

**Medical Student Handbook  
2021 - 2022**



**MD Class of 2022  
MD Class of 2023  
MD Class of 2024  
MD Class of 2025**

# MEDICAL STUDENT HANDBOOK

## TABLE OF CONTENTS

Introduction	2
Mission Statement	2
Our Values	2
Diversity Statement	2
Disability Disclosure Statement	3
Licensure and Certification Disclosures	3
Student Conduct Policy	3
Conflict of Interest Policy	3
School of Medicine Honor Code	4
Professionalism Committees	5
Statement on Supporting an Abuse Free Academic Community	7
Faculty Code of Conduct	8
Student Maltreatment & Grievance Policy	9
Grievance Committee FAQ	12
Technical, Non-Academic Standards	15
Health Clearance	18
Policy on Drugs, Alcohol and Student Impairment	18
Requirement for Patient Care Activities Outside Prescribed Curriculum	20
Occupational Exposure/Needle Stick Policy	20
Provision of Medical Treatment to SOM Students by SOM Faculty	21
Medical School Graduation Competencies	22
Medical School Curriculum: Years 1 and 2	26
Medical School Curriculum: Years 3 and 4	27
Student Fatigue Mitigation Policy	31
United States Medical Licensing Exam	32
Confidentiality and Access to Student Records	33
Student Grade Review and Appeal Process	34
Medical School Grading and Promotions Procedures	35
Degree Completion Time Limit	40
Policy on Planned, Emergency and Unexcused Absences	40
Dress Code	43
Student Travel Policy	43
Student Representatives	47
Financial Aid Information	48
Medical School Student Budget	49
Return of Title IV Aid and Refunds Policy	51
Graduate Student Health Insurance	57
Long Term Disability Insurance	57
Computer Requirement: Hardware/Software Minimum Standards	58
House Rules School of Medicine Students	60
E-Mail Privacy and Security Policy	61
Safety, Security and Visitor Policy	61
Best Practice Guidelines for Social Media	64
Resources for Medical Students	66

# **MEDICAL STUDENT HANDBOOK**

## **UC RIVERSIDE SCHOOL OF MEDICINE 2021-2022**

### **INTRODUCTION**

The student handbook provides information regarding medical school curriculum and policies that all students are expected to adhere to during their time as a matriculated student. Students are accountable for all information contained in this document and should take time to familiarize themselves with the content.

### **UCR SCHOOL OF MEDICINE – MISSION STATEMENT**

The mission of the UCR School of Medicine is to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.

### **OUR VALUES**

Inclusion – Embracing diversity in the broadest sense and appreciating all points of view

Integrity – Exhibiting honesty and the highest ethical standards in all matters

Innovation – Pursuing organizational goals with creativity and novelty

Excellence – Demonstrating extraordinary dedication to the highest quality outcomes

Accountability – Taking responsibility and ownership

Respect – Showing consideration and appreciation for others

### **UCR SCHOOL OF MEDICINE – DIVERSITY STATEMENT**

We, the faculty, students and staff of the UCR School of Medicine believe that a diverse student body, faculty and staff are essential to achievement of academic excellence. We are committed to recruiting students, faculty and staff responsive to our mission whose diversity contributes to an optimal learning environment. People of varied backgrounds, by which we mean those with a variety of personal experiences, values and worldviews arising from differences of culture and circumstance, bring added value to the education of students, research, and service to the community. In building a diverse medical school, those differences that can add to the value of our educational environment include, but are not limited to: gender, gender identity, gender expression, race, ethnicity, age, religious affiliation, abilities/disabilities, educational or socio-economic disadvantage (distance traveled), first in family to attend an institution of higher learning, personal or family experience of having limited access to health care, unique or challenging life experiences, and sexual orientation.

We are committed to recognizing and nurturing merit, talent and achievement by supporting diversity and equal opportunity in our education, services and administration, as well as research and creative activity. We will endeavor to remove barriers to the recruitment, retention, and advancement of talented students, faculty and staff from historically excluded populations who are currently underrepresented in medical education and the practice of medicine. Recruitment efforts and resources will be aligned with the goal to recruit individuals from groups underrepresented in medicine into faculty positions, recognizing that faculty, in particular, serve as role models to attract a diverse student body. Given the mission of the UCR School of Medicine and the desire to see the faculty, as well as the student body, reflect the cultural, socioeconomic, and ethnic diversity of the region that we serve, searches will endeavor to recruit faculty with these diverse characteristics.

## MEDICAL STUDENT HANDBOOK

### DISABILITY DISCLOSURE STATEMENT

The UCR School of Medicine is committed to providing equitable access to learning opportunities for students with documented disabilities (e.g. mental health, attentional, learning, chronic health, sensory, or physical). If you know or suspect that you have a disability, please contact Dr. Christina Granillo, Director of Academic Success Programs at 951-827-7834 or [christina.granillo@medsch.ucr.edu](mailto:christina.granillo@medsch.ucr.edu) to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively, so students are encouraged to request accommodations as soon as they know or suspect a disability. The UCR School of Medicine works in collaboration with the Student Disability Resource Center (SDRC) to evaluate accommodation requests and determine reasonable accommodations. In addition, Dr. Granillo and the SDRC assist students with requesting accommodations on national exams such as Step 1 and 2. More information regarding disability accommodations can be found online at <https://sdrc.ucr.edu/>.

### LICENSURE AND CERTIFICATION DISCLOSURES

University of California programs for professions that require licensure or certification are intended to prepare the student for California licensure and certification requirements. Admission into programs for professions that require licensure and certification does not guarantee that students will obtain a license or certificate. Licensure and certification requirements are set by agencies that are not controlled by or affiliated with the University of California and licensure and certification requirements can change at any time.

The University of California has not determined whether its programs meet other states' educational or professional requirements for licensure and certification. Students planning to pursue licensure or certification in other states are responsible for determining whether, if they complete a University of California program, they will meet their state's requirements for licensure or certification. This disclosure is made pursuant to 34 CFR §668.43(a)(5)(v)(C).

### STUDENT CONDUCT

A medical student in their role as an apprentice physician is bound by rules of conduct known as the Medical Code of Ethics. The principles are outlined in the UCR School of Medicine Honor Code. Students should conduct themselves at all times in a manner appropriate to the high calling of the medical profession to which they are aspiring. Lecture room courtesy requires arriving for classes on time and treating all lecturers with respect. Questions should be directed to the lecturer at their discretion. Most lectures are optional; however mandatory lectures and all lab periods, CBL, doctoring and clinical sessions are to be attended unless a person is ill or has been excused. It is the duty of each student to inform the block director, education coordinator, clerkship director, clerkship coordinator, and/or any relevant and appropriate parties when they cannot attend a required session.

### CONFLICT OF INTEREST POLICY

All students are required to adhere to the University of California Conflict of Interest and Vendor Relations Policy regardless of the policies at their assigned clinical locations. In instances where clinical sites maintain policies that are more stringent than the University of California, students will adhere to the local Conflict of Interest and Vendor Relations policies. All students are required to complete the Vendor Relations module in UC Learning as part of their student orientation and annually thereafter.

# MEDICAL STUDENT HANDBOOK

## UCR SCHOOL OF MEDICINE HONOR CODE

As a UCR medical student, I recognize that it is a great privilege and responsibility to study medicine. When I entered this school, I undertook the task of maintaining a certain standard of conduct not only as a student, but also as a future physician.

I will strive to develop and maintain personal honor and integrity as well as compassionate and ethical behavior. It is my responsibility and duty to achieve these ideals. I understand that while the honor code outlines the behavior and ideals that medical students believe to be important; I should strive to progress beyond these guidelines.

### Academic Honesty

- I will maintain the highest standards of academic and personal honesty.
- I will neither give nor receive unpermitted aid in examinations or assignments.
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.
- I will uphold an atmosphere conducive to learning in all educational settings (e.g. classrooms, clinical rotations, simulation labs).
- I will not undertake any activity that will impart me with an unfair and unpermitted advantage over others.

### Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussion of patients to members of the health care team in settings removed from the public (e.g. not in elevators, hallways, cafeterias).

### Respect for Others

- I will treat patients and their families with respect and dignity, both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that respects their privacy and modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not discriminate nor will I tolerate discrimination on the basis of race, ethnicity, gender, religion, sexual orientation, age, disability, disease state, or socioeconomic status.
- I will attempt to resolve conflicts in a manner that preserves the dignity of every person involved.
- I will be truthful with patients and will report accurately historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will be sensitive and respectful to the religious, ethnic and cultural beliefs of patients, even if they differ from my own.
- I will treat fellow students, staff and faculty with respect and dignity at all times, respecting their privacy and modesty.

### Responsibility

- I will set patient care and well-being as the highest priorities in the clinical setting.
- I will recognize my own limitations and will appropriately seek help or consultation to ensure patient care and optimize my continuing learning.
- I will conduct myself professionally - in my demeanor, use of language and appearance - in the presence of patients, in the classroom, and in professional settings
- I will not use alcohol or drugs in any way that could potentially interfere with my professional responsibilities.

## MEDICAL STUDENT HANDBOOK

- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.
- I will not permit access to controlled substances unless medically warranted, nor will I allow others to permit such access.
- I will not tolerate violations of the Honor Code in others and take appropriate action.

### **Integrity**

- I will endeavor to work harmoniously with my colleagues and do my share when teamwork is required.
- As their representative, I will uphold the reputations of my school and profession.
- I will uphold the policies, regulations and rules of the University, School of Medicine, its affiliated health care facilities, and all other pertinent regulatory and professional standards.
- I will endeavor to uphold these principles in both letter and spirit.

### **PROFESSIONALISM COMMITTEES**

The School of Medicine maintains two primary committees: the Professionalism Development Committee (PDC) and Professionalism Remediation Committee (PRC). These committees are jointly led by a Professionalism Executive Committee (PEC) with representatives from three key areas: Medical Education, Student Affairs, and Biomedical Sciences. Professionalism concerns may be submitted using the online [Professionalism Concern Referral](#). Individuals wishing to report in person may contact the Senior Associate Dean for Student Affairs, Dr. Emma Simmons, at [emma.simmons@medsch.ucr.edu](mailto:emma.simmons@medsch.ucr.edu).

All professionalism concerns start with the PEC and are routed according to their collective judgment to ensure confidentiality. The PEC reserves the right to route concerns as appropriate depending on the nature of the infraction. Most concerns will be referred to the PDC for feedback. More serious concerns, or repeat concerns may be referred to the PRC. Allegations of more serious transgressions (assault, threats, criminal charges, property damage, etc), on or off campus, will be referred for investigation or action to appropriate campus entities. All cases of sexual harassment *must* be referred to Title IX Office immediately. Reported Title IX issues will be reviewed and recommendations for further investigation and action will be discussed by the PEC, which includes the Senior Associate Dean of Student Affairs, who acts as the liaison with the Title IX Office for the School of Medicine.

The PDC shall meet regularly and be comprised of faculty, staff and students. Medical and biomedical graduate students will be elected by their peers in the spring (second, third and fourth year students) and fall (first year students) of each year to represent their classmates and address instances of unprofessional behavior and minor professionalism infractions. Elected students will be vetted by the Senior Associate Dean of Student Affairs, the Senior Associate Dean for Education, and the Director or Dean of Graduate Biomedical Sciences prior to the announcement of voting results, and must remain in consistent good academic and professional standing during their tenure on the committee. Committee members will be held to strict confidentiality and will undergo training with campus partners to inform their work. Staff and faculty members will be selected by the PEC from among the three governing entities.

The PDC's primary aim is to educate on professionalism and encourage engagement in professionalism development for the school. The PDC is charged with providing feedback to address breaches of professionalism when they occur. The PDC shall keep written records of concerns and feedback sessions. The PDC will develop strategies and tools for giving feedback and providing learning and development opportunities to students and the community at large. The PDC shall utilize trends in feedback to develop learning opportunities in order to address gaps in professionalism within the SOM community.

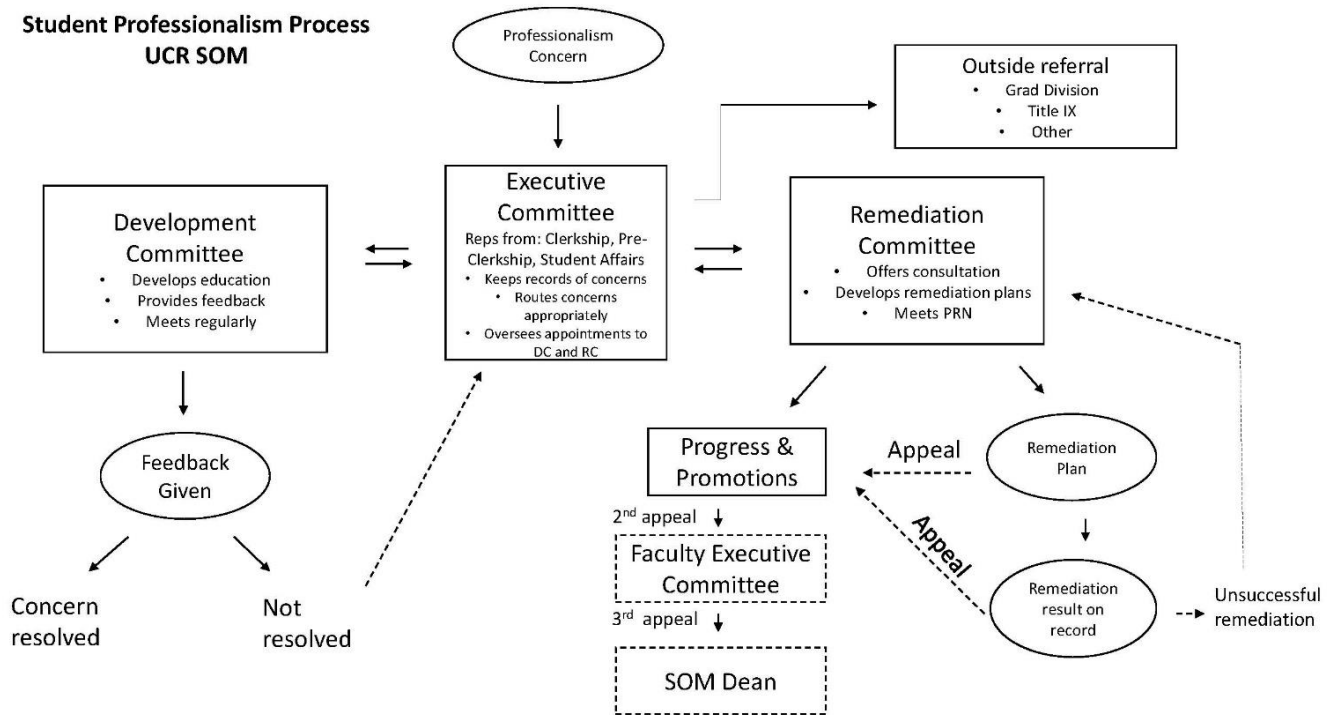
# MEDICAL STUDENT HANDBOOK

The PRC shall be comprised of faculty and staff from Medical Education, Student Affairs, and Biomedical Sciences. The PRC meets only as needed. When there is a need for a remediation plan per the decision of the PEC, the PEC convenes a sub-committee from the membership to create the plan for the student. All referrals to the PRC will be noted in the student record and MSPE (if applicable). All remediation plans and citations set forth by the PRC shall follow the student appeals process which is governed by the Progress and Promotions Committee.

## Professionalism Commendations

All professionalism commendations, group or individual, will start with the PEC. Although professional behavior is expected of all medical students and is one of the core competencies of both the UCR SOM and the ACGME, students that demonstrate behaviors that exceed expectations may receive special commendation. Examples vary and can include behaviors that exemplify the UCR SOM values of **accountability, respect, excellence, innovation, inclusion, and integrity**. Referrals for commendation, submitted using the online the [Professionalism Commendation Referral](#), will be reviewed by the PEC.

### Student Professionalism Process UCR SOM



## MEDICAL STUDENT HANDBOOK

### STATEMENT ON SUPPORTING AN ABUSE FREE ACADEMIC COMMUNITY

The UCR School of Medicine is committed to establishing and maintaining an environment in which every community member is enabled and encouraged to excel. This will happen only if we all work in harmony, free of intimidation, exploitation, ridicule, and harassment. We must maintain a productive environment in which no individual is subject to discrimination or abuse. UCR School of Medicine students are expected to abide by all campus and UC-wide policies related to diversity, equity, and inclusion. These policies can be found here: <https://diversity.ucr.edu/policies-and-guidelines>.

Specific behaviors that are not acceptable include:

- Sexual harassment, including unwelcome sexual advances or demands, either verbal or physical;
- Using rejection to such advances as a basis for making academic or personal decisions affecting an individual;
- Discriminating on the basis of gender, gender identity, gender expression, race, ethnicity, religion, sexual orientation, national origin, disability, or any other group characteristic;
- Using power to interfere with the activities of another in a manner that is unrelated or counterproductive to the expectations and requirements of their position;
- Creating an environment, through abusive behavior, in which the abilities of individuals to function professionally are negatively affected.

Students, faculty, or staff in need of guidance or support for issues related to diversity, equity and inclusion may contact their assigned equity advisor. Advisors report directly to the Associate Vice Chancellor and Chief Diversity Officer at UCR. All consultations are confidential. For the SOM Equity Advisors please visit: <https://diversity.ucr.edu/equity-advisors>

No person shall be subject to reprisal for using or participating in an informal or formal complaint resolution process. It is incumbent on each and every one of us to support the maintenance of an abuse-free environment.

The university has several avenues for reporting compliance concerns, abuse, ethical violations, and retaliation.

Ethics Point <https://help.ucr.edu/uc-office-president-ethics-point>

Title IX Office <https://titleix.ucr.edu/reporting.html>

Ombuds Office <https://help.ucr.edu/office-ombuds>

Compliance Officer at UCR SOM <https://medschoolcompliance.ucr.edu/>

Retaliation Complaint form <https://compliance.ucr.edu/document/retaliation-complaint-form>

UC Whistleblower Office <https://www.ucop.edu/uc-whistleblower/index.html>

UC Whistleblower Hotline <https://secure.ethicspoint.com/domain/media/en/gui/23531/index.html>



## MEDICAL STUDENT HANDBOOK

### FACULTY CODE OF CONDUCT

The UCR School of Medicine fully endorses and subscribes to the [Code of Conduct](#) for its faculty as set forth by the Academic Senate of the University of California. A significant part of the code addresses the teacher-learner relationship, relevant excerpts of which are cited below.

“As teachers, the professors encourage the free pursuit of learning of their students. They hold before them the best scholarly standards of their discipline. Professors demonstrate respect for students as individuals and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to assure that their evaluations of students reflect each student’s true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment, or discriminatory treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.” (AAUP Statement, 1966; Revised, 1987)

The integrity of the faculty-student relationship is the foundation of the University’s educational mission. This relationship vests considerable trust in the faculty member, who, in turn, bears authority and accountability as mentor, educator, and evaluator. The unequal institutional power inherent in this relationship heightens the vulnerability of the student and the potential for coercion. The pedagogical relationship between faculty member and student must be protected from influences or activities that can interfere with learning consistent with the goals and ideals of the University. Whenever a faculty member is responsible for academic supervision of a student, a personal relationship between them of a romantic or sexual nature, even if consensual, is inappropriate. Any such relationship jeopardizes the integrity of the educational process. In this section, the term student refers to all individuals under the academic supervision of faculty.”

Types of unacceptable conduct:

1. Failure to meet the responsibilities of instruction, including:
  - a. arbitrary denial of access to instruction;
  - b. significant intrusion of material unrelated to the course;
  - c. significant failure to adhere, without legitimate reason, to the rules of the faculty in the conduct of courses, to meet class, to keep office hours, or to hold examinations as scheduled;
  - d. evaluation of student work by criteria not directly reflective of course performance;
  - e. undue and unexcused delay in evaluating student work.
2. Discrimination, including harassment, against a student on political grounds, or for reasons of race, religion, sex, sexual orientation, ethnic origin, national origin, ancestry, marital status, medical condition, status as a covered veteran, disability, or, within the limits imposed by law or University regulations, because of age or citizenship or for other arbitrary or personal reasons.
3. Violation of the University policy, including the pertinent guidelines, applying to nondiscrimination against students on the basis of disability.
4. Use of the position or powers of a faculty member to coerce the judgment or conscience of a student or to cause harm to a student for arbitrary or personal reasons.
5. Participating in or deliberately abetting disruption, interference, or intimidation in the classroom.
6. Entering into a romantic or sexual relationship with any student for whom a faculty member has, or should reasonably expect to have in the future, academic responsibility (instructional, evaluative, or supervisory).
7. Exercising academic responsibility (instructional, evaluative, or supervisory) for any student with whom a faculty member has a romantic or sexual relationship.

# MEDICAL STUDENT HANDBOOK

## SCHOOL OF MEDICINE STUDENT MALTREATMENT & GRIEVANCE POLICY

**Scope:** The integrity and the learning environment of UCR School of Medicine will be maintained for medical students by use of education, consistent guidelines, supervision and resultant consequences for student mistreatment through an appointed oversight committee.

Students are required to provide feedback to the School of Medicine regarding any issues of maltreatment or unethical behaviors if they occur at any assigned educational environments or clinical sites.

### **Policy Summary**

The purpose of this policy is to provide a process and guidelines for the reporting of, and response to, allegations of student mistreatment complaints. The mission of the UCR medical school is to improve the health of our communities and to become a model to be emulated throughout the nation. In order to achieve this laudable goal, the school must be vigilant in identifying and addressing behavior that undermines that mission and must encourage respect for human dignity at every level both within and outside of the institution. The Student Grievance Committee will be charged with the responsibility to maintain the integrity of the learning environment for students attending the UCR SOM by (1) ensuring that students, residents, fellows, faculty and staff are educated on topics which will help to prevent mistreatment (2) providing a mechanism for the reporting of alleged violations and (3) providing clear, consistent guidelines and oversight for incidents of student mistreatment.

### **Definitions**

Mistreatment is defined by the AAMC as:

Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, and ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.

### **3. Policy Text**

The Student Grievance Committee will serve as the committee for oversight of allegations of student mistreatment. This committee will set policies and protocols that support students and address issues in order to assure an optimal learning environment. These policies/protocols will be reviewed during, and distributed at the beginning of orientation for medical and graduate students each year. Continual review of these policies and additional training will be provided throughout the year in an effort to prevent incidents of mistreatment.

### **4. Responsibilities**

The Student Grievance Committee is appointed by the Dean of the School of Medicine and is responsible for the review and appropriate resolution of all grievances brought forth by students.

### **5. Procedures**

At their sole discretion students may take actions to address their concerns outside of this complaint process. This might include seeking to resolve the matter directly with the other parties involved, consulting informally with friends and peers, or consulting confidential resources.

#### **A. Prevention and Education**

The Student Grievance Committee is available to all students and any other interested party to answer questions and serve as an informal resource for the discussion of situations and/or incidents. Depending on the seriousness of the situation, the case may be routed to any of the following: no further action, informal resolution or initiation of formal complaint.

## MEDICAL STUDENT HANDBOOK

### **B. Initiation of Complaint**

There are multiple mechanisms for students to report perceived mistreatment. Students can report via the Student Affairs Office, via New Innovations on a secured website, through their class representatives, student grievance committee representatives, to the Student Grievance Committee, via email at [grievance@medsch.ucr.edu](mailto:grievance@medsch.ucr.edu), or via other faculty or staff. Students will be notified by the chair of the Student Grievance Committee within 72 hours of receipt of their concern. All correspondence will occur using a UCR-based secure email. Students, or any person affiliated with UCR, will be allowed to submit a complaint or allegation anonymously via a dedicated 24-hour phone number (951) 827-7826.

### **C. Informal Resolution**

If the student is open to pursuing an informal resolution, the chair of the Student Grievance Committee or their designee will work with the student and the accused to determine if there is a resolution satisfactory to both parties. If there is no resolution the complaint will proceed to the formal grievance. The informal complaint will be documented for trend analysis purposes only.

### **D. Formal Grievance Procedure**

If unable to come to an agreement through these initial informal steps, the complaint will need to proceed to the formal grievance procedure. The student also has the option to bring the complaint directly to formal grievance. The formal grievance process includes a confidential hearing before the Student Grievance Committee. As soon as formal reporting has occurred, the accused will be notified that a formal complaint has been lodged. A standing sub-committee composed of four voting grievance committee members will be responsible for the initial investigation of all complaints prior to being presented to the full committee.

Given the distributive model of the UCR SOM's educational and training program, the sub-committee may be unable to conduct the investigation directly but may instead request that an investigation be conducted by the appropriate individuals at the institutions that are affiliated with, or involved in, the medical student's education where the alleged mistreatment occurred. The sub-committee will maintain contact with this investigating individuals and will review all findings.

The Student Grievance Committee will complete the investigation or will notify the parties of the need for an extension within 60 days of receipt of the complaint.

All findings resulting from the investigation will be presented to the Student Grievance Committee for recommendations. These recommendations will then be presented to the senior associate dean of student affairs. The senior associate dean of student affairs will review the findings of the report and the Student Grievance Committee's recommendations. They will be responsible for delivering the findings, recommendations and actions in writing to the respondent. This notification will occur even in situations where the complaint was found to be baseless.

### **E. Appeal to the Dean**

If the student is dissatisfied with the outcome of the formal grievance procedure, the student may appeal to the dean. The dean will review the report and has the final decision making authority on all cases.

If a complaint alleges a significant concern relating to the mistreatment of a student or students, but the student declines to pursue a formal investigation a 'notification of grievance' may be sent to the alleged offender and their division chair (or chair's designee). The alleged offender can request a conversation with the division chair (or chair's designee) and the documentation from the meeting will be kept in a secure folder by the division chair (or chair's designee) for as long as the student is matriculated at the UCR SOM. After

## MEDICAL STUDENT HANDBOOK

graduation the notes will be expunged. Depending on the severity of the allegations further action may be necessary, following the formal grievance process.

### F. Confidential Resources

At any point in the process, students may consult with the confidential resources listed below. Consultations with these resources do not constitute the initiation of a complaint.

a. [The Ombuds Office](#)

The Ombuds Office assists visitors to the office in assessing their situation, and considering their range of options. Additionally, the Ombuds Office may be able to facilitate an informal resolution, with the voluntary participation of all parties.

b. [CARE Advocates](#)

CARE Advocates provide free and confidential assistance to survivors/victims of sexual violence. Services include: crisis intervention, safety planning, referrals, accommodations, case management, and accompaniments.

c. [Counseling and Psychological Services](#)

Counseling and Psychological Services provides specialized psychological services.

### G. Safeguards

UCR SOM is committed to a policy on non-retaliation and will not tolerate harassment or victimization. The SOM and will take appropriate steps to protect individuals who raise a concern in good faith whether substantiated or not. If, however, allegations are determined to be malicious or vexatious, disciplinary action may be taken against the complainant.

### H. Reporting

A summative report of the Student Grievance Committee's activities will be provided on a yearly basis to the dean of the School of Medicine.

### I. Exceptions

Any complaints pertaining to sexual harassment, sexual violence or otherwise under the purview of Title IX will be referred immediately to the Title IX officer and will not be under the purview of this committee.

- a. If the accused is a member of the UCR Academic Senate or an academic staff whose instructional duties are not subject to direct supervision, any discipline will be determined in accordance with the Policies on *Faculty Conduct and the Administration of Discipline*.
- b. Students may request the option to delay intervention by the Committee until a more opportune time. (i.e. after grades have been assigned or after match results are available). Such requests will be seriously considered. However, depending on the nature of the incident, the Committee may or may not be able to honor the request.
- c. An annual survey will be distributed to all students to determine their perception of the learning environment/climate of the UCR SOM. The results of this survey will be reviewed by the Student Grievance Committee in order to identify opportunities for program improvement.

## MEDICAL STUDENT HANDBOOK

### GRIEVANCE COMMITTEE FAQ

\* **What is the purpose of the Grievance Committee?**

The Grievance Committee is tasked with investigating and resolving UCR School of Medicine medical student- or resident-reported mistreatment by physicians, residents, students, staff, or anyone else. Grievance committees are historically designed to handle medical student mistreatment during clinical rotations, but we will hear and investigate grievances associated with any part of the UCR SOM. We are responsible for managing all of the grievances filed, communicating with the aggrieved, and resolving the conflicts. If a grievance relates to a different UCR entity (Title IX, Special Services, etc.), we are responsible for facilitating the communication between these entities, UCR administration, and the grieved.

\* **Who sits on the Grievance Committee?**

The Grievance Committee is comprised of physicians representing a range of specialties, clinical sciences faculty, biomedical sciences faculty, psychologists, residents, staff members, the Ombuds Office in an advising capacity, Title IX representatives, compliance office representatives, and medical students associated with UCR. These members are appointed by nomination and confirmation by the rest of the Grievance Committee, or by election.

\* **What would be considered a grievance?**

Grievances are dealt with on a case-by-case basis. We define mistreatment with the definition from the Association of American Medical Colleges (AAMC): *“Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, and ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.”* Any student who feels that they have been mistreated is encouraged to contact the Grievance Committee.

\* **How do I file a grievance?**

You can report a grievance via the Student Affairs Office, through your class representatives, directly to a member of the Grievance Committee, through a faculty member, via the dedicated Grievance phone at (951) 827-7826 or via email to [grievance@medsch.ucr.edu](mailto:grievance@medsch.ucr.edu). Students will be notified of receipt of their concern.

\* **What if I am not sure about filing a grievance, or I just want to get the opinion of the Grievance Committee?**

The Grievance Committee can also act as a sounding board and can provide an opinion on how to proceed with your concern if you would rather start there than filing a grievance right away. If you desire this, state it clearly in your email or to whomever you report the complaint to.

\* **What are the types of grievance procedures available to me? How do they differ?**

There are two types of grievance procedures: an informal and formal procedure. In the informal procedure, the chair of the Grievance Committee or their designee will work with the student and the accused to determine if there is a resolution satisfactory to both parties. If no resolution is achieved, the complaint will proceed to a formal grievance. In the formal procedure, the accused is notified that a formal complaint has been filed. A standing sub-committee will initially investigate the complaint, or request the appropriate individuals to do so, and make recommendations on how to proceed to the Senior Associate Dean of Student Affairs. The senior associate dean of student affairs is then responsible for delivering the findings, recommendations, and actions to the accused.

\* **Can I remain anonymous?**

During the initial filing of the complaint, your anonymity will be preserved. If you submit a grievance via [grievance@medsch.ucr.edu](mailto:grievance@medsch.ucr.edu), the only person who would know your identifying information is the chair of the grievance committee. When the chair presents the case to the Grievance Committee, all names and locations will be redacted. If you believe the chair of the committee may be in conflict with your grievance, you can submit the complaint to any of the members of the committee, a list of whom you can find on the Student

## MEDICAL STUDENT HANDBOOK

Affairs website. If you submit via your student representatives or other faculty members, and you desire to initially remain anonymous, inform them of this so that they can present the grievance in such a way that your name is not stated. For some grievances, it is possible to remain anonymous during the entire process. However, if you have filed a formal grievance, your name will ultimately be disclosed in order to achieve the proper resolution. Finally, communicating a grievance with the Ombuds Office, which has representation on the committee, is another excellent option to preserve anonymity. We will respect anonymity up to legal limits (see Exceptions, question 11).

\* **I am scared that if I file a grievance, I will be retaliated against by the accused.**

Retaliation/retribution is strictly prohibited by the SOM. The Grievance Committee takes retaliation very seriously and will make every effort to protect students from retaliation. This can take many forms. One example is that students may request the option to delay intervention by the committee until a more opportune time (i.e. after grades have been assigned or after match results are available). This request may not be able to be honored depending on the nature of the incident.

\* **So, can I just file a grievance against someone who I think is going to give me a bad evaluation?**

No. The grievance process, while designed to protect students, is a very serious matter. The grievance processes are in accordance with the UCR Honor Code, meaning that you must act in good faith. If it is discovered that someone is abusing the process for personal gain, there may be repercussions.

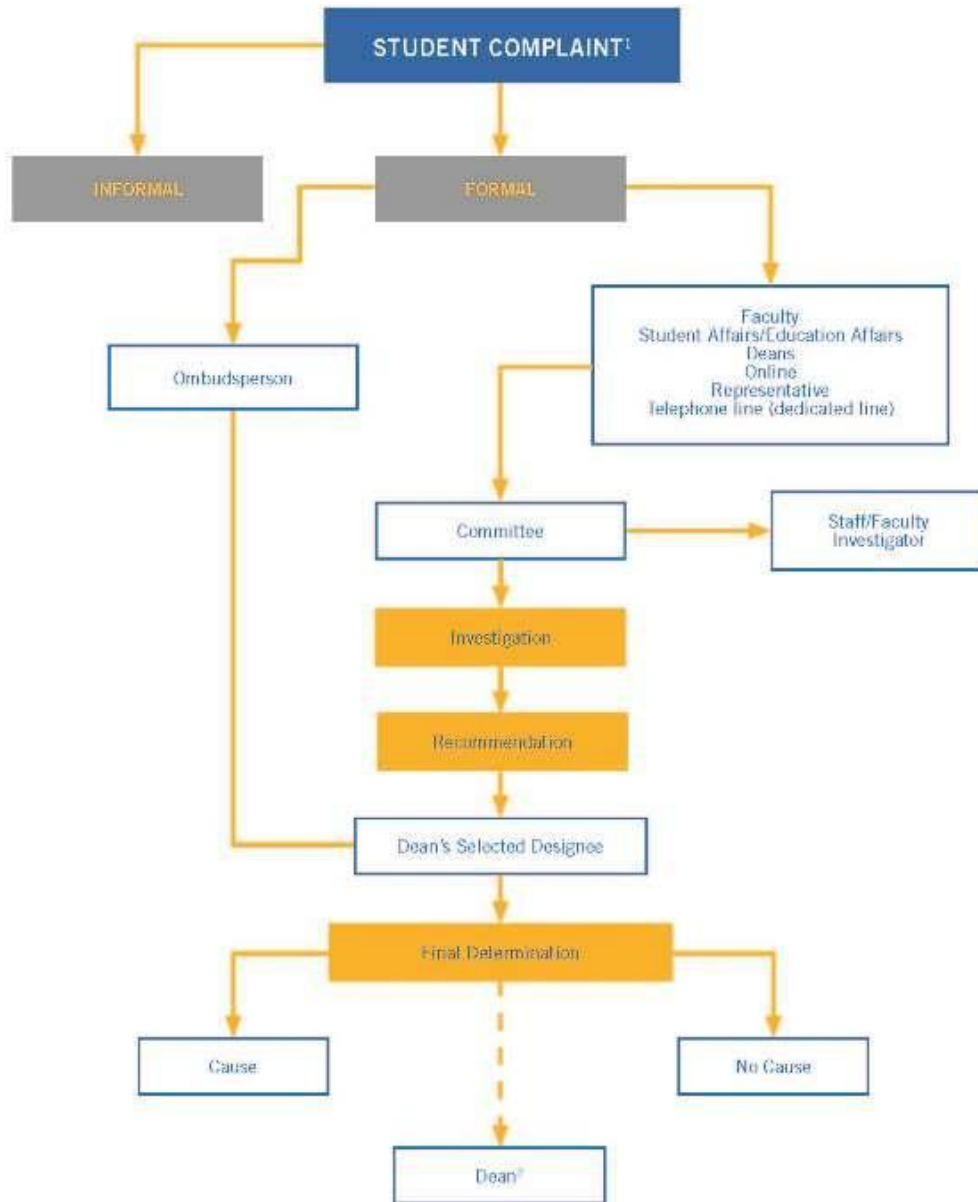
\* **What if I am not satisfied with the decision I get from the Grievance Committee?**

A student may appeal to the dean. The dean will review the report and has the final decision-making authority on all cases.

\* **Are there any exceptions?**

- Any complaints pertaining to sexual harassment, sexual violence, or otherwise under the purview of Title IX will be referred immediately to the Title IX Officer and will not be under the purview of this committee.
- If the accused is a member of the UCR Academic Senate or an academic staff whose instructional duties are not subject to direct supervision, any discipline will be determined in accordance with the *Policies on Faculty Conduct and the Administration of Discipline*.

# REPORTING MECHANISM



<sup>1</sup>Serious or sexual incidents immediately reported to appropriate entity (1111.1.9) - <sup>2</sup>Appeal



# MEDICAL STUDENT HANDBOOK

## TECHNICAL, NON-ACADEMIC STANDARDS

### *Essential Abilities and Characteristics Required for Completion of the M.D. Degree*

#### **Introduction**

The M.D. degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the M.D. degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of pursuing and completing graduate medical education, passing licensing exams and obtaining and maintaining medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. For purposes of this document and unless otherwise defined, the term "candidate" means candidates for admission to medical school as well as enrolled medical students who are candidates for promotion and graduation.

The School of Medicine has an ethical responsibility for the safety of patients with whom students and graduates will come in contact. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The essential abilities and characteristics described herein are also referred to as technical (or non-academic) standards. They are described below in several broad categories including: observation; communication; motor function; intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. In addition to these, candidates must have the physical stamina and emotional stability to function in a competent manner in settings that may involve heavy workloads and stressful situations. Individuals who constitute a direct threat to the health and safety of others or are currently impaired by alcohol or other substance abuse are not suitable candidates for admission, promotion or graduation.

Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education (LCME). The following abilities and characteristics are defined as technical standards, which in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation. A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a qualified healthcare provider.

#### **Observation:**

Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a complete or focused medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan. These skills require the use of vision, hearing, touch *or* the functional equivalent.



## MEDICAL STUDENT HANDBOOK

### **Communication:**

Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively in English with other health care professionals in a variety of patient settings.

### **Motor Function:**

Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. Such activities require physical mobility, coordination of both gross and fine motor neuromuscular function, and balance and equilibrium.

### **Intellectual, Conceptual, Integrative, and Quantitative Abilities:**

Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer and information technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information by multiple mechanisms. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving.

### **Behavioral and Social Attributes:**

Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress, and to display flexibility and adaptability to changing environments. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

### **Ethical and Legal Standards:**

Candidates must meet the legal standards to be licensed to practice medicine in the State of California. As such, candidates for admission must acknowledge and provide written explanation of any felony or misdemeanor offense(s) action taken against them prior to matriculation at the School of Medicine. In addition, should the student be convicted of any felony or misdemeanor offense(s) while in medical school, they agree to immediately notify the senior associate dean for student affairs as to the nature of the conviction. Students must be of the

## MEDICAL STUDENT HANDBOOK

highest ethical and moral behavior. Felony conviction or failure to disclose prior or new offenses can lead to disciplinary action by the school that may include dismissal.

### **Ability to Meet the School of Medicine's Technical Standards**

The School of Medicine intends for its students and graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure.

### **Equal Access to the School of Medicine's Educational Program**

The University of California does not discriminate against qualified individuals with disabilities who apply for admission to the M.D. degree program or who are enrolled as medical students. Otherwise qualified individuals shall not be excluded from admission or participation in the School of Medicine's educational programs and activities solely by reason of their disability or medical condition. The School of Medicine provides reasonable accommodation in its academic programs to qualified individuals with disabilities. A reasonable accommodation is one that does not require substantial program modification or lower academic standards. Documented learning disabilities are included under this policy.

Should a candidate have or develop a condition that would place patients or others at risk or that would jeopardize their ability to complete medical student education and pursue residency training and licensure, the candidate may be denied admission or may be dismissed from school. Should a candidate have or develop a disability that poses a significant risk to health and safety of patients, self, or others that cannot be eliminated with a reasonable accommodation, the candidate may be denied admission or may be dismissed from school.

Students with a disability must meet these technical standards, with or without accommodation. It is the responsibility of an admitted or continuing student with a disability, or a student who develops a disability, and who needs an accommodation to notify the Student Disability Resource Center (SDRC) of the disability and provide adequate documentation of the general nature and extent of the disability and the functional limitations to be accommodated. (Contact information for the SDRC can be found at: <https://sdruc.ucr.edu/>.) A student who has or develops any chronic disease or condition will be expected to seek and continue in the care of a qualified healthcare provider, if the disease or condition could place patients or others at risk. Evaluating and facilitating accommodation requests is a collaborative effort between the admitted or continuing student, the SDRC and the Senior Associate Dean for SOM Student Affairs. The UCR SOM reserves the right to request new or additional information.

Should an admitted or continuing student have or develop a condition that would place patients, the student, or others at risk or that may affect their need for accommodation, an evaluation with the SDRC may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes, and attributes of each candidate will be performed. This includes an assessment of their willingness, desire and ability to complete the medical curriculum and fulfill all requirements for medical licensure, and will be informed by the knowledge that students with varied types of disabilities have the ability to become successful medical professionals.

## MEDICAL STUDENT HANDBOOK

### HEALTH CLEARANCE

The School of Medicine requires that all incoming students obtain a health clearance for personal protection as well as public health. Students must complete all of the [CDC recommended requirements](#) prior to the first day of Orientation Week or they may not be allowed to matriculate.

Health clearance requirements include:

Demonstration of immunization for or immunity to the following:

- MMR (Measles, Mumps, Rubella) – Two (2) doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; in addition, serologic proof of immunity for Measles, Mumps and Rubella, or proof of recent boosters.
- Varicella – Two (2) doses of Varicella vaccine, plus serologic proof of immunity, or proof of recent re-vaccination.
- Tetanus, Diphtheria and Pertussis – One (1) dose of adult Tdap vaccine. If last Tdap is more than 10 years old, new Td vaccination is required.
- Hepatitis B – Three (3) doses of Hepatitis B vaccine, plus a QUANTITATIVE Hepatitis B Surface Antibody (titer) preferably drawn 4-8 weeks after 3<sup>rd</sup> dose. If negative or equivocal, complete a second Hepatitis B series followed by a repeat titer. If Hepatitis B Surface Antibody is negative after secondary series, additional testing including Hepatitis B Surface Antigen should be performed.
- COVID-19 Vaccination – Proof of full vaccination (first and second dose of a two-dose vaccine series, or proof of one dose of a single dose vaccine).
- Annual Tuberculosis Screening – IGRA (Interferon gamma releasing assay) blood test is required.
- Annual Influenza Vaccination each fall.

During the 3<sup>rd</sup> and 4<sup>th</sup> year, students must adhere to additional health clearance requirements (drug screening, mask fit testing, etc.) as required by School of Medicine affiliated hospitals and/or away institutions.

NOTE: Students are responsible for the cost of any office visits, examination fees, and/or lab fees associated with the initial and annual health clearance processes.

### POLICY ON DRUGS, ALCOHOL AND STUDENT IMPAIRMENT

#### I. Definitions and Clarifications

- a. Drugs: Includes all illegal drugs as well as the misuse of legal drugs, such as prescription medications.
- b. Illicit Drug Activity: For the purpose of this policy, illicit drug activity shall be defined as the use, manufacture, distribution, dispensation, sale or possession of illegal drugs or the illicit use, manufacture, distribution, dispensation or sale of legal drugs.
- c. Paraphernalia: Includes, but is not limited to, all items used for the purpose of preparing, injecting, ingesting, inhaling or otherwise using drugs. As the term relates to alcohol, only paraphernalia that facilitates the rapid consumption of alcohol is prohibited.

#### II. Periodic Drug Screening

- a. As part of the clinical requirements, students will be subjected to mandatory 14-panel drug screenings throughout the duration of their enrollment to include cannabis.
- b. The UCR SOM and its clinical affiliates have the right to request a drug screening at any time.

## MEDICAL STUDENT HANDBOOK

- c. While students will not be randomly selected for arbitrary screens, students will be subjected to as-needed screening when:
  - i. affiliation agreements specify that students placed at specific sites undergo a drug screen within a delimited time preceding their clinical duties, or
  - ii. there is probable cause to suspect that a student is impaired due to drugs or alcohol.
- d. For routine drug screening, the UCR SOM will attempt to provide advanced notice in good faith of upcoming drug screens where possible.

### III. Positive Drug Screen Results

- a. Drug screen results are strictly confidential and are NOT part of a student's academic record.
- b. In the instance that a student does not pass a drug screen and a prohibited substance is detected in their sample, the student will be notified by the vendor who performed the screening. The Medical Review Officer (MRO) will contact the student and gather any necessary information from the student to adjudicate the finding. Once the review process is complete, the MRO will issue a final decision as to whether the drug screen is cleared or not.
- c. If the screen is cleared, the student will proceed with clinical placements and duties as before. The screen will be recorded as pass and will be equivalent to all passing screens.
- d. If the screen is not cleared, the student will be withdrawn from clerkship duties immediately and referred to student affairs for a consultation and counseling to address the issue(s).

### IV. Policies Regarding the Use of Drugs and Alcohol

- a. Medical students shall not drink, be under the influence, or be in personal possession of alcohol during any educational activities at any campus or affiliate site unless the alcohol is sponsored and served by a licensed, campus-contracted entity.
- b. Medical students may not use any substances or drugs, prescription or non-prescription, that impair the ability to function safely and effectively in the educational or clinical setting.
- c. Consumption, possession, and/or dissemination of alcohol, drugs or drug paraphernalia on campus premises or affiliated sites will result in disciplinary action. This includes controlled substances for which there may be a valid prescription.
- d. Special events/receptions may include the service of alcohol. These events must be approved by the school of medicine dean and/or campus designee, and alcohol will only be served to those of legal drinking age.

### V. Federal, State, and Local Laws

- a. UCR SOM expects all students to comply with federal, state, and local laws and campus regulations related to alcohol and other drugs. The UCR Substance Abuse Policy can be found [here](#).

## MEDICAL STUDENT HANDBOOK

### PATIENT CARE ACTIVITIES OUTSIDE PRESCRIBED CURRICULUM

The School of Medicine strongly supports our students' desire to help patients who are medically underserved or uninsured. This commitment to service is a significant aspect of the fit to mission that the SOM strives to uphold during the admissions process. However, medical students are not allowed to see patients or provide patient care, *domestically or internationally*, without an approved UCR SOM faculty member acting as the supervising physician. Students should not be providing medical care to patients without UCR SOM faculty supervision, nor should they identify themselves as medical students in care settings not approved by UCR SOM, including wearing UCR SOM white coats. The SOM has mandatory affiliation agreements with its clinical partners that outline what is required to properly supervise and support medical student education. Any attempt to establish new relationships within the local community and communities abroad requires coordinated oversight. These restrictions are put in place to protect the future licensure and careers of SOM graduates, as well as to ensure the SOM is in compliance with academic and legal requirements set forth by the University of California and the California Licensing Board.

### OCCUPATIONAL EXPOSURE/NEEDLE STICK POLICY

In case of needle stick or other acute occupational exposure, student should call the Needle Stick/Occupational Exposure Hotline 24 hours a day, seven days a week at (951) 827-8275. The system will prompt student for their name and phone number. Student will receive a call back within the hour from the on call administrator.

In case of COVID exposure, student should call the Needle Stick/Occupational Exposure Hotline during normal business hours (for non-acute exposures) at (951) 827-8275. The system will prompt student for their name and phone number. Student will receive a call back within the hour from the on call administrator.

In case of any exposure, student should complete the [Occupational Exposure Report Form](#) immediately and then follow the guidelines outlined for the specific exposure.

#### **On Campus Exposures**

All students will receive an orientation to blood-borne pathogens and infectious and environmental diseases and how to safely avoid their exposure during orientation week and during the first block of instruction. Students will also be required to complete the corresponding online UC Health training modules. In the unlikely event an exposure occurs on the UCR campus, the campus protocol will be followed. An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (through the skin) contact with blood or other potentially infectious materials. If an exposure incident occurs, the student is instructed to wash the exposed area immediately with soap and water. If there is a cut, the area should be washed with soap and water and the area allowed to bleed freely. If blood or other potentially infectious body fluids enter the eye, nose or mouth, the area should be flushed with water for at least 15 minutes. Then the student should seek immediate medical/nursing care, either from the Campus Health Center (during office hours) or at a local emergency or urgent care center. Students must follow the Environmental Health and Safety biosafety exposure control plan found at <http://ehs.ucr.edu/biosafety/>. Students must also notify their supervising faculty at the time of the incident who should in turn notify the Office of Student Affairs within 24 hours.

#### **Off Campus Exposures**

Those airborne, blood and body fluid exposures and needle stick injuries that occur while a student is completing an off-campus clinical activity will follow a protocol consistent with the clinical affiliate's policies. In the event

## MEDICAL STUDENT HANDBOOK

of an exposure, the student will, after reducing the exposure (as described above), immediately notify their supervising resident and/or attending and proceed *immediately* to the designated local facility at the affiliate's site in which the incident occurred. It is important to note that treatment for HIV prophylaxis needs to be initiated within two hours for optimal effectiveness. Students will not be penalized for leaving the service after notification of the supervising resident/faculty. Students will also be expected to notify the Office of Student Affairs within 24 hours of all exposures.

For all exposure incidents, the route(s) of exposure and the circumstances under which the exposure incident occurred are to be documented. The source individual is identified and documented, unless identification is not feasible or prohibited by state or local law. After consent is obtained, the source individual's blood is tested for HBV, HCV and HIV status. If the exposed student gives consent, a baseline blood sample is collected immediately following the incident with subsequent periodic samples taken at a later date.

Students are expected to provide their insurance at the time of treatment for occupational exposure. Remaining costs (co-pays or cost after insurance is applied) will be covered by Student Affairs. Students are not responsible for out of pocket costs associated with occupational exposures.

### **POLICY FOR PROVISION OF MEDICAL TREATMENT TO SOM STUDENTS BY SOM FACULTY**

UCR SOM faculty members may not academically evaluate students for whom they provide or have provided any medical care, including treatment for sensitive health issues (e.g., mental health, sexually transmitted diseases or any health issue the student defines as sensitive).

Prior to providing any medical care to a UCR SOM student, a faculty member must explain this policy and ask the medical student to sign a [Student Agreement on Provision of Medical Treatment by UCR SOM Faculty](#).

This signed form shall be kept by the student's treating health care provider, with a copy provided to the SOM Office of Student Affairs.

In cases where a UCR SOM faculty member has provided emergency, urgent, or stabilization care to a medical student under their supervision for whom they have an assessment role, care must be relinquished once the patient is stabilized, and faculty will no longer evaluate or assess that student in any academic manner.

# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL GRADUATION COMPETENCIES

### Introduction

The University of California, Riverside (UCR) School of Medicine is dedicated to educating and training students to be excellent physicians who will be thoroughly prepared to meet the medical needs of inland southern California and beyond. The school places particular emphasis on attracting and graduating future physicians who will provide care to underserved populations with an emphasis on addressing healthcare workforce gaps and health outcomes of the populations served.

UCR SOM is dedicated to enrolling students who exemplify academic excellence, and embody the passion, commitment and integrity to meet the highest standards in patient care and medical scholarship. UCR SOM students represent the diversity of California as a whole and our region in particular; they are recent college graduates and those changing careers, and they come from a wide variety of cultural, socioeconomic, and personal or professional backgrounds. They also have demonstrated capacity for volunteerism, altruism, and a genuine desire to help those in need.

A UCR SOM education provides a solid foundation in the fundamentals of basic and clinical science. The curriculum is structured to ensure that students acquire the knowledge, skills, and attributes essential to the practice of medicine. The clinical years are marked by an extensive "hands-on" experience in caring for patients. Thus, graduates are exceptionally well prepared to pursue further training. Additionally, students have opportunities to critically appraise gaps in the existing medical knowledge base and to engage in basic, clinical, translational or health services research to discover if their aptitudes and interests lie in these areas.

### Patient Care

- Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
- Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
- Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
- Interpret laboratory data, imaging studies, and other tests required for the area of practice
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
- Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
- Provide appropriate role modeling
- Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
- Other patient care

## MEDICAL STUDENT HANDBOOK

### Knowledge for Practice

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
- Demonstrate an investigatory and analytic approach to clinical situations
- Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
- Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
- Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
- Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
- Other knowledge for practice

### Practice-Based Learning

- Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Incorporate feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- Use information technology to optimize learning
- Participate in the education of patients, families, students, trainees, peers and other health professionals
- Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
- Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
- Other practice-based learning and improvement

### Interpersonal and Communication Skills

- Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3)
- Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)
- Act in a consultative role to other health professionals



## MEDICAL STUDENT HANDBOOK

- Maintain comprehensive, timely, and legible medical records
- Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
- Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- Other interpersonal and communication skills

### **Professionalism**

- Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
- Demonstrate compassion, integrity, and respect for others
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Demonstrate respect for patient privacy and autonomy
- Demonstrate accountability to patients, society, and the profession
- Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
- Other professionalism

### **Systems-Based Practice**

- Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
- Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
- Coordinate patient care within the health care system relevant to one's clinical specialty
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- Advocate for quality patient care and optimal patient care systems
- Participate in identifying system errors and implementing potential systems solutions
- Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications
- Other systems-based practice

### **Interprofessional Collaboration**

- Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
- Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
- Other interprofessional collaboration

## MEDICAL STUDENT HANDBOOK

### Personal and Professional Development

- Demonstrate the qualities required to sustain lifelong personal and professional growth
- Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
- Demonstrate healthy coping mechanisms to respond to stress
- Manage conflict between personal and professional responsibilities
- Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
- Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
- Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
- Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
- Other personal and professional development

# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL CURRICULUM

### YEAR 1

Block 1: MDCL 231 Foundations of Medicine I (10.5 units)

Block 2: MDCL 232 Cardiovascular, Renal and Respiratory Sciences I (17.5 units)

Block 3: MDCL 233 Gastrointestinal, Endocrine, and Reproductive Health I (14 units)

Block 4: MDCL 234 Musculoskeletal Medicine (8 units)

Block 5: MDCL 235 Clinical Neurosciences I (9 units)

### YEAR 2

Block 6: MDCL 236 Foundations of Medicine II (14 units)

Block 7: MDCL 237 Cardiovascular, Renal and Respiratory Sciences II (12 units)

Block 8: MDCL 238 Gastrointestinal, Endocrine, and Reproductive Health II (13 units)

Block 9: MDCL 239 Clinical Neurosciences II (10 units)

Block 10: MDCL 240 Integrative Human Biology and Disease (3 units)

### Doctoring/Clinical Skills

These courses are part of an integrated Doctoring curriculum for medical students that focus on helping you to acquire critical thinking skills and learning habits that will be of lifelong service to you. The first and second years of the medical school curriculum are designed to assure your smooth transition into the third year of medical school.

The entire doctoring/clinical skills curriculum integrates several overall objectives throughout medical school:

- \* Fostering an understanding of the importance of humanistic care coupled with quality technical care
- \* Emphasizing topics such as health promotion, disease prevention, and ethical issues in everyday aspects of medical care
- \* Teaching clinical problem solving skills and self-assessment methods
- \* Exposing students to the ever changing delivery of health care to different populations in different settings; and
- \* Encouraging the development of interpersonal relationship skills necessary for teamwork in a medical setting.

Clinical preparation courses began in the first year of medical school and continue throughout the second year. The ***Doctoring and Clinical Skills*** course in Year 1 and 2 will give you the opportunity to learn the patient interview and physical exam skills that you will need for clinical clerkships. This will be reinforced during your longitudinal ambulatory care clerkships experience.

Many of the program faculty will be drawn from the medical community in the region. They are experienced clinicians who will be able to assist you to link basic sciences courses, disease process, and clinical practice. The small class size will allow for close interaction between the class and clinical faculty.

This is when you will become a “student doctor” and can begin to anticipate your future role as a clinician through an increasing interaction with clinical faculty and patients. We look forward to making this an enjoyable and exciting experience for you.

## MEDICAL STUDENT HANDBOOK

### Longitudinal Ambulatory Care Experience (LACE)

The UC Riverside School of Medicine seeks to train future physicians to have extensive knowledge on the provision of population health, preventive care, and chronic disease management in a team-based, primary care home model. The goals of LACE, which will run throughout years 1, 2 and 3, are to:

- \* Provide a 3-year ambulatory clinical experience emphasizing core clinical skills and attributes
- \* Establish a sustained mentor-mentee relationship with community-based primary care providers
- \* Create a bridge between pre-clinical and clinical training and content

### YEAR 3

MDCL 241A/B: Internal Medicine I/II

MDCL 242 A/B: Surgery I/II

MDCL 243A/B: Pediatrics

MDCL 244A/B: Obstetrics/Gynecology I/II

MDCL 248A/B/C/D: LACE I/II/III/IV

MDCL 245: Family Medicine

MDCL 246: Psychiatry

MDCL 247: Emergency Medicine

MDCL 249: Neurology

Selective: MDCL 293: Clinical Selectives

### Third Year Curriculum

The third year will contain an interdisciplinary clinical experience emphasizing inpatient, outpatient, acute, chronic, well care and consultative medicine in the context of diverse communities and population. Through this experience each student will be exposed to:

- \* Internal Medicine
- \* Surgery
- \* Family Medicine
- \* Pediatrics
- \* Obstetrics and Gynecology
- \* Psychiatry
- \* Emergency Medicine
- \* Neurology
- \* Longitudinal Ambulatory Care Experience (LACE 3) - A longitudinal clerkship over the first three years of the medical school curriculum)
- \* Community-based Learning Experience (CBE)

## MEDICAL STUDENT HANDBOOK

### Overview:

The academic third year is divided into an eight track system into which cohorts of students are assigned but all medical students experience and complete the same clerkships and courses. Internal Medicine and Surgery are one integrated 16-week block in which students spend 4 weeks on Medicine, 4 weeks on Surgery, 4 weeks on Medicine and a final 4 weeks on Surgery. Obstetrics/Gynecology and Pediatrics are another integrated block of 12-weeks in which students spend 3 weeks on Pediatrics, 3 weeks on OB-GYN, 3 weeks back in Pediatrics and 3 weeks back on OB-Gyn. The following are free standing clerkship blocks: Family Medicine (4-weeks), Emergency Medicine (2-weeks), Psychiatry (4-weeks), and Neurology (2-weeks). CBE is a 2 week-course. Students also have three 2-week blocks to take Selectives to enhance and customize their education.

LACE 3 (Longitudinal Ambulatory Care Experience) will run concurrently across the entire year as a continuation of the first and second year LACE curriculum. In the third year, LACE will serve as a continuity clinic.

### Required Formative Feedback:

All clerkships have a required mid-clerkship feedback session that is conducted by a faculty member who has observed the student's clinical performance during the clerkship rotation.

### Other Clerkship Requisites:

All clerkships require:

- 1) One observed clinical encounter (OCE) of the student by a faculty member
- 2) Every student to log all diagnosis and procedures encountered during the entire clerkship
- 3) Every student to log their work hours
- 4) Every student to complete evaluations on the clerkship and their instructors with 2 weeks of the conclusion of the clerkship.

Grading in all third year clerkships is comprised of the same three components with the same weighting: 1) Knowledge (35% of the final grade) 2) Clinical performance (45% of the final grade) and 3) Professionalism (20% of the final grade). Each clerkship determines the appropriate assessment methods for each of the three components. For clerkships using a SHELF exam for assessing the knowledge component, the minimum acceptable shelf exam score is the 6th percentile (nationally normed). If a student does not achieve a global passing score, they will be required to remediate the component(s) failed. Further specific details of grading for each clerkship and required course can be found in Policy 950-06-012 "Grading Scales, Grading Criteria and Grade Reporting."

**Remediation of Clerkships:** Students who are remediating a clerkship or are receiving an accommodated schedule may have to use their time for Selectives or CBE to complete required clerkship experiences.

### Rounds

Students are expected to participate and attend all rounds on the inpatient wards that occur while on their rotations as assigned. The specifics regarding times, days, process, etc. will vary by site.

## MEDICAL STUDENT HANDBOOK

### Objective Structured Clinical Examinations (OSCE)

**TBA**

### Block Assignment Lottery Process

Each student will be assigned to begin the year in either one of eight tracks. The order of the clerkship rotations is set within each block and cannot be changed. Students will have the opportunity to participate in a lottery to make site requests for their clerkships. Participation in the lottery is optional and those who do not participate will have their clerkship schedule and clinical site assignments made for them by the Office of Medical Education. Regardless of lottery results, the students' final rotation and site selection must be based on curricular requirements and clerkship site availability.

*The lottery will include the opportunity to request:* which clerkship to begin/end, preference of clinical site, and also give the opportunity to voice any special accommodations needed. Reasonable efforts will be made to accommodate requests.

### Clinical Structure and Duty Hours

All 3<sup>rd</sup> and 4<sup>th</sup> year medical students will follow the same duty hour regulations mandated by the Accreditation Council for Graduate Medical Education (ACGME) for PGY-1 residents. Duty hours are limited to no more than 80 hours per week averaged over four weeks including all overnight and evening calls. Students should be scheduled for 10 hours away from their site between shifts. Just as individual practices vary, actual office hours at each site may vary. Students should be respectful and adaptable to the schedule expected at the physician's office/hospital site.

# MEDICAL STUDENT HANDBOOK

## YEAR 4

MDCL 250: Clinical Sub-Internship  
MDCL 251: Radiology  
MDCL 252: Critical Care  
MDCL 253: Back-to-Basics  
MDCL 254: Fourth Year Clinical Electives

### Fourth Year Curriculum

The fourth year of medical school advances the clinical education that started with the first LACE course to the point of competency that merits the granting of the Medical Doctorate degree. There are nine required courses over a period of eleven (11) four-week blocks.

The fourth year consists of 11 blocks, which are further divided into “core” and “elective” rotations. Core rotations include a required Sub-internship, Critical Care rotation, UCR Radiology rotation, and Back-to-Basics course. There are two blocks of vacation, and 5 blocks of electives. Electives are divided into “home” (any UCR affiliated institution, any UC Medical affiliation, or any clinical site affiliated with any of the above), and “away” electives.

The Sub-Internship gives students an opportunity to assume more responsibility for their patients and improve their core competencies. There are six available Sub-Internship core fields, which include the following: Internal Medicine, Pediatrics, Family Medicine, Obstetrics/Gynecology, General Surgery and Psychiatry. The Sub-Internship must be an inpatient rotation. It may be done during any block of the fourth year, but we recommend completing this requirement early in the year. Students are encouraged to take Sub-Internship level electives in non-core disciplines, but these Sub-Internship rotations will not count toward the core Sub-Internship graduation requirement.

All students must complete the required Critical Care rotation, which focuses on physiological and evidence-based management of critical illness. The Critical Care rotation may take place in the medical, surgical or pediatric intensive care settings. All students will complete the UCR Radiology course, which is a didactic course designed to prepare learners to appropriately utilize radiological imaging regardless of their chosen residency. As students near the end of the fourth year, they return to campus to complete Back to Basics. This course consists of didactics, simulation cases and small groups to prepare students to transition to residency.

Fourth year medical students will complete 5 blocks of elective rotations. These rotations may be home or away rotations. The away rotations require an application through AAMC Visiting Student Learning Opportunities (VSLO) program. Students may not take more than 2 electives in the same field to ensure a well-rounded medical education. No more than 2 blocks of electives may be non-clinical electives such as scholarly activity and research rotation blocks.

All students have two blocks of vacation during the fourth year, and one block must be scheduled during interview season. This will allow students to focus on their residency interviews without disruption to their educational rotations. The fourth-year curriculum is designed to provide the foundation and skills necessary to successfully transition to residency.

## MEDICAL STUDENT HANDBOOK

### STUDENT FATIGUE MITIGATION POLICY

The University of California, Riverside School of Medicine is committed to maintaining training environments that foster well-being. This document summarizes the fatigue mitigation policy that forms an important component of a healthy learning environment.

Medical education can lead to situations in which a trainee's alertness can drop below levels required for safe patient care. While the medical education literature has traditionally paid more attention to fatigue among resident physicians, published studies also document the risks of excessive fatigue among medical students.<sup>i</sup> It is therefore imperative that all faculty members, resident physicians, staff, and medical students recognize when a student's level of alertness is inadequate for patient safety or for the student's own well-being. The UCR School of Medicine developed the following policy in accordance with LCME requirements to provide guidance when such a situation develops:

- The safety of patients and trainees is paramount and supersedes concerns about productivity or other short-term training requirements.
- Any faculty member, resident physician, staff member, or medical student can initiate a fatigue mitigation process by raising the concern.
- Medical students on clinical rotations must notify a supervisor if they believe they are in a state of suboptimal alertness or fatigue.
- Supervisors who have concerns that a medical student may be fatigued must discuss these concerns with the student and choose the best option(s) to mitigate the risks of fatigue:
  - Medical students may end their clinical duties for the day and, if safe to do so, return home to rest.
  - Medical students may retire to a call room for a strategic nap, then afterward reassess their ability to safely care for patients or to travel home.
  - Faculty members, resident physicians and staff members may release a medical student from clinical duties if they believe the student is too fatigued.
  - Medical students who are concerned that they may be too tired to travel home safely have the following options:
    - \* They may obtain access to a call room and nap prior to traveling home.
    - \* They may use a taxi or shared ride service to return home within a 30-mile radius of the work site, the cost of which will be reimbursed by the UCR School of Medicine.
- In the event that a medical student must terminate clinical duties due to fatigue, the event must be reported to the UCR School of Medicine Office of Student Affairs. A cumulative record of any such events will be presented at meetings of the Medical Education Executive Committee.
- Medical students are expected to use professional judgment to ensure adequate rest prior to clinical duties. Reports of excessive fatigue related to extracurricular activities may be referred for professionalism concerns.



## MEDICAL STUDENT HANDBOOK

### UNITED STATES MEDICAL LICENSING EXAMINATION

An important series of events in students' medical school educational experience will be taking Steps 1 and 2 of the United States Medical Licensing Examination (USMLE). These exams are taken nationwide by students at all U.S. medical schools. All students each year receive exactly the same exam questions, and thus it is possible to carefully carry out a detailed statistical evaluation of the results in relation to national norms.

It is a requirement of the UCR School of Medicine that every student takes and passes both Step 1 and Step 2 of the USMLE to qualify for graduation; these exams are also used as a vehicle towards medical licensure.

The United States Medical Licensing Examination Step 1 is designed to measure basic science knowledge. The USMLE Step 1 exam consists of seven separate areas of evaluation; these are biochemistry, physiology, anatomy, pathology, behavioral sciences, pharmacology, and medical microbiology. It also includes pathophysiology of disease, doctoring, and physical diagnosis. Step 1, starting in 2022 is now a Pass/Fail exam.

Students must sit for the USMLE Step 1 prior to entry into the third year of medical school. A passing score must be received in order to continue in 3<sup>rd</sup> year clerkship. Students who are not consistently passing NBME practice exams, in consultation with the learning specialist, can be approved for an additional four weeks of studying to take their USMLE Step 1. This would result in a delayed start of the third year of medical school by four weeks.

Students approved to defer the start of the third year to expand study time before USMLE Step 1 will delay the start of their third year of medical school by four weeks but will need to attend all components of Transition to Clerkship – Third Year Orientation. Students approved for the delay will need to make up missed rotations due to delay during their selective periods. This will result in loss of all selective time in the first 6 months of their third year.

The USMLE Step 2CK exam is required and focuses on medicine, surgery, obstetrics/gynecology and preventive medicine. The UCR SOM official deadline to sit for Step 2CK is September 30<sup>th</sup>.

**Students must pass both Step 1 and Step 2 to be eligible to graduate.**

## MEDICAL STUDENT HANDBOOK

### CONFIDENTIALITY AND ACCESS TO STUDENT RECORDS

The UCR School of Medicine considers confidentiality of student records very important. The school abides by regulations set forth in the [Family Educational Rights of Privacy Act \(FERPA\)](#). Students are able to request in writing that their records be shared with a particular faculty member and administrator for the purpose of drafting letters of recommendation. The chart below outlines guidelines for access and jurisdiction for student records.

Admissions files are not part of a student record. Faculty (other than the admissions committee members and select research and evaluation faculty) are not permitted to view admissions files without permission from the Senior Associate Dean for Student Affairs.

UCR School of Medicine students may view their evaluations and records at any time via the online New Innovations system. For evaluations that are stored on paper, students may view their records within five (5) business days of the request by contacting the appropriate person (e.g., Registrar, pre-clinical or clerkship director) for assistance. The student paper records must be reviewed in the Office of the Registrar as these records are not permitted to be removed from the office where it is safely secured. Students requesting paper copies of their records need to make their request in writing. This request will be granted within a period of 45 days as per FERPA regulations.

#### Student Record Access Information

	Student Access	Faculty Access	Staff Access
Administrative Files	Yes	With Student Permission	If Under Their Jurisdiction
Financial Aid Files	Yes	No	If Under Their Jurisdiction
Clinical Onboarding (Immunizations, Drug Screen, etc.)	yes (Castlebranch Governs Access)	No	If Under Their Jurisdiction
Criminal History (Background Check)	Yes, May Require Additional Request	No	No (staff sees only limited confirmation of clearance)
Instructional Records	Yes	Yes	If Under Their Jurisdiction

# MEDICAL STUDENT HANDBOOK

## STUDENT GRADE REVIEW AND APPEAL POLICY

If students believe their record is inaccurate, they will first review the record with the SOM Registrar and, if validated, have the record corrected.

If students wish to challenge a grade or course evaluations, they may appeal directly to the block, course, or clerkship director. The director will then inform the student of the decision on the challenge. Communication of this decision will occur within 2 weeks of the submission of the appeal. All appeals must be in writing and contain the basis for the appeal.

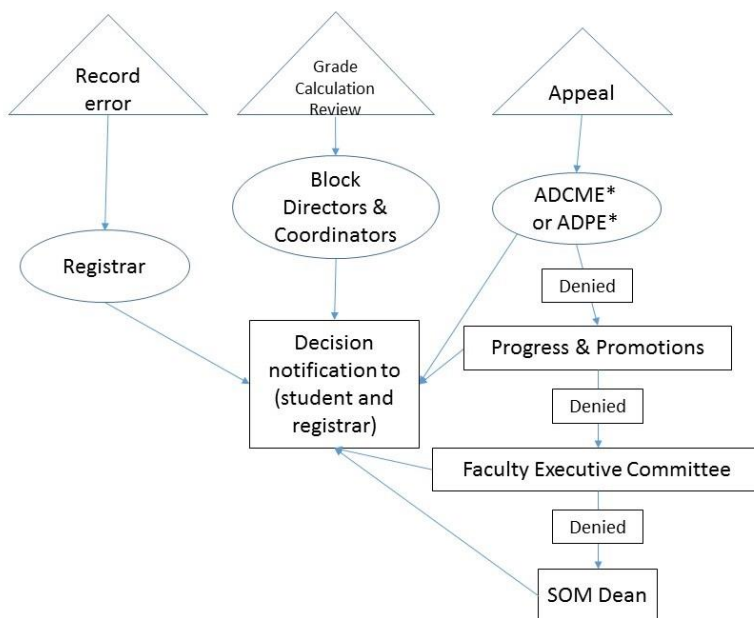
Appeals of any decision by the director must be made within two weeks of that decision, and are then reviewed by the appropriate Associate Dean for Clinical or Pre-clerkship Medical Education, in consultation with the Senior Associate Dean of Medical Education. The Associate Dean will provide a final determination on the appeal. The decision following the aforementioned re-review procedures will be communicated to the student and cannot be disputed further.

A student cannot further appeal the assessment or grade unless:

- The student feels that the evaluation or grade constitutes an act of discrimination (for example, that bias or wrongdoing by a faculty member has occurred).
- The student feels there was an infringement of the student's academic freedom.

If a student feels one of these has occurred, an appeal can be made to the medical school Progress and Promotions Committee, followed by an appeal to the FEC, and with a final appeal made to the Dean.

- All reviews beyond the Associate Dean (e.g., by the Progress and Promotions Committee, the FEC, and the Dean) will focus on fairness and process and not on academic content. Focus should be on whether there was individual discrimination or infringement of the student's academic freedom.



UCR SOM Student Grade Appeals Process

\*In consultation with SADME

# MEDICAL STUDENT HANDBOOK

## MEDICAL SCHOOL GRADING AND PROMOTIONS PROCEDURES

### Grading Policy

The integrated human disease-based curriculum for years one and two is divided into “blocks” of instruction, with one or more Director(s) responsible for each block.

Each block will conclude with the following:

- For year one, a comprehensive final exam integrating all aspects of the course. This may include a laboratory practical component that is appropriate to the objectives of the course.
- For year two, a customized NBME shelf exam with content derived from block material, aimed to provide preparation for the USMLE Step 1 examination.
- Individual clinical skills assessment (e.g. patient interviewing and/or physical examination). It is expected that the students’ skills will grow throughout the year. Criteria for acceptable performance in each course will be published in advance.
- During the course of each block, students are required to participate in case-based learning (CBL) sessions. Their performance in these CBLs will be evaluated by the faculty/clinician facilitator. In addition, students must complete the assigned number of required assignments.
- Longitudinal Ambulatory Care Experience (LACE) – Students must complete the assigned number of office sessions and assigned deliverables.

In addition, in year one there will be weekly online self-assessments (these scores are not factored into the student’s final grade). Their primary purpose is to provide a low stakes method that will allow students to evaluate progress and will allow faculty to identify students who may need individual assistance. In order to accomplish these purposes, students are expected to complete each quiz in the prescribed time frame. Although not counted into the course grade, first year students are required to complete every assessment.

Second year students are also required to complete a weekly assessment, and the composite score will count as 35% of the overall grade. The lowest assessment score will be dropped. The Student Affairs Office will be provided year one and year two assessment scores weekly in order to monitor student progress and provide feedback and support throughout the year.

The UCR School of Medicine grading policy has been established using competency-based criteria. For the first year, the minimum passing score for all blocks, including Didactic and Lab exams, Clinical Skills, Doctoring, Case-Based Learning and LACE is 70%.

For second year, the minimum passing score for NBME shelf exams is 65% or two standard deviations below the class mean (whichever is lower), and the minimum passing scores for Clinical Skills, Doctoring, Case-Based Learning and LACE is 70%.

Students who do not achieve the minimum passing score will be tracked using an internal failing grade. Unsatisfactory performance in one block will require remediation of the block. Normally, remediation would occur after the end of the academic year, following a time period of study determined in consultation with the responsible block directors, but with no less than two weeks of study before the re-examination. Following consultation and approval by the appropriate block directors, a remediation re-examination for either block 1, 2, 6, or 7 may be held during the first or second week of January. Regardless of when the re-examination occurs, an unsatisfactory performance on the re-examination will require repetition of the entire academic year. Two unsatisfactory block performances in one academic year (even if one block has been remediated) will necessitate

## MEDICAL STUDENT HANDBOOK

repetition of the entire academic year. Students will not be allowed to advance to the next instructional year until all blocks have been successfully completed.

A comprehensive OSCE will be held at the end of the first and second years. Students must pass each of these tests with an overall examination score of 70%. If a failure occurs in the Doctoring and/or Clinical Skills OSCE, remediation will occur during the summer.

Only two grades are possible in each pre-clinical block: Pass (Satisfactory) or Fail (No Credit). All block grades will be recorded internally as in progress (IP) until the end of the academic year. If a student fails one block, it will be recorded as IP-F. The student will be allowed to complete the academic year provided no additional failures occur. If more than one IP-F occurs within the academic year, the student must repeat the entire year, including all blocks previously passed.

In order to receive a Pass for each block, students must complete each of its components in a satisfactory manner. In order to advance to the next year of instruction, students must satisfactorily complete all blocks during the academic year. Grades for preclinical years must be reported by the Friday of the week following finals, or prior to the start of the next block, whichever occurs first.

During the third and fourth clinical years, students may receive an Honors grade for exceptional work or High Pass for above average work and Pass for average work in third year clerkships, the third year of LACE, third year selectives and the fourth year selectives of Critical Care Medicine and Sub-internships, all fourth year electives and the fourth year Radiology course. The Back to Basic course has Pass/Fail designation, while Community-based Learning Experience (CBE) has no grade assigned. Students will be provided both written and verbal feedback at midway point of the third year clerkships and additional feedback will be provided in the case of suboptimal performance. Students will be allowed to remediate any minor deficiencies at the end of each clerkship block. Students who do not meet satisfactory performance criteria will be remediated prior to advancing to the next year. No student who requires remediation for performance, time off for any reason within a core clinical course, or who enters the course late enough to require remediation time that supplants a third year selective will be eligible for Honors in that course.

Grading in all third year clerkships is comprised of the same three components with the same weighting: Knowledge (35% of the final grade), Clinical performance (45% of the final grade) and Professionalism (20% of the final grade). Each clerkship determines the appropriate assessment methods for each of the three components. For clerkships using a SHELF exam for assessing the knowledge component, the minimum acceptable shelf exam score is the 6<sup>th</sup> percentile (nationally normed). If a student does not achieve a global passing score, they will be required to remediate the component(s) failed. Further specific details of grading for each clerkship and required course can be found in Policy 950-06-012 “Grading Scales, Grading Criteria and Grade Reporting.”

### **Failure of the Shelf in Third Year**

Failure of the shelf examination will require a satisfactory repeat of the shelf examination. The student has the option of a repeat of the SHELF examination during the next available MS3 Selective period along the student's third year track, the CBE course if still forthcoming along the student's third year track, or additional proposed remediation dates identified by the Office of Medical Education. The timing may also be modified with prior approval by the Clerkship Director, Block Director and Associate Dean for Clinical Medical Education. A student who fails the SHELF twice must successfully repeat the entire clerkship experience again. A student does not meet satisfactory performance criteria must have their performance issues fully remediated prior to advancing to fourth year.

## MEDICAL STUDENT HANDBOOK

### **Failure of Clerkship Performance**

Failure of clerkship performance will require a satisfactory repeat of the entire clerkship. A “fail” of 1 or 2 clerkships will result in the student working with the Director of Academic Success to customize a remediation plan. Remediation may not be possible depending on timing of fail during the academic year. A final grade of “fail” in more than two (>2) third-year clerkships will result in the medical student not progressing to the fourth-year curriculum and having to repeat the entire third-year curriculum. Further information on failing grades in clerkships can be found in Policy 950-06-014 “Failing grade in more than 2 third-year clerkships requires repeating third-year.”

### **Remediation Notation on Academic Record**

Any and all remediated educational activities will result in the most recent score (including narrative evaluations) being recorded on the transcript and reported on the Medical Student Performance Evaluation (MSPE). Successful first attempt remediation of individual clerkship components will be recorded as pass and will generally not be noted on the transcript or the MSPE. However, multiple clerkship component remediation work that necessitates additional time outside of the clerkship schedule that place a student off track will be reported. Clerkship failures will be recorded as incomplete grades on the transcript until successfully remediated.

### **Feedback to Students**

Faculty involved with medical student education will be encouraged to provide real time mid-clerkship feedback to medical students in the clinical setting regarding their clinical performance. Students should understand that, in isolation, the feedback provided either orally or in writing should not be interpreted as being representative of an expected clerkship grade. For more information, please refer to Policy 950-06-018 “Required Mid-clerkship Feedback).

The course coordinators and instructors are responsible for providing students with meaningful written assessment and performance descriptions evaluating progress in the course and in various course components, including CBL, Doctoring, Clinical Skills, and LACE. These performance descriptions should be consistent with the course format and goals, and should include, in so far as feasible, information on the student’s (a) fund of knowledge, (b) critical thinking skills, (c) communication skills and (d) professionalism. Comments on other categories measuring the core competencies and on the student’s commitment to learning are encouraged.

In the case of failing or marginally passing performance, written and verbal feedback is required. A description of the nature of the concern must be reported to the student and to the Chair of the Medical School Progress and Promotions Committee. Students should be informed by the course instructors of difficulties as soon as they arise, so that they have an opportunity to improve their performance. The Chair, Student Affairs Deans, and/or course instructors should meet with students whose performance is marginal or failing. In these meetings, the student’s challenges should be discussed and plans for improvement developed. Students may also be referred the Director of Academic Success.

## MEDICAL STUDENT HANDBOOK

### **Evaluation, Promotion and Graduation Standards for the UCR School of Medicine Graduation Requirements**

- Successful completion of each year of the four-year medical school curriculum;
- Annual recommendation for promotion by the Medical School Progress and Promotions Committee;
- Passing of the USMLE Step 1 and Step 2 CK examinations;
- Satisfactory professional conduct

All students will be evaluated by the faculty on the basis of their academic performance, as well as their capacity to assume responsibility for care of patients. Each of the instructional blocks and components of these blocks in Years 1 and 2 of the medical curriculum will be graded as either Pass or Fail. However, students will be graded as Honors/High Pass/Pass/Fail during the clerkships in Years 3 and 4 of the medical school curriculum. Students will receive written performance descriptions for most courses which will include information on the students' fund of knowledge, critical thinking, and communication skills within six weeks.

No student will be advanced from one academic year to the next unless they are in good academic standing. Thus, status in any academic year presumes the successful completion of all work in the previous year. When a student is required to repeat any year in medical school, an unsatisfactory performance in any repeated course will be sufficient cause for consideration of dismissal from medical school. Advancement from one year to the next will be determined by the medical school Progress and Promotions Committee, based on performance in course work, performance on United States Medical Licensing Examinations and factors indicating not only the student's mastery of academic material, but further demonstration of a professional attitude and the ability to assume responsibility for patient care. All student recommendations made by the Progress and Promotions Committee are then forwarded to the Faculty Executive Committee for final decision.

Unsatisfactory performance(s) will be communicated in writing to the Office of Education as well as the Office of Student Affairs by the appropriate course Director at the earliest possible time. Instructors, in collaboration with the Senior Associate Dean for Education, the Senior Associate Dean for Student Affairs, and the Director of Academic Success Programs, will work closely with students to institute remediation measures. It is the function of the Office of Student Affairs to determine whether academic problems are related to financial or other personal problems and to assist the student in every way possible.

## MEDICAL STUDENT HANDBOOK

### Handling of Students' Unsatisfactory Performance

The medical school Progress and Promotions Committee is appointed by the Faculty Executive Committee and is composed of at least six members plus a Chair. The members are typically chosen from those who serve as pre-clerkship course coordinators or clerkship directors, with representatives from both Division of Biomedical Sciences and Clinical Sciences faculty, with the Senior Associate Dean for Education as ex officio. The Committee normally meets at the end of the academic year to discuss each student's performance. As needed, this Committee will be convened during the academic year to discuss individual students who may be experiencing academic difficulty. It will be the responsibility of the medical school Progress and Promotions Committee to determine whether each student has progressed satisfactorily in all academic and clinical work.

Alternate courses of action to promotion of a student can be:

- remediation of the course/clerkship in which unsatisfactory performance was attained
- repeating all courses/clerkships of the year
- a definite period of leave
- dismissal

The following will be established as necessary steps in the procedure for considering repetition of a year of study or dismissal of a student for unsatisfactory academic performance. The student will be informed that their academic standing is in question and will be asked to meet with the Senior Associate Dean for Education. The student will then be notified of the time and place of the appropriate medical school Progress and Promotions Committee meeting and will be invited, but not required, to present their case prior to the Committee's deliberations as well as to be available subsequently for questions from the Committee. Course/clerkship directors sitting on the medical school Progress and Promotions Committee involved in any adverse grading of a student shall recuse themselves from discussion and vote on the student matter in question. As soon as practical after the committee meeting, the student will be informed verbally of the recommendation and written notification will be sent within 72 hours. The student will be allowed to inspect all of the material in their file related to academic performance and evaluation in accordance with the Family Educational Rights and Privacy Act.

To appeal a recommendation of the medical school Progress and Promotions Committee regarding a student, such student shall submit a written statement describing the specific reasons for appeal, including any special or mitigating circumstances which they feel should be considered, and any other relevant information. Such statement should be signed by the student and submitted to the Chair of the Faculty Executive Committee (FEC). Such statement shall be submitted no later than 15 calendar days after the Progress and Promotions Committee's recommendation is made known in writing to the student. An appeal will be considered only if based upon appropriate cause, such as allegations of (1) procedural error, (2) personal bias, including but not limited to allegations of discrimination on the basis of race, sex, or handicap, or (3) specific mitigating circumstances contributing to the student's performance. An alleged error in academic judgment or evaluation will not be considered an appropriate basis for appeal. The appeal will be heard, if practical, at the next monthly meeting of the FEC, but in any event no later than the second regularly scheduled monthly meeting of the FEC after the date the written notice of appeal is submitted. The student will be notified of the time, place, and date in advance of the meeting at which the appeal will be considered. The student will be entitled to bring a representative to the meeting to support their presentation. A decision will be rendered by the FEC and communicated to the student in writing within 15 calendar days after the date the appeal is heard.



## MEDICAL STUDENT HANDBOOK

In the event of an adverse determination, the student will have the option of final appeal to the Dean of the School of Medicine. Such an appeal will be in writing and will include a copy of the original grievance and all pertinent materials to date, such as a copy of the written notice of the FEC's decision, plus a signed statement by the student explaining the reason(s) they are appealing the decision. Such statement shall be submitted no later than 15 calendar days after the student is notified of the FEC's decision. The student will be notified within 45 calendar days of the Dean's final decision.

### **DEGREE COMPLETION TIME LIMIT POLICY**

All requirements for the degree of Doctor of Medicine must be completed within six years of matriculation into the UCR School of Medicine. This six year maximum time of completion is inclusive of any remediation or leave of absence that has been granted. Students who are obtaining an additional degree(s) other than that of Doctor of Medicine will be given additional time and consideration for the completion of the non-MD degree. Exceptions to the completion time rule will only be provided in extraordinary circumstances and with the approval of a majority vote by the Progress and Promotions Committee.

### **POLICY ON PLANNED, EMERGENCY AND UNEXCUSED ABSENCES**

When it is necessary for students to be absent from a required MD program activity, students must approach such absences with the same standard of professional responsibility required of practicing physicians; professional responsibility extends to one's patients and members of one's team.

#### **Attendance and Short-Term Absences**

##### **Years 1 and 2:**

Students should attend all scheduled educational activities but will be required to attend all sessions labeled as mandatory. Required sessions include, but are not limited to, laboratory sessions, case-based learning (CBL) modules, clinical skills, doctoring, and longitudinal ambulatory care experiences (LACE). Block Directors may designate additional sessions as required in the course syllabus.

- Attendance will be taken at all required educational activities.
- In order to request a short-term emergency or other planned absence, students should first contact the Pre-Clerkship Coordinator and Block Director, who will approve or disapprove the request on a case-by-case basis. Typical excused absences may include religious holidays, weddings, illness, death of an immediate family member, or presentation or leadership position at a conference. The Block Director will sign the Request for Approved Absence (MS1, 2 and 3) form and then submit to the Senior Associate Dean of Student Affairs for final review and approval. All requests for planned absences should be submitted at least 60 days prior to the absence. While it is not possible to delineate how each request will be decided, every effort will be made to make decisions consistent with UCR policies. Students will not be allowed to miss scheduled exams, labs, and clerkship responsibilities unless approved by the Senior Associate Dean of Student Affairs. If the request is approved, the student must work with the appropriate course instructor(s) and Block Director(s) to determine the times and dates of the rescheduled examinations and/or required educational experiences. All rescheduled examinations will occur after the scheduled exam, not before.

## MEDICAL STUDENT HANDBOOK

- Students who are acutely ill in the preclinical years will be allowed a total of two days of absences per semester (i.e. August -Dec and Jan -June) without requiring a written doctor's note. This also applies to days that are not consecutive (e.g., if a student misses one day in Oct and another day in Dec, any additional excused days will require a doctor's note regardless of the length of absence).
- If a student is summoned for jury duty, they should complete the “Document Request Form – Current Students Form” and submit it, along with a copy of the juror summons, to the Registrar. The Registrar will provide an enrollment verification letter that can be presented to the court to request an extension of service.

### Unexcused Absences

- Unexcused absences will be reported and may result in a professionalism referral by the Block Director or Senior Associate Dean of Student Affairs.

### Years 3 and 4:

The Third Year Clerkship and Fourth Year Program is a full-time commitment and 100% attendance at all assigned learning experiences is expected. This is to include all scheduled clinical assignments including evening, weekend, and overnight call, and associated educational sessions (e.g., lectures, small group teaching sessions).

- School Holidays – Students are required to work on official UC school holidays as indicated on the Academic Calendar if their clinical site is on service on the date of the holiday.
- Anticipated Absences – MS3 Year
  - \* Students may be allowed up to 2 days of anticipated absences per 6-month block during the 3rd year.
  - \* Examples of anticipated absences include religious holidays and weddings.
  - \* Students who present their research at professional meetings may be granted two consecutive days (e.g., a travel day and presentation day) at the discretion of the Block Director.
  - \* Students who represent UCR SOM in a leadership position at a conference may be granted time off for the full duration of the meeting at the discretion of the Senior Associate Dean for Student Affairs.
  - \* Students must request time off for anticipated absences by submitting a “Request for Approved Absence (MS1, 2 and 3)” form to the appropriate Clerkship Coordinator at least 60 days prior to the start of the anticipated absence. Submission of a request does not constitute approval.
  - \* All anticipated absences must next be approved by the Block Director 30 days prior to the start of the requested time off. The Block Director may require additional documentation before considering approval of absences.
  - \* Once approved by the Block Director, the request will be forwarded to the Senior Associate Dean of Student Affairs for final review and approval, at which point the student will be notified of the decision. The excuse is not approved until this step has been completed.
  - \* If a student is summoned for jury duty, they should complete the “Document Request Form – Current Students Form” and submit it, along with a copy of the juror summons, to the Registrar. The Registrar will provide an enrollment verification letter that can be presented to the court to request an extension of service.
- Anticipated Absences – MS4 Year
  - \* Students may be allowed up to 2 days of anticipated absences per block during the 4th year.
  - \* Examples of anticipated absences include religious holidays, weddings, presentations at conferences and residency interviews.
  - \* Students must request time off for anticipated absences by submitting a “Request for Approved

## MEDICAL STUDENT HANDBOOK

- Absence (MS4)” form to the appropriate faculty preceptor to determine any make up work.
- \* All anticipated absences must next be approved by the MS4 Clerkship Coordinator and MS4 Clerkship Director prior to the start of the requested time off. The MS4 Clerkship Director may require additional documentation before considering approval of absences.
  - \* If a “Document Request Form – Current Students Form” and submit it, along with a copy of the juror summons, to the Registrar. The Registrar will provide an enrollment verification letter that can be presented to the court to request an extension of service.

### Unanticipated Absences

- All unanticipated absences (e.g., acute illness, personal or family emergency) will be considered on a case-by-case basis.
- Students needing to miss duty hours for unanticipated reasons must immediately notify their preceptor at their site (including the LACE site, if applicable) and the MS3 or MS4 Clerkship Coordinator (and LACE Program coordinator, if applicable). The Clerkship Coordinator will notify the Clerkship Director and the Senior Associate Dean for Student Affairs.
- Absences that extend beyond one week per block may require make up time.

### Unexcused Absenteeism

Unexcused absenteeism can be cause for disciplinary action, professionalism referral and may affect your final clerkship grade.

### Extended Leave of Absence

In order to request an extended leave of absence, students should complete the Request for Leave of Absence (LOA) form or the Request for Medical Leave of Absence (MLOA) form and follow the instructions provided. Once the form is submitted, the student should meet with the Senior Associate Dean of Student Affairs to discuss details of the requested leave. The Senior Associate Dean of Student Affairs will make the final decision to approve or disapprove the request. Upon approval, the Office of Student Affairs will notify the Block Directors and Clerkship Coordinator that a student is on a leave of absence.

## STUDENT DRESS CODE POLICY

As a future physician, you will encounter patients from multiple cultures and backgrounds, ages and with varied opinions about their health care provider’s professional attire. Furthermore, each clinical site in which you rotate will also have different expectations. It is therefore important to inquire about the dress code early on so as to comply with their local standards. You should dress conservatively when there is any doubt of the expectations.

The following are guidelines that are expected to be followed for all clinical sessions (doctoring, clinical skills) and when delivering patient care as a representative of UCR SOM.

1. An easily visible identification badge, located above the waist, must be displayed on your white coat that is clean and wrinkle free.
2. Clothing should be neat, clean and professional – no words or pictures unrelated to the professional environment should be worn. Scrubs may be acceptable.
3. Shoes must be closed and covering feet (no exposed toes). For most *on-campus* experiences open toes are allowed.

## MEDICAL STUDENT HANDBOOK

4. Nails should be clean and natural (no artificial nails)
5. Jewelry should be minimized and not interfere with patient care
6. Only cultural/religious head wear (no caps, hoods) is allowed in the clinical setting
7. Avoid or eliminate colognes and perfumes
8. The highest standard of personal hygiene is expected

Students may be asked to change clothing or leave the site if their attire is determined to be inappropriate or unprofessional.

## MEDICAL STUDENT HANDBOOK

### STUDENT TRAVEL POLICY FOR EDUCATIONAL AND CLINICAL ACTIVITIES

The UCR School of Medicine (SOM) seeks to ensure the health, safety, and security of all members of our community, both domestically and while traveling outside of the US. This policy serves to ensure that all UCR SOM participants abide by appropriate licensing, supervision, oversight and a consistent set of standards for clinical services rendered abroad in order to safeguard the global communities receiving these services.

This policy applies to all international travel that is sponsored, receives funding in any amount, or involves granting medical degree credits by the UCR SOM. This policy is intended to supplement UCR Study Abroad policies (see <https://studyabroad.ucr.edu/health/>).

This policy will not apply to travel approved by the AAMC Visiting Student Learning Opportunities (VSLO) system.

#### A. International Travel Permissions

International travel permissions are subject to all UCR campus policies that may eliminate or restrict travel due to political, social or economic unrest. The Sr. Associate Dean for Student Affairs and the Sr. Associate Dean for Medical Education will review all international travel requests in consultation with legal counsel, risk management and the university travel offices. Once approved the requests will be forwarded to the Dean for final review. At no time should medical students provide clinical or health care services internationally without proper UCR SOM affiliation agreements, faculty supervision and the Dean's approval.

#### B. Sponsored or Supported International Travel

For the purposes of this policy, University-sponsored or supported international travel will be defined as any travel that meets one or more of the following conditions:

- i. Funded full or in part by UCR SOM including government and foundation grants that are administered by the University or funds originating from clinical, development, philanthropic or community partners
- ii. Academic credit is awarded
- iii. Organized by a University-recognized student group or any University department
- iv. UCR Faculty and/or Staff member will be representing UCR SOM on site as the clinical supervisor and responsible party

#### C. Travel Suspension Condition

Travel will be suspended when one of the following conditions applies to any country or region:

1. The U.S. State Department has issued an alert or a warning that orders departure of U.S. government employees' dependents and non-emergency personnel; recommends that U.S. citizens depart the country; advises U.S. citizens against all travel to the country; or recommends that U.S. citizens defer non-essential travel to the country
2. The emergency travel assistance organization, International SOS, has rated the country as "High Risk" or "Extremely High Risk"

## MEDICAL STUDENT HANDBOOK

3. After review of information from the State Department, the Centers for Disease Control and Prevention, the World Health Organization, or other sources, it is determined that the country or region is experiencing a serious and uncontrolled infectious disease outbreak or other serious health hazard or that other serious safety concerns exist in the country or region, it will be at the discretion of The Dean or Sr. Associate Deans for Medical Education or Student Affairs to cancel or suspend University- sponsored or supported international travel to that specific location or region

The University will not fund, award credit for, or otherwise sponsor or support travel by any student to or through any country or region for which a Travel Suspension Condition applies, unless approved in writing by the Dean prior to departure.

If a Travel Suspension Condition occurs while a student is in an affected country or region, the University reserves the right to end its sponsorship, and require the student to evacuate the affected area. Such determinations will be made on a case-by-case basis by the Sr. Associate Deans and the Dean.

### **D. International Travel Registration**

Students, faculty, and staff must register their trips with the UCR Travel Office and obtain the required travel insurance, medical clearances, and State Department clearances. Travel insurance is available through UCOP: <https://www.ucop.edu/risk-services-travel/index.html>.

### **E. International Proposal**

An executed affiliation agreement is required between the UCR SOM and those who are creating, hosting, organizing, or overseeing a University sponsored or supported international travel program involving student participation.

Travel proposals are also required and should be completed and submitted to the Senior Associate Dean for Student Affairs at least 60 days in advance. The Travel Proposal must include: descriptions of travel preparation and student orientation; academic structure; supervision; travel itinerary and accommodations; local contact information; emergency, security, and health safety plans; as well as a University approved affiliation agreement with the third party organization/partner(s). Proposal should be submitted at least 60 days in advance of travel. Travel proposals are reviewed by the Sr. Associate Deans for Medical Education and Student Affairs.

### **F. International Travel Policy**

All students traveling abroad as part of a UCR SOM sponsored or supported international travel program are required to provide their final travel plans to the Sr. Associate Deans for Medical Education and Student Affairs. They will also be required to register their travel information into UCR's iTravel before they depart. Required travel information includes, but is not limited to, travel dates and locations, flight information, local contact information, accommodations, and if the travel is intended for receiving academic credit. Failure to submit the required information may result in delays/cancellation or forfeiture of travel reimbursement from the University and/or holds that may

## MEDICAL STUDENT HANDBOOK

affect the awarding of academic credit. Additionally, a failure to register may result in a delay in the ability for UCR SOM to give logistical support in the event of an emergency.

In addition to following procedures outlined by the UCR SOM, each student involved in University related international travel may be required to provide a signed Acknowledgement and Waiver form indicating their understanding of the potential risks of traveling abroad and are voluntarily choosing to accept liability and travel despite those risks.

### **G. Faculty and Staff Leader Responsibilities**

A faculty or staff member who is leading a group which includes students is required to:

1. Submit a Travel Proposal to the Senior Associate Deans of Medical Education and Student Affairs for approval preferably 6 months, but no less than 60 days prior to travel
2. Enter itinerary, lodging, and overseas contact information in the MyTrips International Travel Registry and ensure all students, staff and faculty participants are registered
3. Secure from all students a signed waiver acknowledging possible risks
4. Ensure any activities are in compliance with the laws regarding practice of medicine in the country being visited.

Failure to submit the required information in a timely manner may result in cancellation, delays or forfeiture of reimbursement on travel from the University and may affect the awarding of academic credit. Additionally, a failure to register may result in a delay in the ability for UCR SOM to give logistical support in the event of an emergency.

Six weeks prior to departure, the faculty or staff member who is leading the group must provide the Senior Associate Dean of Student Affairs and Education an outline of the proposed itinerary with the following information:

1. Name of the Faculty supervisor/adviser
2. A description of the academic/clinical relevance of the program for the students and faculty
3. Description of the travel location, including any health, security, and safety issues and the availability of local emergency care
4. Potential risks of the location including natural disasters, political instability, and exposure to disease
5. Description of the health, security, and safety support resources and services available onsite
6. Description of the orientation programs scheduled prior to departure and upon arrival related to reducing potential risks
7. Potential risks to the health and safety of community being served
8. Requirements for additional preparation prior to travel, support during the trip ,or follow-up upon return
9. Any potential challenges to the code of medical ethics that may arise

Clinical activities must have appropriate supervision of trainees by UCR SOM appointed, California licensed physicians and providers. Clinicians providing care abroad must obtain proper clearance, malpractice insurance, and appropriate secure precautions, for storage of supplies. Medical records

## MEDICAL STUDENT HANDBOOK

will not be brought on any international trips and medical records will not be removed from international location. International travel proposals for trips involving any clinical activities can only be submitted by a faculty member and must obtain both risk management and legal clearance prior to being presented to the Dean for approval.

Specific integumentary, air and blood borne pathogen exposure protocols must be in place for all clinical activities involving the possibility of exposure. The required travel insurance **MUST** include medical evacuation capabilities and the trip proposals must specifically address these protocols either from the faculty planning the trip or a letter from the destination's clinical partner.

**Certain clinical activities are prohibited under this policy. These include:**

1. Health screenings provided without proper referral infrastructure for subsequent care
2. Providing medication or supplements without a provider's supervision
3. Distributing prescriptions and medical supplies without provider's supervision
4. Providing medical care without supervision from a UCR SOM licensed provider
5. Providing medical care without required medical record documentation
6. Providing medical care without proper attention to language or cultural barriers
7. Providing medical care without obtaining informed consent
8. Any service or activity that compromises ethical standards of care or consent



## MEDICAL STUDENT HANDBOOK

### STUDENT REPRESENTATIVES

The Associated Students-Medical Student Council (AS-MS) is the official student government. AS-MS is a recognized Mini-Graduate Student Association (Mini -GSA), and is a member of the Graduate Student Association, at the University of California, Riverside.

Each spring, students from all cohorts (MS1-MS4) will nominate classmates (MS1-MS3) and elect the following positions to the Executive Board of the AS-MS. These leaders are responsible for the administrative oversight and function of the council:

- President
- Vice President
- Treasurer
- Secretary
- Medical Student Community Relations

The position of MS1 Executive Board Representative is nominated and elected in early fall for incoming students.

In addition to executive board positions, each class will nominate and elect the following student representatives on an annual basis:

- Class Representative (2 per class)
- Professionalism Representative (2 per class)
- Grievance Committee Representative (1 per class, plus 1 alternate for MS3 & MS4)
- Social Chair (1 per class)
- Wellness Representative (2 per class)
- Community Engagement Representative (1 per class)
- Graduate Student Associate Representative (1 MS2 and 1 MS1 alternate only)
- AAMC Organization of Student Representative (1 MS3 and 1 MS2 alternate only)
- Graduate Student Association Representative (1 MS2 and 1 MS1 alternate only)

Elections for each position will be held annually (in the spring for continuing students and early fall for incoming students), with term limits of one year. Descriptions for executive board and student representative positions will be included in the call for nominations. Students must remain in good academic and professional standing during their tenure in any student leadership position.

## MEDICAL STUDENT HANDBOOK

### FINANCIAL AID INFORMATION

#### UCR School of Medicine Financial Aid Office

Kathleen Buckner, Director  
951-827-7343, Email: [Finaid@medsch.ucr.edu](mailto:Finaid@medsch.ucr.edu)

#### Theresa Luther, Financial Aid Counselor

951-827-7856, Email: [Finaid@medsch.ucr.edu](mailto:Finaid@medsch.ucr.edu)

#### UCR Financial Aid Office

Jose Aguilar, Director  
951-827-7249, Email: [jose.aguilar@ucr.edu](mailto:jose.aguilar@ucr.edu)

Medical students are considered professional students. Consequently they should all apply for financial aid by the March deadline.

The Federal Direct loan program is available to all medical students. In addition, we have a limited number of need-based Professional School Fee Offset Grants to assist medical students in paying for the annual Professional School Student Fee. Eligibility for these grants is based upon student and parent income/asset information. Lastly, there are several scholarships offered in a number of categories, including diversity, specific program areas, service learning, honors, financial need, and more.

#### Professional School Fee Offset Grants

As a medical student, we are aware that you will be facing many exciting challenges as you work your way towards a medical degree. Among these challenges are the additional costs that you will incur to meet your educational expenses. Therefore you will be pleased to know that there is a limited number of need-based Professional School Fee Offset Grants (PF) to assist medical students in paying for the annual Professional School Student Fee. Eligibility for these grants is based upon student and parent income/asset information. Priority will be given to students who have completed their regular financial aid application by the published deadlines. All students will receive a letter with an enclosed Medical Student Professional Fee Grant application prior to the academic year. Students wishing to be considered for a PF grant **must** return the PF grant application and required income tax forms regardless of the student's financial aid status.

For additional valuable information on financial planning during the Medical School Years, see “(MD)<sup>2</sup>: Monetary Decisions for Medical Doctors,” published by the Association of American Medical Colleges on their website at <https://www.aamc.org/services/first/>

# MEDICAL STUDENT HANDBOOK

## STUDENT BUDGET: MEDICAL SCHOOL YEAR 1 AND 2

THREE QUARTER MEDICAL STUDENT BUDGETS FOR 2021-22

### 1st Year Medical Students

August 2, 2021 to June 2, 2022 (43 weeks)

Budget Code	4111	4121	4131
	With Parents	On Campus	Off Campus
Tuition and Fees	\$42,660.00	\$42,660.00	\$42,660.00
Room/Board	\$8,500.00	\$17,550.00	\$23,275.00
Books/Supplies	\$4,406.00	\$4,406.00	\$4,406.00
Transportation	\$2,400.00	\$1,775.00	\$1,775.00
Personal Costs	<u>\$2,200.00</u>	<u>\$2,100.00</u>	<u>\$2,100.00</u>
<b>Total</b>	<u>\$60,166.00</u>	<u>\$68,491.00</u>	<u>\$74,216.00</u>

### 2nd Year Medical Students

August 9, 2021 to May 27, 2022 (41 weeks)

Budget Code	4112	4122	4132
	With Parents	On Campus	Off Campus
Tuition and Fees	\$42,660.00	\$42,660.00	\$42,660.00
Room/Board	\$8,125.00	\$16,725.00	\$22,175.00
Books/Supplies	\$2,176.00	\$2,176.00	\$2,176.00
Transportation	\$2,300.00	\$1,675.00	\$1,675.00
Personal Costs	<u>\$2,100.00</u>	<u>\$2,000.00</u>	<u>\$2,000.00</u>
<b>Total</b>	<u>\$57,361.00</u>	<u>\$65,236.00</u>	<u>\$70,686.00</u>

# MEDICAL STUDENT HANDBOOK

## STUDENT BUDGET: MEDICAL SCHOOL YEAR 3 AND 4

### 3rd Year Medical Students

June 14, 2021 to June 17, 2022 (52 weeks)

Budget Code	4113	4123	4133
	With Parents	On Campus	Off Campus
Tuition and Fees	\$47,095.00	\$47,095.00	\$47,095.00
Room/Board	\$10,300.00	\$21,225.00	\$28,125.00
Books/Supplies	\$3,535.00	\$3,535.00	\$3,535.00
Transportation	\$2,900.00	\$2,125.00	\$2,125.00
Personal Costs	<u>\$2,650.00</u>	<u>\$2,550.00</u>	<u>\$2,550.00</u>
<b>Total</b>	<b>\$66,480.00</b>	<b>\$76,530.00</b>	<b>\$83,430.00</b>

### 4th Year Medical Students

July 6, 2021 to May 27, 2022 (46 weeks)

Budget Code	4114	4124	4134
	With Parents	On Campus	Off Campus
Tuition and Fees	\$47,095.00	\$47,095.00	\$47,095.00
Room/Board	\$9,100.00	\$18,775.00	\$24,875.00
Books/Supplies	\$669.00	\$669.00	\$669.00
Transportation	\$2,575.00	\$1,875.00	\$1,875.00
Personal Costs	<u>\$2,350.00</u>	<u>\$2,250.00</u>	<u>\$2,250.00</u>
<b>Total</b>	<b>\$61,789.00</b>	<b>\$70,664.00</b>	<b>\$76,764.00</b>

**Summer session fees for Year 3 and Year 4: Add \$4,435 to AY Tuition and Fee amounts**

# MEDICAL STUDENT HANDBOOK

## **POLICY ON RETURN OF TITLE IV AID AND REFUNDS**

### **UCR Refund Policy**

In compliance with federal regulations, UCR establishes fair and equitable refund policies for all students. For Title IV aid recipients who withdraw completely on or after the first day of classes during the enrollment period for which they are charged, the school bases the amount of unearned tuition, fees, room and board, and other charges that must be refunded on the refund schedules below.

Refund and repayment requirements do not apply to students who withdraw from some classes, but continue to be enrolled in other classes. These policies apply when a student fails to register for the period of enrollment for which they were charged or when they withdraw, drop out, take an unapproved leave of absence, fail to return from an approved leave of absence, are expelled, or otherwise fail to complete the period of enrollment for which they were charged.

Any unearned aid, which UCR returns to federal aid programs, will be deducted from the amount of your tuition, fee and/or housing refund. In most cases, the amount of your fee refund will be less than the amount of unearned aid that UCR must return to federal programs. When this is true, the amount of federal aid reversed on your student account will result in a balance due to UCR. You are responsible for repaying this balance by the payment deadline on your billing statement.

### **Refunds of unearned aid will be returned to financial aid programs in the following order by UCR:**

1. Federal Direct Unsubsidized Stafford Loan
2. Federal Direct Graduate PLUS Loan
3. Other federal programs

Any amount that UCR must return to federal loan programs will reduce the amount you are required to repay to the Direct Loan Servicing Center after your grace period begins and you enter repayment.

Funds are returned in full to each aid program sequentially until the amount received from that program has been fully cancelled for the applicable term in accordance with the amounts computed by the R2T4 software. The refund cannot exceed the amount of assistance the student received from each Title IV program.

### **Policy Dissemination**

UCR publishes its refund policies in the [UCR General Catalog](#), the [UCR Schedule of Classes](#), and is also posted on the [Office of the Registrar's](#) website.

## MEDICAL STUDENT HANDBOOK

### UCR Tuition and Fee Refund Policy for New Students

For students who are Title IV aid recipients who are enrolled for the first time at UCR, tuition and fee refunds are calculated up through the 60% period of enrollment in the term. UC Systemwide Fees, UCR Campus Fees and Nonresident Tuition Fee are refundable depending on the date of withdrawal. Eligible University fees are refunded on a prorated basis according to the following Schedule of Refunds:

#### Instruction Elapsed Time

Any time prior to and including the first day of instruction	100%
10% elapsed	90%
20% elapsed	80%
25% elapsed	70%
30% elapsed	70%
40% elapsed	60%
50% elapsed	50%
60% elapsed	40%
61% to 100%	0%

### UCR Tuition and Fee Refund Policy for All Other Students

For all other students (i.e., students who are Title IV aid recipients who are not enrolled for the first time at UCR and for students who are not receiving any Title IV aid), tuition and fee refunds are computed up through the 50% period of enrollment in the term. UC Systemwide Fees, UCR Campus Fees and Nonresident Tuition Fee are refundable depending on the date of withdrawal. Eligible University fees are refunded on a prorated basis according to the following Schedule of Refunds:

#### Instruction Elapsed Time

Any time prior to and including the first day of instruction	100%
10% elapsed	90%
20% elapsed	50%
25% elapsed	50%
30% elapsed	25%
40% elapsed	25%
50% elapsed	25%
60% elapsed	0%
61% to 100%	0%

### Institutional Housing Refund Policy

Students who are not federal aid recipients are subject to the provisions on the housing contract. The residence hall contract is an academic year contract and thus it may not be terminated after the specified date on the contract or after the scheduled move-in date for applicants entering anytime during the academic year, except as specifically provided for in the contract. The provisions of the contract and any refund policies are available to the student via the online housing contract at [www.housing.ucr.edu](http://www.housing.ucr.edu).

Refunds from housing for financial aid recipients are always returned to financial aid programs. Refunds are also issued by housing for students who do not withdraw, but who move out of University housing. For students who complete an academic quarter and have a housing refund, the refund is returned to the student unless they have a

## MEDICAL STUDENT HANDBOOK

financial aid over award, in which case the refund will be returned to financial aid funds. Other debts to the University may reduce the refund.

### **Identifying Date of Student Withdrawal for Return of Title IV funds**

In compliance with federal regulations, the date to be used in determining the amount of any Return to Title IV aid funds is the date on which the student began the withdrawal process, which may be by telephone or e-mail to the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs, or in writing on UCR's official Application for Withdrawal. Unless there is a documented last date of class attendance/activity which differs from the date on which the student signed the Application for Withdrawal form, the date the student signed the form is the date to be used for calculating the amount of federal aid funds which must be returned.

### **Effective Date of Student Withdrawal for Receipt of Tuition/Fee Credit**

The effective date of withdrawal for purposes of determining any institutional tuition or fee credit is determined at the discretion of the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs. This may be the date the student submitted the form to the senior associate dean, the student's last day of class attendance, or another date determined to be appropriate by the senior associate dean. The schedule of days in the quarter on which a student may qualify to receive a refund of tuition and/or fees are published in the UCR General Catalog, the Schedule of Classes, and the Office of the Registrar's website. These dates are identified above.

### **Military Withdrawals**

Students who are activated for military service are generally granted a full cancellation from the term in which they are called up for duty. The Registrar's Office and/or Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs will set the effective date of the withdrawal to the first day of the term, so that the student will receive a 100% refund of tuition and fees. However, the student is entitled to retain federal financial aid for the duration of the term in which they were actually in attendance. If the student is unable to complete the institutional withdrawal process, this date will be the date on which the student provides notification or documentation to the institution of their withdrawal. If this information is received via telephone or e-mail, the senior associate dean's office will generally submit an "Application for Withdrawal" to the Registrar's Office on the student's behalf without requesting the student's signature. In general, the Registrar will request copies of the student's military activation orders as documentation for granting a full tuition and fee refund. In cases where the campus was not previously notified by the student of their withdrawal, the date this documentation is received by the Registrar's Office will become the effective date of withdrawal.

Financial aid funds disbursed to students who withdraw due to military activation will be returned to federal and state funds as described below. If the amount that must be returned to federal and/or state funds exceeds the amount of the student's tuition/fee refund, the case should be referred to the Director for review. It may be possible to replace the amount that would remain as a balance due on the student's account with institutional funds. If the 100% refund of fees would result in the student having a credit balance on their student account, any remaining fee credit would be returned to institutional grant funds, if the student's award includes any.

# MEDICAL STUDENT HANDBOOK

## **UCR Official Withdrawals**

On the Application for Withdrawal, students are requested to report the last day on which they attended class or used any university facilities. The Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs reviews this information, together with the date on which the Application for Withdrawal is submitted, and determines the official UCR withdrawal date, which is entered in the Effective Date field on the withdrawal form. This date is used for purposes of determining the applicable UCR refund percentage (i.e., the amount of the student's tuition/fees credit). It may differ from the date used for federal Return of Title IV funds.

## **Unofficial/Administrative Withdrawals**

Students who unofficially withdraw by ceasing to attend classes, but who never complete the University's official withdrawal process (i.e., submitting the "Application for Withdrawal"), will generally receive failing grades in all courses in which they initially enrolled. This may also result in the student being academically dismissed. The effective withdrawal date is set to the last day of the quarter for the applicable term (i.e., the term in which the student received all failing grades). Students who wish to clear their academic records must complete the official withdrawal process, submit the Application for Withdrawal, and document their last date of attendance or use of university facilities and the reason for requesting retroactive establishment of an earlier withdrawal date.

Federal regulations require the Financial Aid Office to verify whether students who received all "F" or "NC" grades for a quarter dropped out before completing the term. No federal financial aid adjustment is required for students who are in attendance past the 60% point in the term. However, for students who have unofficially withdrawn (dropped out without completing the withdrawal process), the Financial Aid Office must verify the last date of class attendance. If the last date of attendance cannot be confirmed, federal regulations require the Financial Aid Office to recalculate eligibility for financial aid based on attendance through only the midpoint of the quarter. In general, this results in the student being billed for financial aid previously disbursed.

Administrative withdrawals may be processed for students who are dismissed from the University for disciplinary reasons involving student conduct, academic dishonesty, or other issues. The date of withdrawal is subject to the discretion of the Faculty Executive Committee.

## **Retroactive Withdrawals**

Retroactive withdrawals are processed solely at the discretion of the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs. If extenuating circumstances, such as illness, emergency, family tragedy, or disaster, prevent a student from completing the official withdrawal process, the student may appeal to the senior associate dean to have academic records cleared by replacing grades of "F" with grades of "W" and establishing an official withdrawal date with an earlier effective date. In rare cases, a senior associate dean may approve a retroactive withdrawal for a student who unsuccessfully completed a term of attendance under stress of illness or other extenuating circumstances. At the discretion of the senior associate dean, the entire quarter of attendance may be cancelled. The senior associate dean determines the effective date of withdrawal for all retroactive withdrawals.

In most cases, the effective date of a retroactive withdrawal assigned by the senior associate dean will be after the date on which the student would qualify for a refund of UCR tuition or fees. It is usually also after the date on which there is a requirement to return funds to federal or state programs. However, if there is a case on which the retroactive withdrawal date is set prior to the 60% point on which there would normally be a requirement to return



## MEDICAL STUDENT HANDBOOK

aid to federal programs, the institution is permitted to use the date the student signed the Application for Withdrawal for purposes of determining any Return to Title IV Funds.

If the senior associate dean establishes an effective date for a retroactive withdrawal that would result in a full cancellation of fees, any tuition/fee credit must be returned to federal and/or state funds. If there would still be a credit on the student's account after funds have been returned, any remaining credit would be returned to institutional funds, if they are included in the student's award.

### **Dismissals**

Decisions regarding academic dismissals are made by the Faculty Executive Committee. In general, due to the timing of the receipt of grades for the prior quarter, decisions on dismissals at the end of fall and winter quarters may not be finalized until one to three weeks into the quarter, during which time, the student may have enrolled and attended classes. Students who are academically dismissed receive a full refund of tuition and fees and have their exit date set to the last day of the most recent quarter completed (or to the last date of attendance if the student withdrew in the prior quarter). Because a dismissed student has never met the eligibility requirements to receive financial aid, 100% of all funds disbursed to the student must be cancelled. This would include both any portion applied to tuition and fees, as well as any amount disbursed to the student as a refund in a direct deposit or refund check, which will result in a billing on the student's account.

### **Lapse of Status**

Students who do not complete the entire registration process, including enrollment in courses and payment of tuition and fees in full, are subject to lapse of status at the end of the third week of the quarter. Although the exit action date for the lapse of status will be set for the last day of the third week of the quarter, the student's enrollment is completely cancelled for the quarter. Registration records appear as if the student never enrolled. The student's last date of attendance is set to the last day of the most recent quarter completed (or to the last date of attendance if the student withdrew in the prior quarter). These students receive a full refund of tuition and fees previously assessed.

### **Leaves of Absence**

Students who have completed at least one quarter of course work at UCR and are in good academic standing may apply for the Planned Educational Leave Program (PELP) for periods of one year or less. Students who wish to interrupt their education at the University of California in order to study at another academic institution may contact the Senior Associate Dean for Medical Education and/or the Senior Associate Dean for Student Affairs regarding participation in the Planned University Leave Program (PULP). Students on approved leaves of absence are not subject to the readmission process. Their matriculations will remain open for up to three quarters. Federal regulations limit leaves of absence to 60 days for purposes of not being subject to federal refund and repayment requirements and for retaining eligibility for in-school deferment of loans. UCR does not process leaves of absence under these provisions. Therefore, for purposes of reporting a student's last date of attendance, the last day of the most recent quarter completed (or the last date of attendance if the student withdrew in the prior quarter) is used. Students on approved leaves of absence are not subject to the federal refund and repayment requirements, since they do not begin their leaves in the middle of a term.

## MEDICAL STUDENT HANDBOOK

### **Credits of Refunds to Financial Aid Programs**

Refunds from tuition and fees and housing for financial aid recipients are always returned to financial aid programs first; if any remaining credit exists after all financial aid disbursed has been adjusted or cancelled according to federal requirements, the remaining balance will be returned to the student. Federal laws and regulations supersede all other requirements. If the student is a Title IV aid recipient, the amount of any required federal aid reduction under the Return of Title IV Aid regulations will be computed using the R2T4 software, and the applicable amount returned to each federal aid program.

If the amount required to be returned to federal aid programs is less than the amount of the refund from institutional charges, remaining credits are returned to state aid programs first, then to institutional aid programs, and finally to the student only if funds remain after refund obligations have been satisfied.

### **Calculation of Return of Title IV Aid**

Title IV aid is awarded to a student under the assumption that the student will attend school for the entire period for which the assistance is awarded. When a student withdraws, the student may no longer be eligible for the full amount of the Title IV aid that the student was originally scheduled to receive. If a recipient of Title IV aid withdraws from a school, the amount of Title IV aid earned by the student must be determined. The amount of federal aid earned is calculated by multiplying the total amount of aid disbursed by the percentage of the term completed as of the date of withdrawal. The difference between the amount of federal financial aid earned and the total amount disbursed is defined as “unearned” aid. The R2T4 software computes a daily percentage of aid eligibility based on withdrawal date, and this percentage is applied to the student’s entire disbursement, without a separate calculation of the amount that must be returned based on institutional charges refunded and an amount to be returned for any repayment owed.

Under the federal aid computation, a separate amount is calculated that must be returned by the institution and an amount that must be returned by the student. In general, the school must return the lesser of the total amount of Title IV aid that must be returned or the percentage of unearned Title IV aid (based on length of attendance) multiplied by institutional charges for the period. The difference between the total amount of Title IV aid that must be returned and the share returned by the institution is the amount that must be returned by the student. Calculated amounts that the student must return to federal loan programs may be repaid according to the terms of the promissory note (e.g., over a ten year repayment schedule after any applicable grace period), so they are not immediately due and repayable.

### **Refunds to Institutional Aid Programs**

If any of the credit from the tuition and fee or housing refund(s) remains after funds has been fully returned to any applicable federal and/or state aid programs, the refund will next be applied to any institutional programs. Funds are recovered first into the Professional School Fee Grant program, then into other University grant or scholarship programs. Professional School Fee Grant program for students without any federal or state aid will be reduced by the amount of the student’s tuition/fee credit.

### **Refunds to Outside Agency Programs**

If the student is receiving an award from an outside agency, the University will comply with the requirements of the donor for returning funds, if any apply.

## MEDICAL STUDENT HANDBOOK

### GRADUATE STUDENT HEALTH INSURANCE PLAN (GSHIP)

As a professional/graduate student you are required to have health insurance. All UCR students are automatically assessed for and enrolled in the UC Graduate Student Health Insurance Plan (GSHIP) as a condition of registration at UCR. The Student Health Services (see <http://studenthealth.ucr.edu>) is the primary healthcare provider for GSHIP and is where all non-emergency medical care must be initiated for GSHIP claim payment consideration.

Students who can demonstrate comparable insurance coverage from another source may apply to be exempted from the mandatory plan; this waiver process must be completed annually. However, you should be aware that if you waive out and have an HMO provider, psychological counseling services may not be covered. If a student is required to obtain psychological counseling without appropriate insurance coverage, the student will be responsible for the full cost of the recommended treatment(s). The student may utilize their own HMO coverage/services if available; however, keep in mind that parents may receive billing statements when psychological services are rendered. This generally occurs when the parent is the primary carrier of the insurance.

**Please note that continued enrollment in a qualified medical/health insurance plan must be maintained during all registered terms.**

For additional information regarding policy benefits, comparable coverage exemptions and optional dependent coverage, please contact: Student Health Insurance, Veitch Student Center, (951) 827-5683

### LONG TERM DISABILITY INSURANCE

All medical students are covered for long term disability insurance with the Guardian Blanket Insurance Plan. This coverage is mandatory.

Monthly Benefit: \$1,500/month (MS1 & MS2) / \$2,000/month (MS3 & above)

Integration: Policy will not integrate with CA State disability, Social Security or Workers Compensation.

Elimination: 90 Days

Length of Coverage: To age 65 whether disabled by sickness or accident.

Pre-existing Conditions: Full coverage after 30 days as a medical student.

Loan Pay-off provision: \$225,000 maximum

Income Offset: \$3,000

Lump Sum Benefit: \$5,000 after 12 months

Survivor Benefit: 6 months net

Company: The Guardian Health Professionals Insurance

Cost: \$40.00 per student per year

**If you should have any questions, please contact:**

Health Professionals Insurance Services

Ivory Ruiz Opana

6265 Greenwich Drive Suite 250

San Diego, CA 92122

Toll Free (800) 628-2861 Office (858) 404-0782 Fax (858) 546-9023

[ivoryr@hpis.biz](mailto:ivoryr@hpis.biz)

# MEDICAL STUDENT HANDBOOK

## COMPUTER REQUIREMENTS AND HARDWARE/SOFTWARE MINIMUM STANDARDS

The School of Medicine requires that all students own a laptop computer. A laptop computer or tablet is useful for taking notes in class, carrying to the library or taking to a remote clerkship location, and students will be required to bring a laptop for many in-class exercises. Computers need to have high enough resolution to support images that are delivered during exams and courses (Anatomy & Histology). Depending on the options students choose below, laptops should have a way (HDMI preferred or buy an adapter that has an output to HDMI) to connect to large displays and projectors at times to show work. Most students will also benefit from adding a mouse to their laptop package.

Additionally, students are required to purchase a printer for use with many required assignments. This is included in the first year student financial aid budget. Basic color inkjet printers are available for less than \$150, and sometimes are bundled with new laptops.

**While many students may find a tablet useful, it does not replace the functionality of a laptop.**

### Minimum Windows Configurations

Type:	Ultrabook	Laptop
Processor:	Intel Core i5	Intel Core i5
Memory:	8 GB RAM (16 GB Preferred)	8 GB RAM (16 GB Preferred)
Storage:	500 GB hard drive	500 GB hard drive

### Minimum Mac Configurations

Type:	MacBook Air	MacBook Pro
Processor:	Intel Core i5 Quad-Core	Intel Core i5 Quad-Core
Memory:	8 GB RAM (16 GB Preferred)	8 GB RAM (16 GB Preferred)
Storage:	500 GB hard drive	500 GB hard drive

### Recommended Software to Install

The following list highlights most of the standardized supported software usable in the School of Medicine. Many times new computers come packaged with all the software you will need. However, if you need to purchase software we'll be able to help you choose one of the packages below.

We require that all students install Microsoft Security Essentials and Windows Defender, which is available at no charge from UCR through the link (<https://its.ucr.edu/service-catalog/available-software>). Make sure Automatic updates for both products is turned on.

- \* Productivity: Microsoft Office 365 is provided by the School of Medicine through the link (<https://portal.office.com/>) after signing in with your Med School account. This link <https://somit.ucr.edu/office-365-password-reset> will provide instructions and training videos.
- \* Browsers: Mozilla Firefox and/or Google Chrome
- \* PDF: Adobe Acrobat Reader

## MEDICAL STUDENT HANDBOOK

Faculty frequently distribute documents as Microsoft Word and PowerPoint files, so you will need a way to open or view these files. You can either download Microsoft Office from the instructions above, or use free alternatives to MS Office listed below.

- \* [Campus Google Docs Account](#). This web based account includes a word processor, spreadsheet, presentation package, and reads and writes Word, Excel, and PowerPoint files.

**Please visit the following website: <https://somit.ucr.edu/> for additional direction.**

## MEDICAL STUDENT HANDBOOK

### HOUSE RULES FOR SCHOOL OF MEDICINE STUDENTS

1. **MAILBOXES** are located on the ground floor. Each student is assigned a mailbox. Mailboxes must be kept clear and open to receive notifications and other information on a daily and/or weekly basis.
2. **LOCKERS** are located on the ground floor to store books, personal items, clothes, etc. Items unsecured in the locker room or lounge spaces will be disposed of. **BE SURE TO SECURE YOUR LAPTOP** in your possession, or in your locker. **THE UNIVERSITY IS NOT RESPONSIBLE FOR THE LOSS OR THEFT OF YOUR LAPTOP COMPUTER** or any other possessions. Bicycles may not be stored in locker rooms.
3. **CLASSROOM AND CBL ROOM USE:** We ask that you take individual and collective responsibility to keep the classrooms clean and presentable. The Staff Workroom/Kitchen area is off limits to students due to confidentiality concerns.
4. **STUDENT LOUNGES AND STUDY AREAS:** There are several areas available to study, relax and dine during the day and after hours: the first-floor open lounge (between the CBL rooms) and the ground floor lounge. Additional classrooms on the ground floor of Orbach Library will be available for study areas. Classrooms will be available and opened during business hours only. The Ground floor lounge is equipped with refrigerators and microwave ovens. Groceries are not to be stored in the refrigerators. Refrigerators are for daily use only. Kitchen areas are to be kept clean. Everyone is responsible for washing their own dishes and disposing of garbage. If dishes are left in the sink dirty, they will be discarded.
5. **ROOM SCHEDULING:** Reserving of rooms in the School of Medicine Education Bldg. and/or the Orbach Science Library for the purposes individual/group study can be requested on the [School of Medicine Room Reservation Form](#). Student Interest Group meetings must obtain approval from Student Affairs prior to requesting a room reservation using the [Student Interest Group Event Form](#). Students must include the written approval with their room scheduling request. Please note that education courses and all other instructional activities will take priority. Space may not be used for commercial or personal purposes and is not for use by individuals or groups not affiliated with UCR.
6. **BUILDING ACCESS:** All medical students will be issued a School of Medicine ID badge to access the School of Medicine Education Building. The Simulation Center access is through the Orbach Library during business hours. First year students will be granted access to the Gross Anatomy Lab (starting in October) until the end of the academic year. Otherwise, badges will only provide access to the buildings and main classrooms.
7. **PARKING** in the School of Medicine Complex parking lot is prohibited 24 hours a day, 7 days a week and will be enforced by UCR Parking Services. No exceptions will be granted, and parking citations will be issued to violators.
8. **E-MAIL:** Students are required to check their @medsch.ucr.edu e-mail regularly, as many important announcements from UCR faculty and staff will only be delivered to this e-mail address.
9. **CLASS LISTSERVES:** Students are expected to use list serves only for official school activities and announcements. Standard email etiquette always applies. Misuse of list serves may result in a professionalism concern referral.

## MEDICAL STUDENT HANDBOOK

### E-MAIL PRIVACY AND SECURITY POLICY

The privacy and security of protected health information (PHI) is a fundamental obligation that we take seriously as active protectors of patients' rights. In keeping with that obligation, the UCR School of Medicine created and uses the *medsch* email infrastructure in order to ensure the integrity of electronic communications and to comply with federally-mandated security specifications for covered entities. Maintenance of the *medsch* infrastructure requires system administration and secure housing, which represents a significant investment of resources on the part of the SOM.

Please be advised that under no circumstances can users set @medsch.ucr.edu email to auto-forward to a third-party email provider (i.e. Gmail, Yahoo!, etc.). Sending or receiving PHI outside of the encrypted @medsch.ucr.edu infrastructure is at least a Class II offense under the SOM Sanctions Policy, resulting in appropriate disciplinary action. Any attempt to forward set an auto forward from a @medsch.ucr.edu account will trigger a notification to the Office of Information Technology.

### SAFETY, SECURITY AND VISITOR POLICY

#### Introduction

For security purposes and based on safety measures outlined by the Occupational Safety and Health Administration (OSHA), the following Safety, Security and Visitor Policy shall be enforced for the SOM Education Building. Access by visitors shall be regulated by the Visitor Policy as a measure of security and safety.

#### Safety Policy

The evacuation of buildings at the University of California, Riverside is everyone's responsibility. However, we need to have several people assume responsibilities to help make an emergency evacuation safe for all the occupants and visitors to our building. The title that will be given to these individuals will be Building Supervisor for Emergency Conditions (BSEC), Alternate Building Supervisor for Emergency Conditions, and Building Emergency Staff (BES). Their responsibilities will be as follows:

#### Building Supervisor for Emergency Conditions (BSEC): Ariel DeGuzman

The BSECs are specific staff members from major campus buildings who serve as the lead contact for all emergency program activities within their buildings. The intent is for all major normally occupied campus buildings to have one primary BSEC and at least one alternate. BSEC responsibilities include:

- Participating in emergency preparedness training – <http://ehs.ucr.edu/training/online/emergencystaff/indexlms.html>
- Encouraging departments to complete Department Emergency Operations Plans that will aid in emergency response
- Ensuring the safe and expedient evacuation of their building.
- Know the location of the designated **Emergency Assembly Area (EAA)**, and emergency exits for their building.
- Distribute information concerning evacuation plans, and evacuation drills to all building departments.
- Ensure clear access to exits and fire safety equipment in their building.
- Initiating a roll call and accounting of building occupants in the Emergency Assembly Area (EAA) during emergency evacuations
- Reporting missing or injured persons to Public Safety /SEOC or other emergency personnel.

## MEDICAL STUDENT HANDBOOK

### **Alternate Building Supervisor for Emergency Conditions: Pamela Hunter**

The Alternate Building Supervisor is a Building Emergency Staff member (BES) who will be responsible for assuming responsibilities of the Building Supervisor for Emergency Conditions in their absence.

### **Building Emergency Staff (BES): Tracy Bereal**

The role of the BES is to support the BSEC in their emergency preparedness activities before, during and after an incident. Each building on campus should have an adequate number of trained BES personnel to assist in these activities. Wherever possible, a minimum of four (4) Building Emergency Staff members per department, per floor is desired. Some of the responsibilities of the BES include:

- Participating in emergency preparedness training:  
<http://ehs.ucr.edu/training/online/emergencystaff/indexlms.html>
- The safe and expedient evacuation of the floor in the building to which they are assigned.
- Accounting of occupants on their floor, at the assembly area.
- Report missing persons to the Building Supervisor for Emergency Conditions or Alternate BSEC.
- Ensuring assistance is provided to those with disabilities that may impede their safe egress.

### **Security Policy**

All access points to the building will remain locked with the exception of the two main entrance points on the North and South sides of the first floor. These two main entrances will be open Monday through Friday, from 8:00 a.m. to 5:00 p.m. All access points will be accessible with the use of an SOM ID Card that has been coded to our building.

All regular “tenants” of the SOM Education Building are now required to wear their SOM Identification badge at all times while in the building. Any and all suspicious activity within the building should be immediately reported to UCR campus security.

### **Visitor Policy**

Visitors include all persons other than employees, or persons under contract to the SOM in possession of a valid UCR SOM Identification Badge.

All visitors are required to enter the building via either of the two main entrances and report to the Visitors Reception Desk. There they will be greeted by our Building Receptionist who will inquire and note whom they are visiting, their arrival time, and ask them to sign in. The Receptionist will then issue the guest a Visitor Badge and contact the point person for the meeting. Every visitor will need to exit via the main entrance to sign out and return their Visitor Badge.

Students who provide access to unauthorized visitors may be held responsible for any theft or damage that may occur as a result of the presence of unauthorized visitors. Violating the building visitor policy may result in professionalism concern referrals or other campus action.



## MEDICAL STUDENT HANDBOOK

### **After Hours and Weekend Access:**

After hours and weekend access to the building is prohibited to visitors with the following exceptions:

- Meetings/Events have been vetted/approved in advance by the Administrative Operations Manager
- Rooms have been scheduled and reserved appropriately
- An authorized tenant of the SOM Education Building is accompanying the visitors at all times and is responsible for the security/closing of the building

## MEDICAL STUDENT HANDBOOK

### BEST PRACTICE GUIDELINES FOR SOCIAL MEDIA\*

The UCR School of Medicine encourages the use of social media to connect to the broader campus community and the general public around the world. The long-term success of any social media community depends on a mutually shared philosophy of respectful behavior. Toward this end we offer the following **best practice guidelines** in keeping with the standards of the UCR School of Medicine and the medical profession at large.<sup>1-3</sup>

**Be respectful:** Refrain from posting material that is profane, hateful, threatening, abusive, harassing, obscene, pornography, nudity, libelous, defamatory or embarrassing to another person or entity. Be respectful of the rights and opinions of others.

**Be honest and transparent about who you are:** While you may certainly acknowledge that you are a student of the UCR School of Medicine, unless you have been authorized by University Public Relations, you should not portray yourself as a spokesperson or even an unofficial spokesperson. Avoid the use of official School or University logos, insignias, banners, badges, emblems, brands, etc. that may mistakenly give this impression to others or the public. If you are using social media for your profession identity and use, consider a separate venue for your personal and private life.

**Respect confidentiality:** Refrain from discussing private conversations other than with those directly involved. Never discuss patient care details or post pictures or images that may identify individuals.

**Live by the law:** Do not post content that violates any state or federal laws, most notably those applicable to patient confidentiality and privacy (i.e. HIPAA). Always obtain written permission to use or reproduce copyrighted material or proprietary information.

**The Internet is a public space:** Remember that social media sites are public, no matter what privacy settings may be in place. Consider, in most cases, everything you post online will be seen by a public audience. Assume everyone is reading your post, no matter how obscure or secure the site to which you are posting may seem.

**Use the “pause-before-posting” approach<sup>1</sup>:** Reflect on how the general public may perceive the content about to be posted. While you speak for yourself, the public will often perceive your actions reflecting UCR and the medical profession at large. Have you listened carefully? Is your post adding value to the discussion? Is the post helpful? Have you been courteous, sensitive and respectful?

\*These guidelines apply to personal use of social media. Social Media is defined as any electronic communication through which users create online communities to share information, ideas, personal messages, and other content.<sup>1</sup> These include social networking sites (e.g. Facebook, Twitter), media-sharing sites (e.g. Flickr, YouTube), blogs, wikis, and podcasts among others. Use of official School of Medicine or UC Riverside social media sites are governed by existing policies by UCR public relations and university Administration. These guidelines are not intended to supersede existing related policies within the University or School of Medicine (e.g. Student Handbook), or pertinent local, state or federal regulations (e.g. the Health Insurance Portability & Accountability Act - HIPAA).

### Safety Tips for Online Social Media & Networking: Self-Reflective Questions

**1) Did I set my privacy setting to help control who can look at my profile, information, and photos?** While you can limit access somewhat, it is by no means complete. You have no control over what someone else may share about you.

## MEDICAL STUDENT HANDBOOK

- 2) How much information about yourself do you want people to know about you?** With whom will your “friends” share this information? Not everyone will respect your personal or physical space.
- 3) Would I post this material on a roadside billboard or a television commercial?** What would a stranger think about my post? What about my parents?
- 4) What image am I projecting about me? My School? My University? And the medical profession at large?** Remember that what you post leaves a “digital footprint” that is both public and can last in perpetuity.<sup>1</sup> What might a patient think about my post? What would a future employer or residency program director think after seeing this post?
- 5) Have I asked permission to post someone else’s image or information?** Am I infringing on someone else’s privacy? Could I be hurting someone? Could I be the subject of a judiciary hearing? Could I be the subject of a libel or legal suit?
- 6) Does my equipment have the proper spyware and virus protection installed?** Many social networking sites collect profile information to SPAM you. Others contain links that can infect your equipment with viruses that potentially can destroy data and infect others with whom you communicate.

### **Cited References:**

- 1) Federation of State Medical Boards: Model policy guidelines for the appropriate use of social media and social networking in medical practice. 2012. Accessed at <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf> on 3 July 2013.
- 2) Farnan JM, Sulmasy LS, Worster BK, et al.: Online medical professionalism: patient and public relationships: policy statement from the American College of Physician and Federation of State Medical Boards. *Annals Intern Med* 2013;158:620-7.
- 3) American Medical Association. AMA Policy.: Professionalism in the use of social media. Accessed at <http://www.ama-assn.org/resources/doc/code-medical-ethics/9124a.pdf> on 3 July 2013.

## MEDICAL STUDENT HANDBOOK

### RESOURCES FOR MEDICAL STUDENTS

#### On-Campus Mental Health Services

The [UCR Counseling and Psychological Services \(CAPS\)](#) office offers a variety of counseling and specialized professional services both virtually and in-person, to assist students in their career, personal and social development. These services include:

- Individual and group counseling.
- Workshops on suicide awareness, working with distressed students, stress management strategies, gender issues, diversity awareness, and goal setting.
- Psychological assessment.

If additional psychiatric evaluation is warranted, CAPS will refer students to Student Health Services and/or one or more local psychiatrists who normally take Graduate Student Health Insurance Plan (GSHIP) **AND** are not faculty members appointed in the UCR School of Medicine. The CAPS is in the Health Services Building and is open from 8 a.m. to 5 p.m., with in person and virtual walk ins between 8:30 and 4:30 pm. For more information, call (951) 827-5531. Crisis consultations with licensed mental health providers are available 24/7 by calling CAPS main line and selecting Option 1.

**For after-hours emergencies (imminent risk of harm to self or others), call 911.**

#### Student Health Services

The [UCR Student Health Services](#) offers Psychiatric services in addition to a variety of services including primary care, dental, laboratory, and pharmacy. Student Health Services is located in the Health Services Building and is open from 8 a.m. to 4:30 p.m. on Monday, Tuesday, Wednesday, and Friday and 9 a.m. to 4:30 p.m. on Thursdays. Appointments may be made by calling (951) 827-3031 or by visiting <https://studenthealth.ucr.edu>.

[UCR Wellness Center](#) “The Well” – programs and training

#### Off-Campus Counseling

The UC Riverside School of Medicine has contracted with Dr. Ronald Offenstein, M.D. of the Riverside Psychiatric Medical Group to provide outpatient counseling services to medical students. Students may receive a direct referral from the Counseling Center or can self-refer, either to Dr. Offenstein or the psychiatrist of their choice.

Dr. Offenstein has **no clinical affiliation** with the UCR School of Medicine, creating optimal separation between the mental health services and the medical education program administrative functions. All counseling meetings are confidential, and the information disclosed during sessions is not disclosed at any time to anyone outside of the Riverside Psychiatric Medical Groups. Students are encouraged to seek counseling with the intent of maintaining good mental health and/or for help in addressing general life issues.

Ronald Offenstein, M.D.  
Riverside Psychiatric Medical Group  
5887 Brockton Avenue

## MEDICAL STUDENT HANDBOOK

Riverside, CA 92506  
Phone: (951) 275-8500 (ask for Lety)  
Hours: Monday –Thursday: 7:45 .am – 8:30 pm  
Friday – Saturday: By appointment

### **Orbach Science Library**

Medical Education and Clinical Outreach Librarian  
Elisa Cortez, Orbach Library Room 134  
[elisa.cortez@ucr.edu](mailto:elisa.cortez@ucr.edu)  
(951) 827-4614

General Reference or Library Resource Questions:  
<http://library.ucr.edu/research-services/ask-a-librarian>

School of Medicine Library Website:  
<https://library.ucr.edu/research-services/subject-guides/school-of-medicine>

### **UCR Student Health Center**

Veitch Student Center (west of Lot 15)  
[www.studenthealth.ucr.edu](http://www.studenthealth.ucr.edu)

Monday-Friday: 8: am. – 4:30 pm, except Thursday: 9 am -4:30 pm  
Appointments (951) 827-3031 or online [www.studenthealth.ucr.edu](http://www.studenthealth.ucr.edu)

### **After Hour Care (if you have GSHIP insurance)**

**Urgent Care**                      Riverside Medical Clinic  
6405 Day Street  
Riverside, CA 92507  
(951) 782-5454  
[www.riversidemedicalclinic.com](http://www.riversidemedicalclinic.com)

**Emergency Care**                Riverside Community Hospital  
4445 Magnolia Avenue  
Riverside, CA 92501  
(951) 788-3000  
[www.rchc.org](http://www.rchc.org)

### **Riverside Community Crisis Intervention**

24 hours Crisis Hotline: 951-686-4357  
Off-Campus Emergency: 911

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<sup>i</sup> Chanchal Azad M et al. Sleep disturbances among medical students: a global perspective. *J Clin Sleep Med.* 2015; 11:69-74.