

Scientific Foundations Committee

June 10, 2016

7:30 – 9:00 am

Mayo B-620

Minutes

2015-2016 Scientific Foundations Committee Members		
MEMBER	COURSE/ROLE	ATTENDANCE
Steve Katz	Chair (INMD 6814 Physiology)	x
Sharon Allen	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	
David Baldes	INMD 6815 Human Behavior	
H. Brent Clark	INMD 6819 HHD – N & P	x
Greg Filice	MS 2 ID Thread	
Glenn Giesler / Matthew Chafee	INMD 6813 Neuroscience	/ x
Bob Kempainen	INMD 6808 HHD – C & R	
Robert Morgan	INMD 6809 HHD – R, D & O ³	x
Brian Muthyala	INMD 6803/6804/6805 ECM 1, ECM 2, ECM 3A	
Kaz Nelson	INMD 6819 HHD – N & P	x
Catherine Niewoehner	INMD 6810 HHD – R & E-R	
James Nixon	INMD 6803/6805/6806/6807 ECM 1, ECM 3A/B/C	
Jan Norrander	INMD 6801 Human Structure and Function	x
Deborah Powell	INMD 6817 Principles of Pathology, MS2 Pathology Thread	x
Michael Ross	INMD 6816 Human Sexuality	
Michel Sanders	INMD 6802 Science of Medical Practice	x
David Satin	INMD 6803/6804/6805/6806/6807 ECM 1, ECM 2, ECM 3	
Peter Southern	INMD 6812 Microbiology	x
Heather Thompson Buom	INMD 6811 HHD – GI & Heme	x
Tony Weinhaus	INMD 6801 Human Structure and Function	x
Kevin Wickman	INMD 6818 Principles of Pharmacology	x
Mary Ramey	MS2 Lab Med/Path Coordinator	x
Nicole Cairns	MS2 Student Representative	
Blake Stagg	MS1 Student Representative	x
<i>Mark Rosenberg</i>	<i>Vice Dean for Medical Education</i>	
<i>Bob Englander</i>	<i>Associate Dean for UME</i>	x
<i>Jeffrey Chipman</i>	<i>Assistant Dean for Curriculum</i>	
<i>Anne Pereira</i>	<i>Assistant Dean for Clinical Education</i>	x
<i>Michael Kim</i>	<i>Assistant Dean for Student Affairs</i>	x
<i>Suzanne van den Hoogenhof</i>	<i>Interim Assistant Dean for Assessment & Evaluation</i>	x
<i>Brad Clarke</i>	<i>Director of Curriculum</i>	
<i>Jim Beattie</i>	<i>Director of MEDS / FCT Course Director</i>	
<i>Leslie Anderson</i>	<i>Chief of Staff, Medical Education</i>	
<i>Scott Slattery</i>	<i>Director of Learner Development</i>	
<i>Heather Peterson</i>	<i>Medical School Registrar</i>	
<i>Brian Woods</i>	<i>Lead Course Manager</i>	x

Guests: Sara Roberts, Chelsea Jernberg, Jeff Wallner

The meeting was called to order at 7:30am.

Minutes

Draft minutes from the May 13 meeting were approved as submitted.

Updates/Announcements

The Education Steering Committee (ESC) has reviewed and approved a request to split Human Structure & Function into two separate courses: Gross Anatomy/Embryology & Histology. This request will go to the Education Committee for approval; the change will be effective for the 2016-2017 academic year.

Dimple Patel, Associate Dean for Admissions, is still looking for Course Director and faculty representation on the Admissions Committee. Contact her at dpatel@umn.edu if you are interested. Dr Powell serves on the Admissions Committee. It does take a commitment of time, but in the coming year the time commitment will be slightly less as the Admissions Office moves to the Multiple Mini-Interview format. An overarching question is how to make service on this committee worthwhile for those who serve on it (points, RVUs, monetary compensation).

There was no SFC objection to the Disability Resource Center photocopying a student's scantron in order for them to immediately attend the exam debrief. This way, there is no delay for the student while waiting to get the exam materials returned to the Medical Education office.

Dr Sharon Allen & Dr Glenn Giesler each received a gift of a crystal apple for their many years of service as Course Directors for Essentials of Clinical Medicine 1/2/3A & Neuroscience respectively. They were recognized at the May 2016 meeting also.

2

Student Issues/Concerns/Questions

MS1 students are in summer session. Several student concerns were raised (questions about what will be tested, trivial material presented, etc.).

Dr Kim asked whether any of the MS1 students were affected by the recent student death.

Dr Powell has noticed more anxiety with students wanting to start research or get on to other projects in the summer. Blake responded that most students are just tired from the MS1 year.

Dr Kim mentioned those students who are in the armed forces and need to complete required training. Some will miss the first week of Year 2 courses this fall. Dr Morgan related his experience in the service. Dr Englander will explore what the options are for the Medical School to help students in this situation.

Annual Course Review

HHD 5 – Robert Morgan

See attached ACR for details.

Dr Morgan thanked the committee for the opportunity to direct this course, and welcomed any feedback from others about HHD5. There were many student comments on the evaluation, which Dr Morgan read and digested thoroughly. He was also present in the classroom for almost all the lectures.

Comments from 2015 & 2016 were very similar from students. He tried to keep the basic structure of the course this first time through. There were three new lecturers in 2016. There was angst over the final exam, which will be reworked for next year. Curriculum mapping will alter the Course Objectives & Learning Objectives for next year. Most of the course evaluation scores match those from last year. Quizzes and exams will be rewritten for next year. Many of the questions were worded poorly, or new material was introduced in the question that wasn't covered in lecture.

Improvements for 2017: Re-order lectures so that the introductory lectures in each discipline are at the start of the course; work to improve lecturer presentation styles and formats (this may take more than one year); consider a midterm exam; identify a pharmacology lead and comprehensive drug list; re: the reflections – students don't like them, but were very revealing about the student's mindset and thought process; exam questions will be submitted by the discipline coordinators; new overall introductory lecture for the course.

Kudos from the committee for working hard in a course that is difficult, with multiple disciplines. Dr Katz cautions that student comments often need to be taken with a grain of salt, as they are anonymous, and often given in the heat of the moment. Dr Nelson offered comments on Dr Morgan's Professionalism lecture and the gap between high-level principles and on-the-ground responses. Students may be looking more for the on-the-ground responses.

Dr Kim reminds the committee that students are stressed out at this time in their studies, and the Step 1 exam is looming. There are fewer small groups in this course, which is where students have the opportunity to hash out details. Reflections are treated more as an assignment-that-needs-to-be-done, despite the importance of being able to examine oneself.

3 Further committee discussion included how to deal with student criticisms, how to engage students meaningfully in difficult discussions, and the use of course LEADS.

Discussion

New COSSS guidelines for failing students – Michael Kim

See attached guidelines.

Large overview of changes:

- COSSS policy overhaul & Academic Task Force recommendations
 - More clearly defining a dismissible event. Overall the bar was lowered a little.
 - 2nd failure of a course or 3 combinations of failures or 2 failures of same Step exam is grounds for dismissal.
 - Redefined acceptable length of time to complete Med School. The total time was shortened from 7 to 6 years, with exceptions for health LOA.
- More closely monitor students, and proactively offer resources to those that are consistently struggling.
- Institute an interim suspension option to be used if a student becomes a danger to themselves or patients.
- Bring Duluth & Twin Cities disciplinary committees in line with each other.
- What does it mean when a student has an extenuating circumstance that impacts their performance?

Dr Kim will forward changes & summary.

Dr Southern serves on COSSS. He clarified that these policy changes are principally to identify earlier those students who need help, so they don't extend too far into Medical School & accumulate debt but are not suitable to complete their course of study.

COSSS consists of 15 members: 1/3 are Years 1 & 2 faculty, the remainder are clinicians or community members. Dr Kim also explained the relationship between the student Peer Review Committee (PRC) and COSSS.

Learning Principles in Course Design – Bob Englander

Bob asked for introductions from the committee members, and is pleased to be a part of the Medical School. He also gave a brief personal introduction.

Dr Englander invites all Course Directors to think differently about how their course can be structured or organized; he invites some Course Directors to make small or large changes in their course; and he asks two Course Directors (one in Year 1 & one in Year 2) to make major and significant course changes in the 2016-2017 academic year and to *really* think out of the box. (.1 FTE [1/2 day per week] is available to these two Course Directors to institute a major overhaul to their course.)

Dr Englander works with Three Guiding Principles

1. Move from fixed time/variable outcome to fixed outcome/variable time. The Physicians Competency Reference Set (PCRS) are the guiding principles for our curriculum. The problem is that students do not know about the PCRS.
2. Develop meaningful relationships (with peers, faculty, and patients). The current system harms students, causing an increase in burnout and a decrease in empathy.
3. Allow evidence around how we learn to guide how we teach.
 - a. Move from external to internal motivators.
 - i. Allow autonomy, volition (choice in educational process)
 - ii. Relatedness
 - iii. Competence (developmental approach)
 - b. Active learning (small groups, etc.)
 - c. Interleavement, Spacing, Assessment For Learning (*see attached paper*)

4

Dr Englander asks Course Directors to consider how or if they want to rethink their course. For those who want to do a major overhaul, they should send him a 1-page summary with the large vision for the course, and why the Course Director is excited about it. He'll create a one-page summary of his invitation.

Future Agenda Items

Suggestions from Course Directors for future SFC meeting topics:

- ExamSoft & BlackBag assessments
- ILT feedback
- Copyrights & resources (focused on what we *can* do)
- More BlackBag search examples, Gradebook, downloading, calendar, checking feedback cards
- Survey students about type of practice questions/formative
- The Four Habits Model (Michael Kim)
- Grades H P N in jeopardy?
- New promotion guidelines for teachers (non-tenure track)
- Mandatory (90 minute?) hidden bias training for Course Directors
- Increase or change calendar time for HDD3
- How might Dr. Christina Petersen's work in the Center for Educational Innovation support the work of the years 1 and 2 course directors?

The meeting was adjourned at 9:02am.

The July 2016 meeting is cancelled.

The next meeting is August 12, 2016, from 7:30-9:00am in room Mayo B-646.

Respectfully submitted,
Brian Woods

Annual Course Review (ACR) University of Minnesota Medical School

Course: HHD5 – Rheum, Derm, Ophth, Ortho & Oto
 Course Director(s): Robert Morgan, MD
 Course Manager: Brian Woods, Jeffrey Wallner

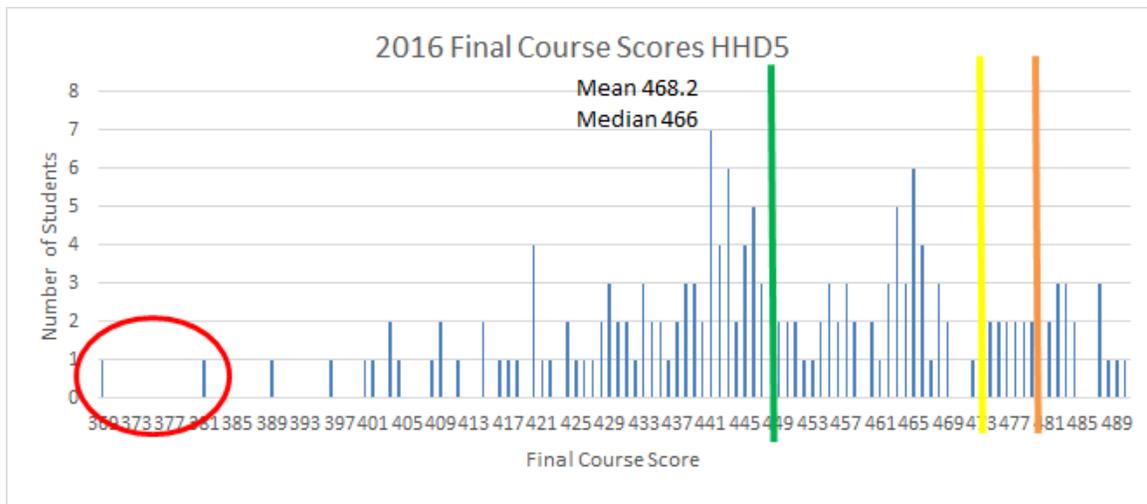
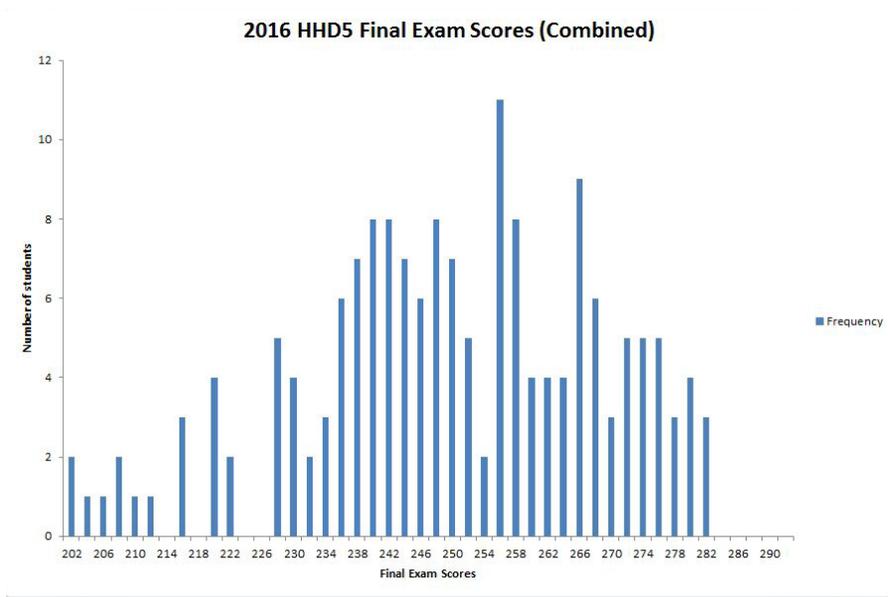
Date of course: March 8, 2016 – April 8, 2016
 Final exams – April 13 and 14, 2016

Overall evaluation of the course: 3.6 / 5.0

Course grading rubric:

Non-final exam elements	Max. point value	% of total course points
Online quizzes	90	18.0
Self attestation online study	20	4.0
Required 'attendance' attestations	40	8.0
Individual reflections	60	12
<i>Non-final exam element sub-total</i>	<i>210</i>	<i>42.0</i>
Final exam elements		
Written Final Exam: subject specific section 70 Q x 2 points each	140	28.0
Written Final Exam: subject integrated section 40 Q x 3 points each	120	24.0
Lab Practical Final Exam 15 Q x 2 points each	30	6.0
<i>Final exam element sub-total</i>	<i>290</i>	<i>58.0</i>
Total Course Points	500	100
Requirements to pass Course (per Medical School policy) consist of BOTH of these criteria:		
<ul style="list-style-type: none"> • 70% or over of maximum possible points for entire course (70% of 500 = 350 points or over) • 70% or over of maximum possible points for the entire 3 part final exam [subject specific, subject integrated, pathology lab](70% of 290 = 203 points or over) 		
Requirements to earn Honors consist of ALL 6 of these criteria:		
<i>The total % course points required for Honors can be lowered but not raised at the discretion of the Course Director. (note from Course Director – decreased score to 473 from 475)</i>		
<ul style="list-style-type: none"> • Achieve 95% or more of total possible course points (475) • Achieve > or = 90% of total points on the combined written & lab practical final exams (261) • Achieve > or = 70% on the final written exam (182) • Achieve > or = 70% on the final lab practical exam (21) • Complete post-course evaluation • Score > or = to 20 points/ 30 on each of the reflections (40) – unique to HHD5 		

Number of failures for academic year: 2 (all due to < 70% score on final exam)
 Number of course Honors: 31 of 170 students = 18% of class



1. Briefly describe the learning outcomes for your course

By the end of HHD5, the student will

- Gain knowledge
- Be able to seek knowledge and
- Be able to integrate knowledge



of **epidemiology, pathophysiology, clinical and laboratory features** of common conditions within Rheumatology, Dermatology, Orthopedics, Ophthalmology, Otolaryngology, Infectious Diseases and related Pathology and Pharmacology....

... in order to begin to **diagnose** common conditions within the core subject areas of HHD5. There is some but lesser emphasis on uncommon conditions.

...in order to begin to develop basic **management strategies** for the conditions learned in HHD5.

2. Describe what evidence you have that the outcomes are being achieved. Include student review

		Department: INMD Responses / Expected: 113 / 171 (66.08%)		INMD 6809							
				Responses					Course		
				SD	D	N	A	SA	N	Mean	
Q1	The course objectives were made clear to me.	4	8	20	66	15	113	3.7			
Q2	The assignments planned for independent learning time facilitated my learning of the course material.	9	12	24	52	16	113	3.5			
Q3	The resources provided for the class were useful in learning the material: (i.e. recommended readings, course packet, BlackBag site)	2	11	15	62	23	113	3.8			
Q4	There were adequate opportunities for non-graded self-assessments (i.e. quizzes, discussion questions, practice or review questions).	0	18	21	53	21	113	3.7			
Q5	There was close agreement between the stated course and session objectives and the information taught.	3	12	25	57	16	113	3.6			
Q6	The graded assessment(s) appropriately tested the course objectives.	11	16	23	52	11	113	3.3			
Q7	Overall, I have acquired an understanding of the stated course objectives.	2	8	20	67	16	113	3.8			
Q8	The course content was successful in integrating basic science knowledge and clinical practice.	2	4	13	69	25	113	4.0			
Q9	Public Health topics were integrated within the course.	5	10	32	58	8	113	3.5			
Q10	Quality Improvement topics were integrated within the course.	5	29	43	32	4	113	3.0			
Q11	Interprofessional Education topics were integrated within the course.	5	23	38	39	8	113	3.2			
Q12	Overall, I have found this course to be valuable.	3	10	20	57	23	113	3.8			

HHD R, D & O3 HHD5		INMD 6809							
		Responses					Course		
		SD	D	N	A	SA	N	Mean	
Q14	Within HHD R,D&O3 there were ample 'Rheum Self-Study Module Companion Guides' or required supplemental readings to help deepen understanding of material presented as slides.	2	4	3	57	43	109	4.2	
Q15	There were ample 'think out loud' case based role modeling by instructors in the large classes.	1	5	26	53	24	109	3.9	
Q16	Within HHD R,D&O3 the 'Rheum Self-Study Module Companion Guides' or required supplemental readings were 2nd year appropriate.	4	2	6	57	39	108	4.2	

Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5

HHD R, D & O3 HHD5		INMD 6809							
		Responses					Course		
		SD	D	N	A	SA	N	Mean	
Q18	The individual 'reflection assignments' helped me to develop non-cognitive competencies.	28	27	24	23	6	108	2.6	
Q19	BlackBag was functional and easy to navigate	3	3	14	59	27	106	4.0	
Q20	Overall, it was clear to me how Clinical Skills Workshops, Pathology Lab and Small Groups (e.g. Bellringers, ENT or Eye practicums...) were related to same topic large class sessions.	5	4	17	49	33	108	3.9	
Q21	The HHD R,D,O3 Survival Guide was useful to my learning.	3	9	23	47	25	107	3.8	
Q22	Having completed HHD5, I would benefit from formal session offerings on problem solving strategies, such as the Survival Guide, in all the 2nd year HHD courses.	7	25	28	34	13	107	3.2	

Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5

3. Describe what is working well in your course.

- 1) 46 lecturers with only one lecture having a schedule conflict.
- 2) 15 lecturers with mean rating >4.0 (only 2 <3.0)
- 3) Clinical skills workshops, ID small groups and Path labs maintained from last year >4.0 mean rating. VA improved to 3.3 from 2.1
- 4) Enthusiastic course director answering emails, responding to questions, attending lectures

4. Describe any areas of concern. Aka 'challenges'.

Describe any changes you intend to make for the next academic year.

- 1) ensure introductory lectures are at the start of the instruction block
- 2) lectures to be given by available specialty lecturers rather than subject matter experts with objectives linked to curriculum mapping
- 3) consider a midterm to decrease global material on final
- 4) standardize lecture format (working with Drs. Souter and Fazeli)
- 5) develop drug list for pharmacology to incorporate anaesthesia topics
- 6) develop global disease list for course
- 7) decrease attestations
- 8) considering eliminating reflections
- 9) ensure quiz and test questions are those submitted by subject matter experts
- 10) concern lack of professionalism curriculum will be exacerbated by eliminating reflections
- 11) Lack of pharmacology unifying discipline director is a challenge going into next year
- 12) Start course off with a one hour introduction to the course

5. Describe the progress of the changes being made as the result of your previous ACR

- 1) Anaesthesia fully incorporated into block as part of pharmacology.

2016 Updates to Policies and Procedures of the Committee on Student Scholastic Standing

Section	Change
Throughout	<ul style="list-style-type: none"> Changed "Director of Student Support" to "Assistant Dean for Student Affairs" For basic science course difficulties changed language from "appear" to "petition" to allow flexibility as often goes to subcommittee
Forward - Role and Jurisdiction of Scholastic Standing Committee	<ul style="list-style-type: none"> Removed redundant and confusing references to Duluth process as it was already stated in the same paragraph. Removed language that SSC reports to COSSS
Forward - The Committee on Student Scholastic Standing (COSSS)	<ul style="list-style-type: none"> Removed statement about the Faculty Assembly that didn't belong in this section
Forward – Composition of COSSS	<ul style="list-style-type: none"> Changed nominations to be by the Chair of the Committee with input from the Assistant Dean for Student Affairs and appointment by the Associate Dean for UME; removing FAC approval. Added language to invite other staff as consultants Changes quorum rule to a majority instead of two thirds (previous change)
I. Introduction	<ul style="list-style-type: none"> Added clarifying information that was taken from SSC policy, with removal of "consistent" fashion
II. Graduation Requirements	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about length of Medical School components
II. A) Completion of all Year 1 and 2 Coursework:	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about length of Medical School components
II. A) 3) Grade changes	<ul style="list-style-type: none"> Removed as is part of a separate policy
II. B) Completion of all Clinical Science Coursework	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about length of Medical School components
II. B) 2) Repeating Clinical Courses	<ul style="list-style-type: none"> Removed named course that no longer exists (PAP) Removed redundant course (ECM)
II. C) Flexible MD Program	<ul style="list-style-type: none"> Clarified that Office of Student Affairs monitors Flex MD students
II. D) Successful Completion of the USMLE Step 1 and Step 2 CK and Step 2 CS Examinations	<ul style="list-style-type: none"> Removed language about monitoring of USMLE exams that is now addressed elsewhere
II. E) Graduation	<ul style="list-style-type: none"> Removed as addressed elsewhere
III. B) Leaves of Absence	<ul style="list-style-type: none"> Clarified that hearing is for lack of academic progress
III. F) USMLE Step 1, Step 2 CK or Step 2 CS Failures	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about USMLE failures
III. G) Behavioral, Conduct Code or Professionalism Violations	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about professionalism
IV. A) Academic Difficulties (Basic Science, Clinical Science and USMLE)	<ul style="list-style-type: none"> Added language about subcommittee
V. B) Academic Status	<ul style="list-style-type: none"> Provided more appropriate name Clarified that notification comes from Chair of the Committee
V. B) 3) Interim Suspension	<ul style="list-style-type: none"> Added language that allows Assistant Dean for Student Affairs to suspend students who are at immediate risk (pulled from University Policy and modified to address medical school activities)
V. C) Removal from Academic Probation	<ul style="list-style-type: none"> Added language about removing from academic probation (taken from SSC policy)
VI. A) 1) Academic Deficiencies	<ul style="list-style-type: none"> Incorporated Academic Task Force recommendation about reasons for dismissal
VI. B) Procedures for Hearing to Consider Dismissal	<ul style="list-style-type: none"> Changed quorum to simple majority

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Policies and Procedures of the Committee on Student Scholastic Standing

Effective: July 30, 2016

Last Updated: May 13th, 2016

Responsible University Officer: Assistant Dean for Student Affairs

Policy Contact: Michael Kim, Assistant Dean of Student Affairs, mikekim@umn.edu

Foreword

The University of Minnesota Medical School has two campuses (Twin Cities and Duluth). Each campus has a Scholastic Standing Committee which has been charged with the responsibility of monitoring the progress of medical students enrolled on that campus. These bodies are: the Committee on Student Scholastic Standing – Twin Cities (COSSS), and the Scholastic Standing Committee – Duluth (SSC). This document outlines the policies and procedures governing student scholastic standing at the Twin Cities campus. A separate document outlines the policies and procedures governing student scholastic standing at the Duluth campus.

Role and Jurisdiction of Scholastic Standing Committee

The SSC has jurisdiction over students who matriculated on the Duluth campus during the first two years of course work. Once the students transition to the Twin Cities campus for their clinical years, they are under the jurisdiction of COSSS. The COSSS has jurisdiction over students who matriculate on the Twin Cities campus and students who have transitioned from Duluth after completing their coursework.

Both Committees strive to assist students who are experiencing academic difficulty and to assure fairness to each student. The Committees evaluate student performance based on the student's individual record, taking into account the unique circumstance of each student's situation. Student performance encompasses academic knowledge and clinical skills, as well as development of the personal and professional attributes expected of a practicing physician. Any student behavior that reflects on a student's qualifications or potential to become a competent and ethical professional will be within the jurisdiction of the appropriate scholastic standing Committee.

The Committee on Student Scholastic Standing (COSSS)

"The COSSS is a standing Committee of the Executive Faculty and reports to the Executive Faculty and the Faculty Assembly. The Faculty Assembly is composed of members of the various Medical School Departments with appointment designated as 94XX in the University Professorial ranks with the exception of volunteer community-based faculty."

The responsibilities of the Committee on Student Scholastic Standing (COSSS) are: to ensure that the students of the Medical School have met the requirements for awarding the M.D. degree; to monitor each student's progress through Medical School; and to ensure that the work of the Committee has been conducted properly, providing fairness to each student. These responsibilities are defined in the [Constitution of the University of Minnesota Medical School \(pdf\)](#) (Article II, Section B.2) and the [Bylaws to the Constitution \(pdf\)](#) (Article I, Section D.3).

Composition of the COSSS

The COSSS is composed of 15 faculty members broadly representing the basic science and clinical areas, two student representatives (one voting representative and one alternate), and the non-voting ex officio member the Assistant Dean for Student Affairs. Other members of the Medical Education staff may be invited as consultants or guest members as needed. Faculty members are nominated by the Chair of the Committee with input from the Assistant Dean for Student Affairs and appointed by the Associate Dean for Undergraduate Medical Education. Each faculty member will serve a term of three years and may be re-elected to serve additional terms. Each student representative is selected by the Student Council in their

second academic year for a two year term beginning in their third year of medical school. Student representatives must be in good academic standing at the time of their appointment to the Committee and must remain in good standing throughout their tenure on the Committee. Additional medical school administrative staff will attend all Committee meetings and record the Committee's actions. An attorney from the Office of the General Counsel will be available to advise the COSSS as needed. The Committee members will vote annually to elect a member to serve a one-year term as Committee Chair. The Chair can be re-elected to serve additional terms. The Committee Chair will appoint a Committee member to serve a one-year term as Associate Chair, subject to approval (by majority vote) of the Committee. The Associate Chair can be re-appointed (subject to approval by the Committee) to serve additional terms.

As a rule, the Committee will only act upon motions presented to the group. The Committee Chair shall only retain voting privileges in the event a tie is achieved by the voting membership. The Chair will attend and preside over all COSSS meetings; if unable to attend, the Chair may appoint the Associate Chair or another voting faculty member to sit as Acting Chair. A majority of the voting COSSS membership must be present to establish a quorum in order to consider and act upon all agenda items. Decisions of the Committee are carried by a motion and determined by a majority vote of members present. Members may choose to vote in favor of a motion, against a motion, or may abstain from voting altogether. Should at any time a member have a bias or conflict of interest, that member may recuse him or herself from the Committee's deliberation and consideration of an action item without regard to whether a quorum will remain in place.

I. Introduction

These are the policies and procedures followed by the Committee on Student Scholastic Standing (COSSS) when evaluating medical students' academic performance and related issues. The role of the Committee is to monitor each student's progress through Medical School and to ensure that each student is qualified to receive the Doctor of Medicine degree. For students enrolled at the Duluth campus, this monitoring is accomplished by review of written reports from the SSC. These policies and procedures will be applied taking into account the unique circumstances of each student's situation. The policies of the Committee are developed to conform to broader University policies on academic performance and ethics.

The COSSS shall monitor the quality of student performance in a continuous fashion. To this end, it shall determine guidelines for student academic standing, and it shall monitor each student's progress toward the Doctor of Medicine degree. The COSSS will report on its activities to the Education Council and the Faculty Assembly at least once each year. Any action to deny advancement to students deemed ineligible will be reported to the Dean of the Medical School through the Assistant Dean for Student Affairs.

II. Graduation Requirements

Medical students must complete all required courses satisfactorily and meet the credit requirements, and successfully complete the Clinical Competency Assessment and Milestone Examinations for the M.D. degree as outlined in the current Medical School Handbook or as stated by the Office of Curriculum and Evaluation, the course director, and/or the COSSS; complete all regularly scheduled assignments; take all scheduled examinations; and follow the procedures outlined in the [Student Handbook](#) when there is a problem in taking an examination at the scheduled time. Failure to follow this latter procedure could result in the forfeiture of the student's opportunity to take an examination at another date. Not following this procedure also could result in a failure for the course. It is each student's responsibility to be aware of any grades and/or evaluations received in each course. Any student with questions about examinations or grading procedures is encouraged to consult the Assistant Dean for Student Affairs. Final decisions on student progress and promotions are made by the COSSS.

The maximum duration of undergraduate medical education should be six years from matriculation, three years from matriculation to the end of year 2 and the passing of Step 1 and three years from the start of Year 3 to the completion of Year 4 and the passing of both Step 2 exams. Students enrolled in any dual degree program are granted additional time as long as they otherwise remain in good academic standing in the Medical School. Students who fail to meet these expectations must petition the COSSS to request permission to remain in the program. Failure to receive permission constitutes evidence of failure to make satisfactory academic progress and will trigger a hearing for dismissal. Students may petition to have up to one year of leave of absence from matriculation to graduation not count towards these benchmarks with no more than one year allowed over their entire enrollment.

A) Completion of all Year 1 and 2 Coursework:

Medical students must complete all Year 1 and 2 basic science and clinical coursework during the first three years of medical school exclusive of an LOA.

1) Grading:

In Years 1 and 2 the grades used are P (Pass), N (Not Pass), H (Honors), and I (Incomplete). Students who have not completed all coursework including any outstanding makeup examinations may not begin any Year 3 clinical courses without receiving permission of the COSSS.

2) Re-Examinations:

Students who receive an N (Failing) grade in a Year 1 or 2 course must petition the COSSS for permission to either sit for a re-examination (if available) or retake the course. The decision rests with the COSSS; however, the course director's recommendation will be solicited and given serious consideration. If re-examination is approved by the COSSS and the student passes the re-examination, the new grade will appear after the N on the transcript (see policy: [Reporting Grades on Transcripts \(pdf\)](#)). If the student fails the re-examination, the N (failing) grade will remain on the transcript and the student will be required to repeat the course. If the COSSS deems that re-examination is not appropriate, the student must repeat the course. The original N (failing) grade as well as the grade received upon repeating the course will be recorded on the student's transcript. Should the COSSS decide to not grant the student permission to either sit for a re-examination or repeat a failed course, the student will then be subject to a hearing for dismissal.

3) Repeating Basic Science Courses:

After taking the re-examination(s), students who have not achieved a passing grade(s) may repeat the course(s) the following year if COSSS approval is obtained. Failure to obtain COSSS permission is evidence of failure to make satisfactory academic progress and will trigger a hearing for dismissal from Medical School (see VI. [Dismissal Hearings and Appeals](#)). The repeat of any Medical School course takes precedence over any other coursework, and requires taking all examinations, unless a COSSS-approved alternative arrangement has been made with the course director.

It is the student's responsibility (in consultation with the Office for Medical Education) to register and integrate the course into the schedule during the following year. In instances where an individual retakes a basic science course, both grades, i.e. the original N and the subsequent P will be recorded on the student's transcript. Any student with an N or I grade in any Year 1 or 2 required course will not be eligible to begin Year 3 courses until successful completion of these courses.

A student is permitted to take a Year 1 or 2 course twice, but is only permitted one re-examination (pending COSSS approval) in that course. Failure to pass the course the second time will trigger a hearing for dismissal.

B) Completion of all Clinical Science Coursework

All medical students are required to complete a minimum of 76 clinical credits in Years 3 and 4 in addition to the clinical course(s) in Years 1 and 2. The maximum duration from the beginning of Year 3 to the completion of Year 4 and the passing of both Step 2 exams should be three years exclusive of LOA.

1) Grading

In Years 3 and 4, the grades used by the Medical School are as follows:

H (Honors), E (Excellent), S (Satisfactory), P (Pass), I (Incomplete), and N (Failing). An H represents outstanding achievement. An E represents achievement that is significantly greater than the level required to satisfy course requirements but not judged to be at honors level. An S represents achievement that satisfies the basic clinical course requirements.

a) I (Incomplete Grade)

An I (Incomplete) grade is given when work in a course has not been completed, either through an excused absence from course activities or delay in completion of requirements as permitted by the Course Director. The student should contact the Course Director to determine what is required to remove the Incomplete.

b) N (Failing) Grade

An N (Failing) grade is given after the final course examination, when a student's performance in the course fails to meet the Medical School's minimum passing standards. It may also be given when, through an unexcused absence, a student fails to meet course requirements. N grades may also be assigned for failure to meet the Medical School's established standards of professionalism within a course.

c) Grade Changes

In clinical courses an N grade can be changed only by successful repetition and completion of the course. Both grades will appear on the student transcript.

2) Repeating Clinical Courses

Students who receive an N (Failing) grade in a clinical course will be required to appear before the COSSS to request permission to repeat that course. Failure to receive permission to repeat the course from the COSSS is evidence of failure to make satisfactory academic progress, and triggers a hearing for dismissal ([see VI. Dismissal Hearings and Appeals](#)).

C) Flexible MD Program

Some students may elect to apply for the Flexible MD program. This program is designed to promote independent enrichment for medical students on a path towards achievement of the MD degree. In order to qualify for the Flexible MD program, a student must propose to the Flexible MD Oversight Committee an academic project or experience that will serve as an addition to the standard curriculum that is designed to achieve personal educational goals and competencies as part of progress towards the MD degree. The Flexible MD Program may take up to one year. Students must have successfully completed all Year 1 and 2 courses and be in good academic standing to be eligible. All proposals must be approved by the Flexible MD Oversight Committee. Those students who are approved will be monitored by the Office of Student Affairs on behalf of COSSS.

D) Successful Completion of the USMLE Step 1 and Step 2 CK and Step 2 CS Examinations

Each student must pass Step 1, Step 2 CK, and Step 2 CS of the United States Medical Licensure Examination (USMLE) before receiving the MD degree. Passing standards are those established by the NBME. Year 2 students on the Minneapolis campus and students who have transitioned from the Duluth campus who are taking the Step 1 Examination for the first or second time may enroll in the Year 3 curriculum pending notification of the results. Under no circumstances will such a student be permitted more than 18 weeks of clinical work before receiving notification of passing USMLE Step 1.

III. Referrals to COSSS

Student issues brought to the attention of the COSSS may or may not require the individual student to meet directly with the Committee. If appearance petition is required, a written notice will be sent by the Chair of the Committee. The Associate Dean for Students on the Duluth Campus is copied on the notice if the student matriculated in Duluth.

A) Decelerated Programs

Requests for a decelerated program during Years 1 and 2 on the Twin Cities Campus and extension of Years 3 and 4 beyond two years require approval of the COSSS. Students must submit adequate reasons and/or documentation in support of any request that will extend graduation beyond the traditional four years ([see I.C. for details on the Flexible MD Program](#)). A student desiring an extended clinical program must submit a "Delayed Graduation Request Form" (available in Office for Medical Education) or a letter stating the reason for the request and a description of the proposed extension to the COSSS at least two months prior to the requested effective date. The COSSS also may recommend or require a student with academic difficulties or other problems to be placed on a decelerated program.

B) Leaves of Absence

Leaves of absence are granted to Year 1 and 2 students on the Twin Cities Campus and to Year 3 and 4 students at the sole discretion of the COSSS. Students must submit adequate reasons and/or documentation in support of a leave of absence request. Reasons for leaves include, but are not restricted to, the pursuit of academic research and study, academic difficulties and personal or health issues. The approval process for the Flexible MD Program includes a request for delay of graduation. A student desiring a leave of absence must submit a completed and signed "Request for Leave of Absence" form (available in the Office for Medical Education) or letter stating the purpose for the leave and its anticipated duration, to the COSSS at least two months prior to the requested effective date. The Committee may also require a student to take such a leave. If a decision regarding a leave of absence needs to be made prior to the next COSSS meeting, the Chair may act on behalf of the Committee. This decision will be reviewed at the next COSSS meeting. Leaves are granted for a specific period of time. Two months prior to the end of that period of time, the student must either request permission to return from the leave or file for an extension. If the student fails to contact the Committee when the leave expires, the COSSS will hold a hearing for dismissal based on lack of academic progress.

C) Academic Progress and Performance Reviews

The COSSS will review the academic performance of each student to assure that he/she is making satisfactory academic progress. The COSSS will request this information from the Basic Science and Clinical Course Directors and/or the Assistant Dean for Student Affairs. Students experiencing performance difficulties may be required to appear before the COSSS or its subcommittee for further review.

D) Basic Science or Clinical Course Failures

Students who have failed any basic science or clinical course must appear before the COSSS or its subcommittee who will report to the full committee. If a student is granted permission to re-take a course and fails the course again or fails any other clinical or basic science course, a hearing for dismissal will be held.

E) Non-Satisfactory Academic Progress

At the discretion of the COSSS, a student who has not completed a basic science course or clinical rotation on schedule, or who has failed to make satisfactory academic progress in completing the basic science or clinical curriculum as prescribed, may be required to appear before the COSSS.

F) USMLE Step 1, Step 2 CK or Step 2 CS Failures

The Committee on Student Scholastic Standing has established the following policies with regard to the United States Medical Licensing Examinations:

- 1) Students who fail to pass Step 1 after two attempts, or either part of Step 2 – Clinical Knowledge (CK) or Clinical Skills (CS) – after one attempt must petition the COSSS or meet with a Subcommittee to obtain permission to retake the licensing examination. The Committee may recommend or require remedial action before the student retakes the exam.
- 2) Any failure to pass any USMLE exam after failing two course or failing a second USMLE exam will result in a hearing for dismissal at which time the student's entire academic record will be considered.

G) Behavioral, Conduct Code or Professionalism Violations

Any student who has violated any policy of the medical school or commits an egregious or repetitive professionalism concern may be required to appear before the COSSS. At that time, the student's entire academic record will be considered and the COSSS may impose sanctions, make recommendations, and/or decide to hold a hearing for dismissal.

IV. COSSS Decisions and Outcomes

The COSSS is empowered by the Executive Faculty to make decisions which can affect, alter, modify or even halt a student's academic progress. The COSSS may make its decisions with or without the student's consent or approval. Students who wish to challenge or appeal decisions made by the COSSS may do so, but only in accordance with the terms and guidelines found in Section IV: Hearings and Appeals.

A) Academic Difficulties (Basic Science, Clinical Science and USMLE)

Students who experience academic difficulty will be required to appear before the COSSS or its subcommittee. At its discretion, the Committee will then determine whether the student shall be:

- 1) Allowed to continue academic progress without interruption;
- 2) Allowed to continue academic progress at a reduced academic load;
- 3) Required to suspend academic progress in Medical School until specified conditions are met;
- 4) Given the opportunity to take re-examinations, if available;
- 5) Complete defined remedial coursework;
- 6) Placed on academic probation; or
- 7) Subject to a hearing for dismissal.

B) Non-Satisfactory Academic Progress

The Committee may subject students who have failed to make satisfactory academic progress to a number of options including, but not limited to:

- 1) Allowing the student to complete the currently enrolled course;
- 2) Granting a leave of absence, or
- 3) Recommending a hearing for dismissal.

C) Behavioral, Conduct Code or Professionalism Violations

The Committee may subject students who have violated the [University of Minnesota Student Conduct Code \(pdf\)](#), [Medical Student Professionalism Code](#) or the [Statement of Intellectual Responsibility](#) to a number of options including, but not limited to:

- 1) Allowing the student to continue academic progress without interruption;
 - 2) Requiring that certain conditions be met to resume academic progress;
 - 3) Imposing a leave of absence;
 - 4) Suspending academic progress in Medical School until specified conditions are met;
 - 5) Requiring additional or specially-designed coursework;
 - 6) Requiring participation in programs outside of the Medical School; or
 - 7) Recommending a hearing for dismissal.
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V. Academic Standing and Satisfactory Academic Progress

A) Good Academic Standing

Students are in good academic standing when they obtain a passing grade in each course in the curriculum, complete other requirements including Milestone Examinations, and make satisfactory academic progress toward degree completion. In order to make satisfactory academic progress, students must adhere to the established Medical School schedule for degree completion within four years of the beginning date of enrollment, including satisfactory completion of the established curriculum in each successive term. The COSSS may modify this schedule by giving a student permission for a leave of absence, part-time status or other modified programs, such as the Flexible MD.

Even with modifications approved by the COSSS, students will be expected to complete Years 1 and 2 curriculum and USMLE Step 1 within four years of the beginning date of enrollment, and the Years 3 and 4 curriculum and USMLE Step 2 within a three-year period, not to exceed seven years total from the beginning date of enrollment, with the exception of those enrolled in the MD/PhD or other dual degree programs as noted above. Students who fail to meet this expectation are not making satisfactory academic progress and must appear before the COSSS ([see III. Referrals to COSSS](#)).

B) Academic Status

1) At Risk Status

An important function of the COSSS is to help the student attain satisfactory academic performance. If a student has received a failing grade (N) or an incomplete grade (I) in any basic or clinical course, or has failed the USMLE Step 1 or Step 2CK or Step 2 CS once, the student is notified by letter from the Chair of the Committee, and placed on "At Risk" status.. Note that students placed on At Risk status are no longer in good academic standing. Students on At Risk status who experience further academic difficulties may be placed on Academic Probation, or be subject to a hearing for dismissal.

Students with a grade of N in a basic science or clinical course must petition the COSSS to receive permission to take a re-examination, or to repeat the course. Students who successfully pass the course through re-examination or by repeating the course return to good academic standing. Failure to pass the course on re-examination or by repeating the course will result in the student being placed on Academic Probation (see below, 2. Academic Probation) and will trigger a hearing for dismissal.

In certain cases the COSSS may determine the circumstances surrounding a course failure are of sufficient concern to justify placing the student on Academic Probation (see below, 2. Academic Probation).

Any student who has questions concerning overall academic progress in Medical School, is encouraged to make an appointment to discuss the matter with the Assistant Dean for Student Affairs. Students may also be placed on At Risk status by the COSSS if, in the Committee's judgment, the student is not demonstrating progress on an approved decelerated schedule

2) Academic Probation

Students with continuing and/or more serious academic deficiencies including any of the following will be placed on Academic Probation:

- a) Students who fail a basic science or clinical course upon re-examination or after re-taking the course,
- b) Students with two failures on USMLE Step 1,
- c) Students with one failure on USMLE Step 2 CK or Step 2 CS, and
- d) Any student who otherwise fails to make satisfactory academic progress toward degree completion.
- e) In addition, any student who has previously failed a course (irrespective of whether they had subsequently passed the course via re-examination or retake) will be immediately placed on Academic Probation should they fail a second course.

Students placed on Academic Probation will petition the COSSS. At the conclusion of this meeting the COSSS members will determine whether to continue the student on Academic Probation, or to hold a hearing for dismissal. Students who are placed on Academic Probation will be provided with written notification of the conditions they must satisfy in order to return to good standing. Failure to satisfy these conditions will trigger a hearing for dismissal.

3) Interim Suspension

The Assistant Dean for Student Affairs or delegate may impose an immediate suspension on a student pending a hearing before COSSS (1) to ensure the safety and well-being of members of the University community, including patients at facilities where medical students take clinical courses, or to preserve the property of the University or its clinical affiliates, (2) to ensure the student's own physical or emotional safety and well-being, or (3) if the student poses an ongoing threat of disrupting or interfering with the operations of the Medical School or clinical affiliates. During the interim suspension, the student may be denied access to all Medical School and clinical affiliate activities or privileges for which the student might otherwise be eligible. The student has a right to a prompt hearing before the Assistant Dean for Student Affairs or delegate on the questions of identification and whether the interim suspension should remain in effect until the full hearing is completed.

C) Removal from Academic Probation

Any student who has been placed on academic probation due to a grade or grades of "N" will be eligible to be removed from academic probation and returned to good academic standing after satisfactory completion of all remedial programs. A change of grade shall be submitted by the course director immediately to update the student's academic record. If it is deemed necessary to place a student on academic probation only due to multiple Incompletes (I's), that student will be removed from probation when all Incompletes have been removed. Removal from academic probation shall be communicated to the student in writing by the COSSS. In certain cases, the COSSS may determine the circumstances surrounding an academic difficulty are of sufficient concern to justify keeping the student on Academic Probation.

VI. Dismissal Hearings and Appeals

Serious academic deficiencies or other violations of Medical School or University policies, including but not limited to those outlined herein, may result in a student dismissal from Medical School. While it is anticipated that in many instances students who receive notification of a hearing for dismissal are likely to already have been placed on At Risk or Academic Probation status, it should be understood that under appropriate circumstances a student previously in good academic standing could be subjected to a hearing for dismissal.

A hearing will be held by the COSSS prior to dismissal. The hearing is intended to allow presentation of relevant facts and arguments to the COSSS before a decision is reached. At that time the student's entire overall performance in Medical School and other pertinent information about the student's qualifications to become a physician will be reviewed. Based on that review and on evidence presented at the hearing, the COSSS will render its decision. As an alternative to dismissal, the COSSS may require successful completion of remedial course work or modifying the standard curriculum.

A) Grounds for Dismissal or Other Action

Grounds for dismissal from the University of Minnesota Medical School by the COSSS include, but are not limited to:

1) Academic Deficiencies

A student may be required to take remedial work or may be dismissed for failure to demonstrate satisfactory academic performance including, but not limited to, any one of the following:

- a) Failure of the same course twice;
- b) Failure of any combination of three courses or USMLE Step exams;
- c) Failure to complete Years 1 and 2 and pass Step 1 in three years or failure to complete Years 3 and 4 and pass Step 2 CK and CS in three years, exclusive of LOA;
- d) Egregious or repetitive professionalism concern(s) in academic, clinical, or other related professional settings

2) Behavioral, Conduct Code or Ethical Violations

A student will be subject to COSSS recommendations, sanctions or dismissal for the following behaviors:

- a) Conduct which violates any of these behavior codes: [University of Minnesota Student Conduct Code \(pdf\)](#), [Medical Student Professionalism Code](#) or the [Statement of Intellectual Responsibility](#); policies/rules of affiliated sites which apply to students in a clinical experience.
- b) Conduct which violates behavioral and/or ethical standards of the medical profession; disrupts the operations of the University, Medical School or clinical training sites; or disregards the rights or welfare of patients, fellow students, Medical School clinical staff or other individuals.
- c) Unlawful conduct or improper behavior within or outside the University of Minnesota community which impairs the student's capacity to function as a medical student/prospective physician.

B) Procedures for Hearing to Consider Dismissal

- 1) While considering dismissal, the COSSS will be guided by considerations of fairness to the student and other persons involved. Any student subject to a formal hearing to consider dismissal will be given the

opportunity to be present before the COSSS, and the hearing will be recorded. An oral recording of the hearing will be available to the student within thirty (30) days from the date of the hearing.

2) Students will be sent written notice of such a hearing at least ten (10) days before the hearing date. The notice will include a statement of the grounds for possible dismissal.

3) The COSSS will consider as evidence in a case all material contained in the student's file in the Office for Medical Education, grades and examination scores, documents submitted at the hearing, and the statements of all witnesses appearing before the COSSS.

4) Students who are the subject to a hearing may:

a) Examine their student file prior to or at the hearing.

b) Examine witnesses appearing before the COSSS and present their own statement and/or the statements of their witnesses.

c) Have an advisor appear at the hearing. The advisor may be a faculty member, fellow student, attorney, or any other person. If students intend to have an advisor present they must notify the COSSS of the advisor's name and status two days prior to the scheduled hearing date.

5) A quorum consisting of a majority of voting members must be present to conduct the hearing. At the beginning of the hearing, students have the right to challenge any member of the COSSS whose objectivity they feel is in question. Likewise, COSSS members are permitted to voluntarily remove themselves from a hearing. The COSSS will rule on all challenges.

6) All witnesses will be advised that the proceedings will be recorded.

7) In an executive session after the hearing, the COSSS members hearing the evidence will reach a decision by simple majority vote.

8) For students subject to a dismissal hearing on academic grounds, the COSSS may:

a) Continue the student's present enrollment in the curriculum on either a full-time or part-time basis.

b) Place the student on Academic Probation or At Risk status with specific criteria to satisfy in order to return to good academic standing and/or remain in the Medical School.

c) Require the student to stop academic progress in order to receive appropriate intervention before being allowed to proceed in the full curriculum. Re-entry in the full curriculum is contingent upon successful completion of the designated remedial program.

d) Interrupt the student's curriculum for a specified period. At the end of the stipulated time, the student may petition for permission to resume the full curriculum. Failure to contact the COSSS at that time will be interpreted as a resignation from Medical School.

e) Dismiss the student from Medical School.

9) For students found to have committed non-academic behavioral violations, the COSSS may impose disciplinary sanctions, including but not limited to: warning, required compliance, probation, suspension and/or dismissal. Such sanctions will become a permanent part of the student's academic file.

10) The COSSS will notify the student of its decision and provide the student with a statement of the reasons for the decision.

11) Students may submit a written request to the COSSS for reconsideration of the decision within ten (10) days of the hearing, but only upon the basis of new information not reasonably available at the time of the hearing.

12) Following reconsideration, decisions of the COSSS are final, subject to the student's right to appeal findings of behavioral violations to the [Provost's Appeal Committee \(pdf\)](#).

VII. Students with Personal, Medical or Emotional Problems

The COSSS considers the student as a whole person and realizes a student may have personal, medical or emotional problems which contribute to the student's academic deficiencies and/or behavioral violations. These problems may be recognized by the student, faculty members, fellow students, or the COSSS.

If the problem is substance abuse/dependence the student will be required to follow a standard monitoring plan developed by the Medical School. This monitoring information does not become a permanent part of the student's file unless the student violates the plan. If this occurs, the student must meet with the Assistant Dean for Student Affairs and/or the COSSS chair, who will determine whether the student is required to appear before COSSS.

When a student appears before the COSSS based either on academic deficiencies or alleged behavioral violations, the Committee may recommend evaluation and/or counseling for the student if it determines that personal, medical or emotional difficulties have contributed to the student's situation. The student's progress in addressing these difficulties may be a factor in the Committee's decision regarding the student's status in the Medical School. If a student with academic deficiencies or behavioral violations is placed on a mandatory leave of absence, the student may be required to demonstrate progress in treatment or counseling as a condition of re-entry into the Medical School and continuing student status. The student's provider must provide a letter to COSSS certifying that the student is ready to re-enter medical school. Any evaluation or treatment information transmitted to the COSSS is private, will be maintained separate from the student file and will not be released outside the Committee without the written consent of the student, except as legally required.