

# Academic Policies

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The Academic Policies are guidelines to help students navigate academic tasks.

## Academic Grievance Policy

### Scope

This policy applies to grievances, which include academic actions or decisions based on student academic performance that directly affect a student's academic status or standing, such as, but not limited to, being required to repeat a course or year of study, being placed on probation, being suspended from the program or being dismissed from the Dell Medical School program. When a student is affected by an adverse academic action or decision made by the Medical Student Academic Standing Committee (MSASC), the student may appeal the action or decision using the process described below.

This policy does not apply to grievances for a course or clerkship grade. See [Appeal of Grade Policy](#).

### Policy

A student may appeal any decision of the MSASC. Any adverse action based on academic performance alone will be deferred until the grievance is resolved. Adverse actions based on conduct or professionalism will be in effect until the grievance is resolved.

A student must file written notice of his or her grievance with the Chair of the Medical Student Academic Standing Committee within ten business days from the date the written notice of decision was received. In the written grievance, the student must describe in detail the rationale for his or her grievance and propose a resolution. The student has the right to meet with the Associate Dean for Student Affairs to review the processes and procedures related to filing an academic grievance and to discuss the preparation of appropriate documentation for an Ad Hoc Appeals Committee to review and consider.

The Chair shall appoint three faculty members to an Ad Hoc Appeals Committee who will hear the appeal of an adverse event for any individual student, with one to serve as chair. Faculty members will be selected by the MSASC Chair based on the appeal being considered. Faculty members invited to serve on the appeals committee are expected to recuse themselves from service if any conflict of interest exists.

The Ad Hoc Appeals Committee shall schedule a hearing date within 30 business days of the written student grievance being received by the MSASC Chair. The Ad Hoc Appeals Committee may choose to meet with any faculty, administrator, or other person in order to understand context. The student may appear before the Ad Hoc Appeals Committee to make a statement and respond to questions. The student may bring an ally to the hearing. If that ally is an attorney providing legal advice, the Ad Hoc Appeals Committee Chair must be notified 10 days before the hearing and an attorney representing the school shall be present. The MSASC Chair will be responsible for writing up the decision, in consultation with the Ad Hoc Chair.

The MSASC Chair shall notify the student, in writing, of the Committee decision within 10 days of the hearing date.

In the event the student is dissatisfied with the Ad Hoc Appeals Committee decision, the student may file a written appeal to the UT Austin Dell Medical School Executive Vice Dean for Academics within ten business days of the date the written decision was received. The student's appeal to the Executive Vice Dean for Academics must include a justification statement for the appeal and copies of all documentation

the student provided to the MSASC. Upon review of the student's record and appeal, the Executive Vice Dean for Academics may meet with the student, or others, before rendering a decision of the Ad Hoc Appeals Committee, or modify that decision. Within ten business days from receipt of the student's appeal, the Executive Vice Dean for Academics shall provide a written decision to the student, with copies sent to the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education, and the Chair of the Ad Hoc Appeals Subcommittee.

The decision of the Executive Vice Dean for Academics is final. All sanctions being deferred pending the resolution are immediately placed into effect.

## Academic Standing Policy

### Scope

Provide an administrative outline for the classifications of academic performance of medical school students progressing through the prescribed curriculum. Provide a balanced and supportive framework for identifying students that may be at-risk of unsuccessfully progressing through the academic requirements and adherence with all stipulated academic, professional, and conduct standards as well as all University and University of Texas System rules and regulations.

### Policy

Medical student academic standing shall be formulated and issued in accord with a student's performance in and progression through required curriculum, milestones, exams, adherence with professional expectations, and other requirements.

- a. Medical Student Academic Standing Committee
  - As a primary and governing agent of this policy, the Medical Student Academic Standing Committee (MSASC) shall operate as described in the Faculty Bylaws and make decisions in accord with a student's performance in and progression through required curriculum, milestones, exams, adherence with professional expectations, and other requirements.
    - i. The MSASC will uphold and adhere to the policies herein detailed for presiding over the academic standing for students of the School.
    - ii. The committee will convene at least twice per year.
    - iii. Members of the Committee are required to recuse themselves from any discussions in which a person, if aware of all facts, deems a conflict of interest exists.
    - iv. The School will provide an opportunity for students to present before the MSASC at any time when their academic standing is to be voted upon.
- b. Definitions
  - i. Academic Standing Classifications
    - Dell Medical School classifies academic standing through using two distinct classifications. The standing of a student is reported on a semesterly basis onto the official academic transcripts issued by the University Registrar.
  - ii. Internal Designations
    - The School additionally categorizes students in a subset of designations. This subset is solely for the internal and uniform tracking of students that are encountering academic challenges. Designations are not punitive or adverse in their issuance and will not be reported externally. Designations will serve as the tracking mechanism for academic support counselors and institute a support structure for students.
- c. Classifications

i. Good Standing

A student who is progressing through the prescribed curriculum and is anticipated to satisfy graduation requirements within the standards as listed in the corresponding policy.

ii. Scholastic Probation

A student, after extensive remediation, has either: ultimately failed to progress in the curriculum; will be unable to satisfy graduation requirements indefinitely; or has committed or abetted in severe misconduct.

1. The general outline for placement on Scholastic Probation, and where may be alternatively and holistically applied by the MSASC, consists of:

- a. Failure to be promoted from one academic cohort to another for more than two consecutive academic years
- b. More than two school-initiated placements on a Leave of Absence (Academic)
- c. Committing and or abetting severe misconduct as jointly deemed by the MSASC and the Professional Committee

2. As Academic Standings are formulated on a semesterly basis, a student's placement on Scholastic Probation will be reviewed by the MSASC ahead of each of the subsequent semester's standing issuance. A student may be removed from Scholastic Probation where a student complies with the requirements as set forth by the MSASC upon the change in standing.

d. Internal Designations

i. Temporary Deficiency

1. Assignment

- a. Student is assigned a grade of one 'X' on a course/ clerkship; or
- b. Student is assigned when they fail an exam that forms part of a course/clerkship

2. Removal

- a. Student is assigned a passing grade in replacement of an 'X;' or
- b. Student passes an examination that formed part of a course/clerkship

ii. Academic Concern

1. Assignment

- a. Student fails an entire course/clerkship; or
- b. Student fails any examination administered outside a course/clerkship and which is formative of their graduation requirements; or
- c. Student is assigned more than one 'X' across multiple courses/clerkships in a semester
- d. Student is referred to the Professionalism Committee

2. Removal

- a. Student remediates academic deficiencies; or
- b. Student is cleared by the Professionalism Committee

iii. Academic Warning

1. Assignment

- a. Student is referred to the MSASC by the Professionalism Committee; or
- b. Student fails multiple courses/clerkships
- c. Student maintains one or more grades of 'X' for more than one academic year

2. Removal

- a. As deemed acceptable by the MSASC; or
- b. Student addresses grades of 'X.'

3. Additional Conditions

a. Where deemed appropriate by the MSASC, a student may be required to cease participation in extracurricular activities or committees.

b. Where deemed appropriate by and prescribed by the associate dean of undergraduate medical education, a student may need to attend regular meetings with an academic counselor/advisor.

## Academic Workload and Duty Hour Policy Scope

Medical student workloads must support students' learning while maintaining an appropriate level of engagement with the learning environment. The specific details of these expectations will vary somewhat depending on the phase of the educational program, clinical specialty or rotation, but must take into account the impact of fatigue on learning and patient safety, reinforce the fact that duty-hours restrictions, like other compliance requirements for physicians, are consistent with the necessity of meeting professional standards and ensure balance between educational priorities, service needs of the clinical setting and the students' personal wellness. The duty-hour restrictions on students during clinical clerkships and courses are modeled after the American Council on Graduate Medical Education (ACGME) guidelines for residents.

## Policy

Course and Clerkship Directors are expected to plan and manage courses, including all scheduled activities and expected independent work, within the academic workload and duty-hour parameters approved by the Dell Medical School's Undergraduate Medical Education Curriculum (UMEC) Committee. It is the responsibility, as a part of professionalism, for the student to abide by medical school requirements regarding duty-hour restrictions. Violations of the Academic Workload and Duty-Hour Policy should be reported to the Office of Medical Education.

## Preclerkship Curriculum (MS1)

The preclinical courses are organized into module blocks of varying lengths, using various teaching and learning formats. The preclinical curriculum includes block and longitudinal courses that have scheduled activities and learning events.

## Workload Limits

- Maximum of 20 hours of required scheduled activities per week
- Approximately 2 hours of assigned preparation materials per each hour of required scheduled activities averaged over the course of a week.
- Students in good standing may take student enrichment electives, which will not count towards required activities or duty-hour limits.

For all required content, no matter the venue (lecture, case discussions, small group discussions and exams), a scheduled hour is logged as a formal instruction hour.

The total workload for an average student in the MS1 preclinical year must be kept to a maximum of 60 hours per week. This should provide time for the student's personal wellness and social engagement.

## Clinical Clerkships and Clinical Selectives (MS2 and MS4)

Clinical clerkships and rotations vary in length. Students are assigned to various clinical sites and work under the supervision of designated faculty and residents. During clinical clerkships and courses, medical students are expected to participate in all required clinical and didactic

activities. Examples of such activities include: direct patient care, patient rounds, patient documentation, case conferences and interactive lectures. Students are expected to assume increasing levels of responsibility and accountability for healthcare delivery, as appropriate under the supervision of faculty and residents. The amount of time needed for a student to adequately meet his or her responsibilities varies depending on rotation, and can include overnight call.

Duty-hour expectations include all required activities in the clinical years; therefore, if a student has clerkship duties and additional expectations from a longitudinal course, the hours are added cumulatively and in total must remain within the duty-hour limits.

MS2 and MS4 students are expected to abide by the following duty-hour limits (modeled after ACGME guidelines for residents):

- Must be limited to 80 duty hours per week.
- Must be scheduled for in-house call no more frequently than every third night, when averaged over a four-week period.
- Must be limited to a maximum of 24 hours of continuous duty in the clinical setting and up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or education
- Must not be assigned additional clinical responsibilities following 24 hours of continuous in-house clinical duty.
- Should have 8 hours free of clinical duty between shifts. They must have at least 14 hours free of clinical duty after 24 hours of in-house clinical duty.

Students should report duty-hour violations to the Clerkship Director or Coordinator.

The Office of Medical Education will continuously monitor violations to the Academic Workload and Duty-Hour Policy and will alert the clerkship director, or other departmental leadership, and the Undergraduate Medical Education Curriculum Healthcare Delivery Subcommittee of any violation during a student's MS2 and MS4 years.

## Non-clinical Courses (MS3)

The courses scheduled in the Innovation, Leadership and Discovery phase of the curriculum are highly individualized and variable based on a student's customized plan of study. On average, a student should not be expected to have a total workload of greater than 60 duty hours per week.

## Educational Accommodations Policy & Procedures

### Educational Accommodations Policy

Dell Medical School follows the policies of the University of Texas at Austin <https://community.utexas.edu/disability/using-accommodations/>.

Students requesting only written exam accommodations can discuss those accommodations with Student Affairs at the beginning of the semester. Student Affairs will alert the Course Directors and the Curriculum Office.

Any other accommodations must be discussed with the Course or Clerkship Directors and appropriate instructors in compliance with the policies of the University of Texas at Austin.

### Dell Med Accommodations Procedures

Students

- a. General steps for using accommodations at UT are here <https://community.utexas.edu/disability/using-accommodations/>.
- b. Students should submit documentation of a disability and register with Disability and Access (D&A) in order to receive academic accommodations. While there is no deadline to register with D&A, students are encouraged to reach out to D&A well in advance of their need for accommodations. Instructions for how to register are here <https://community.utexas.edu/disability/how-to-register-with-ssd/>.
- c. Students are required to submit a request for a current accommodation letter each semester in which they are requesting accommodations. In an effort to access accommodations for the duration of the semester, it is recommended that students request accommodation letters in June for their summer and fall enrollment and again in late December for access to accommodations in the spring semester. (Dell Medical School operates in two 6-month semesters each year.)
- d. Upon receipt of the accommodation letter, students should contact the Office of Student Affairs to schedule a meeting with the Associate Dean. Students requesting **only** written exam accommodations can discuss those accommodations with the Office of Student Affairs at the beginning of the semester. Student Affairs will alert the Course Directors and the Curriculum Office.
- e. Any other accommodations must be discussed with the Course or Clerkship Directors and appropriate instructors in compliance with the policies of the University of Texas at Austin.
- f. If there are questions or concerns about how approved accommodations are implemented, students should contact their assigned Access Coordinator (AC) within the D&A Office.
- g. Failure to submit accommodation letters in a timely manner may result in a delay in the implementation of those accommodations. To ensure that there is sufficient space and staff to proctor exams, students should provide at least 10 business days' notice for testing accommodations on NBME Shelf Exams, Observed Structured Clinical Examinations (OSCE's), and Lab Practical Exams.

### Disability and Access (D&A)

- a. Documentation of a disability should be submitted to D&A for review. Documentation guidelines are here <https://community.utexas.edu/disability/documentation-guidelines/>. Accommodations are determined on a case-by-case basis through an interactive process with D&A staff during the intake appointment. More information about the intake appointment can be found here <https://community.utexas.edu/disability/intake/>. Accommodations cannot interfere with essential program requirements and are contingent upon specific learning objectives and essential requirements of the course.
- b. Submitted requests for accommodation letters are processed within 3-5 business days. Students and staff from Dell Medical School's Office of Student Affairs are notified via email that an accommodation letter has been processed and is available in the D&A Online Portals.
- c. Questions and concerns about how accommodations are implemented within the Dell Medical School should be directed to the student's assigned AC.

### Dell Medical School Office of Student Affairs

- a. Upon receipt of an accommodation letter, Student Affairs staff will notify Course Directors and Curriculum Office and meet with CD(s) and student, as needed, to discuss the application of the accommodations in various settings (e.g. LGI, PILLARS, LAB, DOCS, Clinical experiences, OSCE's, longitudinal courses.)

- b. Meeting with the CD is not required if the student does not wish to utilize accommodations in a particular course.
- c. Accommodations are not retroactive and will only be provided after notifying the course/clerkship director.

#### Course Directors (CD)

- a. Meet with student and the Office of Student Affairs staff, as needed, to discuss the implementation of accommodations. Course expectations and requirements should be reviewed to determine appropriate accommodations in the specific course setting. (This discussion may be completed via email if there are no issues that require discussion.)
- b. Provide accommodations in accordance with the letter from D&A. The CD should not provide accommodations outside the scope of those listed in the accommodation letter. If the student needs to request changes to their accommodations, they should contact their assigned D&A AC.

## Appeal of Grade Policy

### Scope

Grades are generated by the course/clerkship director. Should there be a disagreement about a grade assignment in a course or clerkship, the student may appeal the assigned grade.

### Policy

The University of Texas at Austin Dell Medical School students have the ability to timely appeal all grades and evaluations and to have that appeal resolved in a timely manner.

The procedures for a grade appeal are:

- a. A student must file a written appeal with the course or clerkship director within five business days from the date the grade was posted. In the written appeal, the student must describe in detail the basis for the appeal and propose a resolution. Without unanticipated extenuating circumstances affecting the testing experience, performance on a written exam will not be considered as a part of an appeal.
- b. The course or clerkship director will review the written appeal. The course or clerkship director will provide the student a written decision within five business days of receipt of the student's written appeal.
- c. Should the student be unsatisfied with that decision, the student may file a written secondary appeal to UT Austin Dell Medical School Associate Dean of Undergraduate Medical Education within five business days from receipt of the course or clerkship director's written decision. The student's secondary appeal must include a justification statement articulating why the appeal is warranted, along with all documentation provided to the course or clerkship director in conjunction with the initial appeal. Upon review of the student's record and appeal portfolio, and within five business days from receipt of the student's secondary appeal, the UT Austin Dell Medical School Associate Dean for Undergraduate Medical Education will provide a written decision to the student and course or clerkship director. The UT Austin Dell Medical School Associate Dean for Undergraduate Medical Education may:
  - i. Allow the course or clerkship director decision to stand;
  - ii. Modify the course or clerkship director's decision; or
  - iii. Make an alternate decision.

Any unsatisfactory grade will be forwarded to the Medical Student Academic Standing Committee for administrative action, if needed.

## Attendance and Absence Policy

### Scope

Becoming a competent physician requires your physical presence. Attendance contributes to a student's education and professional identity formation. We expect our students to actively participate in the curriculum and to recognize that certain activities require their presence and active engagement in order for teamwork, meaningful learning, assessment, and feedback to take place. Moreover, patients will increasingly rely on you, and your clinical skills, as you progress through medical school. Our strict attendance policy is meant to prepare you for this responsibility and the rigors of practicing clinical medicine as well as to foster professional identity formation.

### Policy

Attendance is required for many educational activities and strongly encouraged for all others. Course/Clerkship syllabi will clearly outline the attendance expectations for educational activities.

Attendance expectations are in accordance with duty hour guidelines. Note that some clinical, laboratory, and other experiences are impossible to make-up without repeating the entire course and/or academic year.

#### What is an acceptable absence?

- An acceptable absence generally includes but is not limited to:
- Acute illness (related to physical and mental health; may require a doctor note.)
- Death in the family
- Presenting original research work (as presenting author) at an academic conference
- Religious holidays
- Residency interviews
- Preventive/Routine Care Absences: absences of less than ½ a day to address preventive or recurring health care issues, when unable to schedule during non-academic activities

Acceptable absences should be arranged 4 weeks in advance of the absence and with permission from the Course/Clerkship/Elective Director (or as soon as practical if related to acute illness or emergency). Students are expected to complete the Absence Request Form (found on the Student Wiki, Canvas, and all syllabi). In the event of any absences, your course/clerkship/elective director will determine on a case-by-case basis if the student will be assigned further work, a makeup assignment, or a combination of both.

#### MS1: Essentials

**Educational Activity:** Small group sessions (e.g. PILLARS, IPE, DOCS, laboratories, etc.)

**Attendance Expectation:** Required

**Rationale:** Professional responsibility to your small group. Active learning requires participation for maximal benefit. Content will not be covered elsewhere; participation is required for maximal benefit. Clinical skills develop through guided practice. Clinical practice cannot be replicated passively. Achieving inter-professional competencies require interaction with colleagues.

**Educational Activity:** Large group interactive sessions

**Attendance Expectation:** Strongly encouraged

**Rationale:** Interaction requires participation for maximal benefit.

#### MS2 & MS4: Delivery & Exploration

**Educational Activity:** Clinical experiences (e.g. core clerkships and electives)

**Attendance Expectation:** Required

**Rationale:** Clinical application and practice cannot be replicated with passive activities. Professional identity formation requires working with role models and participating in patient care responsibilities.

**Educational Activity:** Intercessions

**Attendance Expectation:** Required

**Rationale:** Opportunity for bidirectional communication of upcoming events; Location for core teaching (longitudinal courses); Time to prep for upcoming deadlines.

Illness of two days or less (one day in a two or four-week clerkship or elective) will not require make-up work (unless it conflicts with curriculum required to pass the clerkship such as a shelf exam). Acceptable absences for any other reason (or for illness over two days; one day in a two/four-week clerkship or elective) will require further clinical work, a make-up assignment, or a combination of both, to be determined by the clerkship director.

### **MS3: Growth**

**Educational Activity:** MS3 Year

**Attendance Expectation:** Varies

**Rationale:** Dependent on the educational path of the student. Will be agreed upon prior to beginning MS3 year.

**Educational Activity:** Intercessions

**Attendance Expectation:** Required

**Rationale:** Opportunity for bidirectional communication of upcoming events; Location for core teaching (longitudinal courses); Time to prep for upcoming deadlines.

Make-up work for all missed intercessions is required.

### **Other Graduation Requirements**

**Educational Activities:** Milestone 0, CPX, DOCS Transition Week, & Milestone 1

**Attendance Expectation:** Required

**Rationale:** Successful participation provides assessment data or skill development needed to proceed to the next phase of education.

If unable to participate as scheduled, make-up work will be required.

### **What is the policy for getting an acceptable absence?**

- **Medical/Acute Illness:** Physician and therapy appointments are acceptable. Every effort should be made to schedule routine or non-emergent care outside of required curriculum. A signed medical note may be required.
- **University Holidays:** Students are not expected to be in attendance on official University Holidays unless on clinical rotations. While on clinical rotations, students are to follow the schedule of the clinical site they are assigned. Exceptions are at the discretion of the clerkship/rotation leadership.
- **Religious Holidays:** A student who misses classes or other required activities, including examinations, for the observance of a religious holiday should inform the instructor no less than 4 weeks in advance of the absence as possible, so that arrangements can be made to complete an assignment within a reasonable time after the absence.
- **Conference attendance:** Students may have opportunities to attend conferences for enrichment or to present scholarship/research. If a student is the primary presenter of a poster or abstract, they may be excused from required activities for the day of the presentation. Students may not attend a conference for enrichment only. The absence must be requested no less than 4 weeks before the presentation date, and must include an acceptance letter from the national organization/conference.

- **Residency Interviews:** Every effort should be made to schedule required curriculum outside of residency interview time. If you have a residency program interview, the name and contact information of the residency program must be included with the absence request.
- **Jury Duty:** Medical students may frequently be exempted from Jury Duty, due to clinical expectations. If not, the school will make every effort to provide make-up opportunities for missed experiences.
- **Military Service:** (From the General Information Catalog) "In accordance with section 51.9111 of the Texas Education Code, a student is acceptable from attending classes or engaging in other required activities, including exams, if he or she is called to active military service of a reasonably brief duration. The maximum time for which the student may be acceptable has been defined by the Texas Higher Education Coordinating Board as "no more than 25 percent of the total number of class meetings or the contact hour equivalent (not including the final examination period) for the specific course or courses in which the student is currently enrolled at the beginning of the period of active military service." The student will be allowed a reasonable time after the absence to complete assignments and take exams. Policies affecting students who withdraw from the University for military service are given in the Withdrawal section.
- **Unforeseeable events:** Students who miss educational activities for unforeseeable events such as illness, family or other emergency must notify the course director and the Associate Dean for Student Affairs. This may require additional documentation. Documentation of illness will not require a specific diagnosis.

### **Weather or Unsafe Conditions**

When weather conditions lead to closure of UT Austin or Austin ISD some clinical locations may also be closed but others may not be closed. Students should consider their personal safety in traveling to an educational activity or if the activity can be appropriately managed with a virtual option. Unlike classroom-based activities on an undergraduate or K-12 campus, medical education can be challenging to reschedule and/or help may be appreciated in the clinical environment. Students may opt out of participation if their personal situation requires it without penalty but appropriate communication with affected parties is required. Course/ clerkship/elective directors will work with students to review or provide missed material.

### **Tardiness**

Excessive Tardiness may be considered as a conduct matter by the Professional Conduct Committee and/or may be reflected in final assessment.

### **What are the possible outcomes of unacceptable absences?**

- Unacceptable absences will be taken into consideration when assessing a student's professionalism and it may impact the final grade.
- Multiple unacceptable absences may result in a report to the Professional Conduct Committee, a final failing grade for the course/ clerkship/elective and the need to repeat the course/clerkship/ rotation.

## **Direct Observation of Core Clinical Skills Policy**

### **Scope**

In order to assess students' acquisition of core clinical skills, behaviors, and attitudes specified in the DMS core competencies, faculty members will directly observe each student performing a history and physical examination in the clinical setting.

## Policy

Clerkship directors will be responsible for ensuring that every medical student in their required clerkship is directly observed by a faculty member performing a history and a physical examination on a patient appropriate to the clerkship in a clinical setting. The observation must include documentation of results and be signed by both the medical student and faculty member. Signed documentation will be collected by clerkship coordinators and reported to the Office of Medical Education no later than 4 weeks after the conclusion of each required clerkship rotation.

## Distribution

### Clinical Faculty

The Office of the Executive Vice Dean for Academics will post the policy on the Faculty Affairs webpage, send annual reminders to all established clinical faculty at the start of each academic year, and provide a copy to all new clinical faculty when hired.

### Medical Students

The Office of Medical Education (OME) will require that the policy be included in the syllabus for each clerkship and DMS clinical elective. OME will also ensure the policy is posted on the Student Affairs website.

## Electives and Away Clinical Rotation Policy

### Scope

Elective opportunities are intended to allow students the opportunity to explore their particular career interests.

### Policy

The University of Texas at Austin Dell Medical School curriculum encompasses twenty (20) weeks of required electives that must be taken during the MS3 or MS4 years. No more than eight (8) weeks of required electives may be taken elsewhere. Students are strongly encouraged to consult with faculty and their Academic Advisors and use electives to both explore potential career choices and to broaden their medical expertise. The student's Academic Advisor, or his or her designee, must approve a student's electives prior to beginning the experience.

Additionally, all off-campus elective rotations must be approved by the Office of Student Affairs at least one month before the off-campus elective rotation or course begins. Credit will not be given for any off-campus elective rotation or course that has not been approved in advance.

The Office of Student Affairs has a centralized system to review the proposed off-campus elective prior to approval, to ensure the return of a performance assessment of the student while on the off-campus elective, and to retain an evaluation of the off-campus elective by the student. The decision to approve an off-campus elective will take into account the following information and any other information deemed appropriate by the dean's office:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision

- Any potential challenges to the code of medical ethics adopted by the home school

Paperwork that must be submitted to the Office of Student Affairs prior to approval of an off-campus elective rotation includes: the "Course Approval" form, a written letter or email of acceptance from the physician preceptor with the start and end dates of the course/rotation, and a course description of learning objectives and responsibilities during the rotation. Forms must include a complete address and telephone number for the off campus location and residence address for the student while at the off-campus site. Forms will not be approved after the rotation has already begun.

## Graduation Requirements

### Scope

The Medical Student Academic Standing (MSAS) Committee is charged with reviewing the academic progress and professional development of each student during all components of the four-year medical education program and to recommend to the Faculty Senate for graduation only those students who have satisfactorily completed all graduation requirements and demonstrated consistent professional conduct appropriate for a physician.

### Policy

There will be a single standard for graduation, regardless of which option students select for year 3, Innovation, Leadership, and Discovery. Graduation requirements are set by the Undergraduate Medical Education Committee. Students will enter under a single standard with any changes to graduation requirements being made in time for notification of new matriculants prior to the start of their first academic year. Graduation requirement must be completed within six (6) years of matriculation. Rare exceptions to the six-year rule must be approved by the MSAS committee with the support of the academic deans.

## Graduation Requirements

- a. Successful passage of each year of the four-year curriculum as defined in the Student Academic Performance and Grading Policy and Academic Standing Policy.
  - Orientation
  - All MS1 required courses
  - All MS2 required clerkships (IM, Surg, Pedi, WH, Neuro, Psych, EM) and Milestone 0
  - Successful completion of ILD Course
  - Successful completion of all longitudinal courses and longitudinal clerkships
  - Other requirements (typically completed in the MS4 year, but can be done prior to the MS4 year)
    - Acting Internship (2 x 4 weeks) = 8 weeks \*one designated as Core AI, both completed at Dell Med
    - Critical Care = 4 weeks
    - Geri/Palliative = 2 weeks
    - Electives = 20 weeks
    - Milestone 1 = 1 week
    - For a Total of 35 weeks.

Electives counting toward graduation requirements:

- No more than 8 weeks of away electives
- No more than 8 weeks may be done in 2-week electives
- No more than 4 weeks may be professional development

2. Complete all progress testing: CBSE required for MS1 student in June and one CBSE voucher provided for student to complete either USMLE Step 1 or Step 2 exam to be used at student's discretion.

3. Passing scores with no more than three failing grades on any combination of the required licensure exams USMLE Step 1 and Step 2 CK as defined in the United States Medical Licensing Examination (USMLE) Policy.

4. A passing overall score on the comprehensive Clinical Performance Examination (CPEX).

5. Demonstrated professionalism as defined in the Medical Student Conduct and Discipline Policy.

## Distribution

The policy will be posted on the Student Affairs website and reviewed annually with the Medical Student Academic Standing Committee. Matriculating students will receive the policy prior to beginning the first course. Any student experiencing professionalism problems will be reminded as part of the remediation process.

## Leave of Absence, Withdrawal, and Dismissal Policy

### Scope

Provide an administrative outline for changes to status for students of the School.

### Policy

The School and Medical Students will adhere to administrative protocol for changes in enrollment status which may be temporary or permanent and school or student initiated. Statuses will be reflected on official academic records where applicable.

#### I. Status Definitions

##### i. Enrolled

A student is registered and paid within a semester. Enrollment in a semester procedurally generates a calculation of an academic standing for the student.

##### ii. Leave of Absence

A student may voluntarily or involuntarily enter a temporary separation from the School. A student will not be enrolled in courses and will not have an academic standing generated for their semesters of their absence.

##### iii. Withdrawn

A student permanently exits their program of study.

##### iv. Dismissal

A student is permanently removed from their program of study.

#### II. Leave of Absence Standards

##### i. Leave Types

###### 1. Personal

The student faces medical, familial, or other personal circumstances that inhibit their immediate progression in the program.

###### 2. Enrichment

The student elects a course of study that is outside the parameters of their program completion, opts for a development of their research interests, and/or vies an extracurricular opportunity applicable to their studies.

###### 3. Academic

The student exhibits persistent academic challenges and has not successfully remediated their deficiencies. A student

shall address academic circumstances and their continuity in the program.

#### ii. Initiation of Leave

##### 1. Student Initiation

1. A student will visit with the associate dean for student affairs and be counseled on the implications of a leave of absence. The student will initiate documentation to enter the leave. A student will select a corresponding purpose of the leave as defined in this policy.

2. The documentation of the leave will be forwarded through pertinent departments of the School which will each append stipulations for reinstatement.

3. Once the documentation has been completed, the form will be forwarded to the Office of the University Registrar for execution and notation on the student's record. A copy of the finalized documentation will be sent to the student within one month of the leave's start date.

##### 2. School Initiation

1. The School may initiate a leave of absence for the following circumstances:

a. A student is unable to request leave for themselves

b. A student is deemed as needing a leave of absence for medical reasons

c. A student is not able to meet technical standards

d. A student is deemed as needing a leave of absence for academic deficiency

e. As consequence and sanction of not upholding professional conduct expectations

2. An agent of the school will initiate documentation for the student having been necessitated for placement on a leave. The intent shall be presented before the Medical Student Academic Standing Committee (MSASC) for final approval.

3. A student shall have the opportunity to appear before the MSASC ahead of the MSASC's vote.

4. The MSASC may exercise latitude to circumvent a student's opportunity to respond to the proposed leave of absence only where a student is deemed unable of responding to the initiated leave.

#### iii. Extensions of Leave

1. A leave of absence and/or any extension may be granted for a minimum of one semester but shall not exceed one academic year.

2. Leave extensions must be approved by the MSASC.

3. A student forfeits their consideration to return from leave and, through virtue of their agreement to take leave, withdraws from the School when the student fails to:

a. Remain in contact throughout their leave (having three unreturned phone calls, three unanswered email messages, and one unanswered certified letter)

b. Submit a Change of Enrollment Status form indicating their return sixty days ahead of their most recently approved anticipated return date

c. Request an extension of their leave within sixty days of their most recently approved anticipated return date.

#### iv. Reinstatement

1. Documentation signaling requesting a reinstatement must be submitted to the Office of Student Affairs no later than sixty days before the requested return date.

2. All conditions for reinstatement as stipulated in the initiation documentation must be fulfilled prior to the reinstatement date.

3. The conditions for reinstatement may be modified by the MSASC if the school learns of significant additional concerns while the student is on leave.
4. Students that have entered or have been placed on leave which related to a medical circumstance are be required to furnish written clearance from their attending health professional for reinstatement. This clearance will ensure their full mental and physical capacity to safely attend patients, adhere with technical standards, and progress in the curriculum without inflicting any personal detriment.

### III. Withdrawal

A student may withdraw from the School by submitting specified documentation which indicates such and their acceptance of the following:

- i. The permanency of this action and its reflection on official academic records
- ii. Fully forfeiting eligibility or consideration for readmission into the School

### IV. Dismissal

A student may be dismissed from the School as a consequence or result of unacceptable academic performance or professional misconduct. This permanent and involuntary separation from the School will be enacted by the MSASC and will render the student ineligible for readmission to their current degree program.

- i. A student that is being considered for dismissal will have the opportunity to appear before the MSASC ahead of the final decision to be dismissed.
- ii. Once a decision has been finalized, official documentation will be completed by the Office of Student Affairs and forwarded to the Office of the University Registrar for execution.

### V. Modified Academic Load

The associate dean for medical education and the associate dean for student affairs may permit a student to continue enrollment on a modified academic load. In this modification, a student is temporarily excused from some curricular expectations. The student will adhere to a plan of action which has been formulated jointly by the aforementioned deans. A student will be enrolled in a normal academic load when the approved plan is executed and the temporarily assigned measured are completed.

## Medical Student Supervision Policy

### Purpose & Scope

This policy applies to individuals who supervise medical students across all courses and clerkships at all training sites. The purpose of this policy is to ensure that the school adheres to expectations that protect patients and ensure student safety, and to describe the mandatory training, teaching, and assessment skills required to be a medical student supervisor.

Appropriate supervision ensures that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training and in accordance with the supervisor's level of training and specialization.

### Supervisors in the Clinical Setting

A supervisor has the capacity to allow a learner to receive progressive responsibility for patient care. Examples of possible supervisors include:

- Attending Physician within a Dell Medical School training sites both inpatient and ambulatory
- Resident Physician, Intern, or Fellow in a Graduate Medical Education (GME) program within DMS

- Allied health professionals, such as Nurses, Physician Assistants, Nurse Practitioners, Social Workers, etc. where appropriate to the clinical activity

## Levels of Supervision - Direct vs. Indirect

- a. Observer – The student observes and does not perform any tasks
- b. Perform Under Direct Supervision - The student performs a task with the supervisor physically present in the same location as the student; able to provide direct instruction/feedback to the student; able to take over patient care duties if and when necessary
- c. Perform Under Indirect, but Immediately Available Supervision - The supervisor may not be physically present with the student; however, they are on-duty, immediately available on site, and can be called to the physical location of the student if and when necessary.
- d. The limitations for the requirements of proximity and timing of supervision, as well as the specific tasks that a student may perform without direct supervision depends on various factors, including
  - the level of training (i.e. year in medical school);
  - the skill and experience of the student within the scope of the clinical care situation;
  - the familiarity of the supervisor with the student's skills;
  - the acuity of the situation and the degree of risk to the patient.

## Clinical Supervision - General Guidelines for non-procedural supervision

- In the clinical setting medical students are primarily under indirect supervision. It should be noted that in any instance, the supervisor should always be available.
- The course/clerkship/site director will determine who can supervise the medical student, such as fellows, residents, and/or appropriately credentialed allied healthcare providers.
- All medical students, during the course of their educational curriculum, may conduct medical interviews and perform physical examinations on patients with their consent.
- The supervisor will review all of the medical student's documentation in a patient's medical record and provide correction to the record and feedback to the student for educational purposes.
- Clinical decisions and orders are never formulated or enacted by medical students without a supervisor's input. Student documentation of the components of evaluation and management within a patient's record must be verified by the supervisor before they are considered a part of the patient's record.

The above guidelines are applicable to all clinical experiences where medical students participate.

## Procedure Supervision - General Guidelines

- Medical students may be assigned to provide patient care services for medical procedures, under direct supervision.
- It is required that a medical student be appropriately directly supervised during all clinical procedures in which they are involved; including, but not limited to bedside, emergency department, and/or operating room procedures.
- Medical students are expected to assume developmentally appropriate, graduated levels of involvement/participation in procedures during their training. Procedures that medical students should be proficient in when completing medical school, defined by the Association of American Medical Colleges (AAMC) Entrustable Professional Activities (EPAs) for entering residency, include venipuncture and inserting an intravenous line. Fourth year students may develop competency in these technical skills under direct



supervision such that their clinical supervisor may decide to allow a student to perform these minor procedures as well as simple suturing under Indirect Supervision with Direct Supervision immediately available and with the consent of the patient. These are the only procedures that may proceed to indirect supervision at the discretion of the supervising faculty member who is ultimately responsible for the care of the patient.

- The degree of supervision needed will take into account: the complexity of the procedure, the stability of the patient, potential for adverse effects, and the demonstrated competence, and responsibility of each student in order to ensure the safety and comfort of the patient and the student.
- In all cases, the supervisor must have privilege or authorization to perform the procedure in which they are supervising.

## How DMS Monitors Clinical and Procedural Supervision

Any students with concerns about the adequacy and availability of supervision they are receiving are encouraged to address their concerns as soon as possible. Students are instructed to contact their Site and/or Course or Clerkship Director/Coordinator regarding any immediate concerns with supervision. Additionally, reports can be made via anonymous “just in Time” feedback through Canvas, the office of Student affairs or the UME office within the Department of Medical Education.

Students report on the adequacy and availability of supervision during mid-rotation check-in meetings and via end of course/clerkship evaluations and questionnaires. Course and Clerkship Directors review student feedback in evaluations, as well as during mid-rotation feedback, and provide prompt follow-up to address any supervision concerns that may arise.

The Health Care Delivery Curriculum Subcommittee and the Office of Medical Education reviews data on an ongoing basis to identify any ongoing trends of supervision concerns being reported.

## Mid-Course/Clerkship Required Formative Feedback Policy

### Scope

In order to allow sufficient time for improvement, each medical student is provided with feedback by a faculty member by the mid-point of courses and clerkships of four weeks’ duration or longer.

### Policy

Required course and clerkship directors are responsible for developing a formal process to provide each student with formative feedback that includes a chance for individual discussion with a supervising faculty member about their performance. Course and clerkship coordinators are responsible for collecting signed documentation of completion of mid-point feedback sessions for each student while the course/clerkship is still in progress. Signed documentation of completion of mid-point feedback sessions will be submitted to the Office of Medical Education at the conclusion of each course/clerkship rotation.

### Distribution

#### *Clinical Faculty*

The Office of the Executive Vice Dean for Academics will post the policy on the Faculty Affairs webpage, send annual reminders to all established clinical faculty at the start of each academic year, and provide a copy to all new clinical faculty when hired.

#### *Residents & Fellows*

The Graduate Medical Education Office will post the policy on the New Innovations website, distribute the policy at new resident and fellow orientation, and be responsible for an annual reminder sent to all continuing residents and fellows.

#### *Medical Students*

The Office of Medical Education (OME) will require that the policy be included in the syllabus for each clerkship and DMS clinical elective. OME will also ensure the policy is posted on the Student Affairs website.

## Policy on Student Evaluation of Courses and Teachers

### Scope

The evaluation by students of the curriculum and teachers provides important information for continuous quality improvement.

### Policy

Dell Medical School students are required to evaluate each of the required courses, core clerkships, and enrolled clinical electives. In addition to evaluation of a curricular component, students are also required to evaluate teachers with whom they have spent a significant amount of time, e.g., small group discussion leaders, lab instructors, attendings, residents.

Requiring participation in the evaluation process as a professional responsibility is helpful in preparing future physicians to value their role in the continuous process of improvement of health care delivery and patient care. After a student receives one warning, failure to complete required evaluations will be addressed as a professionalism problem following the procedures of the Medical Student Professionalism Policy.

### Distribution

The policy will be distributed to students during orientation with regular reminders included in the email announcing the opening of all course and teacher evaluation surveys.

## Promotion Policy

### Scope

The Medical Student Academic Standing Committee (MSASC) is charged with reviewing the academic progress and professional development of each student during all components of the four-year medical education program and to promote from one phase of the curriculum to the next, only those students who have satisfactorily completed all promotion requirements and demonstrated consistent professional conduct appropriate for a physician.

### Policy

In order to progress through the curriculum toward graduation, each student must meet the requirements for promotion from each phase of the curriculum.

- a. Promotion Requirements
  - i. Promotion from MS1 to MS2
    1. Successful completion with passing grade of all block courses
    2. Successful completion with passing grade of DOCS, Leadership and IPE
    3. Successful completion with passing grade of Milestone 0
    4. Completion of CBSE (or CBSSA)
    5. Good Professional Standing

- ii. Promotion from MS2 to MS3
  1. Successful completion with passing grade of all clerkships
  2. Successful completion with passing grade of DOCS, Leadership and IPE
  3. Good Professional Standing
- iii. Promotion from MS3 to MS4
  1. Successful completion with passing grade of the ILD block assignment (some programs have known elements extending into the MS4 year- this must be monitored by the ILD coordinator and reported out at each MSASC meeting.)
  2. Successful completion with passing grade of DOCS, Leadership and IPE
  3. Good Professional Standing
- b. Provisional Promotion
 

The MSASC may “provisionally promote” a student missing one or more aspects of the promotion criteria if there is a clear, timely, and reasonable plan to complete those components within a prescribed time frame.
- c. USMLE
 

Students must take Step 1 and Step 2 prior to December 31 of the MS-4 year.

Failure to obtain passing grades in coursework or meet promotion requirements may result in academic actions at the discretion of the MSASC. Academic actions may include, but are not limited to: additional remediation, extended time for completion of requirements, repeating portions of the curriculum, leave of absence, or dismissal. The decisions of the MSASC will be enforced by the Administration, unless the student chooses to appeal. A student may appeal a decision of the MSASC as detailed in the Academic Grievance Policy

## Semester Credit Hours Policy

The institution will have policies and procedures for determining the credit hours awarded for courses and programs that conform to commonly accepted practices in higher education and to Commission policy. (*Definition of Credit Hours*)

## Narrative

The University of Texas at Austin Dell Medical School (DMS) adheres to the following definition of the credit hour: a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.” (1)
- (3) When calculating the weeks – guideline used was if classes are held for at least 50% of the week, it counts as a full-time week.
- (4) The minimum attribution of credit per semester is one hour.

## Policy

DMS will indirectly employ the credit hour as the measure of educational credit a student may receive for reporting or other purposes when necessary. Distance education and hybrid courses will use the same credit hour requirements as face-to-face courses.

The use of the credit hour will follow the rules, regulations, and guidelines as specified by the Southern Association of Colleges and Schools Commission on Colleges, the federal government, the Texas Administrative Code, and the Liaison Committee on Medical Education all as specified in the references section of this policy. <sup>(2) (3) (4) (5)</sup>

The Dell Medical School does not use the credit hour as a measure for which students receive credit or progress. However, the weeks of instruction will be converted to credit hours using the following methodology.

Exception: The Liaison Committee on Medical Education (LCME), a specialized national accrediting body for all allopathic medical schools, will accredit the Dell Medical School curriculum. The LCME requires a minimum of 130 weeks of instruction for the MD degree <sup>(5)</sup>. The DMS is 180 weeks over approximately 4 years. The 180 full-time weeks of credit are equivalent to 175-195 credit hours using the following:

MS1 Courses contact hours include but are not limited to lectures, laboratory, small group discussions, case-based learning activities and problem solving. **Average contact time per week is approximately 15 - 18 hours so one week of full-time instruction in the DMS curriculum is equivalent to one (1) credit hour.** In the clinical experiences of the MS2, MS3, and MS 4 years actual contact time is greater. Because the educational approach is fundamentally different, with less emphasis on formal didactic instruction and study and greater emphasis on experiential learning, the number of contact hours needed to meet the equation that one full-time week equals one (1) credit hour is increased to between 40-70 contact hours per week. The credit hour equivalents of clinical rotations and electives is 1 hour per week. Students will also complete longitudinal components of the curriculum, which run in tandem with the MS1 – MS4 courses and clerkships. Credit hours are assigned to these courses based on contact hours and are comparable to other courses where the average contact time per week is approximately 15 - 18 hours for one (1) credit hour in non-clinical courses and 40-70 contact hours for one (1) credit hour for clinical courses. See Appendix A

## Sources

- (1) Federal Regulation 34 CFR 600.2: “Except as provided in 34 CFR 668.8(k) and (l),
- (2) Texas Administrative Code, Title 19, Part 1, Chapter 4, Subchapter A, Rule 4.6
- (3) Southern Association of Colleges and Schools Commission on Colleges Credit Hours Policy Statement
- (4) Southern Association of Colleges and Schools Commission on Colleges, The Principles of Accreditation, Federal Requirement 4.9, p.40
- (5) Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree, Copyright May 2012, Liaison Committee on Medical Education, (ED-4), p.7

## Appendix A

### Dell Medical School Credit Hours Equivalent 2022

#### YEAR 1 = 52 Total Credit Hours

- Cells to Populations = 8 Total Credit Hours
- Structure & Function = 12 Total Credit Hours
- Medical Neuroscience = 4 Total Credit Hours
- Foundations of Disease = 7 Total Credit Hours
- Mechanisms of Disease = 15 Total Credit Hours
- Developing Outstanding Clinical Skills (DOCS) = 2 Total Credit Hours
- Interprofessional Health Education (IPE) = 2 Total Credit Hours
- Leadership 1 = 2 Total Credit Hours

#### YEAR 2 = 53 to 57 Total Credit Hours

- Milestone 0 = 1 Total Credit Hour
- Internal Medicine Clerkship = 8 Total Credit Hours
- Neurology Clerkship = 4 Total Credit Hours
- Psychiatry Clerkship = 4 Total Credit Hours
- Women's Health Clerkship = 8 Total Credit Hours
- Pediatrics Clerkship = 8 Total Credit Hours
- Surgery Clerkship = 8 Total Credit Hours
- Emergency Medicine Clerkship = 4 Total Credit Hours
- Optional Clinical Electives (count toward MS4 requirement) = 2-4 Total Credit Hours\*
- Primary Care Family & Community Medicine = 2 Total Credit Hours
- Developing Outstanding Clinical Skills = 2 Total Credit Hours
- Interprofessional Health Education = 2 Total Credit Hours
- Leadership 2 = 2 Total Credit Hours

\*Not counted in total hours for Year 2

#### YEAR 3 = 10 to 51 Total Credit Hours

- Innovation, Leadership and Discovery (ILD) = 2 Total Credit Hours
- Interprofessional Health Education = 2 Total Credit Hours
- Developing Outstanding Clinical Skills = 2 Total Credit Hours
- Leadership 3 = 2 Total Credit Hours
- Primary Care Family and Community Medicine = 2 Total Credit Hours

#### Distinctions

- Distinction in Research = 30 Total Credit Hours
- Distinction in Clinical Innovation and Design = 30 Total Credit Hours
- Distinction in Social Entrepreneurship = 30 Total Credit Hours

#### Coordinating Board Approved Dual Masters Degrees\*\*

- Master of Business Administration
- Master of Education
- Master of Public Health\*\*\*
- Master of Science in Health Care Transformation
- Master of Public Affairs
- Master of Science in Engineering
- Master of Arts

\*\*Dual Master Degrees range from a total of 30 to 41 Credit Hours

\*\*\*Dual degree program with other institution

#### YEAR 4 = 37 Total Credit Hours

- Acting Internship 1 = 4 Total Credit Hours
- Critical Care = 4 Total Credit Hours
- Acting Internship 2 = 4 Total Credit Hours
- Electives (minimum of 4/maximum of 6 four-week elective blocks; may be taken in MS3 or MS4 year) = 20 Total Credit Hours
- ILIAD (Integrating Leadership, IPE and DOCS) = 2 Total Credit Hours
- Milestone 1 = 1 Total Credit Hour
- Geriatrics/Palliative Care = 2 Total Credit Hours

The credit hour equivalents for the Dell Medical School is as follows:

- Year 1 = 48 full-time weeks
- Year 2 = 49 full-time weeks
- Year 3 = 49 full-time weeks
- Year 4 = 34 full-time weeks
- Total Years 1 through 4 = 152 to 197 Total Credit Hours

### Student Academic Performance and Grading Policy

#### Scope

Students at The University of Texas at Austin Dell Medical School are evaluated in multiple ways, each to be outlined in individual course syllabi and as described in other policies. Faculty and staff are responsible for disseminating student evaluation methods in writing to students in the course syllabus prior to the start of each course. Methods of assessment may include: narrative feedback, exams, written/computer-based reviews, participation, Objective Structured Clinical Exams ("OSCEs"), peer review, oral presentations, etc.

#### Policy

The Dell Medical School has established committees to oversee the educational program and to monitor academic performance of its medical students. The Undergraduate Medical Education Curriculum Committee (UMEC Committee) is the body that provides central oversight and makes recommendations to the Dell Medical School's Dean and Executive Vice Dean for Academics regarding the overall design, management and evaluation of a coherent and coordinated curriculum. The Medical Student Academic Standing Committee ("MSASC") is charged with reviewing the academic progress and professional development of each student during all components of the four-year medical education program and making recommendations to the Dean and Executive Vice Dean for Academics accordingly. The primary responsibility of the MSASC is to recommend for graduation only those candidates who have satisfactorily completed all graduation requirements and demonstrated consistent professional conduct appropriate for a physician.

Each course director will submit a grade no later than 4 weeks after rotation completion, including narrative. All grades are processed through the Office of Medical Education and submitted to DMS Records Office who will transmit to the Registrar's Office. Upon assigning a non-passing grade, the course director must provide timely written notification to the student. The Associate Dean for Undergraduate Medical Education and the Associate Dean for Student Affairs are to be copied on that notification.

The academic standards for successful completion of the preclinical courses, clerkships and clinical courses are determined by the course directors, clerkship directors and course directors, respectively, each adhering to a grading rubric approved by the UMEC Committee. The

process by which a student may appeal a grade or evaluation received is set forth in the medical school's Appeal of Grade Policy.

## Grade Definitions

- P (Pass) - Successfully completed all course requirements
- F (Fail) - Did not successfully complete all requirements, no credit given. A failing grade will not be removed from the transcript.
- H (Honors) - Met a specified higher level of performance. Clinical Courses of 4 weeks or longer duration and in the Innovation, Leadership and Discovery Course are the only courses available for the grade of H – Honors.
- PR (Pass After Remediation) - Successfully completed all course requirements but required additional time or testing opportunities beyond those described within the course syllabus
- W (Withdrawal) - Student Withdrew from the University
- X (Temporary) - Temporary delay of grade due to extenuating circumstances approved by the Office of Medical Education. An X will be changed to another grade when student has completed coursework. If the student does not complete the coursework within a designated time period, the grade will be changed to Fail
- Q (Drop) - Student dropped the course: A "Q drop" is recorded on the transcript when the course is dropped after 20% of the workdays in that course have been completed. (a "Delete drop" is not recorded on the transcript)
- I (Incomplete) - Permanently incomplete. An Incomplete will not be removed from the transcript.

For dual-degree courses, the grade submitted by the course director, in accordance with the grading system in use by that school is reported on the transcript.

## Remediation

To remediate a grade of F or I:

The course must be taken again and passed, or a course that meets the same graduation requirement must be taken and passed. The exact structure of a course re-take will be determined by Course/Clerkship Director with approval from the Associate Dean of Undergraduate Medical Education. An Honors grade is not available in a repeated enrollment of that course.

To remediate a grade of X:

The exact structure of the remediation will be determined by Course/Clerkship Director with approval from the Associate Dean of Undergraduate Medical Education. If the X grade is due to failure of any graded component of the course, a grade of Honors is not permitted.

To remediate performance in a non-graded course:

Any graduation requirement that is not a graded course (CBSE, NBME exams, CPX, Professionalism outside a single course, etc.) must be remediated. CBSE must be taken. NBME and CPX exams must be repeated until a passing score is obtained. (See USMLE Policy for details about NBME remediation). Professionalism concerns must be resolved to the satisfaction of the MSASC.

Any student with the need to remediate any graduation requirements may be provisionally promoted at the discretion of the MSASC but may not graduate until it has been remediated to the satisfaction of the MSASC. (See promotion – and graduation policy)

# United States Medical Licensing Examination (USMLE) Policy

## Scope

The United States Medical Licensing Examination (USMLE) is jointly sponsored by the National Board of Medical Examiners and the Federation of State Medical Boards. A passing score on each portion of the USMLE is accepted by medical boards in every state as evidence of core competency to practice medicine.

The University of Texas at Austin Dell Medical School has established policies pertaining to the timing and passage of the USMLEs in order to optimize career outcomes for students and to ensure that graduates meet all related licensing requirements.

## Policy

In order to graduate from The University of Texas at Austin Dell Medical School, students must take and pass the USMLE Step 1 and the USMLE Step 2 CK (Clinical Knowledge). In order to be eligible to enter the match you must have taken both exams by December 31 of your MS4 year.

A student who receives three failing grades on any combination of these required licensure exams will be considered for dismissal by the Medical Student Academic Standing Committee.