the allegation/s, to let them know of this decision.

Appearing Before the MSPPC:

If the need for an MSPPC hearing has been determined, the MSPPC Chairperson shall notify the student by letter of the details of the dismissal hearing at least ten (10) business days prior to the scheduled MSPPC hearing. The Chairperson shall send the letter by certified mail, return receipt requested, to the student at his/her address appearing in the registrar's records. The letter may also be hand delivered to the student by the Associate Dean for Student Affairs with the student signing a document acknowledging receipt of the letter. A copy of the letter will be sent to the Associate Dean for Student Affairs who will be available to advise the student in matters pertaining to the hearing. In the event that the Chairperson is unable to have the letter personally delivered to the student or the student does not sign the receipt for the certified letter, after reasonable attempts, the MSPPC Chairperson may show by sworn statement that a reasonable attempt has been made to provide notice to the student, and the MSPPC shall proceed with the hearing.

The letter to the student shall:

- A. Document the alleged violation(s) if professional behavior or academic dishonesty.;
- B. Direct the student to be present at the specified time, date, and place of the dismissal hearing;
- C. Advise the student of his/her rights to:
 - a. Appear in person alone or with one student-selected member of the VTC community.
 - b. The student may request up to two (2) additional members of the VTC community to attend the hearing to provide support. The granting of this request is entirely at the discretion of the Chair of the MSPPC, taking into account issues of confidentiality and hearing decorum. None of these support persons may participate in the hearing. This request must be made in writing to the Chair of the MSPPC at least 5 business days prior to the hearing.
 - c. Have legal counsel present. Legal counsel may make no statements, may not ask questions, and may not submit written or other materials.

- d. Request the Chair of the MSPPC recuse any persons designated to hear the case for cause or conflict of interest.
 - e. Know the identity of each person who will provide information in the case.
 - f. Summon individuals to provide supporting information, require production of documentary and other evidence, offer evidence, and argue in his/her own behalf.
 - g. Question each person who will provide information in the case for the purpose of clarification.
 - h. Receive a copy of the secretary's summary of the hearing which will not include a summary of the committee's deliberations.
 - i. Appeal the decision of the MSPPC to the Dean.
- D. Direct the student that they shall disclose through the Committee Chairperson no later than five (5) business days before the meeting their intent to be assisted by legal counsel during the meeting. Failure to provide notification will result in forfeiture of the right to have legal counsel present.
 - E. Indicate that the student shall disclose to the Committee Chairperson no later than five (5) business days before the meeting, the names of any persons to be called to the meeting to speak on behalf of the student with regard to the allegations..
 - F. List the names of any individuals the Committee will call to provide information concerning the allegations at the hearing.
 - G. Indicate that any member of the MSPPC may question the involved student and anyone else who provides information on the student's behalf.

The MSPPC Chairperson shall compile a list of all individuals who will present information on behalf of either the student or VTCSOM and shall distribute the list to the student and to each member of the MSPPC four (4) business days before the meeting. In deciding the question of dismissal, the MSPPC has the right and responsibility to review the student's entire record. The MSPPC for good cause may postpone the hearing and notify all involved persons of the new hearing date, time, and place. Upon request of the student, the MSPPC also may waive the ten business day period of notice, informing all involved persons of the new hearing date, time, and place.

The Hearing will be conducted with the objective of providing basic fairness to all parties. For disciplinary hearings of the MSPPC, a quorum is considered a simple majority of the committee members. This number must include at least one student member. The proceedings of the MSPPC meeting may be recorded at the discretion of the committee Chair. The purpose of this recording is to provide clarification for the members of the MSPPC. There will be no transcript made of this recording, and the recording will be destroyed once the case has been resolved or the appeals process has been exhausted. The MSPPC Chairperson shall preside during the meeting according to the following procedure:

1. The Chair of the MSPPC presents an overview of the procedure to the student and will review the allegations against the student.
2. VTCSOM legal counsel may be present.
3. The student presents his/her case.
4. The student may have legal counsel present under the conditions outlined above.
5. The student's legal counsel, if present, may make no statements, may not ask questions, and may not submit written material.

6. Persons called to the meeting may present information and then may be questioned by the student and members of MSPPC. The purpose of the student questioning is for clarification of the information presented, and is not intended to rebut the statements of any individuals presenting.
7. After all information has been presented by those appearing before the committee and these individuals are no longer present at the hearing, the student may present rebuttal evidence and counter-arguments. Members of the MSPPC may ask questions.
8. The MSPPC deliberates on the information presented with the student absent and makes a decision.

The proceedings of the MSPPC are confidential and any discussion of the proceedings or the facts revealed, outside of the committee meeting, is a violation of the student's right to privacy and will be viewed as unprofessional and subject to disciplinary action as such. Exceptions to this would include the sharing the outcome of the meeting or important information from the meeting with appropriate VTCSOM leadership and others as deemed appropriate by the Chair of the MSPPC.

It is also considered unprofessional conduct for an accused student to share the details of the MSPPC proceedings outside of the committee hearing without prior permission from the Chair of the MSPPC. Doing so will be considered unprofessional conduct and could result in disciplinary action by the MSPPC.

MSPPC Actions:

The MSPPC Chairperson submits in writing the decision of the Committee to the parties involved within two (2) business days of the hearing.

Possible actions can include:

1. Finding the complaint was without merit
2. Reprimand acknowledging the conduct was not in accord with the SEPCP and/or Teacher- Learner Compact but that it was not of a serious enough nature to take further action
3. Probation acknowledging the conduct was not in accord with the SEPCP and/or the Teacher- Learner Compact and that further monitoring or intervention is required. This could include a referral for a mandatory psychiatric, psychological and/or substance abuse evaluation as a condition of the probation. If such a referral for a mandatory evaluation is required, the results of this evaluation must be released to the Chair of the MSPPC for review by the MSPPC. Any financial expenses incurred for such an evaluation will be the responsibility of the student.
4. Disciplinary leave of absence acknowledging the conduct was not in accord with the SEPCP and/or Teacher-Learner Compact and that corrective action is needed prior to the student returning to classes. This could include a referral for a mandatory psychiatric, psychological and/or substance abuse evaluation as a condition of return.
5. Dismissal acknowledging the conduct was not in accord with the SEPCP and/or Teacher- Learner Compact and was of such an egregious nature that it is not appropriate for the student to remain at VTCSOM.

The decision shall detail the reasons for the action recommended. After completion of MSPPC proceedings, all documents and records of the case shall be filed in the Student Affairs file. Notation of the MSPPC action will be made in the student's permanent record only if the final decision is for dismissal and this decision is upheld should the student appeal to the Dean. The Hearing record is confidential and consists of a copy of the notice forwarded to the student, a written summary of the hearing prepared by the Chair of the MSPPC, together with all documentary and other evidence offered or admitted in evidence, written motions, pleas and any other material considered by the MSPPC, and the decision of the MSPPC.

Appeals to the Dean:

The student may appeal the MSPPC decision directly to the Dean of VTCSOM. Grounds for appeals are limited to the following:

- a. The proceedings were not conducted fairly in light of the charges and information presented and according to the VTC designated procedures in such a way that resulted in significant prejudice against the accused student;
- b. Significant information was not available to the individual or the MSPPC at the time of the hearing or has subsequently come to light;
- c. The sanction imposed was believed to be inappropriate to the severity of the violation for which the student was found responsible.

The appeal to the Dean must be made in writing within ten (10) business days after the date of the written decision of the MSPPC. The written request for an appeal shall contain the student's name, the date of the decision, all supporting materials accompanying the request, and the name of the student's representative, if any.

A written request of appeal suspends the imposition of sanctions or penalty until the appeal is finally decided. Pending appeal, the Dean may suspend the right of the student to attend class and/or engage in academic programs for reasons relating to the student's physical or emotional safety and well being, or for reasons relating to the safety and well-being of patients, students, or faculty.

The Dean may approve, reject, or modify the decision in question or may require that the original hearing be reopened for the presentation of additional evidence and reconsideration of the decision. The Dean's decision must be forthcoming within five (5) business days of the date of the receipt of all supporting materials. The Dean's decision shall be communicated in writing to the student, the Associate Dean for Student Affairs, the Chair of the MSPPC, and any other parties involved as determined by the Dean. The timeline described in this process (MSPPC meeting through appeal to Dean) may be altered at each level by mutual agreement between the student and the Chair of MSPPC and/or the Dean due to extenuating circumstances. The Dean's decision cannot result in a harsher sanction than the original decision of the MSPPC. Rather the Dean can uphold the original sanction or decide on a lesser sanction.

The Dean's decision is final and not subject to further appeal. A student who has been dismissed from VTCSOM is not permitted to be reinstated or reapply for admission.

Non-Academic Probation:

The MSPPC is responsible for monitoring student probation status. If a student is placed on probation by the MSPPC, the student must complete the requirements of the probation and inform the Chair of the MSPPC by providing written detail of as to how they have completed the requirements. Once the Chair of the MSPPC has determined that the terms of the probation have been completed, the Chair will contact the Associate Dean for Student Affairs in writing, outlining that the student has completed the requirements of the probation and is no longer in a probationary status. The MSPPC has the option of interviewing the student prior to making this determination at an informal hearing. Student probation will not be recorded on the student's permanent record. These records will be kept in their Student Affairs file.

If a student does not complete the terms of the probation, this would constitute a violation of their probation status and the MSPPC will hold a formal hearing and proceed according to the policy detailed above.

Disciplinary Leave of Absence:

Only the MSPPC can place a student on a disciplinary leave of absence, or approve the return of a student to coursework from a disciplinary leave of absence. The MSPPC may consider requests to return from a disciplinary leave of absence when the student has completed the terms requested by the MSPPC, which may in some circumstances include a mandatory psychiatric, psychological, and/or substance abuse evaluation. The student must complete the requirements of the leave of absence and provide written detail to the Chair of the MSPPC once these requirements have been completed. Once the MSPPC has determined that the terms of the leave of absence have been completed, the Chair of the MSPPC will contact the Associate Dean for Student Affairs in writing, outlining that the student has completed the requirements of the leave of absence and is no longer in a disciplinary leave of absence status. The MSPPC has the option of interviewing the student prior to making this determination at an informal hearing. Student disciplinary leave of absence will not be recorded on the student's permanent record. These records will be kept in their Student Affairs file.

Conflict of Interest:

In the event of conflict of interest, real or perceived, members of the MSPPC will be expected to recuse themselves from the official proceedings of the committee. The student has the right to challenge the presence of individual members of the MSPPC at the hearing. The determination of such a conflict will be made by the Chair of the MSPPC. If the Chair of the MSPPC is the individual in question, the determination of such a conflict will be made by the Senior Dean for Academic Affairs

12. FACULTY CONFLICT OF INTEREST IN STUDENT ASSESSMENT OR PROMOTION

1 Policy

Occasions may arise in which a faculty member has direct supervision over a student in matters of assessment (grades) and/or promotion and in which there may be a potential conflict of interest in this role. The conflict may arise as a consequence of any of a number of situations such as:

- a. The student may be a relative through lineage, marriage, or other relationships.
- b. The student may have a close personal relationship through settings such as places of worship, civic organization, sports, recreation, or other social settings.
- c. The student may be a patient in the practice of a clinical faculty member.
- d. Or other relationships identified by the faculty member or student.

The nature of the conflict need not be disclosed. When such a conflict is recognized by the faculty member, it is the responsibility of the faculty member to notify the VTCSOM Office of Faculty Affairs. The most likely course would be to modify the student schedule, be it small group, clerkship, elective or whatever, to avoid the situation in which the faculty member would be in a position to assess (grade) or act to promote the student. The same action, modification of the student schedule, would occur if the student identifies a conflict whether the faculty member also identifies the conflict or not.

13. LEARNING ENVIRONMENT AND ALLEGATIONS OF STUDENT MISTREATMENT

1 Purpose

Students may bring forth grievances about academic, educational, or other learning concerns utilizing the Academic Grievance procedure. Students may bring forth grievances of a non-academic nature utilizing the Non-academic Grievance procedure. Students may bring forth allegations of harassment as outlined in the Harassment and Sexual Harassment Policies. The purpose of this policy is to outline the procedure specifically for student allegations of student mistreatment by faculty, residents, staff, or other healthcare workers.

2 Policy

The faculty and staff of VTCSOM are committed to support a learning environment that promotes the professional development and well-being of students. This environment must be free from student mistreatment or harassment. Faculty behavior within the academic community, which includes the teacher-learner relationship and the professional community of patient care, are guided by the Standards of Ethical and Professional Conduct Policy (SEPCP) and the Teacher-Learner Compact. The behavior of other healthcare workers and other staff is guided by professional ethics and local regulations.

There is a specific Faculty Handbook policy regarding allegations of faculty mistreatment by a student. Circumstances may arise when a student feels he/she is being mistreated by a faculty member. Such allegations would apply to conduct in a faculty member's role as teacher, mentor, preceptor, supervisor, facilitator, or other faculty role.

A student allegation of mistreatment by a faculty member may involve academic mistreatment (teaching, facilitation, assessment, grading, etc.), supervisory or mentor mistreatment, or harassment (sexual, verbal, physical, ethnic, etc.). The allegation should be identifiable as a breach of the conduct expected of a faculty member under the Standards of Ethical and Professional Conduct Policy (SEPCP) and the Teacher-Learner Compact.

A student allegation of mistreatment by a faculty member may occur at any site where the student encounters the faculty in a VTCSOM official capacity. Implementation of this policy does not preclude additional action by the site itself according to policy at that site. Specifically, it may be possible for an allegation of mistreatment to proceed through a VTCSOM process and a site-specific process. While any investigation may be coordinated, the process does not presuppose congruence of findings or of sanctions.

3 Procedures

The process for a student allegation of mistreatment by a faculty member would occur as follows:

- The student is encouraged to address the issue directly to the faculty member and seek resolution. If the resolution is satisfactory to both parties, no further action is needed and no notification is required.
- If direct action is not practical or the student wishes to avoid direct action, the student is urged to contact a block director, course director, clerkship director or another person responsible for the setting in which the alleged mistreatment occurred. The director would seek additional information regarding the allegation from sources other than the involved student, including (but not limited to) individuals present when the incident occurred, others with direct information about the incident, and the faculty member him/herself.
- The director should conduct this fact-finding activity in 10 working days or less.
- If the director finds that the allegation has no merit and no further action is warranted, the process concludes at this point. The director should forward a brief report to the Associate Dean for Faculty Affairs and the Associate Dean for Student Affairs.
- If the allegation has merit yet the incident is deemed to be readily remediable, the director would contact the faculty member to seek resolution. This may occur by the director providing the faculty member feedback, counseling, instruction, or even reassignment of the VTCSOM-sanctioned activity. Since the process concludes at this point, a brief report should go to the Associate Dean for Faculty Affairs, the Associate Dean for Student Affairs, and the Department Chair of the faculty member.
- If the allegation has merit and the incident is deemed by the director to be of major significance or egregious, the director shall forward the allegation in writing to the Associate Dean for Faculty Affairs, the Associate Dean for Student Affairs, and the Department Chair of the faculty member.
 - VTCSOM has responsibility to assess the allegation of student mistreatment as the allegation relates to the academic activity of the faculty member. The Department Chair has responsibility to carry out any further assessment as necessary regarding the faculty member's role in the Department.
 - Under the direction of the Associate Dean for Faculty Affairs, a formal VTCSOM investigation should be initiated. This involves identifying individuals from the Faculty Governance Committee to assist in an investigation. The chair of the Faculty Governance Committee and at least two additional members of the Faculty Governance Committee should be identified as an investigatory subcommittee.

- The VTCSOM investigation and any decision should be completed within 20 working days from the time the allegation is delivered to the Associate Dean for Faculty Affairs.
- The VTCSOM investigation may be conducted informally or may involve a hearing. If there is a hearing, both the student and the faculty member would be expected to appear. However, if either the student or faculty member feels the allegation would expose him/her to undue embarrassment, stress, or other disadvantage, a written statement would be acceptable. Any written statement would have to stand alone without opportunity for further clarification, enhancement or correction. If either or both the student and the faculty member choose to attend a hearing, either or both may be accompanied by one representative. The representative, who may be legal counsel, may sit through the proceedings but that representative could not directly address the hearing.
- Following the VTCSOM investigation process, the investigatory subcommittee conducting the investigation should arrive at a consensus regarding the merit of the allegation.

The findings of the VTCSOM investigation should be presented to the entire Faculty Governance Committee. The Committee either confirms the findings or sends the process back to the investigatory subcommittee for further clarification.

If the decision by the Faculty Governance Committee is that mistreatment of a student did occur, a sanction should be determined. Sanctions could involve: a formal apology, feedback or counseling of the faculty member, reassignment of either student or faculty member to avoid contact with the involved student, reassignment of the faculty member to eliminate teaching opportunities through VTCSOM-sanctioned activities; withdrawal of the VTCSOM faculty appointment, or other sanctions.

A final report including the allegation, the findings of the Faculty Governance Committee, and the proposed sanction should be forwarded to the Dean. The Dean would review and make the final decision. Copies of the Faculty Governance Committee report and the Dean's decision should be sent to the Associate Dean for Faculty Affairs, the Associate Dean for Student Affairs, and the Department Chair of the faculty member. The Associate Dean for Faculty Affairs carries out the sanction or delegates as appropriate. The Associate Dean for Student Affairs informs the student and follows up as necessary. The Department Chair oversees any other consequences not relevant to academic sanctions.

If the allegation by the student was found not to have merit, and there is a pattern of allegations without merit from that student, the student should be referred to the Medical Student Performance and Promotion Committee. If there is a pattern of allegations directed towards a faculty member, even with exoneration, the faculty member should be referred to the Faculty Governance Committee.

Beyond circumstances involving a faculty member, circumstances may arise when a student feels they have been personally mistreated by a resident physician, staff, or other healthcare worker. When this occurs, the following procedure should be followed. The

procedure identifies a hierarchy of individuals that students may approach for redress of grievances.

1. Students may address concerns or complaints directly with the individual, identifying the concern and requesting that this stop;
2. If that fails to correct the situation or if the student so chooses, the student may address his/her concern with the Domain or Clerkship/Elective Director;
3. If that fails to correct the situation or if the student so chooses, the student may address his/her concern with either the Assistant Dean for Clinical Science - Years 3 and 4 or the Assistant Dean for Clinical Science - Years 3 and 4 (depending on the nature of the allegation), for further investigation.
4. If that fails to correct the situation or if the student so chooses, the student may address their concern with either the Associate Dean for Student Affairs or the Senior Dean for Academic Affairs (or designee).
5. All concerns should be addressed in writing, specifying in appropriate detail the nature of the concern. The concern may be investigated by any of the parties who received the complaint to determine the nature of the student's concern. Should a complaint rise to this level, the resident, staff, or healthcare worker's supervisor would be notified that a formal complaint has been made against one of his/her employees and the nature of the complaint. The individual who has received the written concern will review the concern with the student within 5 business days of the submission of the grievance and identify possible resolution;
6. Depending on the nature of the allegation, a Clerkship Director/Elective Director may decide to forward the allegation to one of their superiors rather than initiating an investigation on their own.
7. If a student is not satisfied with the outcome of the investigation, they may appeal to the next level of the medical school leadership hierarchy as outlined above.

If Domain or Clerkship/Elective Directors or either the Associate Dean for Student Affairs or the Senior Dean for Academic Affairs (or designee) identifies, through an initial investigation, the possibility of misconduct, the following process will be initiated:

- For allegations of a student being mistreated by a resident physician, the behavior will be addressed with the appropriate Residency Program Director and the Carilion Clinic Vice-President for Academic Affairs.
- For allegations of a student being mistreated by a staff or other employee of the school or affiliated institutions, Human Resources of the employing institution will be contacted.

If the student is not satisfied with the outcome of this process, they may appeal in writing, within 5 business days, to the Dean. The final decision rests with the Dean. There is no further appeal. No student will be subject to unfair action or treatment by the administration or faculty of VTCSOM as a result of the initiation of a complaint.

If during the investigation it is felt that the accusations against the faculty are unwarranted or frivolous, such actions would potentially be in violation of the SEPCP and would be referred to the MSPPC for consideration.

Protecting Student Confidentiality:

Circumstances may arise when a student feels the need to bring forth a grievance or an allegation of mistreatment to the school administration but for whatever reason desires to remain anonymous. In such circumstances, the student is encouraged to contact the Ombudsperson to initiate the grievance. Such grievances would be researched by the Ombudsperson in such a manner as to protect the student's confidentiality. If the allegations are grounded in fact, the Ombudsperson will recommend a course of action.

14. HARASSMENT

1 Purpose

VTC is committed to providing a professional work and study environment where individuals are treated with respect and dignity. It is the VTC policy to provide equal opportunities without discrimination or harassment based on race, color, religion, national origin, sex, age, disability, sexual orientation, or any other characteristic protected by law and VTCSOM will not tolerate any such discrimination or harassment.

2 Policy

This policy applies to all applicants, students, faculty, staff, administrators, volunteers and contract workers. Harassment prohibited by this policy is unacceptable whether engaged in by a student, employee, or someone not directly connected to VTC such as a visitor, contractor, worker, or vendor. VTC prohibits harassment in any academic or clinical setting on the basis of any characteristic protected by law.

For purposes of this policy, harassment is defined as verbal, non-verbal or physical conduct that degrades or shows hostility or dislike toward an individual because of his/her race, color, religion, national origin, sex, age, disability, sexual orientation, or any other characteristic protected by law.

Harassment:

- a. Has the purpose of or effect of creating an intimidating, hostile or offensive environment;
- b. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
- c. Otherwise adversely affects an individual's employment or educational opportunities.

Although this is not a complete listing of behaviors that may be considered harassment, the following are some examples:

- *Verbal*: epithets, slurs; degrading jokes, or negative stereotyping;
- *Non-verbal*: placement or distribution of any written or printed material that ridicules, degrades, insults, belittles, or shows hostility or aversion toward the protected characteristic(s) of an individual or group;
- *Physical*: threatening, intimidating, abusive, or hostile acts based on the protected characteristics of an individual or group.

3 Procedures

If a student feels they are being harassed by another student, this should be reported to the Associate Dean of Student Affairs. If for some reason there is perceived to be a conflict of interest by doing so, a report should be made directly to the Chair MSPPC or by consulting

the Ombudsperson. Complaints of harassment are taken seriously, and will be dealt with as follows:

- a. For allegations of a student harassing another student, the process outlined by the “Violations of the SEPCP and/or Teacher-Learner Compact” policy will be followed.
- b. For allegations of a student being harassed by a resident physician, the behavior will be addressed with the pertinent Residency Program Director through the DIO of the facility in which the alleged harassment occurred.
- c. For allegations of a student being harassed by a faculty member, the protocol as outlined in the Allegations of Student Mistreatment will be followed.
- d. For allegations of a student being harassed by a staff or other employee of the school or affiliated institutions, the student should report their grievance in writing to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs will investigate the complaint within 5 business days. If the grievance is not able to be resolved, the Associate Dean for Student Affairs will contact Human Resources of the employing institution for the alleged individual and initiate a further investigation in conjunction with the Human Resources policies.

If during the investigation it is felt that the accusations against the faculty or other person are felt to be unwarranted or frivolous, such actions would potentially be considered unprofessional behavior and would be handled as outlined in the “Violations of the SEPCP and/or Teacher-Learner Compact” policy.

15. SEXUAL HARASSMENT

1 Purpose

While the Harassment and Learning Environment Policy delineates that VTC does not tolerate any form of student mistreatment or harassment, the subject of sexual harassment deems special consideration. VTCSOM does not tolerate sexual harassment. The VTC administration is committed to maintaining standards consistent with the federal regulations regarding sexual harassment which states, “Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964.”

2 Policy

VTC is committed to creating and maintaining a work and study environment free of conduct and communication of a sexual nature that interferes with an individual’s work or academic performance or that creates an intimidating, hostile or offensive work or academic environment. Sexual harassment is inconsistent with the school’s commitments to excellence and to a community in which mutual respect is a core value and is a violation of VTCSOM’s Standards of Ethical and Professional Conduct and Teacher-Learner Compact. Thus, a violation of the sexual harassment policy is punishable through the VTCSOM MSPPC, criminal and/or civil action and/or Carilion personnel policies and procedures.

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s status at VTC.
- b. Submission to or rejection of such conduct by an individual is used to make academic and/or institutional decisions affecting such individual; Including granting, recommending or refusing to take any official action because of sexual favors or as a reprisal against a student who has rejected or reported sexual advances.

- c. Such conduct has the purpose or effect of interfering with a student's performance or creating an intimidating, hostile, or offensive environment.
- d. Such conduct is disregarded and there is failure to investigate allegations of sexual harassment, whether reported by the student or as a reprisal against a student who is the subject of, or a witness to, the alleged harassment and there is failure to take immediate corrective actions in the event misconduct has occurred.

Sexual harassment can be overt or subtle and may involve persons of the same or different sex. In determining whether an alleged behavior constitutes sexual harassment, all the facts and circumstances surrounding the incident will be considered. Examples of sexual harassment include the following:

- Verbal: unwanted sexual, abusive, or lewd language and/or jokes of a sexual nature; demands for sexual favors in exchange for other considerations; unwanted physical or verbal pursuit with a sexual theme; threats of or actual sexual assault or molestation.
- Nonverbal: suggestive or insulting sounds and gestures; sexually graphic magazines, pictures, or calendars and the like, in or in clear view of a work area or public area; displaying or sending via mail or electronic mail sexually explicit or inappropriate messages; or obscene, abusive, or repetitive "hang-ups".
- Physical: unwanted touching, brushing, patting, pinching and sexual assault.

3 Procedures

Reporting and Follow-up

VTC strives to ensure that students have a safe and secure environment that is conducive to learning and that affords students equal educational opportunities regardless of their sex. Title IX of the Education Act Amendments prohibits sex-based discrimination in education programs and activities operated by schools that receive federal financial assistance.

Title IX requires that when a student files a complaint, or when a responsible VTC employee such as administrator, faculty, or Title IX coordinator otherwise learns of possible sexual harassment by others, VTC must immediately:

- Investigate if sexual harassment is found;
- Take appropriate steps to end the harassment;
- Eliminate the effects of the harassment; and
- Prevent the harassment from recurring.

The above actions must also occur if a student files a complaint, or a responsible school employee such as administrator, faculty, or Title IX coordinator otherwise learns of possible sexual misconduct, stalking or any other forms of abusive conduct.

If a student feels he/she is being sexually harassed by another student, there are a number of available avenues for reporting. Reports can be made directly to the Associate Dean of Student Affairs, who is the Chair of the Clery/Title IX Committee for VTCSOM; the Title IX coordinator, the Chair of the MSPPC, the Ombudsperson, or contacting a member of the Learning Environment Advocacy Committee. The student may also report through the Beacon, an email link of the webpage where the student can report a concern. . Complaints of sexual harassment are taken seriously, and will be dealt with as follows:

- a. For allegations of a student sexually harassing another student, the process outlined by the “Violations of the SEPCP and/or Teacher-Learner Compact” policy will be followed. (need to review)
- b. For allegations of a student being sexually harassed by a resident physician, the behavior will be addressed with the pertinent Residency Program Director through the DIO of the facility in which the alleged harassment occurred.
- c. For allegations of a student being sexually harassed by a faculty member, the protocol as outlined in the Allegations of Student Mistreatment will be followed.(need to review)
- d. Allegations of a student being sexually harassed by a staff or other employee of the school or affiliated institutions are investigated the Associate Dean for Student Affairs after the student reports their grievance in writing. . The Associate Dean for Student Affairs will investigate the complaint within 5 business days. If the grievance is not able to be resolved, the Associate Dean for Student Affairs will contact Human Resources of the employing institution for the alleged individual and initiate a further investigation in conjunction with the Human Resources policies.
- e. All reports of sexual harassment are reported to the LEAC with documentation on outcomes or the investigation and plan for addressing the complaint.

If during the investigation it is felt that the accusations against the faculty or other person are felt to be unwarranted or frivolous, such actions would potentially be considered unprofessional behavior and would be handled as outlined in the “Violations of the SEPCP and/or Teacher-Learner Compact” policy.

VTCSOM has well-publicized policies against discrimination based on sex, including sexual harassment, and staff are trained to recognize and report potential sexual harassment.

16. DIVERSITY

1 Purpose

Vision: The Virginia Tech Carilion School of Medicine (VTCSOM) will be the first choice of a diverse class of medical students who seeking an educational experience grounded in inquiry, research, and discovery, set in a learning environment of interprofessionalism, and cultural competency.

Mission: To develop physician thought leaders through inquiry, research, and discovery, using an innovative curriculum based upon adult learning methods in a patient-centered context. Our graduates will be physicians with outstanding clinical skills and significantly enhanced research capabilities who will remain life-long learners. They will have an understanding of the importance of interprofessionalism to enable them to more effectively function as part of a modern healthcare team.

Values:

- Virginia Tech Carilion School of Medicine values human diversity because it enriches our lives and the School. We acknowledge and respect our differences while affirming our common humanity. As care givers and educators, we value the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.

- Virginia Tech School of Medicine values the concept of patient-centered care, manifested in physicians who are receptive and expressive communicators, developing patient plans grounded in evidence-based medicine with an emphasis on safety, quality, professionalism, and cultural competency.
- Virginia Tech Carilion School of Medicine values the science of medicine and its application to the resolution of clinical problems, and the development of self-instruction skills that keep physicians informed regarding developments in medical sciences.
- Virginia Tech Carilion School of Medicine values continuous improvement of quality in its broad application to clinical care and to the development of new knowledge.
- Virginia Tech Carilion School of Medicine values communication, interpersonal skills, and interprofessionalism to make the healthcare system better for patients and all healthcare professionals.
- Virginia Tech Carilion School of Medicine values community service by providing service learning opportunities, encouraging students to see themselves as having the responsibility to improve the world around them.

2 Policy

a. Expectations Regarding Diversity Across the Academic Community

VTCSOM views the educational benefits of diversity as including its contributions to improving both the cultural competence of its graduates and improving access to care for underserved populations.

The VTCSOM is committed to preparing its students for medical practice in a diverse society. Therefore, it is the policy of the school to develop and maintain an academic environment characterized by, and supportive of, diversity and inclusion. The curriculum facilitates training in:

- Basic principles of culturally competent health care;
- Recognition of health care disparities and the development of solutions to such burdens;
- The importance of meeting the health care needs of medically underserved populations;
- The development of core professional attributes needed to provide effective care in a multidimensionally diverse society.

Through the governance structure as dictated in their *Bylaws*, the faculty have the responsibility to characterize diversity for the VTCSOM community. This policy is approved by the faculty at large, and published annually in the *Faculty Handbook*.

b. Programmatic and Institutional Goals

The specific groups whose members the institution seeks to appoint to its faculty, to employ in its staff, and to enroll in its student body are:

i. Faculty

VTCSOM seeks to appoint to its faculty those individuals traditionally underrepresented in medicine, and those from geographically diverse training sites.

ii. Staff

VTCSOM seeks to employ in its staff those individuals traditionally underrepresented in medicine.

iii. Students

VTCSOM seeks to enroll in its student body those individuals traditionally underrepresented in medicine, those students from low socio-economic status backgrounds (SES)/first generation college students/distance traveled, and women in science, engineering, technology, and mathematics (STEM).

Applications for appointment/employment/enrollment from diverse candidates are holistically reviewed for the positive attributes they bring to the learning environment.

While VTCSOM aims to provide a fully inclusive environment, we respect individuals' privacy and currently do not quantify data in categories of diversity such as physical ability, age, sexual orientation, and gender identification.

3 Definitions

a. Underrepresented in Medicine (URM)

Means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population; at VTCSOM, those groups are: African-American/Black, Hispanic/Latino, and Native American

b. Geographic Diversity of Training (GDT)

Those faculty who have trained in the practice of medicine outside of the local Roanoke and surrounding areas

c. Staff

Two groups of staff are currently priorities for employment: residents and administrative staff in the Office of the Dean.

d. Diversity

Term describing the institution's broad variety of individual characteristics, as well as group and social identities, including those marked by unique experiences, beliefs, and backgrounds

e. Inclusion

Term describing the active, intentional, and ongoing engagement with diversity in all activities of the institution (e.g., education, professional development, policy, and other programming)

4 Procedures

a. Student Recruitment, Selection, and Retention

Admissions staff proactively recruits diverse students through campus visits, pipeline programs, and individual contact with potential applicants. The admissions committee holistically reviews all applications to achieve the educational benefits of a diverse student body, including enhancing the cultural competency of all physicians the school educates and improved access to care for underserved populations.

b. Scholarships and Financial Aid

All funding available for scholarships and financial aid, except those that are otherwise restricted by law or donor intent, are available as a resource to attract and matriculate a diverse student body.

c. Educational Program

The medical curriculum committee ensures that the curriculum facilitates training in the basic principles of culturally competent health care; recognition of health care disparities and the development of solutions to such burdens; the importance of meeting the health care needs of medically underserved populations; and, the development of core professional attributes needed to provide effective care in a multidimensionally diverse society.

d. Personnel Recruitment, Employment, and Retention

Chairs/Administrators recruit diverse faculty and staff to achieve the institutional diversity goals.

e. Faculty Development

Chairs and department heads provide faculty development opportunities consistent with the intent of this policy. The resources of the partner institutions are utilized to assure diverse recruitment and appointment strategies, as well as professional development and retention of our faculty and staff.

f. Community Liaison Activities

The VTCSOM Office of Community and Culture provides outreach and programs to raise awareness of the opportunities for careers in the health sciences, and to build and sustain a diverse and inclusive community.

5 Review

The VTCSOM Academic Council and the VTCSOM Board of Directors shall receive an annual report on the school's success in achieving diversity in the categories that it has defined for medical students, faculty, and staff.

This policy shall be reviewed on an annual basis.

17. ANTI-DISCRIMINATION POLICY

1 Purpose

In accordance with the requirements of Title VI of the Civil Rights Act, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other applicable rules and regulations, VTCSOM does not discriminate against employees, students, or applicants for admission or employment on the basis of race, gender, disability, age, veteran status, national origin, religion, sexual orientation, or political affiliation. Such behavior is inconsistent with VTC's commitments to excellence and to a community in which mutual respect is a core value as articulated in the Standards of Ethical and Professional Conduct Policy and Statement of Professional Values. The prohibition against discrimination and harassment applies to all levels and areas of VTC operations and programs, to students, administrators, faculty, staff, volunteers, vendors and contractors.

2 Policy

VTCSOM is committed to ensuring equal opportunities to all applicants, employees, or students of the School of Medicine.

3 Procedures

Anyone having questions concerning any of those regulations should contact the VTC Equal Opportunity/Affirmative Action Officer:

Dr. David Trinkle, Associate Dean for Community and Culture
2 Riverside Circle, Suite M140
Roanoke, VA 24016
Phone: (540) 526-2520

Individuals with disabilities desiring accommodations in the employment application process should contact:

Human Resources
Phone: (540) 983-4039
Fax: (540) 344-5716

Applicants to the VTCSOM with disabilities desiring accommodations in the admissions interview process should contact:

Office of Admissions
Phone: (540) 526-2560.

Applicants or enrolled students desiring accommodations at VTCSOM should contact:
Associate Dean for Student Affairs
Phone: (540) 526-2514.

A current student who concludes that he or she is the subject of discrimination should immediately report such conduct in writing to the Associate Dean of Student Affairs.

18. DISABILITY ASSESSMENT AND ACCOMMODATION

1 Purpose

VTCSOM is committed to serving students with disabilities by providing appropriate accommodations to assist them, in compliance with federal and state laws.

2 Policy

Under VTCSOM policy and federal and state laws, qualified people with disabilities are entitled to reasonable accommodations that will allow them access to VTCSOM programs, services and activities. VTCSOM does not have a structured program of classes designed just for students with disabilities. A person with a disability is anyone who either, has a record of, or is regarded as having a physical or mental impairment that substantially limits a major life activity (such as learning, caring for oneself, seeing, breathing, walking or working). A qualified person with a disability is someone whose experience, education and training enables the person to perform the fundamental job duties or meet essential course or program requirements, with or without a reasonable accommodation. An accommodation is any change in the work or learning environment, or in the way things are customarily done, that enables a person with a disability to have equal employment or educational opportunities.

As described in the Technical Standards for Medical Students, individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act)

may be qualified to study and practice medicine with the use of reasonable accommodations. A request for accommodation is deemed reasonable if it:

- Is based on current individual documentation (within the last three years);
- Allows the most integrated experience possible;
- Does not compromise essential requirements of a course or program;
- Does not pose a threat to personal or public safety;
- Does not impose undue financial or administrative burden to VTCSOM;
- Is not of a personal nature (e.g., hiring of personal care attendants).

3 Procedures

The Office of Student Affairs serves as the central point for the coordination of disability assessment and for implementing any recommendations for accommodations or modifications. The school has designated JCHS Disability Services, located in the Carilion Roanoke Community Hospital building, room 506, as the office that coordinates evaluations and services for students with possible disabilities. Students with disabilities who desire accommodations should schedule a meeting to discuss program accessibility and individual needs. The number for the JCHS Coordinator for Disability Services is (540) 985-8215. Reasonable accommodations tailored to meet the individual student needs will be considered when requested in writing and supported by appropriate documentation.

It is the student's responsibility in the accommodation process to:

- Self-identify as having a disability to the Coordinator of Disability Services
- Schedule a meeting with the JCHS Disability Services staff to discuss accommodations;
- Provide appropriate documentation from a physician, psychologist, or other individual qualified to diagnose the disabling condition;
- Discuss requested accommodation needs.

Once the Student has met with the staff of JCHS Disability Services, a recommendation will be generated and the student is to forward this recommendation along with a written request for a specific accommodation to the Associate Dean for Student Affairs. Once this request is received, the Associate Dean for Student Affairs will meet with the student to discuss the accommodation request. The Associate Dean for Student Affairs will then meet with the Senior Dean for Academic Affairs to determine the appropriateness of the request in light of the VTCSOM technical standards. Together the Associate Dean for Student Affairs and the Associate Dean for Academic Affairs would then request a meeting of the MSPPC to present the student request and to discuss their recommendation. The MSPPC, as the committee that has the responsibility for oversight of student advancement, would determine whether the accommodation is appropriate in light of the technical standards for the school and can approve, approve with modifications, or disapprove a request for accommodation. Should a request for accommodation be disapproved and as consequence place a student out of compliance with the VTCSOM Technical Standards, the MSPPC would request a dismissal hearing for the student.

For accommodation requests that are approved by the MSPPC, the Associate Dean for Student Affairs will work closely with the Senior Dean for Academic Affairs, course directors, clerkship directors, and faculty members to insure implementation of the accommodation for the student.

It is important to note that it is not necessary for a student to disclose his or her disability when making application to the VTCSOM. Students may elect to contact the Learning and Writing Center for formal identification at any time during their enrollment. The point in time at which a student chooses to identify a disability remains at the student's discretion. However, VTCSOM is not responsible for making retroactive accommodations, or paying for current (not more than 3 years old) evaluation and appropriate documentation of the disability from a medical or other licensed professional qualified to diagnose the disabling condition.

Student Disability Discrimination Complaint Process

Under 34 C.F.R. § 104.7(b) VTCSOM is required to adopt a grievance procedure providing for the prompt and equitable resolution of complaints alleging non-compliance with Section 504 or its implementing policies that incorporate appropriate due process standards.

VTCSOM has a complaint procedure to deal promptly and fairly with concerns and complaints about discrimination based on disability as well as other areas of discrimination. The procedure may be used by any student who believes that he or she has been discriminated against or harassed based on race, color, religion, sex, sexual orientation, national origin or citizenship status, age, disability, or veteran's status.

Anyone may bring forth information or a concern about discrimination or harassment. Complaints are handled as confidentially as possible to protect the rights of both the complainant and the person accused. Retaliation against anyone who makes a complaint or participates in a complaint process will not be tolerated.

Disability Grievance Procedure

All Section 504 complaints, excluding those filed against the Section 504, should be addressed to:

Coordinator of Disability Services
Carilion Roanoke Memorial Hospital Room 506 Jefferson College of Health Sciences
101 Elm Ave, SE Roanoke, VA 24013

All complaints filed against the Section 504 Coordinator should be addressed to:

Associate Dean for Student Affairs
Virginia Tech Carilion School of Medicine
2 Riverside Circle Room M348 Roanoke, VA 24016

Complaints must be filed in writing within 180 days after the complainant becomes aware of the alleged violation. It must contain the name and address of the person(s) filing the complaint and a description of the alleged violation.

An investigation, as may be appropriate, shall follow the filing of the complaint. The Section 504 Coordinator or the Associate Dean for Student Affairs, depending upon the nature of the grievance, shall conduct the investigation. All interested persons and their representatives will have an opportunity to submit evidence relevant to the complaint.

Either the Section 504 Coordinator or the Associate Dean for Student Affairs will issue a written determination as to the validity of the complaint and a description of the resolution. A copy will be forwarded to the complainant no later than thirty (30) working days after receipt of the complaint.

Upon receipt of the decision of the Section 504 Coordinator, if the student is not satisfied, he/she may file an appeal to the Associate Dean for Student Affairs. The Associate Dean for Student Affairs must receive the appeal no later than thirty (30) working days after the date of the written determination by the Section 504 Coordinator. The Associate Dean for Student Affairs, as may be appropriate, shall conduct an investigation and shall issue a written determination as to the validity of the complaint and a description of the resolution. A copy will be forwarded to the complainant no later than thirty (30) working days after receipt of the complaint.

If the student wishes to appeal a decision of the Associate Dean for Student Affairs, he/she may file an appeal to the Dean. The Dean must receive the appeal no later than thirty (30) working days after the date of the written determination by the Associate Dean for Student Affairs. The Dean, as may be appropriate, shall conduct an investigation and shall issue a written determination as to the validity of the complaint and a description of the resolution. A copy will be forwarded to the complainant no later than thirty (30) working days after receipt of the complaint. The decision of the Dean is final.

OR

The student may file a complaint with the Office of Civil Rights by accessing the complaint form and instructions at <http://www.ed.gov/offices/OCR/complaintintro.html>.

OR, by writing to:

District of Columbia Office
U.S. Department of Education
1100 Pennsylvania Ave., NW, Rm. 316
P.O. Box 14620
Washington, D.C. 20044-4620
Telephone: 202-208-2545
FAX: 202-208-7797; TDD: 202-208-7741
E-mail: OCR_DC@ed.gov

OR

The student may initiate legal proceedings through the attorney of his/her choosing.

19. LEAVE OF ABSENCE

1 Policy

Students who are unable to complete required courses or clerkships due to illness, hardship or special circumstances must immediately contact the Office of Student Affairs. A student in good academic standing may request a leave of absence for health or other personal reasons. The student requesting a leave of absence must submit a letter outlining the reasons for the request to the Associate Dean for Student Affairs. The Associate Dean for

Student Affairs may approve short-term leave for periods of 2 weeks or less (see below). This action will be reported to the Medical Student Performance and Promotion Committee (MSPPC). Leave periods of time greater than two weeks require review and approval of the MSPPC. It should be noted that the structure of the phase 1 curriculum makes it difficult for a student to take a prolonged leave of absence.

2 Procedures

Leave of Absence, Academic

Only the MSPPC can place a student on academic leave of absence. During an academic leave of absence, the student is required to update to the MSPPC chair every 60 days. This update can be in-person or through the Associate Dean for Student Affairs. Only the MSPPC can approve the return to coursework from an academic leave of absence.

Leave of Absence, Disciplinary

Only the MSPPC can place a student on a disciplinary leave of absence, or approve the return of a student to coursework from a disciplinary leave of absence. The MSPPC may consider requests to return from a disciplinary leave of absence when the student has completed the terms requested by the MSPPC, which may in some circumstances include a mandatory psychiatric, psychological, and/or substance abuse evaluation.

Leave of Absence, Educational/Research

The Associate Dean for Student Affairs may grant educational and/or research leaves of absence upon recommendations from the Senior Deans for Academic Affairs and Research. During an educational/research leave of absence, the student is required to update to the MSPPC chair every 60 days. This update can be in-person or through the Associate Dean for Student Affairs. The MSPPC will be made aware of such students and only the MSPPC can approve the return to coursework from such educational and/or research leaves of absence.

Leave of Absence, Personal/Medical

Personal/medical leaves of absence of up to two weeks, including maternity leave, may be granted by the Associate Dean for Student Affairs, at his/her discretion, to students who have compelling personal circumstances that are temporarily impeding their academic progress, or for documented medical reasons. Requests for a personal/medical leave of absence beyond two weeks must be approved by the MSPPC. Only the MSPPC may return students from personal/medical leaves of absence. During a personal/medical leave of absence, the student is required to update to the MSPPC chair every 60 days. This update can be in-person or through the Associate Dean for Student Affairs. The MSPPC, or the Associate Dean for Student Affairs in consultation with the Chair of the MSPPC, may require a student to submit a physician's evaluation or undergo a psychiatric, psychological, and/or substance abuse evaluation before considering a request to return to coursework from a medical/personal leave of absence.

Leave of Absence Restrictions

Only one leave of absence will be granted to a student in any 12-month period except as provided in the Federal Title IV Refund Regulations, or at the discretion of the MSPPC in consultation with the Senior Dean for Academic Affairs and the Associate Dean for Student Affairs. A leave of absence extending beyond 180 days must be revisited by the MSPPC to verify the student's status. For Federal Title IV aid purposes, a leave of absence cannot exceed 180 days within 12-month period. A leave of absence shall not exceed 12 months. If

after the maximum permissible period of a leave of absence the student does not return, it will result in an administrative withdrawal of the student from VTCSOM. After that time, the student will be considered a readmission applicant, unless an extension of the leave of absence has been granted by the MSPPC.

The student must request the leave of absence in writing by completing the Enrollment Status Change Form through the Registrar's Office after consultation with the Senior Dean for Academic Affairs and the Associate Dean for Student Affairs. This request must state an intended date of return to VTCSOM. A copy of this form must be sent to the Registrar, the Bursar, Financial Aid department, the Senior Dean for Academic Affairs and the Associate Dean for Student Affairs. If however, due to unforeseen circumstances, a student is prevented from completing the Enrollment Status Change Form, the student's request for a leave of absence may be granted by the MSPPC provided that the committee Chair documents the reason for the committee's decision and then later collects the signed form from the student.

After consulting with the student, the MSPPC may place specific conditions for the student's return. The student on leave of absence must satisfy any conditions of the leave before re-entering and must comply with the course sequence and/or any curricular changes at the time of re-entry. A student's return is subject to available space at the time.

At the end of the requested leave of absence, the student must return or is considered to have withdrawn. Please refer to the VTCSOM Withdrawal Refund Policy for additional information.

Students receiving Title IV aid (i.e. Federal Student Loans) must meet with a financial aid coordinator prior to a leave of absence's approval to discuss the effects on Federal Student Aid if the student does not return from the leave of absence.

20. CLASS ATTENDANCE AND EXCUSING STUDENTS FROM CLASS OR CLINICAL ACTIVITIES

1 Purpose

The Patient Centered Curriculum at VTCSOM requires active student participation which will be assessed by the faculty in various Domains on a regular basis.

2 Policy

Lectures in the various Domains are limited in number and can utilize multiple and varied teaching approaches to help the students learn the material. It is the intent of the faculty to make lectures as interactive as possible and may include audience response devices, student participation assessment and quizzes linked to the block grades for that Domain. Attendance at these sessions is expected and inasmuch as student participation is considered a part of student assessment essential in completing the Patient Centered Curriculum. Students are required to attend all Patient Centered Learning Cases in their small groups. Students are also required to attend all laboratories and workshops, and all group learning exercises in the Research, Interprofessionalism, and Clinical Sciences Domains, including the LACE clinical experiences, unless excused from attendance.

Tardiness to required class or clinical activities is defined as being more than ten (10) minutes late to a required session. Tardiness is noted on the evaluation forms by faculty and can result in an unsatisfactory grade.

3 Procedures

Excuses from required activities are automatic when the health and safety of the student and/or the student's classmates might be adversely affected. The student should notify, via e-mail, the appropriate facilitator and a member of their PCL group, faculty leading a given session, and the block director/clerkship director acknowledging their absence due to illness. In addition, the student should notify the Associate Dean for Student Affairs and complete the Time Away Request found on Blackboard and the Student Affairs page on the VTC website. In the case of potentially transmittable infectious disease, the VTCSOM policy on Infection Control Surveillance requires evaluation by Carilion Employee Health before attending class or having contact with patients. If a faculty member has a concern that a student might be a health risk to other students and/or patients and this is not recognized/acknowledged by the student, the faculty member should make a request to the Associate Dean for Student Affairs that a health evaluation be mandated prior to the student returning to class. For absences of greater than 1 day, the student should notify the persons listed above each day, and should also notify the Associate Dean for Student Affairs.

For elective health-related issues and for non-health related issues, such as family emergencies, students should contact the Associate Dean for Student Affairs to request the absence as soon as they are aware of the need for it. Except for emergency issues, this should happen in advance of the absence. The Office of Student Affairs will notify the block director or clerkship director. If the absence is determined to be unexcused by the Associate Dean for Student Affairs, the Associate Dean for Student Affairs will inform the student and the Senior Dean for Academic Affairs. If the length of absence is long enough to adversely affect the student's academic performance, the Leave of Absence Policy will take effect.

If a student misses a required experience without having received an excuse before the absence, he/she have the opportunity to explain the absence to the facilitator, faculty or clerkship director. If the excuse is felt to be inadequate, the absence will be considered a lapse in the expected professional behavior, and a violation of the Standards of Ethical and Professional Conduct Policy. The faculty member will refer the matter to the Senior Dean for Academic Affairs to make a decision about whether the violation is serious enough to send a written report to the Medical Student Performance and Promotion Committee for consideration (see policy regarding Violations of the SEPCP and/or Teacher-Learner Compact).

Students who miss five consecutive unexcused days of instruction are automatically withdrawn from VTCSOM unless an exemption is granted by the Senior Dean for Academic Affairs and the Associate Dean for Student Affairs.

Planned Absences

In the case of planned absences (VTCSOM-related meetings, conferences, family events such as weddings, etc.), students must obtain permission from the Senior Dean for Academic Affairs and the Associate Dean for Student Affairs by completing a time away request at least 4 weeks prior to the planned absence. These requests will be considered on a case-by-case basis. If approved, it is the responsibility of the student to notify all appropriate faculty

members of the impending absence. The Office of Student Affairs will notify the block director/clerkship director.

Observance of Religious Holidays

Students shall be excused from required academic activity to observe a religious holy day of their faith, and should follow the notification process for planned absences. Students who ask to be excused from class or clinical responsibilities for religious reasons will not be required to provide verification. A student who believes that he or she has been unreasonably denied an educational benefit due to religious beliefs or practices may seek redress through the student grievance procedure.

Make-Up Work

Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence. This will be determined by the appropriate course director or clerkship director in consultation with the Senior Dean for Academic Affairs.

21. STUDENT TRAVEL FOR PROFESSIONAL CONFERENCES AND MEETINGS

1 Policy

The Student Travel Policy applies to students requesting approval to attend professional meetings or conferences.

No student travel will be approved while a student is on academic or non-academic probation. Only one request per student for each of the below categories (I, II, III) will be approved during each academic year. Total days absent for student travel in any one academic year will be limited to a maximum of 5 weekdays. Any absences considered unexcused by the Associate Dean for Student Affairs will count against this 5 day limit. Exceptions to the above limits and restrictions may be approved by the Associate Dean for Student Affairs in consultation with the Senior Dean for Academic Affairs or the Director of Research Education for VTCSOM-supported student travel. If the travel activity is at the request of and with the support of the VTCSOM administration, the process of approval is still necessary, but these days away will not be counted in the 5-day limit.

During Years 1 and 2 of the curriculum, approved travel may not occur during exam week. Travel may be approved during special studies week. However, any necessity for remediation will take precedence over professional conferences or meetings, and could result in the student having to cancel travel plans. Under such circumstances, VTCSOM would not be responsible for any costs incurred by the student. All students who miss classes due to travel are still responsible for preparing all case objectives for their PBL group and for any course work covered during the absence.

During Year 3 and 4 of the curriculum, approved travel may not occur during the final Thursday and Friday of the Clerkship. All students who miss time from rotations due to travel will be responsible for making up the time as determined by the respective Clerkship or Elective Director.

2 Procedures

I. Requests for conference/meeting travel in which the student is not giving a presentation

- A. To request approval, students are required to submit to the Associate Dean for Student Affairs the Student Time Away Approval Form at least 8 weeks prior to the travel date. These forms are available from the Student Affairs Office or on Blackboard.
 - B. Year 1 and Year 2 students requesting to attend a conference who do not have a role as a presenter or a leader/delegate must provide details of the conference, including a conference brochure or other pertinent material, and the justification for missing classes in order to attend. This request should also include a plan for making up missed classes and course work due to the absence. The request must be approved by the Associate Dean for Student Affairs and the Associate Dean for Medical Education. **These requests will rarely be approved.** If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.
 - C. Year 3 and 4 students rotating on required clerkships or other required rotations requesting to attend a conference who do not have a role as a presenter or a leader/delegate must provide details of the conference, including a conference brochure or any other pertinent material, and the justification for missing the rotation time in order to attend. These requests will be reviewed by the Associate Dean for Student Affairs and the Assistant Dean for Clinical Science - Years 3 and 4 in consultation with the appropriate Clerkship or Elective Director. If a decision is made to approve the request, a plan must be developed for making up required work. **These requests will rarely be approved.** If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.
 - D. VTCSOM will not assume responsibility for any conference/meeting related expenses.
- II. Requests for non-research conference/meeting travel in which the student is giving a presentation or is serving in an official conference capacity, such as an officer or delegate, or as an official VTCSOM representative**
- A. To request approval, students are required to submit to the Associate Dean for Student Affairs the Student Time Away Request Form at least 8 weeks prior to the travel date. These forms are available from the Student Affairs Office or on Blackboard.
 - B. Students requesting to attend a non-research conference/meeting who are either a presenter or a representative/delegate will be given utmost consideration.
 - C. Year 1 and Year 2 students requesting to attend such a conference/meeting must provide an invitation or letter of acceptance from the sponsoring meeting/conference, a conference/meeting brochure and any other pertinent material, as well as the justification for missing any classes in order to attend. This request should also include a plan for making up missed classes and course work due to the absence and must be approved by the Associate Dean for Student Affairs and the Associate Dean for Medical Education. **These requests will be approved on a case by case basis.** If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.
 - D. Year 3 and 4 students rotating on required clerkships or other required rotations requesting to attend such a conference/meeting must provide an

invitation or letter of acceptance from the sponsoring meeting/conference, a conference/meeting brochure and any other pertinent material, as well as the justification for missing any classes in order to attend. In addition to the Associate Dean for Student Affairs, these requests will be reviewed by the Assistant Dean for Clinical Science - Years 3 and 4 in consultation with the appropriate Clerkship or Elective Director. If a decision is made to approve the request, a plan must be developed for making up required work. **These requests will be approved on a case by case basis.** If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.

- E. Unless the student is being sent to the conference in an official VTCSOM capacity, VTCSOM will not assume responsibility for any conference/meeting related expenses.
- F. If the conference/meeting expenses are funded in part or in total by VTCSOM, students must follow all the policies and procedures for VTCSOM-supported travel including submitting a Travel Request Form with the Student Time Away Request form. Students are responsible for complying with the guidelines for student reimbursable expenses.
- G. If approved, the time away will include the day of the presentation or service and a reasonable amount of time to travel to and return from the conference only. Additional time to attend the entire conference may be approved and will only be considered on a case by case basis.

III. Requests for research conference/meeting travel in which the student is giving a presentation related to their official VTCSOM Research Domain project

- A. To request approval, students are required to submit to the Associate Dean for Student Affairs the Student Time Away Request Form at least 8 weeks prior to the travel date. These forms are available from the Office of Student Affairs or on Blackboard. The request must be supported by the research mentor as indicated by his/her signature on the form and must include the following:
 - 1. Invitation or letter of acceptance from the sponsoring meeting/conference.
 - 2. Abstract of the research to be presented.
 - 3. Identified funding for the trip.
 - 4. Time/date and location of presentation that the student will deliver either as platform talk or as first author on a poster presentation.
- B. Students requesting to attend a research conference/meeting for which they are a presenter or co-presenter will be given utmost consideration.
- C. Year 1 and Year 2 student requests should include a plan for making up missed classes and course work due to absence. **These requests will be approved on a case by case basis.** If approved by the Associate Dean for Student Affairs, these request will be forwarded to the Director of Research Education and then to the Associate Dean for Medical Education for final approval. If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.
- D. Year 3 and 4 student requests should include a plan for making up missed classes and course work due to the absence. If approved by the Associate Dean for Student Affairs, these requests will be forwarded to the Director of

Research Education. If approved by the Director of Research Education these requests will be forwarded to the Assistant Dean for Clinical Science - Years 3 and 4, in consultation with the appropriate Clerkship or Elective Director for final approval. **These requests will be approved on a case by case basis.** If approved, the Senior Dean for Academic Affairs will be contacted regarding the absence.

- E. If the travel or expenses are funded by a sponsoring institution, students must follow all the policies and procedures for supported travel and reimbursement for the sponsoring institution.
- F. If the student desires supplemental funds, the mentor, mentor's departmental chair or Senior Dean for Research may work with the student to identify potential supplemental funding sources.
- G. If approved, the time away will include the day of the presentation and a reasonable amount of time to travel to and return from the conference only. Additional time to attend the entire conference may be approved and will be considered on a case by case basis.

22. INTERNATIONAL ELECTIVES

1 Purpose

To promote social and cultural understanding of international health care models and systems, and specific needs and challenges of international communities through collaborative rotations and exchanges of VTCSOM medical students to locations throughout the world. All International Student exchanges will be undertaken in service to the VTCSOM overall mission of educating and graduating Physician Thought Leaders who will have a broad, empathic, and culturally aware world view of their role as a physician. This will include a significant understanding of health care practices in various systems that are facing differing needs both clinically and financially. Students will be encouraged to work as part of interprofessional health care teams and to participate in international electives that align with their career interests and desire for community service.

2 Policy

- 1. This policy is to be followed in conjunction with the International Student Elective Procedure (SOP) document and the Medical Education Policy: Elective Policy and Procedure.
- 2. This policy does not apply to students traveling internationally on vacation or on own time but may be used as a guide.
- 3. Students must be in good academic standing in order to be eligible to participate.
- 4. International Rotations are restricted to the fourth year of medical school, or may occur in year 3 with special permission.
- 5. To ensure an appropriate learning environment and sound educational program, VTCSOM requires a Memorandum of Agreement with the host site prior to departure.
- 6. Applications to participate are due to the Office of the Dean not later than forty-five (45) days prior to the expected departure date.
- 7. Funding for students and faculty to participate in international rotations is the obligation of the participant(s). Additional VTCSOM funds, including federal financial aid, are not available to support student and faculty travel. Students may not borrow additional funds (loans) that would result in exceeding the established cost of attendance.

8. Proof of travel insurance is required as part of the application.
9. Students are required to follow the local health department and/or Centers for Disease Control (CDC) recommendations for immunizations and health screenings prior to, and upon return from, travel.
10. All travel must be completed two days prior to the start of the next rotation.
11. VTCSOM does not allow driving while on site participating in an approved global health elective. VTCSOM also does not allow use of motorcycle or moped taxis offered at many international sites. Many of the specific sites have their own rules that must be followed complementing our rules of no driving or riding on motorcycles.
12. The goals and objectives of the international rotation must meet the minimum requirements of the credit hour policy.

For purposes of the application of this policy and in accordance with federal regulations, a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates:

- a. Not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time, or
- b. At least an equivalent amount of work as required outlined in item 1 above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

23. DRESS CODE

1 Policy

As representatives of the medical profession, all medical students at the Virginia Tech Carilion School of Medicine (VTCSOM) are expected to convey a professional demeanor not only in their behavior but also in their dress and appearance. A professional image evokes credibility, trust, respect, and confidence in one's colleagues and patients. The manner of dress, personal hygiene, appearance, and general behavior, verbal and non-verbal, contributes considerably to a professional image. Appropriate dress is also essential to enhance patient safety in the clinical setting.

When students are assigned to clinical activities in any of the VTCSOM's participating institutions, they should consider themselves as representatives of VTCSOM. Hence, attire and behavior should promote a positive impression for the individual student, the specific course, and the institution. In addition to the guidelines outlined below, certain departments and some affiliate clinical institutions may allow alternate dress guidelines based upon site and activities. Alternative requirements are typically included in written course materials, but if any doubt exists, it is the responsibility of the student to inquire.

2 Procedures

The following policy outlines some of the major expectations concerning appropriate dress and personal appearance:

1. General Standards:

- a. VTC SOM ID name badges are required to be worn by all students, faculty, staff, and physicians at all times.
- b. All clothing must be clean, neat, professionally styled, and in good repair.
 - i. Clothing should not be excessively tight.
 - ii. Appropriate under garments should be worn and the outline or color shall not be visible.
- c. Footwear shall be clean and in good repair. Shoes are to be appropriate for the attire.
- d. Good personal hygiene and grooming are required to be maintained at all times.
- e. Excessive use of fragrances should be avoided as some people may be sensitive to scented chemicals which may cause allergic or other adverse reactions.
- f. Hair should be neat and clean. Hairstyle and/or color should not interfere with assigned duties nor present a physical hazard to the patient, to self, or to another person.
- g. Fingernails should be clean and of short to medium length.
- h. Students may not wear acrylic nails while providing patient care services.

2. Standards in the classroom setting:

- a. For men, a shirt with a collar is preferred.
- b. For women, shirts and blouses must extend to the waistband of the pants.
- c. Students are permitted to wear casual slacks, jeans, shorts, and T-shirts, provided they are clean, in good repair, and do not contain any offensive language or pictures.
- d. Students may wear open-toed shoes/sandals. Flip-flops are not permitted.

3. Standards in the laboratory setting:

- a. Students should follow the guidelines of the particular lab; otherwise follow the guidelines as established for the classroom setting.
- b. Men and women are required to wear closed-toe shoes; Occupational Safety and Health Administration regulations prohibit open-toed shoes.
- c. Lab coats should be clean and in good repair.

4. Standards in the clinical care and case wrap-up settings:

- a. Professional attire and physician-identifying clothing:
 - i. Men should wear a shirt, long pants, socks, and hard-soled shoes (i.e., no tennis shoes).
 - ii. Women should wear comparable attire. For safety reasons, open-toed shoes or sandals are not allowed in the clinical setting.
 - iii. A white coat with the Virginia Tech Carilion School of Medicine embroidered logo should be worn during clinical care activities once the students have received these (optional for case wrap-up).
 - iv. While wearing a white coat in the clinical setting, medical students are also expected to identify themselves as students at all times and must assume responsibility to clarify their role to patients.
 - v. White coats must be clean, neat, and professionally styled.
 - vi. School, credentialing and hospital recognition pins may be worn. Novelty pins/buttons are not permitted.
 - vii. Coats, caps, and/or hats may not be worn while on duty. Caps worn for religious purpose are permitted.

- b. Students should not chew gum or tobacco.

5. Additional Guidelines:

- a. The use of jewelry (e.g., necklaces, rings, earrings, bracelets, etc.) and other fashion accessories should be appropriate and not interfere with assigned duties. Jewelry represents a potential for infection and loose jewelry can be grabbed or caught on equipment causing a potential physical hazard to the student or the patient. Visible body piercing, other than ears, is discouraged.
- b. Tattoos and body art with wording or images that may be perceived as offensive should be covered during the time of professional contact with patients and families. Some examples of such offensive art or images include racial slurs; profanity, symbols of death, or inappropriate revealing of body parts in a way that a patient could perceive as inappropriate.

VTCSOM students should also be familiar with Carilion Clinic Dress Code – Residents Policy which is available on the intranet.

24. DRUG-FREE WORKPLACE / DRUG SCREENING

1 Purpose

Drug-Free Schools and Communities

In accordance with the federal Drug Free Workplace Act of 1988, the federal Drug Free Schools and Communities Act of 1989, the Commonwealth of Virginia’s Policy on Alcohol and Other Drugs, and the Carilion Clinic Drug-free Workplace Policy, it is the policy of VTCSOM that the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of alcohol and illicit drugs by students on VTC property or as part of any VTC activity (unless alcohol is served as part of the activity) is prohibited. This includes prescription medications that are being used contrary to how they were prescribed. Any student who violates this policy is subject to disciplinary action up to and including referral to the MSPPC for violation of the SEPCP, referral for prosecution, and/or referral for satisfactory participation in an appropriate evaluation or rehabilitation program. Failure of VTC to comply with this requirement could result in the loss of federal funds to the school.

2 Policy

In compliance with federal law, VTC seeks to educate students about the potential negative consequences, including health risks, associated with the abuse of alcohol or drugs. VTC also provides referrals and support for students for counseling, treatment and rehabilitation services for drug or alcohol problems. Students who feel they are experiencing a problem with drugs or alcohol can self-refer to counseling services for a confidential assessment. The counselor will then determine the appropriate resources for the student and refer them to a program or provider.

3 Procedures

For a mandatory referral (violation), the student must comply with the determination of the MSPPC regarding the terms of the referral, how the student will be monitored through treatment, and the aftercare plan for them.

Students are also eligible for the services of the Virginia Tech VT Campus Alcohol Abuse Prevention Center. An online alcohol prevention course entitled “Alcohol Wise” is available for all students at:

<http://www.dsa.vt.edu/campuslife/AlcoholWise.php>

Further information on the VT Alcohol Abuse Prevention Center resources and services can be found at:

<http://www.alcohol.vt.edu/CAAPC/services.htm>

Other resources available for students experiencing problems with drugs and/or alcohol include:

- Alcohol and Drug Abuse Helpline, 1-800-ALCOHOL [252-6465]
- Al-Anon/Alateen, 1-888-4Al Anon [425-2666]
- Alcoholics Anonymous (AA), (540) 343-6857 or www.aa.org
- Center for Substance Abuse Treatment
- National Drug Treatment Referral Routing Service, 1-800-662-HELP (4357)
- Narcotics Anonymous (NA), 818-773-9999 or www.na.org
- National Clearinghouse for Alcohol and Drug Information (NCADI), 1-800-729-6686 or www.health.org

Drug Screening

VTC requires a drug screen upon matriculation and may be repeated at any time for reasonable suspicion or cause. VTC defines reasonable suspicion testing based on the following criteria:

- Direct observation of the student's abnormal behavior;
- Change in behavior such as absenteeism, tardiness, or significant deterioration of performance;
- A reliable report of drug use provided by a credible source that has been corroborated by the Senior Dean for Academic Affairs or the Associate Dean for Student Affairs;
- The student is believed to pose a risk to self or others; or
- If the student is involved in an accident or incident that results in potential harm or actual harm to another person.

Screening may be requested by Patient Centered Learning facilitators, Block Directors (or their designees), the Senior Dean for Academic Affairs, the Associate Dean for Student Affairs, VTC security officers, or other appropriate agents of VTC. Students who refuse testing will be referred to the MSPPC for possible sanctions, up to and including dismissal.

The results of drug screens are sent to the Associate Dean for Student Affairs for review, and are confidential and available only to officials with an absolute need to know. Students with verified abnormal tests are in violation of the SEPCP and will be brought before the MSPPC for review and further action as outlined in the Violations of the SEPCP Policy.

25. STUDENT WORK HOURS

1 Policy

Medical students rotating on clinical services are subject to the same principles that govern duty hours for residents, based on current ACGME standards. These include:

- Students must have at least one day out of seven free of clinical responsibilities.
- Students must not be on call more often than every fourth night averaged over one month.

- Duties hours and on call schedules are based on educational rationale and continuity of care. A student will not exceed eighty (80) hours per week averaged over four weeks.
- Students must not be scheduled for more than six consecutive nights of night float.
- Time spent in the hospital by students on at-home call must count towards the 80-hour maximum weekly hour limit.
- There must be at least 14 hours free of duty after 24 hours of in-house duty.
- Students will be provided at least eight hours off in between shifts.
- Students must not be assigned additional clinical responsibilities after 24 hours of continuous in house duty.

2 Procedures

It is the responsibility of the clerkship director and faculty to monitor and ensure that students do not exceed the limitations of their duty hours. Violations or concerns should be brought to the attention of the appropriate Clerkship Director. They will determine if the student willingly violated the duty hours or if they were encouraged to by an attending/resident. If there is a violation, the Clerkship Director will address this directly, and will also report the violation to the Block Integration Committee (BIC)-2 for ongoing monitoring of repeat offences. If there is a pattern of a student violating the policy, the student would be referred to the Associate Dean for Student Affairs for further investigation and action as appropriate. Such action could include a referral to the MSPPC for a student disciplinary hearing. If there is a pattern of a faculty member or multiple faculty members in specific department asking/forcing students to do things that violate the policy, the Associate Dean for Faculty Affairs would be notified for investigation and further action as indicated. If there is a pattern of a resident physician making students do things in violation of the policy, the appropriate Program Director and DIO would need to be notified for investigation and further action as indicated. A question about student's work hours is part of the standard clerkship evaluation form. Patterns of offences may indicate concerns with the curricular structure, and such patterns will be referred by the BIC-2 to the Medical Curriculum Committee for review and action as appropriate.

While research mentors are not permitted to require additional time for research outside of the regularly scheduled research time, a student may readjust free-time schedules to accommodate research activities as long as this additional time is within the duty hours guidelines. This should be done at the prerogative of the student and should not result from any coercion on the part of the research mentor.

Students are informed of these policies during orientation.

26. SOCIAL MEDIA AND ACCESS TO OFFICIAL VTC PHOTOS

1 Purpose

VTCSOM recognizes that social media sites have become important and influential communication channels. Social media includes but is not limited to blogs, podcasts, discussion forums, vlogs, collaborative information and publishing systems such as wikis, video and photo sharing sites, and social networks such as Facebook, Twitter, YouTube and Flickr. VTCSOM believes that having a presence in these areas will allow the school to broadcast information and interact with a broader public in an enriching way.

2 Policy

In order to operate within these media effectively, VTCSOM has developed a social media policy to ensure that any and all interactions on behalf of VTCSOM represent the school's best interests. These policies and guidelines apply to faculty, staff, and students and can be used in connection with social media accounts associated with schools, colleges, departments, programs and offices.

The VTCSOM Social Media Policy only applies to social media sites and accounts created to represent VTCSOM and its departments, programs, entities, groups, etc. and does not apply to private individual accounts. While VTCSOM does not monitor students' individual accounts, no confidential or patient information should be shared on them, and appropriate disciplinary action can be taken if this occurs.

General Guidelines

The purpose of using these communication channels on behalf of VTCSOM is to support the school's mission, goals, programs, and sanctioned efforts, including school news, information, content and directives.

Students should exercise appropriate caution with electronic communication and social networking since there are possible serious ramifications related to issues including but not limited to professionalism and confidentiality issues. When using an officially recognized social media channel, assume at all times that you are representing VTCSOM. Be clear that you are sharing your views as a member of the school's community, and not as a representative of VTCSOM. Therefore, any student-run social media site(s), unaffiliated with the official VTCSOM social media site(s), containing full or partial name(s) of Virginia Tech Carilion or VTC (or VT Carilion), Virginia Tech Carilion School of Medicine or VTCSOM, Virginia Tech Carilion School of Medicine and Research Institute or VTCSOM&RI (or VTCSOMRI), is required to include an affiliation disclaimer (See Social Media Guidelines). You will be asked to remove or deactivate such page(s) or site(s) if they do not comply with the stated guideline.

Confidential or proprietary school information or similar information of third parties, who have shared such information with you on behalf of VTCSOM, should not be shared publicly on these social media channels.

Medical students have access to protected information about patients and the care provided to them. Simply removing a patient's name does not render that information de-identified. As such, no confidential or patient information should be posted on public websites.

Any use of VTCSOM marks, such as logos and graphics, must comply with the VTCSOM's Trademark Licensing Policies and must be first approved by the VTC Department of Marketing and Communications.

Procedures

Approval Process

Prior to engaging in any form of social media involving VTCSOM, students must receive permission from the Associate Dean of Student Affairs. Once approved by the Associate

Dean of Student Affairs, the request shall be forwarded to the Department of Marketing and Communications for approval. If applicable, the appropriate IT department shall also be consulted.

Student Accountability

Students who use these websites must be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions up to and including dismissal. Please be advised that the following actions are forbidden:

- You may not present the personal health information of other individuals. Removal of an individual's name or identifying information does not alone constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as photographs of cadavers, a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
- You may not post comments which elicit or promote violence or violent acts towards a person, entity, or an organization.
- You may not report private (protected) academic information of another student or trainee.
- You may not present yourself as an official representative or spokesperson for the institution.
- You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.

Students should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. Please be aware that no privatization measure is perfect and that undesigned persons may still gain access to your networking site. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment. Knowledge of any inappropriate use of social networking should be reported to the Office of Student Affairs.

Student Access to Official VTC Photos

Students have access to their official VTC headshots as well as photos taken at the school-sanctioned events (White Coat, Student-Clinician, Match Day, Graduation). Students should contact the director of Communications for access to the photos.

27. COMPUTER USE AND ELECTRONIC COMMUNICATION

1 Purpose

The use of e-mail has been designated as the primary source of communication between administration and students at VTCSOM. Students are informed of this policy during orientation. Students are expected to check their Carilion Clinic e-mail accounts regularly (daily is recommended) and are responsible for any information disseminated by way of e-

mail. In addition to the Carilion Clinic email address, students will be given a Virginia Tech email address. Students are responsible to check their VT email accounts regularly; it is recommended that they forward their VT email to their Carilion Clinic account. Carilion TSG is available to assist students in linking email accounts to their mobile devices.

VTCSOM seeks to maximize productivity and minimize misuse of computers by establishment and enforcement of policies and procedures governing the use of computers, peripherals, mobile devices and associated systems. This policy is applicable to all students of, and visitors to, VTCSOM.

2 Policy

Computing resources and network access are provided to support VTCSOM's goals of teaching and learning. Computing resources include but are not limited to administrative computing system, student computers, laptops, server resources and peripherals.

All use of VTCSOM computing and network resources must be in accordance with current federal, state, and school regulations. Willful misuse of any computing resource may result in termination of access privileges, disciplinary action, or civil and criminal penalties.

System users should remember that VTCSOM computers are maintained to help members of the community in their individual and collective educational pursuits. In addition, all faculty, staff, and students should remember that VTCSOM strongly supports academic freedom in the pursuit of research; system users should remember that holding a computer account at VTCSOM is a privilege, not a right. As such, VTCSOM as well as Carilion's Technical Services Group may take whatever steps it feels appropriate to remedy or prevent activities that, in the School's or Carilion Clinic's judgment, endanger the orderly operation of the VTCSOM networks or systems, and which threaten connections to the Internet and other institutions or networks.

3 Procedures

Users' Rights

VTCSOM does not guarantee the privacy of information displayed on computers and peripherals in public areas. Users should keep in mind that they occasionally need the technical assistance of computing personnel, who might unavoidably see private material while providing such assistance. Technical assistance may need to access a user's desktop system via a remote connection to resolve issues. If it is necessary to suspend a user's account, reasonable attempts will be made to notify the user. The user may seek review of any reprimand concerning the use of computing services through the process outlined in the Violations of the SEPCP and/or Teacher-Learner Compact policy.

User Responsibilities

Users are responsible for adhering to existing VTCSOM, Virginia Tech and Carilion Clinic Policy statements not superseded by this document. Such statements include legal use of software, personal abuse, confidentiality and sexual harassment.

All students will obtain a Carilion Clinic e-mail address. It is the student's responsibility to read the contents of his or her Carilion Clinic e-mail account in a timely fashion and respond when appropriate.

E-mail documents are subject to discovery in legal proceedings to the same extent as a hard copy. Therefore, users should treat each e-mail as they would a hard copy that is not controlled and may never be destroyed. Remember that any message may be forwarded to another person without the author's consent. Careful consideration should be given to content. Content should be appropriate for all addressees.

Computer usage shall not interfere with the ability of others in the vicinity to work or study. Usage that may constitute interference includes the generation of offensive, intimidating, or annoying computer images, text, or sounds.

Users must help maintain the security of the systems by keeping their passwords confidential. The user accepts full responsibility for all activities undertaken using their user ID and password. Passwords must be changed every 90 days.

If the use of a given account causes technical problems, for example, the excessive use of storage space, the user will be notified of the problem by the System Administrator. The user must follow the instructions given to rectify the problem. If this is unsuccessful, they should contact support services for further instructions.

Commercial use of VTCSOM computer equipment is prohibited. Software piracy is also strictly prohibited.

Examples of Misuse

Misuse includes, but is not limited to, the activities in the following list:

- Using a computer account that you are not authorized to use; attempting to monitor or tamper with another user's electronic communications; or reading, copying, changing, or deleting another user's files.
- Copying of proprietary information.
- Using the VTCSOM network to gain unauthorized access to any computer systems, or attempting to circumvent data protection schemes or uncover security loopholes. This includes creating or running programs that are designed to identify security loopholes or decrypt intentionally secure data. This also includes programs contained within an account, or under the ownership of an account, that is designed or associated with security cracking.
- Displaying obscene or sexually harassing images or text on a VTCSOM owned computer or on VTCSOM property.
- Knowingly or carelessly running or installing on any computer system or network, or giving to another user, a program intended to damage or to place excessive load on a computer system or network. This includes, but is not limited to, programs known as computer viruses, Trojan Horses, and worms.
- Violating terms of applicable software licensing agreements or copyright laws.
- Deliberately wasting or overloading computing resources, or in any other way knowingly or carelessly performing an act which will interfere with the normal operation of computers, terminals, peripherals, or networks. This includes, but is not limited to, printing multiple copies of a document or printing out large documents that may be available on line, or that might impact significantly on other users printing resources.

- Using electronic mail to harass others, including sending electronic mail that the sender would reasonably anticipate to be unwelcome.
- Creating mail or electronic distribution lists larger than 10 addressees that send electronic communications to other accounts without prior permission of the receiving individual.
- Posting on electronic bulletin boards or any type of electronic forum information that may be slanderous or defamatory in nature or any materials that violate existing laws or the SEPCP.

Enforcement

It is the duty and responsibility of System Administrators to enforce the VTCSOM computer use policy. Minor infractions of this policy, when likely accidental in nature, such as poorly chosen passwords, overloading systems, excessive disk space consumption, and the like are typically handled in an informal manner by electronic mail or in person discussions. More serious infractions are handled via formal procedures.

Infractions such as sharing accounts or passwords, harassment, or repeated minor infractions as described in, but not limited to, the above policies may result in the temporary or permanent loss or modification of computer access privileges, other disciplinary action as outlined in the Violations of the SEPCP Policy and or notification of proper authorities.

If VTCSOM has evidence of misuse of computing and networking resources through a specific account, VTCSOM will take the following steps to protect the systems, networks, and the user community:

- The suspected accounts will be suspended immediately pending the outcome of any investigation.
- The files and data on the account will be inspected for evidence.

The violation will be reported to the appropriate authorities. VTCSOM policy violations will be reported to the Associate Dean for Student Affairs. Illegal activity will be reported to the police, the FBI, the Secret Service, and/or the Attorney General's Office.

Violators are subject to any and all of the following:

- Loss of computing and networking access
- VTCSOM disciplinary actions (in accordance with applicable policies)
- Civil proceedings
- Criminal prosecution
- Loss of the privilege of using college computers, even if temporary, may prevent a student from completing course assignments and from making normal progress in the course.

This is very likely to have a negative impact on the final course grade. To remove the opportunity for students to avoid consequences associated with the violation of this policy, instructors are not allowed to make accommodation for students' course work.

The Electronic Communications Privacy Act of 1986 (ECPA), protects employers and employees from interception, unauthorized access, and disclosure of electronic communications, and governs monitoring of employee e-mail.

Communications system and e-mail messages are property of VTCSOM and are to be used for business purposes. Personal use of e-mail is permitted but such messages will be treated the same as business related messages, in accordance with the e-mail policies and procedures of Virginia Tech.

VTCSOM disclaims responsibility for the content of e-mail messages. While VTCSOM reserves the right to discipline any user for inappropriate use of its e-mail system, it does not intend to screen messages in advance and cannot be responsible for their content. VTCSOM will not defend or protect any user for defamatory or otherwise wrongful e-mail communications. Transmissions made on the Carilion Clinic and Virginia Tech e-mail systems are not private. The use of a password does not ensure that only the sender and recipient of a message are able to retrieve and read it. E-mail may be monitored and the right to do so is reserved, and VTCSOM has the right to disclose a student's messages retrieved from the e-mail system to a third party without further notice or consent. In addition, information obtained from such monitoring may result in discipline or termination.

28. STUDENT HARDWARE AND SOFTWARE MINIMUM REQUIREMENTS

Beginning with the start of the 2014-2015 academic year, the Virginia Tech Carilion School of Medicine requires each incoming student to own a laptop computer that will enable them to participate in all aspects of the School of Medicine's academic environment including coursework, course-related software applications, and exams.

1. Purpose

The requirement defines the hardware and operating systems that meet the Virginia Tech Carilion School of Medicine's specifications. There are support and academic consequences for not adhering to the requirement that are defined later in this document. The requirement is reviewed by the Library and Educational Technologies Committee (LETC) and approved by the Medical Curriculum Committee (MCC) on or before March 15th for the upcoming academic year.

2. Policy

At the start of classes of the matriculating year, incoming students are required to own laptop computers that comply with the minimum requirements as listed in the VTC School of Medicine Computer and Software Minimum Requirements table. (See Appendix 1.) No student will be denied admission to the School of Medicine based on an inability to purchase a computer. Students seeking federal financial aid should note that the only time a computer purchase may be added to the cost of attendance is during the first year of receiving financial aid.

Carilion Clinic Technology Services Group (TSG) provides support for issues related to VTCSOM network connectivity, Blackboard, Olympus, Exchange email, Citrix, and EPIC. TSG *does not* provide support for the installation or repair of hardware, installation or configuration of operating systems or third-party software, and the removal of viruses and other malware for students' personal devices.

Virginia Tech Computing Support provided support for issues related to My VT, Hokie SPA and PID, VT LISTSERV, FileBox, VT Mail, VT Mobile Messaging, [VT VPN](#), [EndNote](#), and SAS JMP.

See <https://computing.vt.edu/>. Virginia Tech provides free antivirus software for all students through their [antivirus page](#). This site also offers great information on installing and using the software, avoiding viruses, and cleaning up your computer. The site includes instructions for downloading and using [Malwarebytes](#), which can help monitor your computer for problems and remove malicious software.

3. Procedures

a. Purchasing Laptop Computers*

Students are encouraged to purchase laptops through the VTCSOM online sites:

Dell: <https://store.edutechu.com/?affiliate=8011bb9f-6012-4804-a384-20e817f3e0e1>

Apple: http://store.apple.com/us_edu_19459

See Appendix 1 for minimum requirements.

Students requesting financial aid should keep in mind that an adjustment to the cost of attendance to accommodate the purchase of a computer is only available during the first year of receiving financial aid based on the Free Application for Federal Student Aid (FAFSA).

*NOTE: Students who currently own a laptop computer that is less than 2 years old and that falls within the range outlined in the VTC School of Medicine Computer and Software Minimum Requirements table (Appendix 1) may use that computer.

2. Certifying Compliance with the Policy During Orientation Week

During orientation week, student laptops will be inspected to ensure they are in compliance with the minimum requirements as outlined in the VTC School of Medicine Computer and Software Minimum Requirements table. See Appendix 1.

3. Taking Exams

When students arrive for exams, their laptops must be in good working order, be free of viruses and recording software, and be equipped with privacy screen filters. See Appendix 1.

4. Noncompliance

Students who do not comply with this policy will be referred to the Chair of the Medical Student Performance and Promotion Committee (MSPPC). Students have the right to due process as outlined in the non-academic grievance process in the Student Handbook.

Appendix 1.
 Virginia Tech Carilion School of Medicine Laptop Computer and Software
 Minimum Requirements Table

Beginning with the Class of 2018, in order to participate in all aspects of the School of Medicine’s academic environment including course-work, course-related software applications and exams, student laptop computers must meet these minimum hardware and software requirements. Students may choose to exceed these requirements.

PC	Laptop	Apple Macintosh	Laptop
HARDWARE	Laptops only. Netbooks and virtual machines are not supported by NBME.	HARDWARE	Laptops only. Netbooks and virtual machines are not supported by NBME.
CPU	2GHz Intel® Core™/Celeron™ or equivalent x86 processor (CPU Info)	CPU	2 GHz Dual Core or equivalent processor
DISPLAY	1280 x 800 or greater with 32-bit color setting		1280 x 800 or greater with 32-bit color setting
Monitor	14”		13”
RAM	4 GB	RAM	4 GB
HD Size	320 GB	HD Size	320 GB
Operating System	PC –Windows 7* *NOTE: Microsoft Windows 8 is not currently supported by the NMBE.	Operating System	MAC-- OS X 10.6 (Snow Leopard), 10.7 (Lion), or 10.8 (Mountain Lion) <ul style="list-style-type: none"> ➤ Server version of Mac OS X is not supported ➤ SofTest may not be used in a virtual operating system
Network	Ethernet card: 10/100/1000Base-T service with an RJ-45 Connector. Wireless 802.11g.	Network	Ethernet card: 10/100/1000Base-T service with an RJ-45 Connector. Wireless 802.11g.
Additional Requirements	Monitor privacy screen.		Monitor privacy screen.
Warranty	Three-year onsite service and support with accidental damage coverage warranty (Four-year is recommended).		Three-Year AppleCare Protection Plan
Software	Microsoft Office 2010 and Student 2010. Adobe Reader 9 or higher		Microsoft Office for Mac Home and Student 2011, Adobe Reader 9 or higher
Anti-viral protection	Comparable to Symantec Endpoint Protection.		Comparable to Symantec Endpoint Protection.

Note: These following specifications are not required but highly recommended

PC	Laptop	Apple Macintosh	Laptop
Optical Media	DVD \pm RW	Optical Media	DVD \pm RW
Removable Storage	USB Flash Memory - 8 GB or higher	Removable Storage	USB Flash Memory - 8 GB or higher
USB External Hard Drive / Back-up Drive	500 GB	USB External Hard Drive / Back-up Drive	500 GB

29. HEALTH AND DISABILITY INSURANCE

1 Purpose

VTCSOM requires all medical students have adequate valid medical insurance to cover emergencies and common medical problems that might occur during their educational training period.

2 Policy

Health Insurance

The Health Insurance requirement may be satisfied by documentation of a valid medical insurance plan already in effect through a family major medical policy or private insurance agency. The determination of a valid policy will be made by the Associate Dean for Student Affairs. When determining the acceptability of coverage, the AAMC recommendation for minimal coverage is used as a guide. Coverage must include the entire academic year, including breaks, regardless of the student's terms of enrollment. The policy must provide continuous coverage for the entire period the insured is enrolled as an eligible student. Payment of benefits must be renewable. It is recommended that students get annual benefit coverage of at least \$100,000.

In the absence of a valid existing policy, medical students may take advantage of the Virginia Tech Graduate Student Health Insurance Plan available to all VTCSOM medical students. The policy covers most services of standard medical insurance policies including prescription drugs, emergency room expenses, laboratory testing, and dental care with a deductible and co-pay. Coverage would include the entire academic year, including annual breaks, regardless of the student's terms of enrollment. The policy provides continuous coverage for the entire period the insured is enrolled as an eligible student. Students should contact Student Affairs in order to obtain current rate information. Additional information on the VT Graduate Student Health Benefits is available on line at:

https://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupID=474968

Disability Insurance

VTCSOM students receive disability insurance as part of their tuition and fees. Students will be enrolled in a disability insurance plan to cover disability issues during their education. The Asset Management Group, Inc. provides a disability insurance package to cover all enrolled medical students.

30. IMMUNIZATION REQUIREMENTS

1 Policy

The guidelines for immunizations for students of VTCSOM follow the guidelines issued by Carilion Clinic as well as those guidelines issued by the Centers for Disease Control and Prevention (CDC). The following are required for VTCSOM students:

Prior to the first day of Orientation, students must provide written documentation of immunization for or immunity to all of the infectious diseases below, either by providing documentation of having had the disease or documentation evidencing vaccination or positive blood antibody titer.

2 Procedures

The following immunizations are required:

1. Tetanus - Diphtheria (Td-adult) – Primary series with DTaP or DTP and booster with Td in the last ten years (Should have Tdap x 1 if no booster for pertussis at age 11 or more recently)
2. Polio – Primary Series
3. Measles, Mumps, and Rubella (MMR) - Must have documentation of having received 2 MMR vaccinations or having had the diseases.
4. Hepatitis B – Three doses of the Hepatitis B vaccine or proof of immunity
5. Varicella – Two doses of vaccine, history of disease, or proof of immunity
6. Influenza – Annually in the fall

Additional required screening:

- Tuberculosis (PPD) - Students without history of a positive PPD skin test, including those who have been BCG vaccinated, must have a PPD within 6 months of matriculation. This must be completed annually.

The following immunizations are recommended:

Meningococcus – One or two doses (CDC recommendation - Booster recommended if first dose given at ≤ 16 years of age).

The Hepatitis B, Tetanus, Tdap, MMR, Varicella, Meningitis, and Influenza vaccines as well as the PPD are available for administration through Carilion Clinic Occupational Medicine Clinic for a fee. Students are responsible for any expenses incurred. The Occupational Medicine Clinic cannot bill insurers. All vaccinations can be obtained through the student's primary health care provider.

Students may document receipt of their immunizations using the VTC Immunization Documentation form or substitute a similar form from their healthcare provider. The form must carry the original signature of a physician or a licensed medical practitioner and the license number or office stamp with address. Students who do not have appropriate documentation on the first day of class for each academic year can be withdrawn from instructional activities, blocked from registration for subsequent Blocks or prevented from attending a clinical experience at the discretion of the Associate Dean for Student Affairs in consultation with the Senior Dean for Academic Affairs. In general, an acceptable plan for completion of the immunization requirement must be in place with the Associate Dean for

Student Affairs in order for the student to continue to attend classes and participate in clinical experiences. It is the student’s responsibility to keep their immunizations up to date.

In addition, students may be required to have additional vaccines as per CDC or Carilion Clinic recommendations, and/or other medical tests prior to starting classes and/or clinical clerkships, as indicated by VTCSOM and the clinical educational affiliate site. Also, further periodic evaluations or tests may be required if indicated or if exposure to an infectious patient occurs while enrolled.

Exceptions to this policy, such as medical contraindications or religious belief, can be discussed on a case by case basis. In the event of a local measles or varicella epidemic, these exempted students will be excluded from group activities, including classes and patient care, until the City Public Health Unit Director/Administration indicates it is safe for the students to return.

31. STUDENT EXPOSURE TO INFECTIOUS AND ENVIRONMENTAL HAZARDS

1 Policy

VTCSOM students will follow the protocols of the Carilion Clinic Bloodborne Pathogens Exposure Control Plan. This policy is available following this policy as well as on the Carilion intranet.

Immediately after known exposure at a VTCSOM curriculum course site, the student must contact their clinical instructor or attending physician and follow the guidelines and policies of the medical facility relating to evaluation, management, and follow-up.

2 Procedures

If a student has exposure to blood or body fluids through open skin contact, mucous membrane or a needle stick, the following steps should be taken:

- Following a body fluid contamination exposure, the student will immediately wash the injury site thoroughly with soap and water (flush mucous membranes with saline or water).
- The student will then notify their clinical instructor or attending physician, and should obtain the name of the source patient, medical record number, room number, and diagnosis if known. This information is necessary to assist the medical provider in determining the potential severity of the exposure.
- For any exposure, the student is to report immediately to Employee Health at CRMH (540-981-7206), from 7:30am-4pm, Monday-Friday-closed for lunch 12-12:30).
- OR, if Employee Health is closed the student is to contact the Hospital operator at 981-7000 and have the Clinical Administrator paged for any exposure. The student may be sent to the ED by the Clinical Administrator if deemed necessary.
- Appropriate first aid should be given for the injury in question and a tetanus booster should be administered when indicated.
- Please see table below for sites other than CRMH

FACILITY	BUSINESS HOURS	OFF HOURS, WEEKENDS, HOLIDAYS
CTCH	GO TO ED	GO TO ED
CGMH	CONTACT EH	CALL RESOURCE NURSE
CNRVMC	CONTACT EH	CALL RESOURCE NURSE

CFMH	GO TO ED	GO TO ED
CSJH	GO TO EH	CONTACT RESOURCE NURSE

- The student is to tell patient registration they are a VTCSOM medical student in order to avoid being billed (see below).
- The student is to report to Employee Health the very next business day to complete additional paperwork and follow up.

Carilion will provide the necessary initial services to VTC medical students in the event an individual has a potential exposure to bloodborne pathogens with a Carilion patient. Initial services will include laboratory services for the source patient, and pre-prophylaxis screening and first dose of post exposure prophylaxis medications for the exposed individual as indicated according to current Centers for Disease Control (CDC) guidelines. It is Carilion Policy to offer prophylaxis, if necessary, within 1-2 hours of an exposure. **Carilion is not responsible for any ED visit.**

To insure adherence to appropriate follow-up protocols, subsequent follow-up as necessary will be coordinated through the Carilion Occupational Medicine Clinic directly with the student.



Facility: CMC
Origin Date: 08-1992
Last Updated: 04-2015
Sponsor: Infection Control

Policy / Procedure:

Bloodborne Pathogens Exposure Control Plan

KEY TERMS:

bloodborne, pathogens, exposure, control plan, employee event report, EER, personal protective equipment, PPE, standard precautions, biohazard, occupational exposure, needlestick, barrier, HIV, HBV, HCV, job categories, engineering and work practice controls, Virginia Code 32.1-45.1, patient placement, hand hygiene, laboratory specimens, equipment, environmental cleaning, linen, dishes, waste management

PURPOSE:

This exposure control plan has been established by Carilion Clinic in order to minimize and to prevent, when possible, the exposure of our employees to disease causing microorganisms transmitted through human blood, and as a means of complying with the Occupational Safety Health Administration (OSHA) and the Virginia Occupational Safety and Health (VOSH) Bloodborne Pathogens Standard.

The Occupational Safety Health Administration (OSHA) and the Virginia Occupational Safety and Health (VOSH) 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms sometimes found in human blood and certain other potentially infectious materials. Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, viruses such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids during the course of their work. These occupational exposures may involve needlestick injuries or direct contact of mucous membranes and non-intact skin with contaminated blood/materials. Occupational transmission of HBV and HCV occurs more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure to workers.

SCOPE:

All employees who are exposed to blood and other potentially infectious materials as a part of their job duties are included in this program. Full-time, part-time, temporary, contract and per diem employees are covered by the Bloodborne Pathogens Standard.

DEFINITIONS:



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Bloodborne pathogen – pathogenic microorganism that is present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated – the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination – the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering control – mechanisms designed to prevent or minimize exposure to bloodborne pathogens; includes sharps disposal containers, needleless systems, safety needles, and other safety devices.

Exposure - a percutaneous injury (needlestick or cut with a sharp object), contact with mucous membranes, or contact of skin (particularly when exposed skin is chapped, abraded, or afflicted with dermatitis or contact is prolonged and extensive) with blood, tissues, or other body fluids. Potentially infectious body fluids include blood, bloody fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid.

HBV – hepatitis B virus.

HBC HCV– hepatitis C virus.

HCW – health care worker.

HIV – human immunodeficiency virus.

Occupational exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's regular work duties.

Parenteral – piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Regulated waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.



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Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

PROCEDURE:

This plan summarizes the elements of the infection control program that are important in reducing or eliminating occupational exposure to bloodborne pathogens. A combination of engineering and work practice controls, use of personal protective clothing and equipment, training, and medical surveillance are effective strategies and are outlined in this plan. Additional details may be found in other Infection Control policies available on the intranet. This plan will be reviewed and updated annually using feedback and input from staff, incident report summaries, regulatory, and organizational recommendations. Copies of this plan are available on the Carilion Clinic Intranet .

Basic components of this exposure control plan include:

- Exposure Determination / Risk
- Methods of Compliance
- Engineering and Work Practice Controls
- Hepatitis B Vaccination Program
- Procedures for Evaluation and Follow-up of Exposure Incidents
- Employee Training
- Record keeping Procedures

A. EXPOSURE DETERMINATION / RISK:

All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials will be included in this exposure control plan.

Potentially Infectious Materials / Fluids include:

- Body Fluids:
 - Blood
 - Semen
 - Vaginal secretions
 - Cerebrospinal fluid
 - Synovial fluid
 - Pleural fluid
 - Peritoneal fluid
 - Pericardial fluid
 - Amniotic fluid
 - Any body fluid visibly contaminated with blood
 - Saliva in dental procedure



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Other materials include: Any unfixed tissue or organ (other than intact skin) from a human (living or dead) HIV, HBV, and/or HCV containing cell or tissue cultures, organ cultures, and culture medium blood, organs, or other tissues from experimental animals infected with HIV, HBV, and/or HCV.

1. Job Categories and Exposure Risk:

It is the responsibility of area managers to identify and communicate to staff which specific job tasks may result in occupational exposure while performing duties and to identify those control measures which are used to eliminate or reduce anticipated exposure.

Exposure to blood or other infectious material can occur directly or indirectly. To assist in determining which tasks and personnel might be at risk of an exposure, the following should be considered:

- Exposure by handling or processing body substances/fluids
- Contact with used articles and equipment
- Working in an environment soiled with body substances
- Handling used sharps
- Providing direct patient care that includes contact with body substances

Table 1. Job Category/Job Tasks and Exposure Risk

Category I High Risk	Category II Low Risk	Category III No Risk
This job category includes individuals who perform tasks involving blood and the handling of regulated medical waste.	This job category includes individuals who may, while performing their job duties, have occupational exposure to blood. Since not all the employees in this category are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that could cause these employees to have occupational exposure are also listed. The job classifications and associated tasks for these categories are listed below.	This job category includes individuals with no risk for exposure to blood and/or body fluids by job description. It is not necessary for employees in this job category to receive the Hepatitis B vaccine.
Staff Physicians (including, Externs, Interns, Residents, and Medical Students) Nurses Clinical Associates Dialysis Personnel, Patient Care Assistants Phlebotomist, Medical Technologists, and Laboratory Personnel Morgue Attendants Environmental Service, Support Service Personnel Maintenance	Administrative Associate/Unit Secretaries (i.e. transportation of specimens) Transportation Technicians Purchasing/ Materials Management (i.e. return of implantable devices) Patient Access Personnel (i.e. admit patients with bleeding conditions)	



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Clinical Engineering Respiratory Therapy Technicians Security Personnel Radiology Personnel, Nuclear Medicine Central Sterilization Therapy Services Clinical Secretary/Associate Pharmacy Personnel		
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2. Departments and Hospital Locations:

The hospital departments and locations that have been identified as holding a reasonably anticipated risk of exposure to blood or other potentially infectious materials are:

A. Laboratories, including the Morgue, Blood Bank, Cytology, Chemistry, Hematology, Microbiology, and Histology:

- a. Procedures that most often cause exposure in the laboratory and related areas are specimen collection, specimen processing, and any invasive procedure. Employees can be exposed by needlesticks, spills, sharps, or the improper use of laboratory equipment. Specifically, tasks such as phlebotomy, handling of culture dishes, swabs, etiological agents, autopsy specimens, needles, and other sharp instruments, blood vials, bulk blood products, pipettes, infectious tissue samples/specimens, and lab packs all involve an increased potential of exposure to blood, body fluids, and other potentially infectious materials.
- b. In addition, when specimens are placed in mechanical devices, such as centrifuges, there is an increased likelihood that a mechanical problem could occur causing the rupture of the specimen tube and resulting in the splatter of the contained materials.
- c. Contaminated regulated waste containers and sharps receptacles may also be a source for potential exposure for employees working in the laboratory.

B. Direct Patient Contact Areas, including Patient Rooms, Examination Rooms, Treatment Rooms, Special Care Units, Dialysis, the Cardiac-Catherization Lab, the Operating Suite, Endoscopy Lab, Labor and Delivery, the Emergency Dept., Nuclear Medicine, Radiology, and in the home setting.

Many procedures are performed in the above listed areas that will increase the potential for exposure to the personnel involved with performing those procedures. The most frequently reported exposure is the needlestick. Other procedures performed in these areas which increase the risk of potential exposure include IV line placement, arterial blood gases, bronchoscopy, intubation, endotracheal suctioning, invasive cardiac catheterization, chest tube management, endoscopy procedures, and all surgical and obstetrical delivery procedures.



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C. Indirect Patient Contact Areas, including Rest Rooms, Trash Areas, Clinical Engineering, Soiled Utility Rooms, Central Sterilizing/Operating Room/Suite, and the Decontamination Area:

- a) Rest rooms are frequently used in the collection of certain specimens. They are also a place where patients may perform self-care or personal hygiene tasks which may contaminate waste containers or environmental surfaces with potentially infectious materials.
- b) Waste handling areas offer potential exposure from broken bags of infectious waste and ruptured sharps containers. Exposure could also occur from blood and/or body fluids leaking out of improperly packaged containers or torn bags. Needles or other sharps may be present inside trash bags; therefore, all trash bags must be handled with care.
- c) The soiled utility room is where regulated waste and other potentially contaminated items are accumulated before transportation to their final destination.
- d) Medical equipment that is sent to Clinical Engineering for repair may be potentially contaminated. This equipment must be properly tagged as "BIOHAZARD" whenever the potential for contamination exists.
- e) Decontamination Rooms in the Operating Room, Central Sterilizing, and Mini Distribution at CRMH are several locations where contaminated equipment is returned for disinfection. These areas present increased exposure potential due to the contaminated nature of the equipment.

B. METHODS OF COMPLIANCE:

Managing cross-contamination and preventing infection in patients and healthcare workers is dependent upon employee's compliance with prevention practices. Below are effective strategies designed to minimize or prevent exposure to blood:

1. Standard Precautions:

- a) Standard Precautions are based on the principle that all blood, body fluids or other potentially infectious materials, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.
- b) The risk of transmission of HIV, HBV, and HCV from body fluids such as feces, nasal secretions, sputum, sweat, tears, urine and vomitus is extremely low or nonexistent unless these fluids contain blood.
- c) Since medical history and examination cannot reliably identify all patients infected with HIV, HBV, HCV, or other bloodborne pathogens, personnel are to use Standard Precautions when handling blood and body fluids of all patients.



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d) Standard Precautions are effective infection control measures which provide protection to both patients and healthcare workers. Standard Precautions include a group of infection prevention practices that apply to the care of all patients in healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. This consistent approach to managing all body substances from all patients is essential to prevent transmission of an infectious agent. Components of Standard Precautions include:

- Hand hygiene
- Use of Personal Protective Equipment (PPE) such as gloves, gown, mask, eye protection, or face shield (placing a barrier between patient and healthcare worker)
- Safe injection practices
- Proper cleaning, disinfecting, and sterilizing of patient care equipment
- Proper cleaning of the healthcare environment
- Respiratory Hygiene / Cough Etiquette (instruct patient's to cover cough, dispose of tissues properly)
- Use of masks for insertion of catheters or injection of materials into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia).

Standard Precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands. Additional guidance related to recommended personal protective equipment, patient placement, and isolation can be found in the Isolation Precautions policy.

C. ENGINEERING AND WORK PRACTICE CONTROLS:

Engineering and work practice controls are measures that isolate or remove bloodborne hazards in the work area and involves performing procedures in such a way that minimizes or eliminates spraying, splashing, splattering, or generation of aerosol droplets of these substances. Also included are work practice measures such as incorporating Standard Precautions, needle/sharps management, cleaning and disinfection processes and handling of specimens and regulated medical waste.

1. Personal Protective Equipment:

All healthcare workers shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or body fluids of any patient. These items include, but are not limited to:

- Gloves
- Mask
- Gowns or aprons
- Goggles or protective eyewear
- Resuscitation Equipment
- Puncture Proof Needle Container



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a. Gloves:

- Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
- Use gloves for performing venipuncture and other invasive access procedures.
- Change gloves between patient contacts.
- Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactant may cause "wicking", i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
- Gloves should be readily available in patient care areas and/or carried in pockets for easy access.
- Inspect gloves for any tears prior to use and discard if not acceptable.
- Double gloving is acceptable when gross soiling of blood/body fluids is evident. If a glove is torn or punctured by a needle or other sharp object, the glove must be removed and a new glove used as promptly as patient safety permits.
- Discard gloves saturated with blood/body fluids in the "**BIOHAZARD**" infectious waste container.
- Hypoallergenic gloves, glove liners, or other similar alternatives will be readily accessible to any employee who is allergic to the gloves normally provided.
- Use general-purpose utility gloves for housekeeping chores involving potential blood contact from instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

b. Masks and Goggles or Protective Eyewear:

- Masks and goggles or protective eyewear must be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
- Masks should not be lowered around the neck and reused.
- Masks must cover the nose and mouth and fit securely.



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- Masks can be discarded in the regular trash receptacle, unless grossly soiled with blood. If the mask is saturated with blood, discard in the "**BIOHAZARD**" infectious waste container.
- Masks and goggles or protective eyewear are available on each nursing unit and strategic locations in other departments.

c. Gowns or Aprons:

- Gowns or aprons must be worn during procedures that are likely to generate splashes of blood or body fluids.
- Gowns must be removed between patient contact.
- Non-disposable gowns are to be placed in the soiled linen container located in the dirty utility room. (Carilion Clinic handles all linen as contaminated).
- Disposable gowns/aprons that are saturated with blood or other body fluids are to be placed in a leak proof Biohazard container.
- Gowns are located on all nursing units, or strategic locations in other departments.

d. Uniforms including scrubs:

- The routine laundering of all uniforms and personal scrub suits which serve as work clothes and are neither intended for use as personal protective equipment or infection control purposes, are the responsibility of the employee. Scrub suits do not meet any of the performance-oriented tests for PPE and are **NOT** considered personal protective equipment.
- In the event that an employee's personal clothing becomes contaminated with blood, the clothing should be removed as soon as possible and laundered by the healthcare facility.

e. Resuscitation Equipment:

- Pocket resuscitation masks or resuscitation bags should be used when resuscitation is necessary. Resuscitation masks will be available on all crash carts.
- A pocket resuscitation mask or resuscitation bag should be placed in a patient's room if resuscitation is a possibility.
- Disposable equipment should be discarded appropriately.

f. Needle and Syringe Safety:



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Sponsor:	Infection Control

- Safer medical devices used to eliminate or minimize percutaneous injuries before, during, or after use through safer design features will be evaluated and implemented. Carilion Clinic utilizes a multidisciplinary approach to continually identify, evaluate, and select effective engineering and work practice controls. The Carilion Product Evaluation Committee, in collaboration with Human Resource and Development and Infection Control or other appropriate Committee, meets regularly to review new technologies and implement trials on specific nursing units and hospital departments to obtain end user evaluation.
- All healthcare workers must take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures.
- Needles must not be recapped, unless one-handed technique is used or the needle and syringe has a needle guard.
- Needles must not be broken.
- Contaminated disposable syringes, needles, scalpel blades, and other sharp items must be placed in designated "**BIOHAZARD**" puncture resistant/sharps containers for disposal.
- Puncture resistant "**BIOHAZARD**" sharps containers are located in patient/procedure rooms and strategic locations in other departments. Each area is responsible for closing, securing and replacing sharps containers.
- DO NOT overfill sharps containers.
- Large bore reusable needles will be placed in a puncture resistant sharps container for transport to the reprocessing area.

2. General Guidelines:

General guidelines involving patient placement, hand hygiene, laboratory specimens, equipment, environmental cleaning, linen, dishes, waste management, and general hygiene measures are as follows:

- A private room is indicated for patients with bleeding conditions.
- Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands must be washed immediately after gloves are removed. If hands are not visibly soiled an alcohol-based waterless antiseptic agent can be used for routine decontamination of hands.



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- Special handling of dishes is not necessary with HIV, HBV, or HCV patients. Trays and utensils soiled with blood or body fluids can be cleaned in the patient care area by nursing services.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
- Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

a. Laboratory Specimen Collection and Transport:

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Blood and body fluid specimens must be placed in a sealed, puncture-resistant, leakproof container and the container placed in a clear plastic bag marked with the biohazard symbol. If the container is visibly contaminated with blood, it should be cleaned with a fresh solution of 1:10 dilution of bleach, or the hospital approved disinfectant agent.

b. Patient Care Equipment:

All equipment that has been used on patients or in patient care areas is considered contaminated. Equipment should be cleaned and decontaminated using an approved disinfectant after each patient use and after contact with blood or other body substances.

Reusable patient care equipment requiring sterilization must be cleaned of gross matter within the patient care area using the appropriate protective attire. Equipment should be placed in a closed, labeled, and puncture resistant container for transportation to Central Sterilizing or designated area. All equipment will be handled using STANDARD PRECAUTIONS making sorting of equipment unnecessary.

Disposable patient care equipment saturated or caked with blood and body fluids must be placed in containers marked with the biohazard symbol. Items designated as disposable for single patient use may not be reprocessed for reuse, unless approved by the Infection Control Committee and/or designated committee.

c. Decontamination and Spill Clean Up:

All work surfaces where blood, body fluids, and infectious agents or materials are handled must be disinfected after each use with a hospital approved disinfectant. Additionally, work surfaces must be disinfected after any overt spill. Environmental surfaces soiled with blood or body fluids should be



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cleaned as soon as possible by gloved personnel using an approved and appropriate disinfectant. For additional details, please refer to the **Waste: Regulated Medical policy:** <http://chsweb.carilion.com/CarilionPoliciesandProcedures/Facility%20Specific/CMC/Index/Environmental/ww/WasteRegulatedMedical.pdf>

d. Routine Environmental Cleaning and Disinfection:

The primary responsibility for maintaining a clean and sanitary worksite rests with the Environmental Services Department; however each department and healthcare worker shares this responsibility. Environmental Services maintains schedules for routine area cleaning including floors, walls, curtains, carpets, windows, and surfaces in each area. Environmental and working surfaces are cleaned and decontaminated after contact with blood or other body substances using an approved disinfectant.

e. Laundry:

All used laundry is handled as contaminated. Used, soiled laundry is handled with standard precautions and minimal agitation. Soiled laundry is placed in fluid impermeable bags in the work area where it was used. Soiled linen will be contained separately from clean linens.

f. Waste Management:

Wastes which present a potential infectious exposure hazard to employees and the general public are identified, handled, and disposed of in a safe manner consistent with the recommendations of advisory and regulatory agencies.

Infectious waste containers will be located in the dirty utility room on each nursing unit and department. The infectious waste containers are marked with "BIOHAZARD". Procedures for handling, storage and transportation of infectious waste are defined in the Hazardous Materials and Waste Management Policy.

g. Compliance Monitoring:

Monitoring hospital personnel for compliance with Standard Precautions is the responsibility of each Department Manager or Designee. The Department Manager will evaluate work procedures and the type of exposure expected and based upon this determination, select additional "appropriate" personal protective equipment for their respective areas of responsibility. Once the guidelines for personal protective equipment use have been developed they are to be incorporated into work control practices. It is required that these Employee Health and Infection Control policies be incorporated into the departmental training program.

h. Communication of Hazards to Employees:

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship



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blood or other potentially infectious materials. Contaminated equipment shall also be labeled in this manner: Information about the portions of the equipment that remain contaminated shall be added to the label.

Labels shall be orange/red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the "BIOHAZARD" symbol and the text **BIOHAZARD**.

Red bags may be substituted for the warning label.

D. HEPATITIS B VACCINE PROGRAM:

All employees who have been identified as having the potential for exposure to bloodborne pathogens will be offered the hepatitis B vaccination series at no cost to the employee. HBV vaccine is recommended for all employees with potential occupational exposure. Healthcare workers who decline the vaccine are required to sign a declination statement. The vaccine remains available throughout the duration of the healthcare worker's employment at Carilion Clinic, if at a later time the healthcare worker decides to accept it.

The vaccination is a series of three injections given according to the Centers for Disease Control and Prevention (CDC's) recommendations. At this time a routine booster dose is not recommended, but if the U.S. Public Health Service, at some future date recommends a booster, it will also be made available to employees at no cost.

The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure risk.

In addition, employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job. A copy of the healthcare professional's written evaluation shall be provided to the employee within 15 days of the completion of the evaluation.

All medical evaluations and procedures including the hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee through Employee Health Services. This medical care will be performed by or under the supervision of a physician. Medical care and vaccination series will be according to the most current recommendations of the U.S. Public Health Service and the CDC.

E. PROCEDURE FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS:

A blood/body fluid exposure is defined as a percutaneous injury (needlestick or cut with a sharp object), contact with mucous membranes, or contact of skin (particularly when exposed skin is chapped, abraded, or afflicted with dermatitis or contact is prolonged and extensive) with blood, tissues, or other body fluids. Potentially infectious body fluids include blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any body fluid visibly contaminated with blood.



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Whenever an exposure incident occurs, it is the responsibility of the employee to act immediately and to initiate evaluation and follow-up by going to Employee Health or the facility specific designated evaluation area (see Appendix A). The employee must immediately report the incident to his/her supervisor and Employee Health.

An Employee Event Report (EER) must be thoroughly completed. To be included on the EER is a description of the event, and the type, brand, and gauge of the sharp involved, if applicable.

The employee is to report to the facility specific designated area (see Appendix A) for review of their immunization status, counseling and follow-up. Evaluation will consist of, but not be limited to the determination of exposure route and source, tetanus/diphtheria immunization status, hepatitis B vaccine/titer status, and baseline test offered, if indicated.

Testing and follow up will be performed on the source patient in accordance with the Code of Virginia 32.1-45.1 (see Appendix B). A copy of test results will be forwarded to the attending physician in the event of a positive result. Test results will be kept confidential, and access limited to authorized personnel. Upon admission to the hospital, each patient will be informed of the Code of Virginia and requested to sign the appropriate consent form informing the patient that testing will be performed in the event that an employee exposure occurs.

The involved employee will be notified of testing results. Follow up consultation and counseling for positive results will be initiated through the Employee Health Services after consultation with the infectious disease medical physician or Employee Health medical director. For all positive results, opportunity will be offered for the employee to have consultation with either the Employee Health Medical Advisor or the Carilion Occupational Medicine Physician. Counseling will consist of, but not be limited to:

- Avoidance of pregnancy during testing period
- The exposed employee's hepatitis B vaccine status, including whether the hepatitis B vaccine is indicated and if the employee has completed such a vaccination series and,
- A statement that the employee has been informed of the results of his evaluation and has been told of any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- Explanation of test results
- Sequence for follow up testing
- Etiology of AIDS, HBV, and HCV
- Encouraging notification of sexual contacts
- Preventive sexual practices

The results of tests on employees will be confidential except as applies to administrative and personnel decisions.

The handling of blood/body fluid exposures occurring in an outpatient or affiliate area (Emergency Department, Outpatient Department, etc.) will be handled according to the same protocol outlined



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here. However, it is imperative that Employee Health Services and/or the attending physician be notified immediately to ensure the required tests on the involved patient are ordered prior to his discharge from the hospital.

The employee is responsible for reporting the incident to his immediate supervisor, completion of the EER, and reporting to Employee Health Services.

The physician and health care professional responsible for the employee's hepatitis vaccination, and post exposure incident will be provided access to the following:

- Copy of 1910.1030 bloodborne pathogens standard;
- A description of the exposed employee's duties as they relate to the exposure incident;
- The documentation of the route(s) of exposure and circumstances under which the exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

An accurate record for each employee who is occupationally exposed to blood or other potentially infectious materials will be maintained for at least the duration of employment plus thirty (30) years and will include:

- Name and date of birth of the employee;
- Copy of the employee's hepatitis B vaccination status;
- Results of any examinations, medical testing, and follow-up procedures; and,
- Copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

This medical record will be kept confidential and disclosed only with the employee's written consent, except as required by law. The employee medical records required under the OSHA Bloodborne Pathogen Standard 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the commissioner of the Virginia Department of Labor and Industry in accordance with the OSHA Bloodborne Pathogen Standard 29 CFR 1910.20.

F. EMPLOYEE TRAINING AND RECORDKEEPING:

Employees with occupational exposure risk are required to participate in training provided at no ~~lost~~ **cost** to the employee and during working hours. This training is done at the time of initial assignment to tasks where exposure may occur and annually. Additional training will be provided whenever there are changes in tasks or procedures which affect employee's occupational exposure.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer.



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The Human Resources, Employee Health, and/or Infection Control Department will arrange training programs. The following content will be included:

- explanation of the bloodborne pathogens standard; general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
- explanation of this exposure control plan and how it will be implemented;
- procedures which may expose employees to blood or other potentially infectious materials;
- control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials;
- explanation of the basis for selection of personal protective equipment;
- information on the hepatitis B vaccination program including the benefits and safety of vaccination;
- information on procedures to use in an emergency involving blood or other potentially infectious materials;
- which procedure to follow if an exposure incident occurs;
- explanation of post-exposure evaluation and follow-up procedures;
- an explanation of warning labels and/or color-coding.

Training Records shall be maintained by Carilion's Human Resource Development. The following information shall be included:

- dates of training sessions;
- contents or a summary of the training sessions;
- names and qualifications of trainer(s); and
- names and job titles of all persons attending.

Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with the OSHA Bloodborne Pathogen Standard 29 CFR 1910.20.

If Carilion Clinic should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director of the National Institute for Occupational Safety and Health (NIOSH) will be notified at least three months prior to the disposal of records. The records will be transmitted to NIOSH, if required by the Director, within the three-month period.

OTHER ISSUES / CONCERNS:



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APPENDIX A: INITIAL POST-EXPOSURE TREATMENT AREA:

Facility	Initial Treatment Area	Employee Health Services Phone Number
Carilion Medical Center	Employee Health (during Dept business hours)	540-981-7206

After hours please have the **Clinical Administrator** Resource-Nurse paged.

APPENDIX B: Virginia Code

Refer to the VIRGINIA CODE 32.1-45.1 – Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.

References:
 MMWR CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management *Recommendations and Reports*. December 20, 2013/62(rr10);1-19

[OSHA 29 CFR 1910.1030 - Bloodborne Pathogen Standard](#)

Approvals

Name	Title	Dept./Committee	Date
Thomas Kerkering, MD	Section Chief, Infectious Diseases & Medical Director of Infection Control	Infectious Diseases and Chair of Infection Control Committee	4/2013
Thomas Kerkering, MD	Section Chief, Infectious Diseases & Medical Director of Infection Control	Infectious Diseases and Chair of Infection Control Committee	4/2014
Thomas Kerkering, MD	Section Chief, Infectious Diseases & Medical Director of Infection Control	Infectious Diseases and Chair of Infection Control Committee	4/2015

32. STUDENTS KNOWN TO BE INFECTED WITH A BLOOD BORNE PATHOGEN

1 Purpose

The purpose of this policy is to outline the VTCSOM approach to a student who is known to be infected with a bloodborne pathogen (BBP). For the purposes of this policy, the term bloodborne pathogen will refer specifically to HIV (human immunodeficiency virus), HBV (hepatitis B virus) and HCV (hepatitis C virus). It should be noted students who do not perform exposure-prone invasive procedures, as defined in this policy, are unlikely to present a BBP infectious risk to patients under normal conditions provided that they routinely practice standard universal precautions.

2 Policy

A student who suspects or is aware that he/she is harboring a blood borne pathogen must report to the Associate Dean for Student Affairs for direction in treatment and work limitations. Once it has been determined that the student does have a BBP infection, the following procedures will be followed:

3 Procedures

- The student will not participate in exposure-prone procedures (as defined by CDC). Exposure-prone invasive procedure as defined by this policy is any procedure in which there is simultaneous presence of the student's digits and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site (Centers for Disease Control, MMWR 2010;61:RR-3). Exposure-prone invasive procedures are defined in more detail in this document, and include major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions), digital palpation of a needle tip in a body cavity, and the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.
- The student will monitor his/her disease state and provide status updates every 6 months to the Associate Dean for Student Affairs.
- The student will receive training in universal precautions and be tested on that training.
- The student will be required to practice universal precautions in all settings.
- The student must sign a waiver of confidentiality to the Associate Dean for Student Affairs to inform clerkship directors, faculty, attendings and senior residents of their medical status and restrictions on the student's activities.
- The student is to report to the Associate Dean for Student Affairs prior to the start of each clinical rotation to prepare for situations that may occur, the need to disclose, and to report any incidents.
- The student has the responsibility to disclose and discuss his/her health status related to BBP infection confidentially with clerkship directors and attendings prior to each clerkship.
- The student has the responsibility to immediately inform attendings and withdraw from procedures when he/she believes the medical situation has changed, such that an exposure-prone procedure is occurring.
- The student is not required to disclose his/her disease status to patients.
- In consultation with the Associate Dean for Student Affairs, the student will know that there may be limitations that his/her disease may put on medical career

options. The medical school will advise the student on their career options and limitations and issues related to appropriate practice.

- All protected medical information, including BBP test results from students, will be kept in strict confidence as stipulated in the Health Insurance Portability and Accountability Act (HIPAA).

Evidence of non-compliance with the risk reduction strategies mandated in this policy , or of subsequent BBP transmission to a patient(s) after risk reduction strategies have been implemented will prompt an immediate review and in the case of non-compliance, possible disciplinary action.

33. AWARDING POSTHUMOUS DEGREE

1 Purpose

Establishes guidelines and procedures governing the awarding of posthumous degrees to deceased students. To recognize the achievements of VTCSOM's students who have died, where the student has completed enough of the planned degree program.

2 Policy

A degree conferred by the school to a deceased student.

3 Criteria

- a. The student was in good academic standing and would likely have completed all of the degree requirements by their anticipated graduation date had he/she not died.
- b. There were no disciplinary actions pending against the student.
- c. The death was not a result of illegal behavior on part of the student.

4 Procedures

Recommendation for Posthumous Degree.

- i. A formal request may be initiated by a family member, a faculty member or the Dean of VTCSOM. If the request is not made by the family member, the family should be contacted to ascertain their support for the possible award.
- ii. The Dean or his/her designee shall review the student's academic record and confirm whether the specified criteria have been met (each case will be determined on its own merits). If agreed, the request for awarding a posthumous degree shall be forwarded to the Medical Student Performance and Promotions Committee for approval.
- iii. As with the conferring of all VTCSOM degrees, the VTCSOM Board of Directors must then give the final approval.
- iv. Degrees award posthumously will be so noted on the commencement program. A member of the deceased student's family will be permitted to participate, upon approval from the Dean/President of VTCSOM.
- v. A notation that the degree was awarded posthumously will be made in the commencement program and on the transcript, but not on the diploma.

APPENDIX:

Appendix I.

REGIONAL ACCREDITATION

The Virginia Tech Carilion School of Medicine (VTC SOM) is a candidate for accreditation with the Southern Association of Colleges and Schools Commission on Colleges (SACS COC) to award the Doctor of Medicine (M.D.) degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the status of VTC SOM.

The VTC SOM is certified to operate by the State Council of Higher Education for Virginia (SCHEV). VTC SOM has candidacy status from its regional accreditation body, the SACS COC, and provisional accreditation of the medical education program from the Liaison Committee on Medical Education (LCME).

MEDICAL EDUCATION PROGRAM

Liaison Committee on Medical Education (LCME) (www.lcme.org):

The LCME accredits medical education programs leading to the M.D. degree. The LCME is jointly sponsored by the Association of American Medical Colleges (AAMC) and the Council on Medical Education of the American Medical Association (AMA). The LCME is not recognized by the U.S. Department of Education to accredit schools.

LCME Secretariat (AAMC):

Association of American Medical Colleges
2450 N Street, N.W.
Washington, DC 20037
Phone: 202-828-0596
Fax: 202-828-1125

LCME Secretariat (AMA)

Council on Medical Education
American Medical Association
515 North State Street
Chicago, IL 60654
Phone: 312-464-4933
Fax: 312-464-5830

OTHER

State Council of Higher Education for Virginia (www.schev.edu):

Regional Headquarters
101 N. 14th St., James Monroe Building
Richmond, VA 23219
Phone: (804) 225-2600
Fax: (804) 225-2604

United States Department of Education (<http://www.ed.gov/>)

Office for Civil Rights, *District of Columbia Office*
U.S. Department of Education
400 Maryland Ave. SW
Washington, DC 20202-1475
Telephone: 202-453-6020
Fax: 202-453-6021
E-mail: OCR.DC@ed.gov