

Policies for the Pre-clinical Curriculum Academic Year 2011-2012



Prepared for

Class of 2014 and 2015

Prepared by

Sub-committee for Undergraduate Medical Education, Years I and II
Office of Medical Education

Date

August 1, 2011



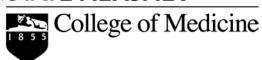


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Section I

Overview of the Pre-clinical Curriculum





Principal Goals for Undergraduate Medical Education At the Pennsylvania State University College of Medicine

- To impart the essential knowledge, skills, attitudes and values that will lead to success in graduate medical education training and clinical practice.
- To matriculate and retain the best-qualified applicants for careers in medicine.
- To diversify the student body to reflect the society in which we live.
- To assist students in obtaining financial aid and identifying resources to meet their financial obligations.
- To identify student applicants with qualities that will lead them to choose a career in primary-care disciplines, and provide a curriculum and environment that will stimulate students to choose careers in primary-care medicine.
- To provide an appropriate academic environment that encourages students to match their interests and talents with societal needs in making career choices.
- To help meet the national need for more clinician/investigators by identifying and assisting students who have the aptitude and motivation for a combined M.D./Ph.D. program, by promoting the M.D./Ph.D. program, and by encouraging extramural financial support for this research-training program.
- To develop the students' appreciation for the scientific method in biological research and its application to the critical thinking process.
- To support excellence in faculty development and postgraduate residency training programs which enhances the educational environment for the medical students.
- To sensitize students to the importance of ameliorating pain and suffering, and promoting the well being of patients.
- To encourage students to volunteer in community-service activities and provide a forum for these students to share their experiences with other members of the institution.
- To foster the development of the students' humanistic behaviors and attitudes.
- To meet the standards for accreditation by the Liaison Committee on Medical Education.

Medical School Objectives

Physicians must demonstrate altruism

Graduates will demonstrate an understanding of the following characteristics that will enhance their effectiveness as physicians:

- Compassion for patients
- Sensitivity and commitment to patients' or families' feelings, needs, and wishes that are in keeping with ethical practice regardless of one's own preferences
- A commitment to advocate at all times for patients' interests over one's own interests, market forces, societal pressures, administrative exigencies, or financial gain
- A commitment to advocate for patients within the healthcare system
- A commitment to provide care to patients who are unable to pay and to advocate for access to health care for underserved individuals and populations
- The ability to assist patients or families with ethical decisions when requested based on a knowledge of ethical decision making and major ethical dilemmas in medicine including those that arise at the beginning and end of life and those that arise with new technologies and advances

Physicians must be knowledgeable

Graduates will demonstrate:

- Knowledge of the normal structure, function and development of the human body
- Knowledge of the molecular, biochemical, and cellular mechanisms, as well as the integrated operation of organs and systems regulating homeostasis, organs and systems underlying the pathology of disease
- Knowledge of the therapeutic principles underlying the prevention and treatment of disease
- Knowledge of the processes to gather and organize information relevant to clinical problems
- Knowledge of scientific methods to investigate the causation of disease and evaluate efficacy of traditional and non-traditional therapies
- Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of disease
- Knowledge of the appropriate modalities to relieve pain and suffering
- Knowledge for promoting, maintaining and improving the health care of the individual and the population
- Knowledge of the neural mechanisms underlying perception, motivation, memory, and other key behavioral functions
- Knowledge of how human genetic content, information flow, inheritance, and variation that serve as a context for disease
- An understanding for the need to engage in lifelong learning

Physicians must be skillful

Graduates will demonstrate the ability to:

- Perform an appropriate history (complete or focused) and physical examination of patients
- Formulate an appropriate diagnostic and therapeutic plan for specific patients
- Perform diagnostic and therapeutic procedures
- Interpret the results of common laboratory and radiology tests

- Effectively communicate with colleagues and consultants, members of the health-care team, patients, and their families
- Incorporate quantitative and qualitative methods to carry out biomedical research projects
- Critically evaluate the medical and scientific literature to make appropriate patient-care decisions

Physicians must demonstrate professionalism

Graduates will demonstrate:

- Responsibility in treating patients and interacting with other health-care professionals
- Truthfulness in representing actions and information
- Exemplary standards of ethical conduct
- A realization of self-limitations while continually striving for self-improvement
- Decision-making based on behalf of the patient and independent of self-interest
- The attitudes, character and spirit of the medical profession
- A capability to effectively function in environments that are emotionally charged and filled with uncertainty
- The ability to effectively function as a member of the health-care team
- Empathy

Initiative

Prepared by: Curriculum Evaluation Committee (CEC)

Date: August 17, 2007

Amended by: Committee for Undergraduate Medical Education (CUMED) Oversight

Date: November 26, 2007
Approved by: Faculty Organization
Date: November 29, 2007

PRECLINICAL YEARS AY2011-2012

Required Courses in Years I, II, III & IV	Course #	# of Weeks	Course Co-Directors	Semester/Year	Credits
Structural Basis of Medical Practice	SBMP 715	11	Ian Zagon, Ph.D. Donald Mackay, M.D.	Fall, Year I	13.0
Cellular & Molecular Basis of Medical Practice I	CMBMP 711	7	Cara-Lynne Schengrund, Ph.D. Christopher Yengo, Ph.D.	Fall, Year I	7.0
Social Influences on Health	SIH 711	18	N. Benjamin Fredrick, M.D. Brenda Kluhsman, Ph.D.	Fall, Year I	3.0
Foundations of Clinical Medicine	FCM 713	18	Patricia Gordon, M.D. Peter Lewis, M.D.	Fall, Year I	2.0
Cellular & Molecular Basis of Medical Practice II	CMBMP 712	9	Cara-Lynne Schengrund, Ph.D. Christopher Yengo, Ph.D.	Spring, Year I	7.0
Biological Basis of Disease	BBD 716	8	Michael Katzman, M.D. David Spector, Ph.D.	Spring, Year I	6.0
Medical Humanities	HMN 713	12	James Ballard, M.D. Phillip Wilson, Ph.D.	Spring, Year I	5.0
Evidence-based Medicine I	EBM 713	8	Vernon Chinchilli, Ph.D. Alan Adelman, M.D.	Spring Year I	1.0
Primary Care Preceptorship	PCMED 700	1	Patricia Gordon, M.D.	Spring, Year I	1.0
Clinical Learning and Competencies (PBL)	CLC 712	10	James Ballard, M.D. Kent Vrana, Ph.D.	Spring, Year I	3.0
Foundations of Clinical Medicine	FCM 714	18	Patricia Gordon, M.D. Peter Lewis, M.D.	Spring, Year I	2.0
Hematology	HEM 721	2.5	James Ballard, M.D. Michael Bayerl, M.D.	Fall, Year II	3.0
Evidence-based Medicine II	EBM 723	4	Vernon Chinchilli, Ph.D. Alan Adelman, M.D.	Fall, Year II	1.0
Cardiology	CAR 722	3	Edward B. Lankford, M.D., Ph.D. Chestor Ray, M.D.	Fall, Year II	4.5
Pulmonary Medicine	PLM 726	2.5	Kevin Gleeson, M.D. Lawrence Kass, M.D.	Fall, Year II	3.0
Renal Medicine	REN 728	2	Charles Lang, Ph.D. Ronald Miller, M.D., FACP	Fall, Year II	3.0
Gastroenterology	GI 729	5	Kevin J. McKenna, M.D. Emmanuelle Williams, M.D.	Fall, Year II	5.0
Medical Ethics and Professionalism	MEP 721	12	Michael Green, M.D., M.S. Benjamin Levi, M.D., Ph.D.	Fall, Year II	3.0
Clinical Learning and Competencies (PBL)	CLC 721	18	James Ballard, M.D. Kent Vrana, Ph.D.	Fall, Year II	8.0
Foundations of Clinical Medicine	FCM 723	15	Patricia Gordon, M.D. Peter Lewis, M.D.	Fall, Year II	2.0
Neural & Behavioral Science	NBS 725	9	Milind Kothari, D.O. Thomas Pritchard, Ph.D. Randy Welton, M.D.	Spring, Year II	13.0
Behavioral Influences on Health	BIH 722	12	Carol Baase, M.D. Linda Kanzleiter, M.Ps.Sc., D.Ed.	Spring, Year II	3.0
Musculoskeletal	MSC 727	2	Edward Fox, M.D. Elizabeth Frauenhoffer, M.D.	Spring, Year II	2.0
Dermatology	DERM 720	1	Jennie Clarke, M.D. Jeffrey Miller, M.D.	Spring, Year II	1.0
Reproductive Medicine	REP 730	3	Colin MacNeil, M.D. Shanin Gross, D.O	Spring, Year II	4.0
Endocrinology	END 731	2.5	Nazia Raja-Khan, M.D. Michael Verderame, Ph.D.	Spring, Year II	3.0
Clinical Learning and Competencies (PBL)	CLC 722	15	James Ballard, M.D. Kent Vrana, Ph.D.	Spring, Year II	5.0
Foundations of Clinical Medicine	FCM 724	17	Patricia Gordon, M.D. Peter Lewis, M.D.	Spring, Year II	2.0

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CLINICAL YEARS AY2011-2012

Required Courses in Years I, II, III & IV	Course #	# of Weeks	Course Co-Directors	Semester/Year	Credits
Transition to Clinical Medicine	TCM 706	1	Interdisciplinary Faculty	Spring, Year III - May	1.0
Advanced Clinical Diagnostics	MCLKS 701	1	Shou Ling Leong, M.D.	Fall, Year III - June	1.0
Clinical Therapeutics	MCLKS 702	1	Jennifer Goldstein, M.D.	Spring Year III - Jan	1.0
Improving Healthcare	MCLKS 704	1	Margaret Kreher, M.D.	Spring, Year III - April	1.0
Clinical Clerkships (Required Clinical Rotations) Family & Community Medicine	FCMED 771	4	Shou-Ling Leong, M.D.	Fall/Spring, Year III	15.0
Clinical Clerkships (Required Clinical Rotations) Medicine	MED 700	8	Susan Glod, M.D.	Fall/Spring, Year III	5.0
Clinical Clerkships (Required Clinical Rotations) Pediatrics	PED 700	6	Deborah Kees-Folts, M.D.	Fall/Spring, Year III	10.0
Clinical Clerkships (Required Clinical Rotations) Psychiatry	PSYCH 700	4	Randy Welton	Fall/Spring, Year III	5.0
Clinical Clerkships (Required Clinical Rotations) Primary Care	PCMED 731	4	Patricia Gordon, M.D.	Fall/Spring, Year III	5.0
Clinical Clerkships (Required Clinical Rotations) Obstetrics & Gynecology	OB/GYN 700	6	Colin MacNeill, M.D.	Fall/Spring, Year III	10.0
Clinical Clerkships (Required Clinical Rotations) Surgery	SURG 700	8	Brian Saunders, M.D.	Fall/Spring, Year III	15.0
One four-week selective or two two-week selectives		4	Department-named Faculty Directors	Fall/Spring, Year III	5.0/2.5
Clinical Clerkships (Required Clinical Selective) Humanities		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Clinical Clerkships (Required Clinical Rotations) Neurology	NEURO 740	4	Milind Kothari, D.O.	Fall/Spring, Year IV	5.0
Clinical Clerkships (Required Clinical Rotations) Medicine Acting Internship		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Clinical Clerkships (Required Clinical Rotations) Surgery Acting Internship		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Transition to Internship	MCLKS 705	1	Deborah Kees-Folts, M.D.	Spring, Year IV - April	1.0
Elective in Any Discipline		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective in Any Discipline		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective in Any Discipline		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective in Any Discipline		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0

Section II

Curriculum Policies





ACADEMIC INTEGRITY Academic Year 2011-2012

Academic Integrity at Penn State is defined by Faculty Senate Policy 49-20 as "the pursuit of scholarly activity in an open, honest, and responsible manner."

The University Code of Conduct states, "all students should act with personal integrity; respect other students' dignity, rights, and property; and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others."

Academic dishonesty (including, but not limited to cheating, plagiarism, or falsification of information) will not be tolerated and can result in academic or disciplinary sanctions such as a failing grade (F) in the course.

CUMED Sub-Committee for Years I & II Approved January 6, 2003



THE EDUCATOR'S CODE OF CONDUCT

The Penn State Milton S. Hershey Medical Center and Penn State College of Medicine are dedicated to developing and maintaining a strong commitment to ethical teaching practices at all levels of the education process. The foundation for this Educator's Code of Conduct is provided by the Penn State University Graduate School Statement on Teaching Ethics (1). The development of this Graduate School statement was based on a special issue of the journal, New Directions for Teaching and Learning. In this special issue, entitled Ethical Dimensions of College and University Teaching: Understanding and Honoring the Special Relationship between Teachers and Students (2), several authors provided theoretical and practical guidelines for honing ethical college teaching skills. Some of the authors' recommendations have been used to formulate the Educator's Code of Conduct provided herein. Some of these recommendations were modified to specifically fit the needs of both educators and students at the Hershey Medical Center and the Penn State College of Medicine. Both the Unified Campus Commitment to Excellence of the Hershey Medical Center and Penn State College of Medicine (3) and the Code of Ethical Behavior of the Hershey Medical Center, Policy A-20 HAM (4) were also consulted in preparing this Educator's Code of Conduct.

FOUR NORMS TO GOVERN TEACHING

Honesty

Honesty and integrity must be practiced during all aspects of the education process.

Promise-Keeping

Promise keeping requires the educator to fulfill the "promises" made at the beginning of the semester or any other learning activity. Syllabi, assignments, grading principles, and class and office hour schedules each involve promises that are made to students and that must be adhered to under normal circumstances.

Respect for Persons

The educator must approach the learner with personal respect. In addition, the educator ought to encourage mutual respect among students. In particular, respect for race, religion, sexual orientation, disability gender, age, marital status, cultural differences, and political conviction should be supported and encouraged in all aspects of the educational process. Additionally, educators ought to show respect and common courtesy for students both during interpersonal interactions and in responding promptly to students' need for guidance and feedback. An environment free from harassment and discrimination, verbal abuse, physical violence, and intimidation in any form must also be provided for all learning activities.

Fairness

Recognizing the inherent subjectivity involved in grading, an educator ought to ensure that their grading practices are as objective as possible by creating and adhering to unambiguous criteria.



PRINCIPLES OF ETHICAL COLLEGE AND UNIVERSITY TEACHING

Content Competence

An educator maintains a high level of subject matter knowledge and ensures that the content of the educational experience is current, accurate, representative, and appropriate to the position of the learning experience within the students' program of study. The educator must be capable of approaching each learner with a commitment to meeting his or her educational needs.

Pedagogical Competence

A pedagogically competent educator communicates the objectives of the educational experience to students, is aware of alternative instructional methods or strategies, and selects methods of instruction that are effective in helping students to achieve the course objectives.

Dealing with Sensitive Topics

Topics that students are likely to find sensitive or discomforting are dealt with in an open, honest, and positive way.

Student Development

The overriding responsibility of the educator is to contribute to the intellectual development of the student, at least in the context of the educator's own area of expertise, and to avoid actions such as exploitation and discrimination that detract from student development.

Dual Relationship with Students

To avoid conflict of interest, an educator does not enter into dual-role relationships with students that are likely to detract from student development or lead to actual or perceived favoritism on the part of the educator. The establishment of a romantic/sexual relationship between an educator and a student should be reported to the immediate supervisor of the educator. Such relationships should be dealt with consistent with Penn State Administrative Policy AD41 — Sexual Harassment (5).

Student Confidentiality

Student grades, letters of evaluation, attendance records, and private communications are treated as confidential materials and are released only with student consent, for legitimate academic purposes, or if there are reasonable grounds for believing that releasing such information will be beneficial to the student or will prevent harm to the student or to others.

Patient Privacy and Confidentiality

Educators who utilize patient information as part of any educational experience must follow patient privacy and confidentiality guidelines as outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Respect for Colleagues

An educator respects the dignity of his or her colleagues and works cooperatively with colleagues in the interest of fostering student development.



Valid Assessment of Students

An educator is responsible for taking adequate steps to ensure that the assessment of a student's performance is valid, open, fair, and congruent with the course/educational experience objectives. An educator must be aware that such assessments are important in students' lives and in the development of their careers.

Respect for Institution and Profession

In the interest of student development, an educator is aware of and respects the educational goals, policies, and standards of the institution in which he or she teaches and the profession which he or she represents.

Citing Sources of Educational Material

An educator acknowledges and documents, as appropriate, the sources of information and other materials used for teaching.

Violations of the Educator's Code of Conduct

Should a learner experience conduct that is inconsistent with the Educator's Code of Conduct, he/she is encouraged to first address the issue with either the educator responsible for the inconsistency or the director of the course in which the educator teaches. Should this attempt to resolve the problem fail, or if the nature of the inconsistency is such that the learner does not feel comfortable addressing the issue with either the educator or the course director, the student may consult other individuals. These individuals may include but are not limited to: faculty advisor, student ombudsman, departmental chair, the Vice Dean for Educational Affairs, and the Vice Dean for Faculty and Administrative Affairs. The decision of who to contact may be dependent on the educational program of the learner and/or type of violation that was encountered.

References

- (1) http://www.gradsch.psu.edu/research/ethics.html#teaching)
- (2) http://cte.uncwil.edu/et/br030697.htm
- (3) Unified Campus Commitment to Excellence of the Penn State Milton S. Hershey Medical Center and College of Medicine: 05/11/01
- (4) Code of Ethical Behavior of the Hershey Medical Center, Policy A-20 HAM; Effective Date October, 2001
- (5) http://guru.psu.edu/POLICIES/Ad41.html

Developed by the Unified Campus Academic Team

Endorsed by Teams Council — May 21, 2003



PROBLEM-BASED LEARNING Academic Year 2011–2012

The goals of the Problem-Based Learning (PBL) component of the preclinical curriculum are to enable students to develop essential skills: self learning, clinical reasoning processes, the ability to integrate basic science concepts with clinical science, and the ability to work as effective members of a team. PBL also provides faculty with the opportunity to observe students directly and to evaluate these skills and behaviors individually.

PBL is best suited for introducing new concepts or reinforcing concepts presented in lecture; providing the means for students to synthesize information and strive for a deeper meaning; stimulating comparisons, concept mapping, knowledge construction or development of schema; introducing students to learning practices used in clinical work; and providing clinical examples to study in depth.

A. Organization of Problem-Based Learning Courses

Starting in the fall semester of AY 2005–06, PBL sessions were incorporated into three courses, independent from but concurrent with the existing basic and clinical science courses. Case topics, integration with lectures and labs, and scheduling are determined by the directors of the concurrent basic science and clinical science courses:

Clinical Learning & Competencies I (CLC 712): Fall & Spring semester Year 1

Clinical Learning & Competencies II (CLC721): Fall semester, Year 2

Clinical Learning & Competencies III (CLC 722) Spring semester, Year 2

The Clinical Learning & Competencies (CLC) courses will be administered together by two Course Co-Directors and an Interdisciplinary Course Committee (ICC), selected and appointed following procedures for other preclinical courses. Grade sheets will be distributed following each pre-clinical block and course percentages will be provided at the end of the course.



GOALS IN PROBLEM-BASED LEARNING Academic Year 2011-2012

- 1. Allow the students to immediately see the relevance of what they need to learn.
- 2. Develop each student's ability to recognize what she/he needs to learn.
- 3. Develop each student's ability to locate information and choose the best sources.
- 4. Assist each student in gaining a useful basic and clinical science knowledge base.
- 5. Provide a real-life context around which each student can organize her/his new knowledge.
- 6. Activate and reinforce each student's prior knowledge.
- 7. Provide a setting for each student in which new knowledge can be elaborated on to enhance long-term memory and recall.
- 8. Provide a setting where basic science knowledge can be immediately applied to clinical problems.
- 9. Develop each student's clinical reasoning skills.
- 10. Assist each student with the development of skills necessary to work cooperatively and effectively with others.
- 11. Assist each student with the improvement of oral presentation skills.
- 12. Provide a forum in which to develop and practice professional behaviors appropriate to a physician.



EXPECTATIONS OF STUDENTS & GRADING CRITERIA IN PROBLEM-BASED LEARNING Academic Year 2011-2012

The student is expected to:

- 1. Attend all PBL sessions. Unexcused absences from PBL sessions will be marked as unprofessional behavior and each unexcused absence from PBL will result in a 10% decrease in the student's grade for the CLC course. Students should be aware that this penalty may result in a failing grade in the CLC course. (See Attendance Policy on page 24.)
- 2. Be on time for each session.
- 3. Be fully prepared for discussion of all learning objectives for each session.
- 4. Participate in all phases of case development: hypothesis generation, identification of learning objectives, and discussion of mechanisms and clinical findings.
- 5. Balance his/her participation according to the number of peers in the group, neither dominating the group nor excessively holding back contributions.
- 6. Become an active self-learner by developing skills in locating sources of information in texts, basic science and clinical literature, on-line resources, electronic databases, and faculty experts in the institution and elsewhere.
- 7. Improve his/her communication skills, including correct pronunciation and use of the vocabularies of science and medicine.
- 8. Further develop his/her interpersonal skills by (a) demonstrating a tolerance of other's viewpoints, and (b) learning to interact on a professional level with peers, faculty, and other members of the healthcare institution.
- 9. Participate in tactfully providing constructive feedback to peers and facilitators, graciously accepting feedback from peers and facilitators, and acting on suggestions towards improvement.
- 10. Help in organizing and running the group (i.e., setting ground rules, setting agendas, managing time limits, volunteering as scribe, and other tasks that are part of group sessions).
- 11. Cooperate in the group-learning effort by sharing resources and insights gained through reading or talking with experts, and by assisting peers in the learning process.



PBL GRADING FORM Academic Year 2011-2012

Explanation of Form

This form has six categories of student participation in the PBL process. Four categories address the quantity and quality of student participation in the discussions, and one category addresses cooperative learning skills. These categories will contribute to the PBL grade. Relative weights will be assigned to the categories by computer, and are proportional to the time spent in these activities in the average group, and relative importance of quantity versus quality. Most students are expected to fall within the choices that are within brackets (b, c and d). Note that the lowest grade the scanner will assign is 60%, if all categories are marked as choice a. Most courses consider any grade below 65% as failing.

The final category of professional behavior is meant to flag repetitive or major unacceptable behaviors. This checklist does <u>not</u> contribute to the PBL grade, but will be used for feedback and counseling if these behaviors continue from course to course. Incidents of these behaviors within a course should be addressed by the facilitator in private feedback sessions with the student.

Res Bloc lote: Question Instruction erformance ems in cate the score, but ehavior in the	CLC-Clinical Learning and Competencies Division: Medical Education ponsible Faculty: Ek / Site: Ins: You MUST choose one option from each of the first FIVE categories that best describes the student's are expected to fall within the choices b-d in each category. You may choose one or more gory 6 if you observe these behaviors being exhibited by the student. This category will NOT be part of at will be used to provide feedback to the student. If category 6k (Other) is selected, please describe the he comments box. DINOT AUTOSAVE UPON CLOSING. YOU MUST USE THE SAVE OR SUBMIT BUTTON DITTOM OF THE FORM! Individual to Assess:
Res Bloo ote: Question estruction erformance ems in cate e score, but ehavior in the ORMS DO T THE B	Division: Sponsible Faculty: Ck / Site: Ons marked with * must be answered. Must choose one option from each of the first FIVE categories that best describes the student's Most students are expected to fall within the choices b-d in each category. You may choose one or more gory 6 if you observe these behaviors being exhibited by the student. This category will NOT be part of the will be used to provide feedback to the student. If category 6k (Other) is selected, please describe the he comments box. O NOT AUTOSAVE UPON CLOSING. YOU MUST USE THE SAVE OR SUBMIT BUTTON DITTOM OF THE FORM!
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T THE B	OTTOM OF THE FORM!
Choose	Individual to Assess:
Choose	Individual to Assess:
PBL Grad	ling Form
I did no	ot work with this person.
Student P	erformance
	NTITY-Frequency of contributions to HYPOTHESIS GENERATION (development of ential). *
0 8	a. Infrequent most of the time
	•

	O c. Appropriate frequency ALL of the time
	O d. Appropriate frequency most of the time, sometimes excessive
	O e. Excessive most of the time
•	
2)	QUALITY - HELPFULNESS of contributions to HYPOTHESIS GENERATION (development of the differential). *
	O a. Not very helpful
	O b. Somewhat helpful
	O c. Helpful
	O d. Very Helpful
	O e. Exceptional
	G e. Exceptional
3)	QUANTITY-FREQUENCY of contributions to discussion of LEARNING OBJECTIVES *
	O a. Infrequent most of the time
	O b. Appropriate frequency most of the time, sometimes infrequent
	O c. Appropriate frequency ALL of the time
	O d. Appropriate frequency most of the time, sometimes excessive
	O e. Excessive most of the time
4)	QUALITY- HELPFULNESS of contributions to the discussion of LEARNING OBJECTIVES AND GROUP LEARNING. Includes: ability to integrate knowledge from basic and clinical
	science; bringing clarifying concepts to apply to case; explaining mechanisms clearly;
	promoting group understanding. *
	O a. Not very helpful
	O b. Somewhat helpful
	O c. Helpful
	O d. Very Helpful
	O e. Exceptional
5)	CONTRIBUTIONS TO GROUP FUNCTION: volunteers to read, scribe, manage time,
3)	organize group discussion; suggests ways to improve group function, fosters cooperative
	learning. *
	O a. Not very helpful
	O b. Somewhat helpful
	O c. Helpful

□ a. Made rude or inappropriate remarks to others. □ b. Inconsiderate when commenting on others' opinions. □ c. Argumentative and defensive when own opinions challenged. □ d. Displayed disruptive behavior (side conversations, leaving group early, interrupting others, etc.) □ e. Negative body language (e.g. eye-rolling). □ f. Displayed attitude of indifference. □ g. Displayed clear evidence of being unprepared after questioning. □ h. Overly dominated discussion. □ l. Was frequently late more than a few minutes. □ j. Was very late without legitimate excuse. □ k. Other NEGATIVE behavior (describe behavior in comments box below) Describe other NEGATIVE professional behavior here. If NONE, leave blank. Now many sessions did you facilitate? * □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 Number of student absences: * □ 0 □ 1 □ 2 □ 3 □ 4 □ 5	O e Evcentional	
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12)	Narrative Description *
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If yo	ou have questions or comments about this survey, click [here] to send a message to the survey administrator
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POLICY ON STUDENT BEHAVIOR DURING EXAMS Academic Year 2011-2012

- 1. The lecture hall will be closed 45 minutes prior to when the students may enter the exam room. Students may enter the room 15 minutes prior to the start of the exam.
- 2. Each student <u>must</u> report to the room to which she/he is assigned for each exam. Exam rooms are listed on the block schedule; student assignments will be posted outside the exam rooms fifteen (15) minutes prior to each exam. Exams will begin and end on time.
 - Students arriving late for exams will be required to hand in materials at the stated exam-end time. For example, if the exam is scheduled 9:00 a.m. to 12:00 noon, the exam materials must be handed in at 12:00 noon regardless of when a student began the exam. (In *very rare* instances the course codirectors or curriculum coordinator may make an exception due to individual circumstances).
- 3. The student must pick up her/his exam envelope at the front of the room and choose a seat separated by at least one seat from neighboring students. Exam envelopes **must not** be opened until students are instructed to do so.
- 4. The following items must be placed at the front of the lecture hall: books, notebooks, notes, papers, backpacks, PDAs, computers, *all* calculators, cell phones (must be turned off), pagers (must be turned off), coats, and hats. These items must not be placed or left in hallways or restrooms. Hats and dark glasses **may not** be worn in the exam rooms.
- 5. Beverages or food of any type will not be permitted in the exam rooms.
- 6. Only <u>one</u> student at a time will be permitted to leave the exam room. The student <u>must</u> take the exam questions and answer sheets to the proctor before leaving the exam room for any reason.
- 7. Exam proctors will not answer questions during the exam; please do not ask them to do so. If a student feels an exam question is ambiguous, questions to the co-directors should be written on the sheet that is included in the exam envelope for this purpose.
- 8. <u>All</u> pages of the exam and answer sheets *must* be given to the proctor before the student leaves the exam.
- 9. Noncompliance with these policy statements will be considered unprofessional behavior, and formal documentation will be placed in the student's file

Approved by the CUMED Sub-Committee for Years I & II on July 7, 2008



COURSE SURVEYS AND EVALUATIONS Academic Year 2011-2012

Student feedback is very important to the course co-directors, faculty, and administration at the College of Medicine. Student comments and suggestions are utilized to make positive changes to the course and its content.

Prior to a course evaluation being activated on CoursEval, students will receive notification via their Penn State e-mail account (e.g. – xyz123@psu.edu). The notification will provide students with information regarding the location of the survey, how to access the survey, and the date and time the survey will no longer be accessible.

For a student to receive his or her grade they are required to complete <u>all</u> course related surveys. <u>Exam</u> <u>surveys will be activated 24 hours after exam is administered</u>. Students will be given a required deadline wherein to complete the course related evaluations(s) (e.g. – survey activation date September 1 – evaluations will be taken off-line at 5:00 PM on September 8).

Should a student miss the survey completion deadline, the student will be required to wait until the grades are posted on Penn State's Elion (https://elion.psu.edu) system within weeks after the course. Elion (https://elion.psu.edu) provides access to grades after they are recorded and submitted by the Registrar's office. However, Elion does not provide PBL comments. Grades will be distributed to the students via their student mailbox. No information regarding grades will be released to any person (s) via telephone, email or in person (verbal).

Approved by the CUMED Sub-Committee for Years 1 & 2 on July 7, 2008



GRADING CRITERIA Academic Year 2011–2012

The grading criteria for each course must be objective, communicated clearly to the students at the start of the course, and applied fairly and consistently. Course Co-Directors, in consultation with their ICC, are responsible for defining, communicating and applying the grading criteria.

The following must be defined:

- The total number of points, the distribution of points across different assessments (*e.g.* written exams, practical exams, questions from PBL cases, other components), and the method for calculating the final score. If points are converted to percentages, the number of decimal places used and how scores are rounded must be defined.
- The criteria for determining Honors and High pass categories. These criteria are applied to the total grade in the course.

The grading criteria must be stated in the course syllabus, published on the course ANGEL site, and presented verbally to the class at the start of the course. Any changes in grading criteria after the start of the course must be clearly communicated to the students. Grading criteria cannot be changed once students have taken any examination in the course.

The following criteria are recommended:

Passing Grade:

- An absolute grade of 68% on all course components.
- Alternatively, a criterion of one-and-a-half standard deviations below the mean may be used alone or in combination with an absolute grade; in the latter case, priority must be defined: e.g., "The passing grade is 68% or 1.5 standard deviations below the mean, whichever is **lower**."
- Ambiguous or subjective criteria, such as "looking for gaps" in the grade distribution are not acceptable.

Honors & High Pass:

Approximately the top 25% of the class should receive the grade of H or HP. The distribution between these is not fixed but the following are acceptable distributions.

- Honors: approximately the top 10% of the class
- High Pass: approximately the next 15% of the class

Rounding Percentages:

• Final percentages should be expressed to one decimal place and rounded up to determine grades: e.g., for a course with an absolute pass of 68%, a final score of 67.5% or greater would be passing.

Approved by the CUMED Sub-Committee For Years 1 & 2 on July 7, 2008.



DISTRIBUTION OF GRADES Academic Year 2011-2012

- 1. Grading criteria are specific to each individual course. Criteria is determined by the course Co-Directors, and defined in the course syllabus.
- 2. Office of Medical Education staff in the Multidiscipline Laboratories (MDL) maintains course grade spreadsheets.
- 3. Upon completion of all course related surveys, final course grades (exam scores, course component performance) will be distributed to students via their student mailbox.
- 4. Copies of PBL Facilitator Evaluations will be provided to individual students via their student mailboxes after completion of all on-line evaluation(s) for a particular course.
- 5. Inquiries regarding exam questions or compilation of course grades should be addressed to the course Co-Directors within <u>three business days</u> from the date that course grades are distributed.
- 6. Grades are only distributed to individual students via his/her student mailbox. No information regarding grades will be released to any person(s) via telephone or in person (verbal).
- 7. Should a student fail a course, he or she will be notified via their individual student mailbox.

Should a student miss the survey completion deadline, the student will be required to wait until the end of the University's semester to receive his/her grade via Penn State's eLion (https://elion.psu.edu) provides access to semester grades after they are recorded and submitted by the Registrar's office. However, eLion does not provide PBL comments.



CLASS ATTENDANCE and ABSENCE POLICY Academic Year 2011-2012

It is the policy of the College of Medicine that class attendance by students be encouraged and that all instructors organize and conduct their courses with this policy in mind. Students are held responsible for all material covered in a course regardless of their attendance. Students should be aware that irregular attendance may affect their performance and should make every effort to attend all course sessions.

Attendance at examinations, Foundations of Clinical Medicine sessions (including small and large group sessions) and PBL sessions is **mandatory**; course co-directors may also require attendance at other course sessions. Students must report **all absences** from mandatory sessions to the Curriculum Coordinator for Years 1 & 2, Office of Medical Education; a form is provided for this purpose. PBL facilitators must report a student absence to the Curriculum Coordinator within 24 hours.

Absences from mandatory sessions are classified as follows:

Anticipated Absences. In cases when students need to fulfill professional obligations, such as presentations at professional meetings, or to attend religious holiday services and celebrations. Students must notify the Curriculum Coordinator in writing **at least one week prior to the anticipated absence.**

Unexpected Absences. In cases of personal illness or family emergency, such as the death of a family member. Students must notify the Curriculum Coordinator within 24 hours of the absence and submit a notification of absence form. Students must provide a written note from **Student Health** when illness causes a student to be absent from an examination or to miss a PBL session. Students are requested to provide contact information if they are traveling.

Unexcused Absences. All absences that are not approved as anticipated or unexpected or absences that are not reported. Failure to report an absence from a mandatory session will result in a record of an unexcused absence.

Approval for Student Absences

Course co-directors must approve student absences from mandatory sessions in their course. The co-directors for the CLC courses are responsible for approving absences from PBL sessions.

Instructors should provide, within reason, opportunity to make up work for students who miss class in cases of anticipated or unexpected absences. In cases of anticipated or unexpected absences from examinations, course co-directors must provide alternative arrangements for the student to take the examination in partnership with the Curriculum Coordinator and the Office of Medical Education.

Absence from PBL Sessions

Unexcused absences from PBL sessions will be marked as unprofessional behavior and each unexcused absence from PBL will result in a 10% decrease in the student's grade for the CLC course. Students should be aware that this penalty may result in a failing grade in the CLC course.

Approved by the CUMED Sub-Committee For Years 1 & 2, July 7, 2008.



Office of Medical Education (OME)

Mail Code: H176

 $Tel: (717)\ 531\text{-}4304 - Fax: (717)\ 531\text{-}3925$

NOTIFICATION OF ABSENCE

Please see reverse for the Class Attendance and Absence Policy.

Pleas	se Check One:							
	Anticipated Absence – Notification must be submitted in writing to the Office of Medical Education at least one week prior to the anticipated absence.							
	Years 1 & 2 in the Of 8563. In the event of a	e – Within 24 hours of the absence, the student must notify the Curriculum Coordinator for fice of Medical Education during standard business hours at (717) 531-4304 or (717) 531-4304 or emergency during evening or weekend hours, please leave a message. Please Note: A note is required if illness causes you to miss a PBL session or a course examination on the date it is						
	Unreported Absence Student Attendance P	e – Notification not provided to the Office of Medical Education as required in the volicy.						
	Date:							
-	Student Name:							
	Date (s) of Absence:							
	Reason for Absence:							
	Course (s) Affected:							
-	Telephone Number:							
-	E-Mail Address:							
_	FOR OFFICE	USE ONLY						
	Excused	Course Co-director Signature:						
	Unexcused	Date:						
		PBL Facilitator Notified:						
		Student Notified						

Revised: 6/3/11 – OME **POLICY STATEMENT**

ACADEMIC PROGRESS COMMITTEE YEARS I & II and III & IV

Academic Year 2011-2012

Background

Students in the College of Medicine have been carefully selected for the demands of medical study. However, some students, no matter how qualified, may experience difficulty in meeting the requirements of certain courses of study. If such difficulties arise, the matter is initially one of concern only to the student and the department or course director involved. A student who fails a course will be notified immediately by the department or course director. If a final course grade of Fail is transmitted to the Office of Medical Education, this grade will be considered by the Academic Progress Committee in relation to the student's overall performance.

APC Responsibilities Years I and II

The Academic Progress Committee (APC) Years I and II is responsible for the preclinical years and is composed of the basic science department chairs (voting members), and the Vice Dean for Educational Affairs, Associate Dean for Pre-Clinical Curriculum and Associate Dean for Clinical Education (ex officio members). The chair of this committee is elected by the committee.

The Academic Progress Committee acting for the entire faculty regularly evaluates and comprehensively reviews student performance. The APC meets at the conclusion of each semester, although other meetings may be called. The Committee concentrates on those students who have shown academic deficiencies. This review is detailed and includes an evaluation of performance in all courses. It is expected that a student will pass all required courses in Year I and II before entering Year III.

The Associate Dean for Pre-Clinical Curriculum may appeal to the Curriculum Evaluation Committee (CEC) to further investigate any course where there are a disproportionate number of students failing the course.

APC Responsibilities Years III and IV

The Academic Progress Committee Years III and IV is responsible for students in their clinical years and is composed of the clinical department chairs (voting members), and Vice Dean for Educational Affairs, Associate Dean for Pre-Clinical Curriculum and Associate Dean for Clinical Education (ex officio members). The chair of this committee is elected by the committee.

The APC Years III and IV regularly evaluates and comprehensively reviews student performance during the third and fourth years of medical school. (i.e. the required and elective clerkships).

The Associate Dean for Clinical Education may appeal to the Curriculum Evaluation Committee (CEC) to further investigate any clerkship or elective where there are a disproportionate number of students failing the course.

Process for Deficiencies

- 1. Students who receive a **final grade of fail** or who in a continuing course, i.e., a course that is given over several semesters, are doing failing work at the end of a particular academic period will be immediately notified by the department or course director concerned. The failing grade will also be transmitted to the Office of Student Affairs and placed on the student's transcript.
- 2. Students who receive a final course **failure** are placed on **academic probation**, a status that indicates to both the student and the faculty that the student's performance has not met the academic standards of the College of Medicine. Students who are failing a continuing course will be urged to obtain appropriate assistance and take necessary steps to overcome the academic deficiencies. Such a student may also be placed on academic probation. Any subsequent failing grades, either as a final grade or in a continuing course, may be cause for the recommendation for dismissal from the College of Medicine for academic reasons.
- 3. The APC may take other actions with respect to a failing grade:

Years I and II – These include, but are not limited to, requiring that a core course in the same subject be taken at another institution (SBMP only) possibly over the summer session, or requiring that the entire academic year be repeated. The Vice Dean for Educational Affairs must approve all decisions.

Years III and IV – Students who fail a required clerkship or elective will be required to meet with the APC to review his/her academic record and reasons for the failing grade.

Students who receive a **low pass evaluation in a required or elective clerkship** will be required to meet with the Vice Dean for Educational Affairs and may be required to meet with the APC to review his/her academic record and reasons for the marginal performance.

Students who receive a **low pass evaluation in two or more required or elective clerkships** will be required to meet with the APC. The APC may, but is not limited to, require that additional time be spent in a clinical clerkship discipline, decompressing the student's schedule.

- 4. Students who receive two documented incidences of unprofessional behavior or an egregious violation of professionalism as interpreted by the Vice Dean for Educational Affairs will meet with the Academic Progress Committee
- 5. A student being reviewed by the APC will be asked to appear before the Committee together with his or her advisor. The student is encouraged to bring their advisor with them. It is the student's responsibility to review their status with their advisor prior to the meeting. Course or clerkship directors may be invited at the discretion of the APC.

- 6. The student will receive at least five-calendar days notice prior to the interview with the APC. The student must meet with the Committee at the date, time, and location specified by the Office of Medical Education. Attendance is mandatory; exceptions will not be made.
- 7. The Committee's purpose in meeting with the student are to hear the student's view of his or her past performance and present situation. After hearing from the student, the committee will make a determination on a specific course of action for the student. In each case, a student's entire situation, past and present, will be reviewed by the APC, including the margins by which the student has failed or passed courses, the particular courses that he or she has failed, the student's personal situation, and other relevant considerations. The above are guidelines and not rules. The Committee will exercise its best judgment in each individual case.

Recommendations for Action, Other Than Suspension or Dismissal

Recommendations for **action**, **other than suspension or dismissal**, on a student's academic deficiency are communicated to the Vice Dean for Educational Affairs (or designate) who will discuss the decision with the student.

The student may request a further review of the decision by the APC by submitting a written request to the Chairperson of the APC.

- 1. The student can appeal in writing, to the Chairperson of the APC, within seven (7) calendar days of receipt of the Committee's decision. The correspondence must indicate why the student feels he/she should not complete the action recommended by the Committee.
- 2. The Committee may choose to meet with the student to listen to the appeal.
- 3. The Vice Dean for Educational Affairs will send out a follow-up letter notifying the student of the Committee's final decision.

Following further review by the APC, a student may appeal the decision to the Dean of the College of Medicine. (See – Student Appeal Process for Recommendations of Suspension or Dismissal)

Recommendations for Suspension or Dismissal

- 1. In the event that the APC recommends suspension or dismissal of a student from the College of Medicine, a written notice of this recommendation will be submitted to the Dean and the student. The Dean of the College of Medicine has the ultimate authority for separation of the student from the College of Medicine. The Dean will review all material relevant to the matter, and may meet with the student and or faculty. The Dean will notify the student of the final decision.
- 2. The probability of dismissal increases with the number and seriousness of course failures. A student who fails one course while on academic probation is at risk for dismissal.

- 3. A student who does not pass (either fails or is allowed to drop) as many as three required courses in the same year is at major risk for dismissal. A failure in as many as four required courses makes dismissal probable.
- 4. A student who fails the same course twice should expect dismissal. A student taking an approved course over the summer will be regarded as retaking "the same course." Continued failures in successive courses or over several semesters also increase the likelihood of recommendation for dismissal. In each case, a student's entire situation, past as well as present, will be reviewed by the APC, including the margins by which the student has failed or passed courses, the particular courses that he or she has failed, the student's personal situation, and other relevant considerations. The above are guidelines and not rules. The Committee will exercise its best judgment in each individual case.

Student Appeal Process for Recommendations of Suspension or Dismissal

In the event that the APC recommends suspension or dismissal of a student from the College of Medicine, a written notice of this recommendation will be submitted to the Dean and the student. The Dean of the College of Medicine has the ultimate authority for separation of the student from the College of Medicine.

- 1. The student may appeal the APC's recommendation. He/she must do so in writing to the Dean within seven (7) calendar days of receipt of the Committee's decision.
- 2. The student must write a letter to the Dean stating why he/she should not be dismissed.
- 3. The Dean may choose to meet with the student to listen to the appeal.
- 4. The Dean will send out a follow-up letter notifying the student of the final decision.

Standards of Professional Behavior

On occasion, students who are proficient at passing written and laboratory examinations do not display standards of professional behavior sufficient for effective patient care and/or maintaining public confidence in the medical profession. The faculty expects adherence to these standards of conduct in addition to course work performance. Failure to maintain such standards will be taken into consideration by the APC when making decisions concerning students. The following list provides students with examples of areas that form the basis for faculty assessment of their standards of professional behavior. The faculty will assist students as much as possible with known deficiencies. Students should recognize, before matriculation, that the faculty evaluation of overall student performance includes issues of this type:

- Displays personal honesty and integrity in academic and clinical responsibilities.
- Displays respect and sensitivity toward individuals and/or groups.
- Is not impaired in the performance of his or her professional duties by alcohol or other drugs not used for legitimate medical purposes.
- Develops interpersonal skills to form good physician/patient relationships leading to trust and excellent care and adheres to the principles in the Patient Bill of Rights.
- Meets assignments and responsibilities during clinical clerkships and displays judgment
 appropriate for current level of responsibility, including recognition of allowable actions and
 obtaining assistance when needed.
- Maintains confidentiality of information and records entrusted to the student.
- Displays a cooperative attitude that enhances patient care in both inpatient and outpatient settings.

Policy Revised 6/3/2011 rb



Guidelines for Remediation – Years I & II Academic Year 2011-2012

If a student experiences a course(s) failure in Year I or Year II, his/her academic performance will be reviewed by the **Academic Progress Committee (APC)** for Years I & II, which meets after both the Fall and Spring Semesters.

Fall APC Meeting Date: Years I and II – Tuesday, January 10, 2012

Spring APC Meeting Dates: Year I - Thursday, May 31, 2012

Year II - Thursday, May 24, 2012

Please Note: These dates are subject to change based on curricular needs, and at the discretion of the College of Medicine's Committee for Undergraduate Medical Education (CUMED).

Should such failures not represent more than a total of up to 9 weeks of course time, the student **may** be offered the opportunity to remediate that portion of the pre-clinical curriculum during the summer months. **Decisions regarding remediation are made by the Academic Progress Committee for Years I & II during its spring deliberations.** Remediation may begin immediately upon receipt of the Academic Progress Committee's decision following the spring meeting.

Successful remediation must be completed as follows in order for the student to proceed to the next year of the medical curriculum.

Year I: Friday, July 13, 2012 (for all courses failed)

Year II: Friday, June 15, 2012 (for the first course failed)
Friday, July 6, 2012 (for the second course failed)

Student Responsibilities:

- The student must provide accurate contact information (mailing address and telephone number) to the Coordinator for Pre-Clinical Curriculum in the Office of Medical Education, and the appropriate course co-directors.
- The student must review his/her academic status with their advisor prior to the APC meeting. The
 student's advisor is strongly encouraged to attend the APC meeting. If the advisor is unable to
 attend, the student must ask their advisor to provide a written statement to the Vice Dean for
 Educational Affairs documenting that they met with the student prior to the scheduled APC meeting.
- The student must meet with the Academic Progress Committee at the date/time/location specified in a letter from the Chair of the Academic Progress Committee for Years I & II. <u>Attendance is</u> <u>mandatory; exceptions will not be made.</u>
- If offered the opportunity to remediate a course(s), it is the student's responsibility to contact the
 appropriate course co-directors and the Coordinator for Pre-Clinical Curriculum in the Office of
 Medical Education to initiate remedial activities.

- Year II Students: If a student who is required to remediate <u>one</u> course decides, or the Academic Progress Committee requires that the student delay USMLE Step 1 and thus, a delay in starting clinical rotations will be necessary, the student must schedule an appointment with Dr. Eileen Moser, Associate Dean for Clinical Education, to modify their schedule. It is expected that the student will complete Transition to Clinical Medicine (TCM 706) as well as Advanced Clinical Diagnostics (MCLKS 701) unless directed otherwise by the Academic Progress Committee.
- Year II Students: A student who is required to remediate <u>more than one</u> course must delay the
 USMLE Step 1 and will not be able to start their Clerkships in July. The student must schedule an
 appointment with Dr. Eileen Moser, Associate Dean for Clinical Education to modify their Year III
 schedule. The student is expected to complete the Transition to Clinical Medicine (TCM 706) as well
 as the Advanced Clinical Diagnostics (MCLKS 701) courses unless directed otherwise by the
 Academic Progress Committee.
- The student will be informed by the Office of Medical Education of the remediation exam date, time, and location.
- As directed by the course co-director, the student will undertake self-study, utilizing all recommended materials. These may include handouts, cases, texts, and other appropriate resources.

Faculty Responsibilities:

Standards of remedial student performance will be set by the course directors and Interdisciplinary Course Committee (ICC). Student mastery of identified material will be assessed by an exam, the generation of which is also the responsibility of the course directors and ICC.

The following steps are recommended to course co-directors as part of remediation process:

- 1. A faculty member, or members, shall be designated by the ICC to work with the student.
- 2. Course exams and other materials (such as PBL facilitator evaluations) should be reviewed with the student at the beginning of the remediation process in an attempt to identify any specific areas of weakness.
- 3. Course directors will provide remediation expectations, guidelines, learning objectives (all, or a subset, of the course/component learning objectives) and passing exam grade information to students **in writing**.
- 4. Requests for tutorial assistance should be made to Dr. Carol Whitfield, Associate Dean for Pre-Clinical Curriculum.
- 5. An exam based on the assigned learning objectives will be administered. Course codirectors are expected to forward results to students and the Vice Dean for Educational Affairs within two working days of exam administration.

Unsuccessful Remediation:

Should remediation efforts prove unsuccessful, the Academic Progress Committee will reconvene to discuss the student's academic situation. The student may be required to repeat the entire academic year.

Revised: 6/3/11 – OME



TUTORIAL ASSISTANCE Academic Year 2011-2012

Tutorial assistance is defined as provision of additional resources to students who are having difficulties during a pre-clinical course, in contrast to remediation that occurs after a course has been completed. Tutorials may decrease the number of students who fail a course and subsequently require remediation. Therefore, Course Co-Directors are encouraged to provide tutorial assistance to students when appropriate and feasible. The following guidelines are recommended:

- 1. Course Co-Directors are responsible for determining the format of tutorials within a particular course.
- 2. Tutorials may be provided by faculty, graduate students, residents, or medical students who have demonstrated expertise in the subject matter. The Office of Medical Education will solicit volunteers and maintain a database of qualified individuals willing to provide tutorials.
- 3. Tutors will be reimbursed for their time and effort by the Office of the Associate Dean for Academic Achievement.
- 4. Because of limited financial resources, tutors should only be provided for students determined to be in need as demonstrated by poor performance (failing or marginal scores on a course examination or quiz) or as recommended by the Associate Dean for Preclinical Curriculum.
- 5. Course Co-Directors are encouraged to include mechanisms in a course to identify students in difficulties, such as, in-class or on-line quizzes as self-assessment or as part of the final grade.
- 6. Course Co-Directors should meet with students in difficulties in order to determine whether students have any special needs or problems. Any meetings with students, the availability of tutorials, and student attendance at tutorials should be documented.
- 7. Tutorials will be evaluated by participants, using a standardized form. The evaluations will be collated by the Office of the Associate Dean for Academic Achievement and provided to the Office of Medical Education and the appropriate Course Co-Directors.
- 8. Student-led study and tutorial groups (i.e., students tutoring peers within the same class) are encouraged.

CUMED Sub-Committee for Years I & II Approved July 7, 2008



STUDENT FEEDBACK REGARDING CURRICULAR ISSUES Academic Year 2011-2012

Medical student feedback regarding courses and curriculum will occur by means of four formal contacts supported by the Committee on Undergraduate Medical Education (CUMED). Any and all pertinent material can be discussed using any of the four, but each venue is perceived to have a particular focus or responsibility.

Student Curriculum Representatives

Two (2) students are elected by each class to serve as representatives to CUMED. These students attend CUMED meetings and participate in discussions. Focus is on broader issues of the curriculum.

Student Focus Groups

Each student focus group is comprised of the CUMED student representatives, ICC co-directors, a CUMED member not associated with the particular course under review, and ten students randomly selected by the Office of Medical Education. Meetings will generally occur at the culmination of the component/course. The primary purpose of these meetings is to acquire feedback from the students' perspective on both academic and procedural issues relating to that specific component/course. Questions for discussion should include:

- What are the strengths and weaknesses of the course?
- How could the perceived weaknesses be improved?
- Was your introduction/orientation to the course adequate? Do you know what is expected of you in this course?
- How effectively have the various course components been integrated thus far?
- Has problem-based learning (PBL) enhanced your understanding of the material presented in the course? Explain.
- Could the topics/diseases covered in PBL be more effectively presented and/or more easily learned if given in lecture? Could the topics/information covered in lectures be equally or more effectively presented and learned if given as a PBL session?
- Has there been any difficulty locating information, resources, texts in the library?
- Were your examinations representative of the material covered in the course? Did you consider them to be fair?

Faculty Evaluation

All students are required to complete Faculty Evaluations. Information gathered is available only on a need-to-know basis (individual faculty member, administration, ICC co-directors of the relevant course, appropriate department chair, Academic Progress Committee).

Course Evaluation

All students are required to complete Course Evaluations. Information gathered is available to the appropriate ICC, the Office of Medical Education, the Curriculum Evaluation Committee, and CUMED.

Section III

Procedural Policies



PENNSTATE HERSHEY College of Medicine

Professionalism

Students are expected to exhibit professional and altruistic behavior at all times, as outlined in the *Medical School Objectives at the Pennsylvania State University College of Medicine*. (This document is attached.) Additionally students are expected to demonstrate professionalism as outline by the AAMC, as detailed below.

- a. Students should exhibit honesty and integrity, including:
 - Forthright, truthful and trustworthy behavior.
 - Appropriate identification of status when participating in patient care.
 - Showing ethical behavior at all times.
- b. Students should demonstrate responsibility and reliability, including:
 - Punctuality and meeting deadlines.
 - Compliance with policies, rules, regulations and laws.
 - Attendance at required sessions.
 - Demonstration of appropriate prioritization between personal and professional life.
 - Demonstration of accountability, including appropriate assumption of responsibility and reporting of inappropriate behaviors.
- c. Students should demonstrate respect for others, including:
 - Respecting the authority and knowledge of other professionals.
 - Working well with and showing respect to all team members.
 - Showing appropriate grooming and cleanliness.
- d. Students should demonstrate altruism and empathy, including:
 - Showing appropriate concern for others.
 - Perception and acknowledgment of other people's physical, emotional and social needs.
 - Demonstration of sensitivity and concern regarding those needs.
 - Maintenance of objectivity in difficult interactions with other individuals.
- e. Students should demonstrate commitment to competence and excellence, including:
 - Setting, achieving and reflecting on realistic goals.
 - Routinely seeking to develop additional knowledge and skills.
 - Striving for excellence rather than to meet minimum standards.
- f. Students should demonstrate responsibility for self-assessment and self-improvement, including:
 - Admission of errors and accepting responsibility for actions.
 - Seeking feedback, and implementing changes as a result of feedback.
 - Demonstration of appropriate self-confidence.

- Asking for help when appropriate.
- g. Students should demonstrate respect for patients and their families, including:
 - Sensitivity to patients' beliefs, opinions, gender, race, culture, religion, sexual preference, and status.
 - Respecting patients' autonomy and right to choose.
 - Demonstration and maintenance of sensitivity to confidential patient information.



THE PENNSYLVANIA STATE UNIVERSITY CODE OF CONDUCT

The Code of Conduct describes behaviors that are inconsistent with the essential values of the University community. Intentionally attempting or assisting in these behaviors may be considered as serious as engaging in the behavior. A person commits an attempt when, with intent to commit a specific violation of the Code of Conduct, he/she performs any act that constitutes a substantial step toward the commission of that violation.

Links are provided for University policy statements that inform the Code of Conduct. The Code of Conduct behaviors include, but are not limited to:

- 1. ABUSE/ENDANGERMENT/HAZING OF A PERSON: Physically harming or threatening to harm any person, intentionally or recklessly causing harm to any person or reasonable apprehension of such harm or creating a condition that endangers the health and safety of self or others, including through the facilitation of or participation in any mental or physical hazing activity (also see Policy Statement 8).
- 2. SEXUAL MISCONDUCT OR ABUSE: The University does not tolerate sexual misconduct or abuse, such as sexual assault, rape or any other forms of nonconsensual sexual activity. Sexual misconduct and abuse can occur between acquaintances or parties unknown to each other. Sexual abuse is attempted or actual unwanted sexual activity, such as sexual touching and fondling. This includes the touching of an unwilling person's intimate parts (defined as genitalia, groin, breast or buttock, or clothing covering them), or forcing an unwilling person to touch another's intimate parts. Sexual misconduct includes, but is not limited to, sexual assault, rape, forcible sodomy or sexual penetration with an inanimate object, intercourse without consent, under conditions of force, threat of force, fear or when a person is unable to give consent because of substance abuse, captivity, sleep or disability (also see Policy AD-12).
- 3. HARASSMENT CREATING HOSTILE ENVIRONMENT, AND HARASSMENT OR STALKING OF ANY PERSON: Harassment creating a hostile environment is a violation of University policy. Such harassment is a form of discrimination consisting of physical or verbal conduct that
- (a) is directed at an individual because of the individual's age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, gender identity or veteran status; and
- (b) is sufficiently severe or pervasive so as to substantially interfere with the individual's employment, education or access to University programs, activities and opportunities.

To constitute harassment creating a hostile environment, the conduct must be such that it detrimentally affects the individual in question and would also detrimentally affect a reasonable person under the same circumstances. This harassment may include, but is not limited to, verbal or physical attacks, threats, slurs, or derogatory comments or threats of such conduct, that meet the definition set forth above. Whether the alleged conduct constitutes prohibited harassment depends on the totality of the particular circumstances, including the nature, frequency and duration of the conduct in question, the location and context in which it occurs and the status of the individuals involved.

General harassment or stalking of any person is a violation of University policy. A person violates this section when, with the intent to harass or alarm another, the person

(a) subjects the other person or group of persons to unwanted physical contact or threat of such contact; or (b) engages in a course of conduct, including following the person without proper authority, under circumstances which demonstrate intent to place the other person in reasonable fear of bodily injury or to cause the other person substantial emotional distress (also see Policy Statement 7, and Policies AD-41 and AD-42).

- 4. WEAPONS, FIREARMS, AND PAINTBALL DEVICES: The possession, storing, carrying, or use of any weapon, ammunition, or explosive by any person is prohibited on all University property except by authorized law enforcement officers and other persons specifically authorized by the University. No person shall possess, carry, or use any fireworks on University property, except for those persons authorized by University and local governments to discharge such fireworks as part of a public display. Paintball guns and paintball markers may only be used on the property of the University in connection with authorized University activities and only at approved locations (also see SY-12).
- 5. FIRE SAFETY VIOLATIONS: Tampering with fire or other safety equipment or setting unauthorized fires.
- 6. ALCOHOL AND/OR DRUGS: Illegally possessing, using, distributing, manufacturing, selling or being under the influence of alcohol or other drugs. Use, possession or distribution of beverages containing alcohol on University property shall comply with the laws of the Commonwealth of Pennsylvania and University Policies and Rules.

Note: Anyone, including those under 21, serving alcohol to persons under 21 is in violation of both University regulations and state law. Excessive consumption occurs when a person is intoxicated to the degree that the person may endanger self, other persons, or property, or annoy persons in the vicinity. (also see Policies AD-18, AD-33 and Policy Statement 3).

It is also a violation a violation of the residence hall contract for a student to be in the presence of the presence of the use of illegal drugs or if under 21 years of age, alcohol, in any residential area.

- 7. FALSE INFORMATION: Intentionally providing false or inaccurate information or records to University or local authorities. Providing a false report of an emergency, University rule and/or Code violation. Knowingly providing false statements or testimony during a University investigation or proceeding.
- 8. THEFT AND OTHER PROPERTY OFFENSES: Stealing, vandalizing, damaging, destroying, or defacing University property or the property of others.
- 9. DISRUPTION OF OPERATIONS: Obstruction or disruption of classes, research projects, or other activities or programs of the University; or obstructing access to University facilities, property, or programs. Disruption is defined as an action or combination of actions by one or more individuals that unreasonably interferes with, hinders, obstructs, or prevents the operation of the University or infringes on the rights of others to freely participate in its programs and services (also see Policy Statement 1).
- 10. ACADEMIC DISHONESTY: Academic integrity is the pursuit of scholarly activity in an open, honest and responsible manner. Academic integrity is a basic guiding principle for all academic activity at The Pennsylvania State University, and all members of the University community are expected to act in accordance with this principle. Consistent with this expectation, students should act with personal integrity, respect other students' dignity, rights and property, and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others (see Faculty Senate Policy 49-20 and G-9 Procedures).
- 11. FAILURE TO COMPLY: Failing to comply with reasonable directives from University or other officials when directed to do so. Failure to provide identification or to report to an administrative office or, when reasonable cause exists, failing to leave University-controlled premises or dangerous situations when directed to do so by properly authorized persons, including police and/or other University staff. This charge may be added to other charges, e.g., when a student fails to leave a residence hall during a fire drill and refuses to leave when directed to do so by a University official.

- 12. FORGERY/ALTERATION: Making, using or possessing any falsified University document or official record; altering or forging any University document or record, including identification, meal or access cards. This includes but is not limited to; forging (signing another's name and/or ID number) key request forms, manufacturing IDs or tickets, altering permits, misuse of forms (letterhead stationery, University forms), and keys to mislead.
- 13. UNAUTHORIZED ENTRY OR USE: Unauthorized entry into or use of property or University facilities including residence halls, classrooms, offices, and other restricted facilities. Unauthorized entry or use of facilities is referred to in the University policy regarding the rights of individuals and the rights of the institution. Specifically, policy refers to an "obligation not to infringe upon the rights of all members of the campus to privacy in offices, laboratories and residence hall rooms, and in the keeping of personal papers, confidential records and effects, subject only to the general law and University regulations."

The University also has the right to control use and entry into facilities for reasons of security, safety or protection of property. This includes closing facilities at specified times. It should also be recognized that an open or unlocked door is not an invitation to enter and use facilities. The same concept applies to computer entry or misuse, including violation of any University computer policy (also see Policy AD-20 and Policy Statement 4).

- 14. DISORDERLY CONDUCT: Engaging in disorderly, disruptive, lewd or indecent conduct. The item includes but is not limited to: inciting or participating in a riot or group disruption; failing to leave the scene of a riot or group disruption when instructed by officials; disruption of programs, classroom activities or functions and processes of the University; creating unreasonable noise; or creating a physically hazardous or physically offensive condition.
- 15. VIOLATIONS OF UNIVERSITY REGULATIONS: Violating written University policy or regulations contained in any official publications, administrative announcements, contracts and/or postings.
- 16. VIOLATION OF LAW: When it is established that a student has violated federal, state, or local law and the violation of law affects a Substantial University Interest, the student may be charged within the Code of Conduct for Violation of Law.

Code of Conduct for Penn State Students, Accessed July 2011: http://studentaffairs.psu.edu/conduct/codeofconduct/

Section IV

Student Health





STUDENT HEALTH SERVICES

SERVICES/PROVIDERS:

Healthcare is provided to all medical, graduate and nursing students in the College of Medicine and their spouses and children. The Student Health providers are Beth Wallen, MD, MPH who is the director of Student Health and Edwin Robles, D.O.

OUR SERVICES:

Student Health provides comprehensive primary care services. These include acute and chronic care for medical problems. Preventive healthcare including GYN, family planning services and well child visits. Referrals to specialists are provided as necessary by the Student Health providers.

HOURS OF OPERATION:

Scheduled appointments are available Monday through Friday from 8:00 AM to 4:30 PM. The secretary/scheduler, Janice Mesarick, is available at extension 5998 from 8:00 AM to 4:30 PM Monday through Friday. If Janice is unavailable the student will follow the voice prompts at this extension. After 4:30 pm Monday through Friday, as well as Saturday and Sunday, healthcare concerns are forwarded to the hospital nurse triage system. If the nurse triage system has concerns they are forwarded to the Family Medicine physician on call. A student may also use the Walk In Clinic at Fishburn Road for acute problems. The hours of operation are Monday-Friday 5:00 PM to 9:00 PM and Saturday and Sunday 12:00 PM to 8:00 PM.

LOCATION:

Student Health is located at our Family Practice office, University Physician Group, Fishburn Road office. This office is located at 845 Fishburn Road, Hershey, PA. Take 322 east towards 743 south turn right at Fishburn Road. The office is located approximately 3/4 mile on the left.

WHAT WILL THE SERVICE COST?

Your insurance will be billed for the cost of your Student Health visit. If your insurance does not pay for the visit, you will not be responsible for the cost of the physician fees. The cost of prescriptions, laboratory tests, and the cost of any medical services provided outside of the Office of Student Health are the responsibility of the student and their insurance carrier.

INSURANCE/REFERRALS:

All medical students are required to have medical/health insurance. Most graduate students have United Healthcare Student Resources Insurance provided through the university. Specific information concerning the school offered insurance plan is distributed to all students at the beginning of each academic year. If a student chooses not to participate in the school-affiliated program, the student is required to show proof of equivalent insurance coverage on the waiver application form given to the bursar.

Each student is responsible to understand his/her healthcare policy and coverage. Services not covered by the student's health insurance plan are the responsibility of the student.

INVASIVE INCIDENT:

In the event that a student is involved in an invasive incident with a needle or scalpel containing another person blood or body fluid the following procedure should be followed. Call the Sharps Injury Hotline at 717 531-7775 the student should report to the office of Employee Health located in room H1505 or the Emergency Department as directed by the hotline. If the student is seen in the Emergency Department, they must follow up with Employee Health on the next business day. Below is the policy that should be followed.

Sharps Injury/Blood Body Fluid Exposure at HMC or UPG Sites

Procedure:

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with soap and water
- Irrigate eyes with clean water
- DIAL SHARPS INJURY HOTLINE at 717 531-7775
- Report to Employee Health or the Emergency Department as directed by the Hotline
- Report injury/exposure to supervising physician
- Follow -up with Employee Health as directed

If injured/exposed at unaffiliated clinic sites or other institutions

- Follow the institution/hospital's established local policy for exposure
- Clinic sites without specific protocol call **SHARPS HOTLINE at 717 531-7775**
- Students are allowed travel time during a rotation to return to HMC for medical care pertaining to a sharps injury or body fluid exposure

All exposures are to be reported to HMC Employee Health ASAP for follow up even if they occur in another facility.

WE LOOK FORWARD TO SERVICING YOUR HEALTHCARE NEEDS



COLLEGE OF MEDICINE*UNIVERSITY HOSPITAL THE MILTON S. HERSHEY MEDICAL CENTER

SHARPS SAFETY

DATE: June 10, 2008

FROM: Dr. Beth Wallen, Student Health Director

Now that you are ready to embark on clinical rotations and will, for the rest of your career, be in direct contact with patients, I would like to take this opportunity to remind you to be very careful around body fluids, needles, and any other sharp instruments.

I don't need to remind you of the risks of incurring an invasive incident (particularly with regard to HIV). You need to be careful not only for yourself but for others, including nursing staff, who may be assisting you or cleaning up after your procedure.

I would suggest the following be part of your consideration with every venipuncture, line placement, spinal tap, etc.

- Don't recap needles.
- Always know where every sharp is throughout the procedure.
- Have a place on your tray, if it is a procedure, in which sharps are placed.
- Do not place sharps on the bed even if capped.
- Be sure to use safety device on syringes immediately after use.
- Always dispose of sharps within the appropriate boxes made available.
- When in surgery please be aware at all times of where the scalpel is, whether or not you are holding it.
- The same applies to suturing in surgery. Retracting during surgery is a common time for invasive incidents.
- Always dispose of sharps within the appropriate boxes made available.
- Wear a mask/eye protection when performing, observing or assisting with any procedure where there is a potential for being splashed with blood/body fluids.

I repeat once again, DON'T RECAP NEEDLES.

I think you should consider it equally as important as successfully completing your procedure to make sure that sharps safety is followed both for you and for anyone that may be working with you. Thanks for giving this important safety issue due consideration.

Office of Student Health Infectious Disease Prevention Program

Effective July 1, 2005

Authorized: Richard Simons, M.D.

Approved: Beth Wallen, M.D., and Director of Student Health

Purpose

- Prevent the transmission of vaccine preventable disease.
- Safeguard the health of medical students by providing protective immunity for vaccine preventable disease and / or prophylactic treatment when available.

Policy Statement

- Penn State College of Medicine
- All medical students will participate in the infectious disease prevention program.

Preventive Health Requirements for New Medical Students

- Prior to matriculation all students must undergo a complete history and physical examination.
- The results of the examination must be reported to the College of Medicine Student Health Office. These records will be maintained confidentially in the Student Health Office.
- Students identified by reviewing pre matriculation physical examination reports as having a chronic illness or other need to establish care will be contacted by the Student Health Office to schedule an appointment.
- All students are encouraged to get yearly health maintenance exams to screen for hypertension and other illness.
- Student Health services offer yearly gynecological exams.

Tuberculosis Prevention

- Within three months prior to matriculation and annually thereafter students are required to have a Mantoux PPD for Tuberculosis screening.
- If a student has a positive test for exposure to Tuberculosis, a chest x-ray must be done one month prior to matriculation in the first year of medical school. If the student has converted during medical school a chest x-ray will be done at that time.

Note: Policy fully applicable even if student gives history of BCG vaccination. All BCG vaccine recipients must have their PPD documented prior to matriculation.

Tuberculosis Exposure

- Treated PPD positive students should provide physician documentation of completed prophylactic isoniazid therapy.
- Students with a positive PPD will continue to be followed annually during medical school. Students will be contacted by Student Health to confirm that they have not developed symptoms of Tuberculosis. If symptoms are present a chest x-ray will be repeated, and the student will be given appropriate therapy if an active case is found.

All PPD positive students will be counseled about treatment options. Students converting during
medical school to a positive PPD will be given free of charge the necessary medications, blood
work monitoring and studies.

Hepatitis B Prevention

- Documentation of current immunization with a series of 3 doses and a quantitative Hepatitis B surface antibody titer is required prior to matriculation. If quantitative Hepatitis B titer is inadequate the student will repeat the entire series without charge.
- A quantitative titer will be redrawn 6 to 8 weeks after the completion of the second series of Hepatitis B vaccine.
- If a student again fails to demonstrate immunologic response to the vaccine they will be counseled and given information about receiving Hepatitis B immunglobin in the event of an invasive exposure.

Varicella Prevention

- Date of Varicella disease or documentation of immunizations and a Varicella IGG titer are required prior to matriculation.
- If a student presents with a negative titer and has completed the Varicella series a single booster may be given. No retiter will be done. If the student has a history of the disease and a negative titer, but not documentation of immunizations, a series of 2 Varicella injections should be given.
- If a student has further concerns about a negative titer they will be referred to an Infectious Disease provider.

Polio

- Documentation of completed primary polio series is required prior to matriculation.
- If no documentation is available then confirmation of immunity must be done with titer. If the titer is negative students will be vaccinated with a series of 3 doses of vaccine.

Rubeola

- Prior to matriculation medical students are required to have two doses of vaccine given after 12 months of age and a Rubeola antibody IgG titer.
- If the titer is negative a single MMR booster will be given without retiter.
- If no immunization history is available a positive titer is acceptable.

Mumps

- Two immunizations after 12 months of age and a positive Mumps antibody IgG titer are required.
- If the titer is negative a single MMR booster will be given without retiter.

Rubella

- Two immunizations after 12 months of age and a positive Rubella Antibody IgG are required.
- If the titer is negative a single MMR booster will be given.

Meningitis

- One immunization is required for all students who will reside in campus housing. The Menactra vaccine is recommended.
- If vaccinated with Menommune more than 3 years prior to admission students must be revaccinated or sign a waiver.

Influenza

- Influenza vaccination is strongly recommended annually.
- Immunizations are offered yearly, as supplies allow, in the fall. Students are not charged for influenza vaccinations.

Tetanus/Diphtheria/Acellular Pertussis

- This is the recommended vaccine as of 10/26/20005 by the ACIP for adults having a Tetanus immunization.
- If the student's last tetanus booster is longer than 2 years out, they will be required to receive the Tdap vaccine

Invasive Incidents

• If an invasive incident or exposure occurs students are expected to report immediately for care at Employee Health and are to follow the invasive incident protocol.

Visiting Medical Students

- Visiting medical students are required to meet the same immunizations requirements as currently enrolled students.
- Student Health personnel review vaccine records of visiting students. Outstanding requirements are reported to the department sponsoring the student's clinical clerkship.
- It is the responsibility of the clinical department to insure all requirements are met. Student Health personnel may be consulted on the requirements if interpretation is needed.

Travel Immunizations

• Student Health does not provide travel immunizations. Students are referred to local travel clinics.

Occupational exposure

- Students are required to have mask fit testing prior to the start of the clinical rotations. Students will be educated in the method of prevention of air borne and blood borne pathogens and procedure to follow should exposure occur.
- The medical school will assure the financial responsibility for treatment of HIV exposure and prophylaxis as well as conversion to a positive PPD.

Compliance Regulations

• The Penn State College of Medicine has specific immunizations requirements in place to protect both students and patients. Students will receive notification of these requirements as they come due. All students are expected to respond to these notifications. Students who are not compliant may be denied the opportunity to continue their studies until the necessary requirements are met.



Office of Student Health Blood Body Fluid Exposure at HMC or Nearby Sites

High Risk Exposure:

- Wash with soap and water
- Go to Employee Health 531-8280 Open 7:00 am to 5:00 pm. No charge for visit or medication
- Have 2 red top tubes drawn
- Between 5:00 pm and 7:00 am and weekends go to HMC Emergency Department
- Must go to Employee Health to get blood tested even if seen by E.D.

Away from Hershey Medical Center:

- May use hospital's established policy to exposure or call Employee Health at 717 531-8280 from 7:00am to 5:00 pm.
- Call the hospital operator at 717 531-8521 after hours and ask to page the Infectious Disease attending on call.

Students are allowed travel time during a rotation to return to HMC for medical care pertaining to invasive incidents.

All exposures are to be reported to HMC Employee Health for follow up even if they occur in another facility.



Injuries in Anatomy Lab

Prevention

Wear all required protective gear for every session, during class hours or after hours.

Small Lacerations

Wash the wound with soap and copious amounts of water. Place a dry sterile dressing over the area. A band-aid is appropriate and antibiotic ointment may be used. Medical student's tetanus immunization should be within five years, if you are unsure call Student Health at 717 531-5998 to verify the date. If it is after hours call the next day.

Watch the area for signs of infection such as worsening redness, pus, soreness and red streaks on skin as the area heals.

Larger Lacerations

Larger lacerations are those roughly approaching 1 centimeter or above. The wound should be washed with soap and copious amounts of water. If bleeding can be controlled use a bandage and watch for signs of infection as listed above. If bleeding cannot be stopped in 5-10 minutes, cover the area with a clean and absorbent towel and keep the area elevated.

Student Health should be called at 717 531-5998 for an appointment for suturing of the wound. After hours - call nurse triage or the family medicine physician on call for triage advice. Call Student Health if you are unsure of your tetanus immunization status.

Serious Injuries and Wounds

Student Health 531-5998 can be called first to triage a student to the appropriate place unless a wound is life, limb or sight threatening. These injuries should go to the Emergency Department, calling extension 8444 for transport when appropriate.

Loss of consciousness with trauma to the head should go directly to the Emergency Department. If students are unable to walk extension 8444, should be called for assistance.

Large wounds with rapid blood loss or involving nerves, tendon or bone should go to the Emergency Department for treatment.

For injuries requiring Emergency treatment, the College of Medicine will pay the student's remaining patient bill for emergency room/ambulance service after the student demonstrates that their health insurance carrier has fulfilled their payment responsibilities.

POLICY REGARDING CARE OF MEDICAL STUDENTS AT STUDENT HEALTH

Faculty members who provide psychiatric/psychological counseling or other sensitive health services to medical students will have no involvement in the academic evaluation or promotion of the student receiving those services.

This policy will be carried out by insuring the following:

There are designated student health providers who will provide health care services to students. These designated student health providers will have no involvement in the academic evaluation or promotion of any medical student. Faculty members who serve on medical student promotion committees, or who serve as course directors will not serve as designated student health providers.

Should emergent or urgent conditions or consultations arise for which a student must see a provider who is not a designated student health provider, that provider must recuse him/herself from any involvement in the academic evaluation or promotion of that student.

The director of student health will not have any involvement with the academic evaluation or promotion of any medical student.

When students are on an away rotation and need health care services, preceptors should refer the student to another member of the practice or physician in the community who can competently care for the student and who have no involvement in the academic evaluation or promotion of medical students receiving their services.

Students, faculty members and staff members will be informed of this policy on a yearly basis.

Reviewed 10/2009



Office of Student Health Mental Health Policy

The purpose of the following policy is to coordinate communications regarding medical students who have significant mental health issues. Specifically the outlined procedure addresses continuity of care and oversight of students who have needed to take a leave of absence from their education secondary to a serious mental health problem or a medical student

on campus with serious mental health issues that interferes with the ability to function as a medical student. A medical student who is deemed a risk to self or others will be required to take a leave of absence for their own well being and for the safety of their peers and the community.

Medical students requiring a leave of absence due to mental health issues will follow the leave of absence policy and submit notification with appropriate documentation from their provider to the Vice Dean of Educational Affairs for approval. At this time the student will be instructed that, upon application for reinstatement of student status, documentation of clearance to return must be forwarded to the Vice Dean of Educational Affairs by the mental health provider who is responsible for treatment during the leave. The statement of clearance is necessary for the student to resume their education in the College of Medicine.

In addition to this clearance, the student is required to sign a release of information form to facilitate the communication of their mental health records to the local mental health provider and the Vice Dean of Educational Affairs.

Penn State College of Medicine is not required to allow students with uncontrolled mental health issues to resume studies if they decline appropriate mental health care.

A review committee consisting of the Vice Dean of Educational Affairs, Director of Student Development, Division Director for Behavioral Health Services the Director of Student Health and the Student Ombudsman

will meet and discuss the action plan for follow up care developed by the student's treating mental health provider. These recommendations require approval of the Review Committee before the student may return to medical school. If appropriate the committee reserves the right to reconvene to discuss the student's ability to function as a medical student. The review committee may make decisions regarding further care of students with significant mental health issues to maintain student status.

The mental health provider treating the student after their leave will be notified of the necessary requirements for the student as outlined by the review committee. The student will be informed of the need for compliance with these conditions in order to maintain student status.

In the situation when it is recommended that the student have periodic assessment for fitness of duty from the mental health provider, the provider must notify the Vice Dean of Educational Affairs at

predetermined intervals with a statement that the student is in compliance with care and remains able to function in the educational environment. A simple form will be provided for completion and forwarding to accomplish this requirement.

If a notification of the student's continued ability to pursue their medical education is not received as predetermined, the student will be notified to contact their provider to obtain this required information.

The registrar and assistant to the Vice Dean will maintain a list of the students who are on leave of absence. The student's advisor will be notified of the student's leave of absence and return to medical school.

Revised 5/2010

Penn State College of Medicine Hepatitis B and HIV Policy

PSCOM requires all Medical Students to complete the Hepatitis B immunization series. When the series is completed a quantitative Hepatitis B titer must be drawn. If the titer is negative the series will be repeated. If a second titer is negative the student will be counseled by a Student Health physician on procedure to follow if they have an invasive incident.

Students are encouraged to know their Hepatitis B and HIV status. If a student is Hepatitis B antigen positive or HIV positive counseling will be available upon request or referral by a healthcare provider. Counseling includes meeting with the infectious disease specialist as well as the Director of Student Health. Students may be counseled regarding their health as well as their career choices.

Students should follow universal precautions with all patient encounters. Student will receive training in universal precautions during clinical skills week. Students will also be educated on procedures to follow in the event of a blood borne exposure or invasive incident.

If an exposure has occurred the student should call the Sharps Injury Hotline at 717 531-7775. The student will report to the Employee Health Department or the Emergency Department as directed by the hotline staff. Employee Health will initiate testing on the student as well as the source of the exposure. HIV Prophylactic therapy for high-risk exposures will be dispensed without charge. Students seen in the Emergency Department for an invasive incident should give their medical insurance information to the staff. This visit will be billed to the insurance and any remaining balance should be given to Student Health Department for payment of these services. More information about invasive incidents is available on the Student Health website.

http://www.pennstatehershey.org/web/studenthealth/home

Revised 5/10