

MERCER UNIVERSITY  
SCHOOL OF MEDICINE  
MEDICAL STUDENT  
HANDBOOK  
2009-2010



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## MUSM MEDICAL STUDENT

Updated July 2009

## **HANDBOOK IMPORTANT NOTICES**

The Mercer University School of Medicine (MUSM) Medical Student Handbook sets forth the major policies and procedures affecting students enrolled in the educational program for the MD degree. Because MUSM is a dynamic institution, it is inevitable that changes will occur, new policies and procedures will be adopted, and existing descriptions will be superseded. This handbook will be revised periodically, but changes between handbook revisions will take effect as they are duly adopted. Policies and Procedures in this edition supersede all former editions unless there is a statement in the text of this edition noting otherwise.

In addition to the MUSM Medical Student Handbook, there is a Mercer University Student Handbook with general policies that affect all students enrolled at Mercer. Hyperlinks to that document are contained within the MUSM Medical Student Handbook. It is the student's responsibility to be familiar with both of these documents and to check for updates on a regular basis.

An electronic version of this MUSM Medical Student Handbook may be accessed at [http://medicine.mercer.edu/files/student\\_handbook.pdf](http://medicine.mercer.edu/files/student_handbook.pdf).

“All provisions, regulations, degree programs, and course listings in effect when the Student Handbook went to press are subject to revision by the appropriate governing bodies of Mercer University School of Medicine (MUSM). Students pursuing degree programs when such changes are instituted are expected to comply with the revisions that relate to their programs. It should be understood that the statements in this Handbook are for informational purposes only and should not be construed as the basis of a contract between MUSM and the student. Though the provisions of this Handbook will ordinarily be applied as stated, MUSM reserves the right to change any provisions contained herein, including but not limited to academic requirements for graduation, without actual notice to individual students. Students are responsible for knowing all regulations and procedures required by MUSM and the advanced degree program being pursued. In no case will a regulation be waived or an exception granted because of ignorance of the regulation or of the assertion that the student was not informed by the advisor or other authority. Students should consult frequently with school deans, chairs, or directors, as appropriate, regarding current degree requirements.”

### **MERCER UNIVERSITY SCHOOL OF MEDICINE MACON, GEORGIA**

The Mercer University School of Medicine is a Member of the Association of American Medical Colleges and is fully accreditation awarded by Liaison Committee on Medical Education. It is the purpose of the University to adhere to all the rules and regulations, course offerings, and financial charges as announced in the Bulletin or in other publications. The University, nevertheless, hereby gives notice that it reserves the right to withdraw any subject, to change its rules affecting the admission and retention of students or the granting of credit or degrees, or to alter its fees and other charges, whenever such changes are adjudged desirable or necessary. Attendance at Mercer University is a

privilege which may be forfeited by any student whose conduct is adjudged as not being in harmony with the traditions, the policies, and the regulations of the University.

Mercer University is committed to providing equal educational and employment opportunity to all qualified students, employees and applicants, without discrimination on the basis of race, color, national or ethnic origin, sex, age or disability, as a matter of University policy and as required by applicable State and Federal laws (including Title VI, Title VII, Title IX, Sections 503 and 504, ADEA, ADA, E.O. 11246 and Rev. Proc. 75-50). Inquiries concerning this policy may be referred to the Equal Opportunity/Affirmative Action Officer, Diane Baca, Personnel Office, CTA/Human Resources Building, 1400 Coleman Avenue, Macon, Georgia 31207, telephone (478)301-2786.

### **SCHOOL OF MEDICINE MISSION STATEMENT**

The school's mission is to educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia.

#### **Mission Areas**

**TEACHING** – Excellence in educational programs that graduate caring, compassionate, competent health care professionals.

**SCHOLARLY ACTIVITY AND RESEARCH** – Discovering new knowledge, integrating and applying knowledge to improve the health status of Georgians.

**CLINICAL CARE** – Providing high quality, patient-centered, cost effective health care services.

**COMMUNITY SERVICE** – Reaching out and partnering with neighborhoods and communities.

### **SCHOOL OF MEDICINE CORE VALUES**

#### **Core Values**

The endorsed CORE VALUES of the Mercer University School of Medicine community are:

**COLLABORATION** – Working together and respecting each other's contributions

**COMPASSION** – Showing empathy and concern for the well-being of others

**COMPETENCE** – Demonstrating mastery of the skills of one's profession or vocation

**EXCELLENCE** – Performing at the highest level and exceeding the expectations of those we serve

**INTEGRITY** – Unwavering adherence to a professional and ethical code of conduct

**RESPECT AND HONESTY** – Conducting ourselves in a manner that demonstrates the value of each individual

**SERVICE** – Offering our talents and skills toward betterment of our communities

### **The Learning Environment at Mercer University School of Medicine**

The educational policies and procedures at the School of Medicine are consistent with those of the Liaison Committee on Medical Education and Mercer University. They have been developed to foster and maintain an educational and clinical community that nurtures learning in an environment where students, faculty and staff work together in an atmosphere free of all forms of harassment or intimidation. Diversity is valued recognizing that exposure to students, faculty, staff, and patients, from a wide range of backgrounds, enhances the educational experiences of all students.

### **Compact Between Teachers and Learners of Medicine**

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands strengthening of those virtues that undergird the patient/physician relationship and sustain the profession of medicine as a moral enterprise. This Compact serves as both a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

### **Guiding Principles**

**Duty** Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.

**Integrity** The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism and caring by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect** Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are treated respectfully.

### **Commitments of the Faculty**

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality.
- As mentors for our student and resident colleagues, we pledge to maintain high professional standards in all of our interactions with patients, colleagues and staff.
- We pledge to respect all students and residents and all faculty members as individuals, without regard to gender, race, national origin, religion, sexual orientation, or age or disability; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student, resident or faculty member.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill

educational objectives, including time required for “call” on clinical rotations, to ensure students’ and residents’ well being.

- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we do not tolerate reprisals or retaliations of any kind.

### **Commitments of Students and Residents**

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

### **Mercer University School of Medicine Medical Student Competencies**

**The following list of competencies serve as the institutional learning objectives for the M.D. degree program at Mercer University School of Medicine. Adopted in August, 2005, these competencies are organized around the competency domain framework of the Accreditation Council for Graduate Medical Education, and reflect the knowledge, skills, behaviors, and attitudes expected of MUSM graduates. The student graduating from MUSM with a Doctor of Medicine degree will be prepared for entry into the profession of medicine. Demonstration of the following competencies will provide evidence of readiness to enter residency training:**

#### **I. Patient Care**

Students must be able to participate in the provision of family-centered patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:

1. Demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Demonstrate consideration of patients’ privacy, dignity and psychological needs.
3. Obtain an appropriate medical history accurately and efficiently.

4. Perform an appropriate physical examination accurately, efficiently and respectfully.
5. Identify the extent of evaluation needed, appropriate to the patient presentation.
6. Perform bedside clinical and laboratory diagnostic procedures from a core skills list defined by the faculty.
7. Interpret results of common laboratory studies.
8. Use information technology to support patient care decisions and patient education.
9. Recognize personal limitations and biases and seek consultation/help when appropriate.
10. Develop patient management plans for common medical problems.
11. Recognize the importance of relieving pain and suffering in patients and demonstrate knowledge of appropriate means to relieve pain and suffering.
12. Recognize life-threatening emergencies and know appropriate initial intervention.
13. Demonstrate effective patient education/counseling skills.
14. Provide health care services aimed at disease prevention and health promotion.
15. Collaborate with health care professionals, including those from other disciplines, to provide patient-focused care.

## **II. Medical Knowledge**

Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (epidemiological and social-behavioral) sciences and the application of this knowledge to

1. Demonstrate an investigatory and analytic thinking method that approaches clinical problems in a logical, efficient, and evidence-based manner.
2. Know the normal structure and function of the body (as an intact organism) and of each of its major organ systems, across the life span.
3. Know the mechanisms important in maintaining homeostasis.
4. Know the various causes (e.g. genetic, developmental, microbiologic, autoimmune, neoplastic, degenerative, traumatic, and behavioral) of illnesses and the ways in which they affect the body (pathogenesis).
5. Know the altered structure and function (pathology and pathophysiology) of the body and its major organ systems as observed in various diseases and conditions.
6. Utilize the scientific method in diagnosing diseases or conditions and in determining the efficacy of traditional and nontraditional therapies.
7. Know the bio-psychosocial determinants of health and illness.
8. Know the epidemiology of common diseases within a defined population, and the approaches useful in reducing the incidence and prevalence of those diseases.
9. Know the principles of pharmacology, therapeutics, and therapeutic decision-making.
10. Know the principles of bioethics.
11. Know the natural history, clinical presentation, diagnostic findings, treatment, management strategies and prognosis for common medical problems.

12. Know the scientific principles underlying laboratory tests, radiological and other investigative studies.
13. Know the principles of health promotion and disease prevention.

### **III. Practice-Based Learning and Improvement**

Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. These relate to the areas of lifelong learning, self-directed learning, critical thinking, evidence-based practice, quality improvement and informatics. Students are expected to:

1. Analyze clinical experiences and systematically improve care.
2. Understand and apply the concept that problems are opportunities for change and for the advancement of knowledge.
3. Locate, appraise, assimilate, and apply evidence from scientific studies related to patients' health problems.
4. Demonstrate knowledge of study designs and statistical methods and the application of this knowledge to the appraisal of clinical studies.
5. Use information technology to manage information, access on-line medical information, and support their own educational endeavors.
6. Demonstrate a commitment to the teaching and learning of students and other health care professionals.
7. Utilize clinical and scientific information in the continuous process of determining priorities and care decisions for patients.
8. Demonstrate consistently the skills of self-directed learning and progressive professional development.

### **IV. Interpersonal and Communication Skills**

Students must be able to demonstrate interpersonal and communication skills with patients, their patients' families, and professional associates. Students are expected to:

1. Create and sustain therapeutic and ethical relationships with patients based on mutual respect and trust.
2. Demonstrate (or use) effective listening skills.
3. Provide information using effective nonverbal, oral and writing skills with patients, families, colleagues and other members of the health care team.
4. Work effectively with others as a member or leader of a health care team or other professional group.
5. Incorporate patient preference and patient autonomy into patient care plans.
6. Teach and present effectively.

### **V. Professionalism**

Students must demonstrate professional behavior, adherence to ethical principles, and sensitivity to a diverse patient population. Students are expected to:

1. Demonstrate respect, compassion, integrity and altruism when responding to the needs of patients and society.
2. Demonstrate accountability to patients, society, and the profession.
3. Demonstrate a commitment to excellence and on-going professional development.

4. Demonstrate personal integrity, reliability, honesty, and self-discipline.
5. Demonstrate the capacity to take responsibility for their own actions, including errors, recognition and acceptance of limitations of one's knowledge and clinical skills, and recognition of the need for supervision and self-assessment.
6. Project a professional image in manner, dress, grooming, and interpersonal relationships consistent with the medical profession's contemporary standards in the community.
7. Demonstrate respectful, appropriate social interaction and interpersonal behaviors with peers, staff, faculty, patients, and all members of society at all times.
8. Be a good citizen of the community and society.
9. Demonstrate comportment consistent with the role of physicians in society, including those behaviors required to obtain and maintain medical licensure.
10. Mentor others in professional behavior (i.e. serve as a role model and teacher).
11. Recognize personal limitations that may affect patient care and professional behavior, including but not limited to medical conditions and substance abuse.
12. Demonstrate a commitment to ethical principles related to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
13. Recognize ethical dilemmas and identify sources of appropriate consultation (e.g. hospital ethics committee).
14. Describe the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
15. Accept that the patient is a person with important values, goals, and concerns, who lives in a family/community context; and that these factors have a significant effect on the disease process and treatment.
16. Demonstrate tolerance and consideration for the concerns and opinions of others.
17. Recognize the effect characteristics such as culture, age, gender, and disability have on patient care, preferences/perceptions and outcomes.

## **VI. Systems-Based Practice**

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Students are expected to:

1. Operate effectively within health care delivery systems by understanding such issues as financing, quality of care, access and information management systems.
2. Demonstrate an understanding of how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
3. Differentiate among types of medical practice and delivery systems, including methods of controlling health care costs and allocating resources.
4. Identify cost-effective health care and resource allocation that do not compromise quality of care.
5. Advocate for quality patient care.

6. Provide assistance to patients as they navigate through available community resources including physician, other medical and non-medical community resources.
7. Demonstrate the ability to help the patient and family navigate through end-of-life issues such as appropriate use of palliative care, hospice, durable power of attorney for health care, and living will.
8. Identify community health care needs, identify community resources, and develop community-based strategies that decrease risks for disease or injury and promote wellness.
9. Work in interdisciplinary teams with other medical and non-medical service providers.
10. Analyze health care outcomes and barriers to intended outcomes in the context of health care delivery systems.
11. Demonstrate understanding of physicians' responsibilities in reporting events such as notifiable diseases, deaths, births, child abuse, and adverse drug reactions.
12. Identify physicians' roles and responsibilities in the identification and management of events related to bioterrorism and emergency preparedness.

### **Standard on Student Harassment and Abuse**

#### **Standards of Teacher-Learner Relationships**

The University's guarantees of academic freedom presuppose that members of the faculty will act in a professionally responsible manner. The University expects that members of the faculty will be governed by the American Association of University Professors Statement on Professional Ethics (1987) which declares:

*"As teachers, professors encourage the free pursuit of learning in 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 evaluation 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 disciplinary treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom."*

#### **Policy**

Harassment and/or abuse are not acceptable at Mercer University School of Medicine. Such behaviors threaten to destroy the environment of tolerance and mutual respect that must prevail if the School of Medicine is to fulfill its purposes. It is the responsibility of every employee and student in the School community to strive to create an environment free of harassment and abuse. Students have the right to bring grievances against a faculty member, staff member or administrator. Such matters may be academic or personal.

### **Establishment of Grievance Committees**

1. Annually, the Dean will appoint two standing Grievance Committees to receive complaints of harassment or abuse, one for the Macon campus and one for the Savannah campus. The Committees will emphasize mediation and conciliation and will rely on discreet inquiry and persuasion in dealing with complaints brought for its consideration. When a Committee cannot resolve a complaint to the satisfaction of those concerned, it will refer the matter, with its findings and recommendations to the Dean. All members of the School of Medicine community are expected to cooperate fully with the Committees.
2. Each Committee will be composed of five members; three faculty members, one department administrator and a senior medical student. In making appointments to the Committee the Dean will be guided by considerations of continuity, experience and sensitivity to the concerns of students and faculty, and gender, racial, cultural and economic diversity of the student body. After the initial appointments, the Dean will seek the advice of the existing Committee on new appointments. The Dean will serve as advisor to the Committee.
3. The Dean will appoint a chair of the Committee who will convene the Committee, preside over meetings and hearings, assign duties to members and assume those other responsibilities usually delegated to a committee chair.

### **General Procedure**

1. Any student may ask questions about procedures, seek advice, or lodge a complaint to any member of the Committee, the Associate Dean for Student Affairs, the Associate Dean for Academic Affairs, or any faculty member.
2. Before an investigation is made or any process is begun which might lead to recommendations or sanctions, a complainant must identify herself/himself in a signed written complaint that is presented to the committee.
3. Mediation is available, however, if the complainant wishes to (a.) postpone, rather than refuse altogether, to identify herself/himself or (b.) to remain unidentified, yet obtain the Committee's assistance in informing the other person that a problem has been raised concerning the person's conduct.
4. Completely anonymous complaints will not result in any action or record by the Committee.
5. The Committee will be available to consult with the School community on the issue of student harassment/abuse and to assist in education about issues related to this area.
6. The Committee will transmit matters that do not fall within its purview to the Dean for appropriate referral.

### **Procedures for Complaints of Harassment or Abuse**

When the complainant is willing to be identified to the person against whom the complaint is directed, the Committee will proceed in the following manner:

1. After discussion with the complainant, the Committee member who initially receives the complaint will describe the incident to the full Committee without disclosing the identity of the individuals involved. The Committee will convene within two weeks after receiving the written complaint. The Dean will be notified that the complaint has been received.

2. The Committee will decide whether the complaint falls under its purview. If it concludes that the complaint should be considered by the Committee, the persons involved will be identified to the Committee. Any Committee member with a conflict of interest will be required to withdraw from consideration of the complaint.
3. One or more faculty or administration members of the Committee will meet as soon as possible with the person directly involved in the complaint in order to clarify what incidents occurred and views each holds. The person complained against shall be informed of the name of the person making the complaint and the substance of the complaint.
4. These members will report to the full Committee the content of those interviews. The Committee will then determine whether further investigation is warranted.
5. The Committee shall have broad power in its discretion to ask for additional evidence, to conduct personal interviews with the parties and with additional persons, and/or to hold a hearing on the matter. The parties shall be advised before any discussions are held with additional persons. Any hearing shall be conducted in private under informal procedures as determined by the Committee.
6. After completion of its investigation, the Committee will determine whether the accused has engaged in harassment/abuse and, if so, will recommend corrective action. This work should be completed within six weeks following the receipt of the initial written complaint. The Committee may:
  - (a.) find that no harassment or abuse occurred and convey that decision to the parties involved, or,
  - (b.) recommend that the complaint be resolved between the parties and convey that recommendation to the complainant, or,
  - (c.) find that harassment/abuse occurred and refer the matter with specific findings and recommendations for corrective action to the Dean. The committee will inform the Dean of its findings and recommendations. The Dean will inform the Committee of the final disposition of these complaints.
7. If either the complainant or the person complained against is dissatisfied with the Committee's findings or recommendations, that person may meet with the Dean to discuss her/his concerns.

### **Variations**

Steps outlined above may be modified on a case-by-case basis in the resolution of other kinds of complaints or harassment/abuse, as follows:

1. A complaint in which a complainant asks not to be identified until a later date (e.g. until the end of a course) will generally be honored, and the complaint will be held with no action taken until the time requested by the complainant (but in no case longer than 180 days following the alleged incident(s). If the complainant withdraws the complaint before the designated date, no action will be taken and no records concerning the incident(s) will be kept.
2. A complainant may identify herself/himself to a member of the Committee but request to remain unidentified to the person against whom the complaint is made. In such cases, the Committee may advise the accused that a complaint has been made against him/her without identifying the complainant. Further inquiry, investigation or action will normally be curtailed until the complainant is willing to be identified.

### **Resolution of Complaint**

If the Committee is able to mediate a resolution of the complaint to the satisfaction of both the complainant and the person complained against the complaint will not be forwarded beyond the Committee.

1. Complaints not resolved by the Committee will be forwarded to the Dean with written findings, recommendations and any supporting documentation.
2. The Dean will review the Committee's findings, recommendations and documentation and will meet with both parties prior to rendering a decision. The Dean will inform the parties of the decision within two weeks after receiving the recommendations of the Committee.
3. If the corrective action involves disciplinary action or termination of employment, the individual may be entitled to further procedural rights (e.g. under Section 2.054 or 2.11 of the University Faculty Handbook).
4. All proceedings will be kept in confidence by the Committee. The Committee will respect the wishes of the complainant regarding investigation and will not carry a complaint forward without the complainant's permission.
5. No records will be kept of informal discussions between the complainant and Committee members. Records and documentation of formal complaints in the Committee's or Dean's possession will be kept separate from personnel files, although the Dean's decision in a particular case may involve a written warning or reprimand or other action to become a part of a personnel file. Where it is determined that no harassment or abuse has occurred, all records of the complaint shall be destroyed (except a confidential file in the legal counsel's office).
6. The parties immediately involved will be kept informed of the status of the complaint.
7. Any attempt to penalize or harass an individual for initiating an inquiry or complaint will be treated as a separate incident under these procedures.
8. The Committee will submit an annual report to the Dean, with copies to the Director of Personnel and EEO Officer, summarizing the nature of cases and issues considered during the year. From time to time, the committee will consult with the Dean on policy and procedural issues, including progress in education of the School of Medicine community, prevention of harassment/abuse and recommendations for changes in this policy.

Note: For all complaints that relate to the area of sexual harassment, the School of Medicine will adhere to the University Policy Concerning Sexual Harassment which is copied below: Faculty Handbook, Rev. 2007 Page 37 of 76

### **2.14 Policy Prohibiting Sexual Harassment**

The University is committed to maintaining an environment in which the dignity and worth of all members of the institutional community are respected. Sexual harassment harms the environment the University seeks to maintain and is unequivocally prohibited. Moreover, sexual harassment is a form of sex discrimination and violates Federal laws, including Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Sexual harassment may involve the behavior of a person of either sex against a person of the opposite or same sex, when that behavior falls within the following definition.

#### **Definition**

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:

- a. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a course, program, or activity; or
- b. submission to or rejection of such conduct is used as a basis for an academic, employment or placement decision affecting the individual; or
- c. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or educational experience or creates an intimidating, hostile, or offensive environment for working or learning.

### **Examples**

Examples of conduct prohibited by this policy include, but are not limited to:

- a. persistent, unwelcome flirtation, advances or propositions of a sexual nature;
- b. repeated insults, jokes, anecdotes or gestures that are commonly considered by people of a specific sex to be demeaning to that sex;
- c. repeated, unwelcome comments of a sexual nature about an individual's body or clothing or about sexual activity or speculations about previous sexual experience;
- d. unnecessary and unwelcome touching, such as patting, pinching, hugging or repeated brushing against an individual's body;
- e. direct or implied threats that submission to or rejection of requests for sexual favors will affect decisions regarding such matters as an individual's employment, work assignments or status, salary, academic standing, grades, receipt of financial aid, or letters of recommendation; and
- f. unwarranted use of sexually suggestive materials.

A faculty member's choice of teaching techniques, selection of instructional materials, or other conduct through which the faculty member seeks to communicate with students in an instructional setting shall not be prohibited under this policy if the faculty member claims that the conduct is legitimately related to the subject matter of the course, unless the applicable grievance board or hearing committee finds that the faculty member's claim is clearly unreasonable.

### **Responsibilities**

All members of the University community are responsible for ensuring that their conduct does not sexually harass any other member of the University community. This same responsibility extends to employees of third parties doing business with the University or on University premises and to campus visitors.

University administrators and supervisors have the further responsibility of preventing and eliminating sexual harassment within the areas they oversee. If administrators or supervisors know sexual harassment is occurring, receive a complaint of sexual harassment, or obtain other information indicating possible sexual harassment, they must

take immediate steps to ensure the problem is addressed, even if the problem or alleged problem is not within their area of oversight.

### **Counseling, Advice and Informal Resolution**

In many instances, informal discussion and mediation can be useful in resolving perceived instances of sexual harassment. Problems are sometimes easier to resolve when an informal atmosphere encourages people to identify the difficulty, talk it out, and agree on how to deal with it.

Problems, questions and grievances may be discussed with the Equal Opportunity Officer (see Section 2.13 of this Handbook), with the employee's supervisor, or with the supervisor of the person behaving objectionably. The role of the supervisor at this point is to counsel the complainant about sources of further assistance, including the Equal Opportunity Officer and others who may be designated to help resolve the problem informally. Such help may involve coaching the employee in preparation for a conversation with the person causing the problem or assisting the employee in writing a letter to that person describing the offending behavior and requesting that it stop. Alternatively, the employee may ask the Equal Opportunity Officer to meet with the person causing the problem. In other cases, it may be necessary to arrange for a change in work assignment or for a re-evaluation of the employee's work.

Throughout the advising and informal resolution process, the information provided by the complaining employee will ordinarily be held in confidence unless and until the employee agrees that another party or parties must be informed to facilitate a solution. The employee's identity will not be revealed to the person against whom the complaint is made without the consent of the employee.

### **Formal Grievance Procedures**

Any employee who believes he or she has been subjected to sexual harassment may file a formal complaint with the Equal Opportunity officer, either initially or after having sought informal resolution as described above, with the possible outcome of disciplinary action against the accused. The complaint must be in writing, signed by the complainant, and must describe the specific action(s) complained of. A complainant who wishes to pursue a formal complaint must be willing to be identified to the accused. The complaint will be investigated and resolved in accordance with the Grievance Procedure described in Section 2.10. If the accused is a faculty member and the conduct is considered adequate cause for dismissal, the accused will be entitled to invoke the procedures in Section 2.08.

### **Consensual Relationships**

Romantic and sexual relationships between faculty members and students and between supervisors and supervisees do not necessarily involve sexual harassment. However, the powers faculty members exercise in evaluating students' work, awarding grades, providing recommendations and the like will generally constrain a student's actual freedom to choose whether to enter into a romantic or sexual relationship with a faculty member. Supervisees likewise may not feel fully free to reject or end a romantic or sexual relationship with their supervisor.

Therefore, where such a power differential exists, it may be exceedingly difficult to defend against a charge of sexual harassment on the grounds that the relationship was consensual. In internal proceedings, the University generally will be unsympathetic to a

defense based on consent when the facts establish that the accused had the power to affect the complainant's academic or employment status or future prospects.

Even genuinely consensual relationships between faculty members and students and between supervisors and supervisees may be problematic. For example, they may result in favoritism or perceptions of favoritism that adversely affect the learning or work environment. Consensual relationships involving a power differential, therefore, may violate University policy and equal opportunity law.

## **2.15 Policy Prohibiting Other Discriminatory Harassment**

Harassment on the basis of race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion violates the University's equal opportunity policy and/or federal and state law.

### **Definition**

Harassment is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion, or that of his or her relatives, friends or associates, and that:

- a. has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
- b. has the purpose or effect of unreasonably interfering with an individual's work performance; or
- c. otherwise adversely affects an individual's employment opportunities.

### **Examples**

Examples of conduct prohibited by this policy include, but are not limited to:

- a. epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion; and
- b. written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion and that is placed on walls, bulletin boards, or elsewhere on University premises or is circulated in the workplace.

The standard for determining whether conduct relating to race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion is sufficiently severe or pervasive to create a hostile or abusive work environment is whether a reasonable person in the same or similar circumstances would find the conduct intimidating, hostile or abusive. This standard includes consideration of the perspective of persons of the alleged victim's race, color, national origin, disability, veteran status, sex, sexual orientation, age or religion.

The responsibilities of members of the University community to prevent and eliminate harassment on these bases; the procedures for counseling, advice and informal resolution; and formal grievance procedures are the same as those described above under the Policy Prohibiting Sexual Harassment.

### **Disclosure of proceeding results**

In compliance with the Higher Education Opportunity Act, MUSM will be required, upon written request, to disclose to the alleged victim of a crime of violence or a non-forcible

sexual offense, the final results of any institutional disciplinary proceeding dealing with that crime or offense.

**MERCER UNIVERSITY SCHOOL OF MEDICINE**  
**Statement on Institutional Standards of Behavior**

Conduct such as violence, sexual harassment or inappropriate discrimination based on personal characteristics is inherently destructive and will not be tolerated. Other patterns of unacceptable behavior by medical school faculty, staff, residents, or students in this category include habitual demeaning or derogatory comments that are belittling, insensitive, and/or crude; destructive criticism; student humiliation or dehumanization; rejection and alienation.

While the School recognizes the need for effective and constructive feedback/criticism as a part of the learning process, feedback does not have to be demeaning or dehumanizing.

Examples of inappropriate and unacceptable behaviors in the learning environment are:

- Physical punishment or physical threats
- Sexual harassment
- Discrimination based on gender, sexual orientation, age, race, creed, or national origin.
- Hate based language and activities
- Repeated episodes of psychological punishment of a student by a particular superior or equal (e.g. public humiliation, dehumanization, belittlement or derogatory comments, threats, intimidation, rejection, alienation, and removal of privileges)
- Grading or attention used to show favoritism or to punish a student rather than to evaluate objective performance
- Assigning tasks for punishment rather than educational purposes
- Requiring the performance of personal services
- Taking credit for another individual's work
- Intentional lack of communication
- Repeated annoying or humiliating conduct which offends a reasonable person to whom the conduct was obviously directed, including but not limited to, gestures, facial expressions, speech or physical contact or repeated inappropriate telephone or e-mail messages.

In keeping with this statement of standards of behavior, a concerted effort must be made to provide employees and students with an environment free of all forms of mistreatment and harassment. Accusations of violations of this policy are serious and can have far reaching effects on the careers and lives of individuals. Allegations must be made in good faith and not out of malice. Any retaliatory action will be a violation of this policy.

## **MERCER UNIVERSITY SCHOOL OF MEDICINE**

### **Missing Student Policy**

If a member of the MUSM community (faculty, staff, student, parent, alumni) has reason to believe that a student is missing, that community member will refer the case immediately to the Mercer Police Department (478) 301-2970.

Mercer Police will work collaboratively with others to contact and locate the student. All reasonable efforts will be made to locate the student and determine his or her state of health and well-being. The efforts include, but are not limited to: phone call to student, email to student through Mercer email account and other known e-mail addresses, messages through social networking websites if possible, contact with all professors to determine last day of attendance, contact with roommate(s).

If the student is located through these attempts, a determination will be made regarding his or her health and well-being. If necessary, a referral to the Counseling Center, Health Services and other appropriate offices may be made at that time. The Associate Dean of Admissions and Students Affairs or Mercer Police will also encourage the student to contact the community member who initiated the search or follow up with that person directly.

If the student is not located through these measures and has been reported missing for more than 24 hours, then the following actions will be taken within the next 24 hours by Mercer Police.

- (1) Notification will be made (where and when applicable and appropriate) to the Associate Dean of Admissions and Student Affairs, the counseling staff, and health center staff.
- (2) The Police and/or Associate Dean of Admissions and Student Affairs will make contact with the students' emergency contact\* and, for students under 18 years of age, a custodial parent or guardian.

The parent/guardian/emergency contact person may need to submit an official missing person report with the appropriate police agency prior to any further action taking place.

*\*Students are asked to register and continually update emergency contact information on Bear Port. This person(s) will be contacted within 24 hours after the student is determined to be missing unless the student is under 18 years of age, in which case a custodial parent or guardian will be notified as mandated by law.*

### **The Health Insurance Portability and Accountability Act of 1996**

#### **Commonly called "HIPAA Law"**

The HIPAA Law is a regulatory requirement imposed on healthcare organizations and other organizations that hold medical information. The Law is designed to protect

patients' rights and to create the standardization of healthcare information. The Law regarding Healthcare Payment, Treatment, or Healthcare Operations is outlined as the Rules for Administrative Simplification.

The Law became effective in 1996, but the implementation of the Law began in 2002.

The regulations of the HIPAA Law cover the following areas of healthcare:

- Privacy of Health Related Information
- Standardization of Electronic Billing Transactions and Code Sets
- Standardization of Healthcare Identifiers
- Plan
- Employer (Plan Sponsor)
- Provider
- Patient
- Security of Healthcare Facilities and Healthcare Information
- Physical
- Electronic

HIPAA is a regulatory requirement, and Mercer University mandates that all Health activities and Health (Medical) information be in compliance. All employees, staff, faculty, and **students who use, hold or come in contact with Medical information need to be trained in the HIPAA Law and the Mercer HIPAA Policies and Procedures.** The medical school administration coordinates this effort for the School of Medicine.

Any questions about HIPAA or Mercer's HIPAA Policies and Procedures need to be directed to the Mercer HIPAA Privacy Officer, Jim Calhoun.

### **Federal Disclosure Requirements**

Mercer University's Federal Disclosure Requirements are available from the University web site at <http://www.mercer.edu/disclosure>. This report contains the following information:

- Campus Security: Jeanne Clearly Disclosure for Campus Security, campus crime statistics, Campus Sex Crime Prevention Act, and fire safety
- Campus Emergency Procedures
- Drug and Alcohol Policies
- Financial Assistance and Cost of Attendance Information
- Health and Safety Information: immunization and missing persons information
- Institutional Information: accreditation, characteristics of students, degree programs, degree program improvement plans, disability support services, FERPA information, retention and graduation rates, peer-to-peer file sharing, post-graduate employment information, readmission of veterans, transfer of credit, withdrawal procedures, voter registration, and satisfactory progress standards

Paper copies of these reports are available upon request. Please contact the Office of Institutional Effectiveness by mailing inquiries to:

Office of Institutional Effectiveness

Mercer University  
1400 Coleman Avenue  
Macon, GA 31207

## **Policy and Guidelines for Interactions between the Mercer University School of Medicine with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries (“Industry”)**

### **Purpose of Policy:**

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of the Mercer University School of Medicine. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies onsite, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education.

Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the medical school. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution.

### **Statement of Policy:**

It is the policy of the Mercer University School of Medicine that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

### **Scope of Policy:**

This policy incorporates the following types of interactions with industry.

- I. Gifts and compensation
- II. Site access by sales and marketing representatives
- III. Provision of scholarships and other educational funds to students and trainees
- IV. Support for educational and other professional activities
- V. Disclosure of relationships with industry
- VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

### **I. Gifts and Compensation**

A. Personal gifts from industry may not be accepted anywhere at the Mercer University School of Medicine.

1. It is strongly advised that no form of personal gift from industry

be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry (<http://www.ama-assn.org/ama/pub/category/4001.html>).

B. Individuals may not accept gifts or compensation for listening to a sales talk by an industry representative.

C. Individuals may not accept gifts or compensation for prescribing or changing a patient's prescription.

D. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

E. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

## **II. Site Access by Sales and Marketing Representatives**

A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment.

B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:

1. In-service training of hospital personnel for research or clinical equipment or devices already purchased.
2. Evaluation of new purchases of equipment, devices, or related items.

C. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

## **III. Provision of Scholarships and Other Educational Funds to Students and Trainees**

A. Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:

1. The School of Medicine department, program or division selects the student or trainee.

2. The funds are provided to the department, program, or division and not directly to student or trainee.
3. The department, program or division has determined that the funded conference or program has educational merit.
4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support.

B. This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

#### **IV. Support for Educational and Other Professional Activities**

A. Individuals should be aware of the ACCME Standards for Commercial Support. They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both Mercer- sponsored and other events. The Standards are appended to this policy and may be found at <http://www.accme.org/>.

B. All education events sponsored by the Mercer University School of Medicine must be compliant with ACCME Standards for Commercial Support *whether or not CME credit is awarded*.

C. Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially sponsored or run by industry because of the high potential for perceived or real conflict of interest. This provision does not apply to meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.

D. Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:

1. Financial support by industry is fully disclosed by the meeting sponsor.
2. The meeting or lecture content is determined by the speaker and not the industrial sponsor.
3. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
4. The participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
5. The lecturer makes clear that content reflects individual views and not the views of Mercer University School of Medicine.

#### **V. Disclosure of Relationships with Industry**

A. Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.

B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (<http://www.icmje.org/>).

C. Faculty with supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member.

D. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The purchasing unit will decide whether the individual must refuse him/herself from the purchasing decision.

1. This provision excludes indirect ownership such as stock held through mutual funds.

2. The term "immediate family" includes the individual's spouse or domestic partner or dependent children.

E. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (<http://www.accme.org/>).

## **VI. Training of Students, Trainees, and Staff Regarding Potential Conflict of Interest in Interactions with Industry**

A. All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry.

Approved by MUSM Executive Committee, Oct 7, 2008

Approved by MUSM Faculty, April 21, 2009

### **Assessment Activities**

Mercer University School of Medicine, as a component of Mercer University, participates in a university-wide assessment program to measure student progress toward educational goals, to determine academic progress, to improve learning and teaching, and to evaluate institutional effectiveness. Students will be active participants in a variety of

campus-based assessment activities that focus on attitudes, satisfaction and academic achievement. It is through student participation in the assessment process that the university can better understand itself and better serve its constituents.

### **Background Checks**

Clinical training sites have begun to require each medical student to undergo a criminal background check prior to interacting with patients in their teaching facilities. Because the Savannah campus is on hospital grounds, students will be required to have a background check during orientation. It would behoove other entering students to undergo a background check prior to December 1. Checks can be run at the police department in a student's home town or at the Bibb County Police Department. The cost, usually \$15.00, is borne by each student. Positive results must be discussed with the Associate Dean for Admissions and Student Affairs.

Since this bit of personal data is not part of the academic record, the school will be unable to file or store it for a student. Each student will need to keep their personal information where it can be retrieved when requested by a clinical teaching facility.

### **Drug Screens**

Clinical training sites, including both the Macon and Savannah campus, have also begun to require drug screens. These screens are typically done upon arrival and then randomly after that.

### **Student Support Services**

The Office of Student Affairs oversees many of the support services required by students during the course of their undergraduate medical curriculum and is a good location to go with any question you have. These services include:

1. Responsibility for design, development, and implementation of various orientations that occur in each year of the curriculum.
2. Oversee student health compliance in accordance with university policy.
3. Offering a Medical Student Assistant Program – MSAP
4. Serve as clearing house for housing information.
5. Administration of AAMC Matriculation Survey.
6. Administrative supervision of all student groups as listed in the Student Handbook.
7. Oversee student government including the following:
  - a. Student Government Association
  - b. Student Affairs Committee
  - c. Class Officers
  - d. Honor Council
8. Assist students applying for grants and scholarships that require a letter of recommendation from the Associate Dean for Admissions and Student Affairs.
9. Promote leadership development through encouraging student participation in national meetings.
10. Administer Careers in Medicine Program – a four year longitudinal program to increase the level of specialty selection in the student population.
11. Supply support for Big Sibs Program.

12. Supply support for Mapping Your Future (MYF).
13. Serve as contact source for referral and follow-up for students presenting with emotional and academic difficulties.
14. Assist in the following student skills development:
  - a. Test taking skills
  - b. Study skills development
  - c. Vitae preparation
  - d. How to write the “Personal Statement” for residency application
  - e. Preparation for residency and employment interviews.
15. Writing the Medical Student Performance Evaluation Letter for all rising fourth-year students.
16. Present the following seminars for preparation for the fourth-year of medical school:
  - a. How to apply to a residency program
  - b. How to interview for a residency program
  - c. Understanding the Electronic Residency Application Service and the “Match.”
17. Responsible for:
  - a. White Coat Ceremony
  - b. Electronic Residency Application Service (ERAS)
  - c. Match Day
  - d. Honors/Awards Ceremony
  - e. Medical School Graduation
18. Oversee administration of AAMC Graduation Survey.
19. Administer Needle Stick Prevention Program and Needle Stick Survey for graduating seniors.
20. The Dean of Student Affairs serves as ex-officio member of Student Appraisal and Promotions Committee. As such, the Dean of Student Affairs prepares students to meet with these committees and advocates on the student’s behalf.

### **General Student Support Services**

#### **Housing Information**

The Office of Student Affairs maintains a housing list of available apartments/houses and a list of those students who wish to secure roommates. You may contact the office at any time to inquire about housing availability. In addition, new listings are posted on the bulletin boards in the student tutorial area and atrium.

#### **Debt Management**

Understanding debt management is an important part of a medical student’s education. Mandatory workshops are conducted to provide students with information that will help them to plan their finances relative to borrowing and repayment decisions.

Whenever you have suggestions, questions, or concerns, please contact Youvette Hudson, Director, or Mary Scott, Associate Director at 478-301-2853.

**Financial Aid**

Financial Aid is available to students in the form of scholarships and loans to reduce the difference between the cost of an education and the expected family contributions. Mercer University School of Medicine believes that the cost of education should be borne primarily by the student and/or the student's family. Personnel in the MUSM Office of Financial Aid, located in the administrative suite of the Medical School buildings, are available to help students explore possible financial aid resources to meet their individual needs. The Free Application for Federal Student Aid (FAFSA) is required annually for all federal and institutional programs. Detailed information on the various programs can be found in the *Financial Aid Maze*, which can be obtained from the Financial Aid Office (478-301-2853).

**Registrar's Office**

Located in the first floor's Dean's Suite, the Office of the Registrar serves students in various capacities. It is the charge of the Registrar's Office to register all students for classes, verify enrollment status, issue transcripts, and certify students for graduation. Ms. Youvette Hudson serves as Medical School Registrar and is assisted by Ms. Cathy Groce as Registrar Specialist. Ms. Hudson may be reached by calling 478-301-2539.

**Personal Support and Development Services****The Big Sibs Program**

The School of Medicine wants its students to become assimilated into the medical school community. One of the programs geared to accomplish this is the Big Sibs Program. In the Big Sibs Program first-year students are assigned to a second-year student (Big Sib) who will serve as a resource to the student on areas of interest and does so from the unique vantage point of a student's perspective.

**Counseling Services****Academic Support Services**

The Dean of Student Affairs routinely meets with individuals who are concerned with their academic progress. The rigorous medical curriculum is often more than a student expects and may call for new test-taking strategies, study strategies, and better time management. For many students it may be the first time that they experience an academic failure. The Dean of Student Affairs offers both counseling and referral services.

If a student finds that their level of academic difficulty places them before the Student Appraisal and Promotions Committee (SAPC) the Dean of Student Affairs is available to help them prepare their comments for their appearance before the committee and will serve as a student advocate in their absence.

**Mental Health Support Services**

It is not uncommon for students to experience heightened levels of stress, insecurity and in some cases anxiety and depression while attending medical school. Additionally, students may find themselves at risk of abusing alcohol and drugs. Coupled with the

demands of the medical curriculum are life events that occur outside of the classroom. Students may experience a significant breakup or divorce, the illness or death of a loved one, or personal illness. Under such circumstances it is a sign of strength for a person to seek help.

The Associate Dean of Student Affairs can be reached at 478-301-2542 (daytime) or after hours at 478-284-6698. The Assistant Dean of Student Affairs on the Savannah campus can be reached at 912-350-1720. The following additional resources are also available to you:

Counseling and Psychological Services: 478-301-2862

Coliseum Health System Life-Line 800-548-4221

Mercer Health Systems: 478-301-4111

Mercer Psychiatry: 478-301-4033

Family Medicine – Savannah Campus

If you believe you are in need of emergency care, call 911 or report to the nearest hospital emergency room.

### **Substance Abuse**

Mercer University is covered by the Drug-Free Workplace Act of 1988. This act requires all contractors and grantees of federal agencies and all applicants for federal grants or contracts, to verify that a drug-free workplace is being provided.

Federal and State Law make it unlawful to manufacture, distribute, dispense, possess or use a controlled substance (as listed in schedules I through IV, Section 202 of the Controlled Substance Act).

University policy for employees is that illegal possession or use of intoxicants/drugs on University premises is cause for immediate termination. Medical students are held to the same standard regarding the University premises and other premises where the student is present as part of the School's educational program.

In addition, substance abuse and/or unlawful acts of manufacture, distribution, dispensation or possession by students will be viewed as conduct which must be considered on decisions regarding retention as a student or promotion. While non-academic actions, such behaviors may be considered in faculty/administrative judgments related to a student's suitability for the practice of medicine.

The full content of the Drug-Free Workplace and Campus Program can be found at <http://www.mercer.edu/humanresources/DrugFreeProgram.PDF>

Notwithstanding the above, it is recognized that personal involvement in substance abuse is a complex matter. Students who believe they have such problems are urged to seek medical advice and treatment, either on their own or through the Office of the Dean, other School offices, or individual faculty.

The offices of the Dean of Student Affairs and the Associate Dean for Academic Affairs are specific contact points where students can receive information about the evaluation and treatment possibilities both within the School and outside the School.

Information about personal problems with substance abuse shared in a student-initiated request for assistance or shared with a personal therapist, whether a Mercer employee or not, will be treated as confidential information and will not be used in retention and/or promotion decisions.

However, when student academic difficulty, professional and behavioral lapses are identified by the School and where evaluation and treatment are components of a School/student approved plan of action, it is expected that the student will permit the therapist to report whether or not the student is participating in the approved plan. The therapist's judgment will not be sought regarding the student's suitability to practice medicine, nor will completion of a treatment plan or failure to complete a treatment plan be the sole reason for a retention or promotion decision.

### **Leadership Development**

There are numerous opportunities to develop leadership skills at MUSM. Among those include positions on the student council, student interest groups, and community service projects. We encourage students to get involved in the events of the school and take on leadership roles.

### **Participation in National Meetings**

The School of Medicine encourages participation in national meetings through the submission of research projects, poster sessions, sharing in roundtable discussions, etc. Additionally, it is hoped that students will participate in the various extracurricular groups that are affiliated with national organizations. Such groups often provide excellent experience for leadership skill development. National meetings sponsored by these organizations often provide workshops on leadership skills development. Students are discouraged from applying for these opportunities if they are experiencing any form of academic difficulty. Excused absences from required academic programs must be approved in advance by the Associate Dean for Academic Affairs.

### **Career Development**

Only about 20% of students enter medical school knowing what specialty they are going to eventually practice. Choosing that specialty is an exciting part of medical school. There are numerous options to you and it can be both overwhelming and anxiety provoking. Fortunately, the medical school curriculum provides and increasingly close look at many of the specialties as you progress. In addition, you have the following resources to help you make that decision.

### **Careers in Medicine Program**

#### **What is Careers in Medicine?**

Careers in Medicine is a four-phase program designed to assist you in understanding specialty choice options and selecting and applying to a residency program that meets your careers objectives. For many students the idea of choosing a specialty seems far off. Careers in Medicine offers a structured, organized way of thinking about this process; giving students the chance to think systematically about their options. Choosing a medical specialty and developing a vision for your future is an evolutionary process and requires time to thoughtfully digest information about yourself (personal careers assessment), information about career options (career exploration), and a determination of what the best fit is for you.

The Careers in Medicine Program can be found at <http://www.aamc.org/careersinmedicine>. If you are having trouble accessing the site, please contact the Office of Student Affairs.

### **What If I Still Can't Decide?**

For many people a step-by-step approach to making career decisions is difficult to follow. If you're struggling with this approach, talk to the Dean of Student Affairs and work with your clinical advisor. Personal assistance can help you identify other ways of deciding on a specialty or career option.

### **Residency Match**

The Office of Student Affairs provides workshops on the process of applying to residencies throughout the third and fourth year. Additional information on the process can be found in the following locations:

- Careers in Medicine website ([www.aamc.org/careersinmedicine](http://www.aamc.org/careersinmedicine))
- FREIDA website by the AMA ([www.ama-assn.org/ama/pub/category/2997.html](http://www.ama-assn.org/ama/pub/category/2997.html)).
- So you want to be a surgeon - <http://www.facs.org/residencysearch/>
- Electronic Residency Application Service (ERAS) – <http://www.aamc.org/audienceeras.htm>
- National Resident Matching Program (NRMP) – [www.nrmp.org](http://www.nrmp.org)
- Office for Student Affairs
- The Mapping Your Future series

### **The Medical Student Performance Evaluation Letter**

Graduation from medical school is not the completion of a student's education. It is the transition from a general phase to a specialized phase. Eligibility to pass through this transition is granted when the student receives the M.D. degree from an accredited medical school. By conferring a degree, the medical faculty publicly acknowledges that the recipient has met its requirements and is eligible to enter the specialized phase of his or her education as a resident in a graduate medical education program. The degree should signify that the faculty recommends the graduate without reservation.

However, this unreserved recommendation is not sufficient for those who are responsible for selecting residents for the specialized phase of their education. Residency program directors and their selection committees require information about the levels of accomplishment candidates for their programs have achieved during medical school. The transmission of this information is through an instrument termed **The Medical Student Performance Evaluation Letter**. This instrument is not a letter of recommendation; it is a summary letter of evaluation. The introduction is a succinct chronology of student entry and progress through medical school. Pre-matriculation, academic, social or employment background characteristics may be included. Irregular progress and any required remediation should be indicated and explained.

The Medical Student Performance Evaluation Letter is prepared by the Dean of Student Affairs. Students must read and consent to the release of their letters prior to the November 1st deadline.

### **Academic Success Initiative**

It is the Medical School's desire to see that each student has every opportunity to succeed. Important resources in this regard are Faculty Advisors and Academic Counseling Teams (ACT), and case conferences.

#### **Preclinical Faculty Advisor**

1. The Preclinical faculty advisor has the responsibility for monitoring advisees' academic progress. The advisor can play a valuable role in helping students proactively identify and address evolving academic problems before these problems develop into serious academic difficulties. He/she will be available to discuss issues such as group skills and group process, curricular matters, study strategies, academic performance and professionalism issues.
2. The goal of the Preclinical faculty advisor is to foster a collegial helping relationship with their advisees that results in the facilitation of a student's learning and successful BMP progression through the first two years of the curriculum.
3. Each incoming freshman medical student will be assigned an advisor from preclinical faculty who is involved in the Biomedical Problem Program (BMP). A goal of the academic advising system is to prevent a student from falling into academic difficulty through early assessment and intervention. The advisor will serve as resources for information and guidance on academic issues, as well as other issues related to medical education as requested by the student.
4. Students are required to meet with their advisor regularly to discuss their academic performance. Advisors will have access to advisees' academic records for the purposes of academic counseling. The student will have an initial meeting with their advisor during the first week of medical school. Signup sheets for appointment times will be available on the doors of the respective faculty. Other mandatory meetings will occur in the middle of Phase A, beginning of Phase B, in the middle of phase B, and once each phase thereafter.
5. If students fail an examination, they will be required to meet with the individuals assigned to serve on their Academic Counseling Team (see below), as well as the Associate Dean for Admissions and Student Affairs or his designee.
6. Students may initiate a request to be assigned a different faculty advisor at any time upon request through the Associate/Assistant Dean for Admissions and Student Affairs.

#### **Academic Counseling Team (ACT)**

If a student fails an examination an Academic Counseling Team (ACT) will be formed composed of the student's Preclinical advisor and a designee appointed by the advisor. The goal of the ACT is to provide prompt and effective interventions to correct

departures from good academic health. Once a student fails an examination the ACT will follow that student's academic progress for the remainder of the preclinical curriculum.

If a student fails a second examination, a case conference will be held. A case conference is called by the Associate/Assistant Dean for Admissions and Student Affairs and includes: the Preclinical Advisor, the BMP Director and the tutors of the Phases in which the student received the unsatisfactory examinations. The purpose of this conference is to determine if there are any recurring themes (attitudes, behaviors, etc) which may be contributing to the student's difficulty and to develop a specialized recommendation for the student. Subsequent to this conference, the Associate/Assistant Dean for Admissions and Student Affairs will meet with the student and discuss this recommendation.

### **Clinical Advisor**

You will be asked to select a clinical years advisor at the start of Year 3. This advisor will serve to guide and advise you throughout the clinical years of the curriculum. There will be mandatory meetings with your clinical years advisor in year 3 and year 4. You may change clinical advisors upon request to the clinical coordinator. The clinical years advisor system will be explained in detail at the year 3 orientation.

### **Clinical Mentor**

When assigned to a MYF Group, one of the faculty members assigned to lead your group will be a physician. This person will be your clinical mentor for the first two years and may also serve as your Clinical Faculty Mentor through during the 3rd and 4th year as well. The clinical mentor's role includes fostering professional development, elective selection, career guidance, and advice on making your application to residency as competitive as possible. With the aid of your physician MYF leader, students are encouraged to seek out additional clinical mentors from other specific specialties of interest. The clinical years mentor should not be confused with your 'Clinical Advisor', which will be selected at the start of Year 3.

### **Student Health Center**

The Student Health Center is the primary provider of health services for all Mercer students. It is staffed by two registered nurses and one physician who see patients during scheduled clinics. Students are first seen at the Student Health Center, and then are either treated, or scheduled to see the doctor, or referred to Mercer Health Systems or to other providers in the community. If a student is ill or injured when the Student Health Center is closed and treatment cannot be delayed, the student should go to the Emergency Room specified by his/her primary insurance and take his/her primary insurance information with him/her.

Medical services for students on the Savannah Campus are provided through the Family Medicine Center at Memorial Health University Medical Center (MHUMC).

All full-time enrolled students will be afforded the privilege of using the Student Health Center/ Mercer Health Systems/Family Medicine Center.

If you have any questions please address them to the staff of the Student Health Center, Mercer Health Systems or the Student Affairs Office.

## **Insurance**

Due to the continuing need for all students to have adequate health care coverage, **EFFECTIVE FALL 2006**, Mercer University will require our Macon, Atlanta, and Savannah Campus students to provide proof of health insurance coverage each semester. If you do not currently have health insurance, it is imperative that you acquire coverage before the beginning of Fall 2006 semester.

Your student account will be automatically assessed a premium for Fall semester and each semester thereafter. Those students who already have health care coverage through other sources may have this charge removed from their account by following the simple steps below. *Please do not contact Mercer One or the Office of the Bursar, as they cannot remove these charges.*

- Log on to Bearport
- Click on "Student Insurance Verification"
- Complete the form, providing the information regarding current coverage.
- Click on the "Submit/Verify" button to activate the waiver.
- If all fields are completed correctly, your bill will be updated and can be viewed on-line within 24 hours.
- **INSURANCE PREMIUMS ARE NON-REFUNDABLE.**

### **PLEASE NOTE:**

This procedure must be completed **EACH SEMESTER** to remain accurate and effective

## **Health-Related Issues**

### **Immunizations**

Each entering student will have been immunized prior to matriculating using the CDC-approved protocol. After matriculation, each student's immunization status will be reassessed for completion. Students who don't comply with the immunization requirements will be prevented from registering for the next semester. The need for re-immunization or other changes to the protocol will be determined in consultation with an infectious disease physician or the student health physician.

### **TB Tests**

At the beginning of every academic year all students will receive a TB skin test. Students who convert to positive status will receive counseling and treatment if required.

### **Policy on HIV Infected Persons**

The Medical School policy on HIV-infected persons is to protect infected individuals from discrimination, to insure confidentiality of sensitive information, and to protect uninfected individuals from infection, according to the latest scientific knowledge about transmission.

1. The Dean shall appoint a sensitive, knowledgeable faculty member as monitor of risk, education, personnel practices, and clinical care who shall report to the Dean any perceived problems relative to AIDS or HIV-infection. This person shall determine if the institution is meeting the responsibility of informing all personnel of needed measures of personal protection in the workplace. This

- person shall provide information to persons seeking it about the availability of testing and counseling.
2. Any modification of the clinical training or privileges of HIV-infected medical students, residents, or faculty/staff shall be determined in each case individually. The Dean shall appoint an *ad hoc* committee for each case to make recommendations for the particular situation.
  3. No discrimination will be permitted against HIV-infected persons in employment, education, or the use of public facilities. The Dean shall take action to prevent or correct any discrimination.
  4. Information relative to HIV status shall be kept confidential and only persons with a need to know shall have access to such information. Violations of this shall be considered unprofessional conduct and subject to the penalties of such.
  5. No mandatory testing shall be done unless it is clearly necessary to prevent a risk to uninfected persons.

### **Needle Stick Procedure**

#### **Policy Statement**

Initial management of employee or student blood and body fluid exposure occurrences is required to evaluate the risk involved for the individual and to provide an opportunity for prophylactic treatment against HIV, HBV, HCV, and tetanus, as well as to establish baseline serological evaluation in the event that future medical or legal action is required. Medical evaluations, procedures, medications, vaccines, and follow up will be made available at no cost to the individual.

#### **Special Considerations**

**The student should be evaluated by an authorized treating facility immediately after exposure to blood or body fluids to insure appropriate medical management and initiation of any recommended medication, within 4 hours post exposure. In most cases this will be in the Emergency Department of MCCG or MUHS.**

1. Adhere to Needle Stick Policy in effect at hospital/clinic where injury occurred.
2. If injury occurs in physician's office follow protocol for nearest regional hospital/clinic.
3. Discuss treatment options with appropriate physician on call at site.
4. Costs of blood tests and medications will be covered through the Office of Student Affairs. Please forward any bills related to a possible exposure to the Office of Student Affairs.

#### **Students Please Note**

**If you experienced a needlestick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps:**

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

- Report the incident to your supervisor
- Immediately seek medical treatment

Additional information on this issue can be found at the CDC website at: <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf> and if you have questions about appropriate medical treatment for occupational exposures, 24 hour assistance is available from the [Clinicians' Post Exposure Prophylaxis Hotline \(PEpline\)](#) at **1-888-448-4911**

<http://www.ucsf.edu/hivcntr>

### **Medical Liability Insurance**

When students participate in clinical experiences that are required as part of their medical training they will be covered by the School's malpractice insurance policy. This also applies when students participate in a Georgia Board for Physician Workforce Preceptorship between their first and second year of training.

#### **It is imperative that you understand the following:**

Should your personal physician or a community physician invite you to work with him or her during a holiday or scheduled break, **you would not be covered** by the School's malpractice insurance. Should you receive such an offer it would be your responsibility to inform the physician that you would not be covered by the School's policy for that experience. The issue of coverage would then become the responsibility of the physician with whom you would be working.

## **Mercer University School of Medicine**

### **Student Government and Organizations**

#### **STUDENT COUNCIL**

##### **Article I Name**

The name of this organization shall be the Medical Student Council of Mercer University School of Medicine, herein abbreviated SC or signified Student Council.

##### **Article II Duties and Powers**

**Section A** The SC shall study matters of importance to students and submit recommendations expressing the student viewpoint to the faculty and administration of MUSM.

**Section B** The SC shall provide representation for the students of MUSM in matters concerning the student body as a whole.

**Section C** The SC shall work with the faculty and administration to implement the recommendations made to improve the problem areas studied.

**Section D** The SC shall allow any student to appear before it in person to present for consideration any questions of interest.

**Section E** The SC shall manage the funds allocated to the student body of MUSM. Requests from student organizations (in writing) will be considered. The SC shall then submit to the Dean of Student Affairs for approval, a budget request on behalf of the student body and shall administrate the funds therein provided in conjunction with the Office of Student Affairs.

**Section F** The SC shall be responsible for appointments, class officer elections, and committee appointments involving the student body and shall act to insure proper and adequate representation of the student body throughout MUSM.

**Section G** The SC shall recognize groups as MUSM student organizations. Any student organization may apply to the SC for a charter. To receive MUSM funds the SC must charter a student organization.

### **Article III Membership**

**Section A** Each class at MUSM shall be entitled to representation on the SC. Each class will be entitled to 2 voting members per campus of the SC. The Macon class presidents and vice presidents as well as the Savannah presidents and vice presidents will comprise the four voting members for classes at both campus sites. If a class only has students at one site, that class shall have representation consisting of a class president and vice president.

**Section B** The academic year shall begin in July. Each class shall choose its President and Vice President for the academic year beginning in July by the first Monday of May each year, except the freshmen class which shall choose its President and Vice President no later than six weeks after the first day of classes. If any class fails to elect its representatives by that time, the President of the SC shall appoint a representative to serve on the SC until that class elects a representative. Elected class officers will include:

1. First Year Class officers
  - a. Macon and Savannah Class Presidents and Vice-Presidents, Secretary (2 - one per campus), Treasurer (2 - one per campus), Curriculum Committee representative, BMP Committee representative, AIMS Committee representatives (4 - one male and female per campus-elected for a 4 year term (2), Social Coordinators (4 - two per campus), Honor Council-1 year term, and Honor Council-2 year term, and OSR Representative (elected during first year for a 4-year term), and Clinical Skills representative (2 - one per campus).
2. Second Year Class Officers
  - a. Macon and Savannah Class Presidents and Vice-Presidents, Secretary, Treasurer, Curriculum Committee representative, BMP Committee representative, AIMS Committee representatives- elected during first year for a four year term(2), Social Coordinators (2), Honor Council-1 year term, and OSR Representative (elected during first year for a four year term).
3. Third Year Class Officers
  - a. President, Vice-President-Macon, Vice-President-Savannah, Secretary, Treasurer, Curriculum Committee representative, AIMS Committee representatives-elected during first year for a four-year term (2), Social Coordinator-Macon, Social Coordinator-Savannah, Honor Council-1 year term, Honor Council-2 year term, OSR Representative (elected during first year for a four-year term).

#### 4. Fourth-Year Class Officers

- a. President, Vice-President-Macon, Vice-President-Savannah, Secretary, Treasurer, Curriculum Committee representative, AIMS Committee representatives-elected during first year for a four-year term (2), Social Coordinator-Macon, Social Coordinator-Savannah, Honor Council-1 year term, OSR representative (elected during first year for a four-year term).

**Section C** OSR representatives will be filled by the following process. Nominations for the position of Mercer University School of Medicine (MUSM) Organization of Student Representatives (OSR) will be solicited via email from the incoming class no later than 6 weeks after the first day of classes. Interested applicants must submit CV and personal statement to current OSR primary or alternate representatives. Current OSR representatives will review all submissions and present qualified applicants to the Student Council (SC). The SC will vote on and approve one applicant to serve a four-year term as an OSR representative for MUSM. If no nominations are received by the deadline, the SC and current OSR representatives will appoint a student to serve as the OSR Representative. MUSM shall have four OSR representatives, one primary and three alternate representatives. The primary representative shall be the third year representative. The above nomination and approval process will be used to fill any vacancy arising from the MUSM OSR representatives. The selected replacement applicant will serve as an alternate representative. If any representative fails to meet the expectations required by the position, they can be presented by the fellow OSR representatives to the SC and removed from the position by a  $2/3$ 's vote of the SC.

**Section D** Aid for Impaired Medical Students (AIMS) representatives will be filled by the following process. Personal statements of all first year students interested in serving as an AIMS representative will be solicited via email no later than the 5<sup>th</sup> week of classes. The personal statement should include why he or she would like to serve in this position to the designated AIMS representative. These statements would then be compiled into one document and distributed via email by the AIMS committee to the entire first year class before elections. If no personal statements are received by the stated deadline, then the SC and current AIMS committee will appoint a student to serve in this position. Each class shall elect two AIMS representatives to serve a four-year term. The above nomination and approval process will be used to fill any vacancy arising from the AIMS committee. If any representative fails to meet the expectations required by the position, he/she can be presented by the fellow AIMS representative and removed from the position by a  $2/3$ 's vote of the AIMS committee. Any student concerned with the actions of the AIMS committee should present these concerns to any member of the AIMS committee or an SC member who will relay the information to the faculty advisor and members of the AIMS committee.

**Section E** The Dean of Student Affairs or his/her representative shall serve on the SC as a non-voting member.

**Section F** Newly elected members of the SC shall assume their full duties and privileges on June 1 each year.

**Section G** Any representative, in the event of his/her absence, may appoint an alternate from his/her class for the meeting in question. The alternate shall have the power and privileges of the representative he/she replaces.

**Section H** All voting members of the SC will be allowed two unexcused absences from called meetings. Failure to contact the SC President in advance of a meeting automatically constitutes an unexcused absences. Other situations are at the President's discretion. Once these two absences have been exceeded, the SC shall vote at the next meeting on removing that voting member, in which case the class would have to elect someone to fill that position. The member being removed may not rerun for the same position. For committee members, the 2<sup>nd</sup> year representatives shall be contact persons to insure that every committee has at least one member present at each SC meetings. If a committee does not report at a called SC meeting on more than two occasions, the SC shall vote to remove the contact person and have the 2<sup>nd</sup> year class select a new member.

**Section I** Curriculum committee, BMP committee, OSR, and Executive Council Student representatives shall all serve on the SC as non-voting members. One student from each committee must report to the SC at each meeting. All representatives of other committees are strongly encouraged to attend the meetings especially if their committee has met within the month prior to the SC meeting.

#### **Article IV Officers**

**Section A** The officers of the SC shall be President, Vice-President, Treasurer and Secretary.

##### **Section B**

The President of the SC shall be elected no later than the first Monday of May each year and shall be selected from the rising third of fourth-year classes. Voting shall be site specific until each site has one candidate. The SC shall render the final vote between the two candidates. In the event of a tie, the outgoing SC president shall be the tie breaker. If the student that is elected currently holds the position of class president or vice president, the class from which the SC president is elected will hold a special class election presided over by the SC vice president to select a replacement Class Officer for that class.

**Section C** The Vice President, Treasurer and Secretary shall be elected from the voting SC members not already holding an SC position by the SC voting members at its first meeting in June.

**Section D** The SC officers shall serve from June 1 and through May 31 of the following year. If an officer is unable to serve the duration of his/her term, he or she will be replaced by a representative elected from and by his/her class. Any officer considered unsatisfactory may be removed from office by a two-thirds vote of the SC.

**Section E** The duties and powers of the officers are as follows:

1. The President shall:
  - a. Schedule all SC meetings.
  - b. Set the meeting agenda.
  - c. Vote only in the instance of a tie vote. His/her vote shall represent the interests of the entire school and student body, not the interests of the President's class.
  - d. Represent the consensus opinion of the entire SC; he/she shall not represent any single class.
  - e. Preside at all meetings of the SC.

- f. Appoint the chair of all standing and special committees subject to the majority approval of the SC.
  - g. Serve as ex-officio member of all committees and as a resource person for these committees or appoint a delegate to do so.
  - h. Aid in orientation of new members to the SC.
  - i. Act as official representative from the SC to the faculty and administration of MUSM.
  - j. Call a new election for any position of the SC vacated by resignation.
  - k. Present to the SC at its annual meeting of the outgoing and incoming SC a report concerning all issues brought before the SC during the previous year. This report shall include the current state of the SC and its affairs, and all other matters that he/she deems relevant to the current situation. This report shall be filed among the permanent records of the SC.
  - l. Administer the budget in consultation with the Office of Student Affairs.
2. The Vice President shall
- a. Assume the duties and powers of the President in the absence of the President or upon his/her request.
  - b. Oversee annual class elections special class elections and election of SC President no later than May 1st of each year (see Section III B).
3. The Secretary shall:
- a. Keep an accurate record of the proceedings of the meetings of the SC.
  - b. Prepare a list containing pertinent information about each SC member such as: name, address, telephone number, class represented, etc. and distribute this list to all SC members.
  - c. Prepare copies of the minutes of the SC meetings for all members and d distribute via email no later than 3 days following SC meeting.
  - d. Be responsible for maintaining a file of all valuable documents and records of the SC.
  - e. Send out notices to all SC members listing the time, place and agenda of the next meeting.
  - f. Distribute copies of the minutes of the previous meeting to all SC members to all classes via email prior to the next meeting.
  - g. Notify all classes at least one week prior to the SC meeting of the date and time of the meeting in order to allow requests to speak to be approved.
  - h. Email brief summary of SC meeting with minutes attached to entire student body no later than 3 days following SC meeting.
4. The Treasurer shall:
- a. Chair the SC Budget Committee.
  - b. Administer the accounts of the SC.
  - c. Provide information to the student body pertaining to the budget, budget requests, and funds available.

## **Article V Voting**

**Section A** The SC representatives from each class shall have one vote per representative, not to exceed 4 votes per class.

**Section B** A simple majority of the votes cast is required for adoption of all motions, resolutions or other questions requiring a vote, unless otherwise specified herein.

**Section C** A quorum of the SC shall be constituted by at least 50% of the voting members of the Student Council as approved by those present at said meeting.

#### **Article VI Committees**

**Section A** Standing and special committees shall be appointed by the President with the approval of the SC. Members of the committee shall be chosen by the chair of a committee from the student body.

**Section B** There shall be a standing committee for the budget. Its responsibilities shall be to recommend a budget to the SC no later than the first Monday of August of each year. Budget request forms shall be distributed to all student organization chartered by the SC no later than the first Monday of June of each year and shall be returned to the SC no later than the first Monday of July of each year in order to be considered for funding. This committee shall review requests for funds and explanations of the use of previous funds submitted in writing by each student organization. This committee shall verify that the SC has chartered any student organization receiving funds from MUSM. Only those organizations chartered by MUSM SC shall be eligible to receive funding. Current chartered organizations include:

- The Association of American Medical Colleges-Organization of Student Representatives (AAMC-OSR)
- American Medical Association - Medical Student Section (AMA-MSS)
- American Medical Student Association (AMSA)
- American Medical Women's Association (AMWA)
- Christian Medical Association (CMA)
- Military Medical Student Association (MMSA)
- Student National Medical Association (SNMA)
- Student Chapter of the Georgia Rural Health Association
- Student Council
- Emergency Medicine Interest Group
- Family Medicine Interest Group (FMIG)
- Internal Medicine Interest Group
- Pediatrics Interest Group
- Surgery Interest Group
- Anesthesia Interest Group
- Global Health Interest Group

Others may be added as student interest develops.

**Section C** The chair of a standing or special committee may be removed from his/her position as chair at his/her own request, or by a two-thirds vote of the SC.

#### **Article VII Meetings**

**Section A** Meetings of the SC shall be called by the President at his/her discretion, or by any member of the SC. Ten SC meetings shall be held annually. Nine meetings shall be held between the months of August through April. One meeting shall be scheduled during

the summer at the discretion of the SC President in order to finalize the budget for the upcoming year.

**Section B** The President of the SC may declare attendance to any particular meeting mandatory for all SC members.

**Section C** All meetings of the SC shall be conducted according to parliamentary procedure as determined by the members of the SC.

**Section D** All called meetings will consist of the SC members, solely, unless otherwise so designated. Any member of the faculty or student body may be placed on the meeting agenda. Such request(s) should be expressed no later than noon on the day prior to the meeting in writing or via email along with the pertinent agenda item to the Student Council President who will review and accept or deny with written explanation such appointment. Any request that is denied must be presented to the SC at the meeting in question. The decision of the president can be rejected by 2/3<sup>rd</sup>'s vote of the SC.

**Section E** The Student Council President may request the presence of an individual at a designated meeting as may be deemed necessary/ideal. The Student Council President will retain this privilege with the option of a council vote.

**Section F** Each year, in April, the student body will be invited to attend the SC meeting. At this meeting, the President shall present a summary of the Student Council activities over the past year and any other appropriate information regarding the state of the student body at MUSM.

**Section G** The outgoing and incoming SC members shall have a joint meeting in May of each year. The outgoing President shall present a summary of SC activities over the previous year and any unfinished business of the SC. A copy shall be given to the Associate Dean for Admissions and Student Affairs. At this time, outgoing SC members shall no longer vote but may serve as advisors during this transition period.

### **Article VIII By-laws Revisions**

**Section A** An amendment of the by-laws may be proposed by any member of the SC.

**Section B** An amendment must receive (1) a two-thirds vote of the SC and quorum must be present. Following approval by the SC, all amendments will be required to (1) be distributed via email to the entire student body for review (2) student body will be give at least one week to review revisions and submit questions and concerns to SC (3) Questions and concerns will be reviewed by SC and a final draft will be compiled (4) final draft will be presented to student body (5) student body will vote on proposed revisions. In order for a proposed revision to be accepted, a two-thirds vote by ballot from the student body and quorum (2/3rds for the student body) must participate in the ballot process.

**Section C** An amendment to the by-laws becomes effective immediately upon adoption unless otherwise specified by the amendment.

### **MERCER SPONSORED STUDENT ORGANIZATIONS**

MUSM has a wide variety of student organizations that are sponsored by the school. For a current list, please go to the website:

[http://medicine.mercer.edu/Admissions/Student%20Affairs/resources\\_st\\_organ](http://medicine.mercer.edu/Admissions/Student%20Affairs/resources_st_organ)

## **Committees**

### **Student Council/Class Officers**

Each class within the first 6 weeks of the first phase elects a President and Vice President. There are two Vice Presidents selected in the 3<sup>rd</sup> and 4<sup>th</sup> years, one for Savannah Campus and the other for the Macon Campus. The other officers that are selected are Secretary, Treasurer, 1<sup>st</sup> and 2<sup>nd</sup> year honor council, curriculum committee, SGA Rep, OSR Rep and Social Coordinator. Class officers also serve as the Student Council. See Student Council By-laws.

### **Student Affairs Committee**

The Student Affairs Committee is comprised of Class Officers, SC President, and Dean of Student Affairs. This committee meets once each month or once each phase depending on the number and importance of items on the agenda. The purpose of this committee is to bring issues of concern to the attention of the administration as well as serving as a learning resource as upper classmen share information pertinent to underclassmen to know as they progress through the curriculum.

### **Faculty Committees**

There are opportunities for students to participate on various faculty committees. Chairs of committees contact the Student Council, which in turn chooses student representatives. The membership of faculty committees changes each summer, and thus, student representatives are usually requested to serve at the beginning of an academic year.

## **Additional Organizations of Interest**

### **MUSM Book Club**

The MUSM Book Club consists of interested faculty, staff, and students who enjoy literary pursuits for pleasure. The group makes monthly recommendations based upon participant interest. Meetings are held at Mercer University School of Medicine in the Atrium, usually between 6:00 PM -7:00 PM. Depending on group interest, selections include classics, short stories, popular press, and books related to the practice of medicine. Meeting times are scheduled around best times for students. For additional information contact Dr Patrick Roche (301-5359) or Dr. Ananda Weerasuriya (301-2403).

### **Volunteer Activities**

Students are encouraged to participate in activities in the community such as Habitat for Humanity, Macon Volunteer Clinic, Community Health Fairs, Blood and Bone Marrow Drives, and projects with the Ronald McDonald House.

### **Fund-Raising Projects**

All fund raising activities **must be pre-approved** by the Associate Dean for Admissions and Student Affairs. The use of the medical school logos and all drawings for tee shirts, cups, etc., must be approved by the Dean of Student Affairs and the University Public Relations Office. Forms are available in the Student Affairs Office. Items are to be sold to medical students, medical school faculty members and family members only, and must not be sold on the University campus as a whole. Organizations should not solicit funds from local businesses or individuals because such an activity has the potential for interfering with the functions of the University Advancement Office.

### **Student Affairs Travel Policy for Student Organizations**

There are two parts to the process for travel; requesting for authorization to miss a curricular event through the office of academic affairs, and requesting authorization for reimbursement for travel through the student council and the office of student affairs.

Requests to miss class time must be made at least 4 weeks in advance. At the time a request for travel is submitted, a list of students planning to attend a meeting will be given to the Dean of Academic Affairs for approval and to ensure that each student is in good academic standing, before he/she can receive the School's support.

When requesting reimbursement from the Student Government budget for travel, all expense receipts (lodging, food, transportation, and registration) must be kept and turned in to the Office of Student Affairs along with a completed travel expense voucher upon return that is signed by the Treasurer of the Student Council.

Requests for cash advances for student travel must be presented to the Student Affairs Office a **minimum of two weeks** prior to intended travel. Requests received later than the minimum of two weeks **will not be considered**. When receiving a request for a travel advance, the students must complete a travel request form, signed by the student requesting the cash advance, the Treasurer of the Student Council, and the Associate Dean for Academic Affairs, to be reviewed and approved by the Dean of Student Affairs. When receiving advance funds from the Student Government budget for travel, all expense receipts (lodging, food, transportation, and registration) must be kept and turned in to the Office of Student Affairs along with a completed travel expense voucher upon return. Any money not accounted for will be charged to the student who received the cash advance.

The Office of Student Affairs processes the paper work and is responsible for reporting to the Student Council what has been spent. An accounting of funds used by each student organization will be kept and only funds previously allocated will be allowed for a specific organization. Any organization sponsored by Mercer University School of Medicine is authorized to receive funding.

**All expenses must be turned in before June 1<sup>st</sup> for travel that occurs before June 1st or immediately upon return for travel during June. Students incurring expenses**

**prior to July 1<sup>st</sup> and who do not turn them in until after July 1<sup>st</sup> will not be reimbursed.**

### **Organization Registration**

Before a student group can be recognized and use campus facilities, members are required to apply for recognition as an officially sponsored student group of Mercer University School of Medicine. An outline of the structure of the organization including names of officers, bylaws, its purpose, any affiliation with a national organization, and a commitment by the organization to abide by laws and institutional policies must be submitted to the Dean of Student Affairs along with a letter of request to receive official status. Any group that is recognized will be eligible for Student Council funding the subsequent year.

## **STUDENT HONOR CODE AND PROFESSIONAL CONDUCT**

### **Summary**

Decisions to admit or retain a student will be made on the basis of non-academic as well as academic aspects of a student's life. In order to be considered for admission or to be retained, a student must demonstrate the personal traits of honesty, integrity and regard for others. Based on Honor Council and Student Appraisal and Promotions Committee recommendations, any academic or non-academic offense which violates the MUSM Student Honor Code may, at the discretion of the Dean, become part of the student's record and may be grounds for dismissal. When a violation of the Honor Code is observed, the student or faculty observer should make an attempt to resolve the matter through direct confrontation with the student. If violations continue or an individual situation warrants, the violation will be reported to the Honor Council.

### **Introduction**

The monitoring of student honor and professional conduct comes under the aegis of both the students and the faculty. As a result, violations of the Honor Code will be dealt with by the Honor Council. Issues pertaining to professionalism may be referred to the Faculty Committee on Student Professionalism. When a possible infraction is reported to a member of the Honor Council, Dean of Student Affairs or Associate Dean for Academic Affairs, a meeting of the Honor Council President, Dean of Student Affairs, the Associate Dean for Academic Affairs, and the chair of the Student Appraisal and Promotions Committee (SAPC) is held. It is this body that decides whether the student's case will be heard by the Student Honor Council or the faculty Committee on Student Professionalism.

**Student Code of Honor and Professional Conduct**

1. I realize that upon entering medical school, I am beginning my career as a physician and I do so believing that I have sufficient strength of character to enable me to become a licensed, practicing physician of the highest caliber.
2. The health and lives of the persons committed to my charge in the future could depend on my knowledge and skills. Thus, I will strive to develop that knowledge and skill to the best of my ability.
3. I will, both in my behavior and speech, show respect for all patients, their families, the staff and fellow students, regardless of their age, gender, race, national origin, religion, socio-economic status, state of health or handicap, sexual orientation, personal habits and cleanliness. I will aspire to interact with patients, their families and visitors in a courteous and considerate manner.
4. I am committed to the concept that exemplary moral character and a strong sense of personal integrity are an integral part of professional practice. I will endeavor to maintain the highest standards of honor and ethical behavior. I understand that neither personal nor academic dishonesty can be condoned, therefore I pledge myself neither to give nor to receive aid during an individually assigned task or examination, nor to use any information other than that allowed by the faculty. I further pledge that I will endeavor never to participate in any other form of academic or clinical dishonesty nor allow to go unchecked any violation of the Code of Honor. I understand that failure to report an observed violation is a violation on my own part. I recognize that my responsibility to support the Code of Honor parallels the responsibility of the individual physician to maintain the high ethical standards of his profession by persistent efforts to eliminate unethical practices.
5. I recognize the confidentiality of medical records and the fact that these records are official and legal. Under no circumstances will I knowingly record false information or statistics.
6. I will respect the integrity of the patients with whom I deal and the confidential nature of their communications. I will not discuss cases except under appropriate professional or academic circumstances.
7. I recognize that the best physicians are those who communicate well with their patients and are thus able to obtain their confidence and trust. I will therefore maintain standards of ethical and decorous behavior. Since attire is another form of communication between the physician and others, I will maintain a professional appearance, hygiene and demeanor with attire that is appropriate to the patient care setting.
8. I will not participate in patient care under circumstances in which I am under the influence of any substance or other conditions that impair my ability to function. I will come to the aid of a colleague whom I recognize as impaired (substance abuse or emotional disability) and, if necessary, take an active role in preventing the impaired student from being involved in patient care.
9. I will clearly identify my role as a medical student to each patient. I will not undertake any clinical procedure unless I have been judged competent or am supervised by a qualified instructor. I will not attempt to advise, prescribe, or prognosticate for the patient without appropriate consultation. I will accept the responsibility to question plans or directives for patient care when, after careful consideration, I believe such plans not to be in the best interest of the patient.

10. I recognize that I am an important member of the health care team and I will abide by the rules and regulations and Code of Honor in all settings in which I train or work. When given responsibility for some portion of the total care of a patient, I will assume this obligation and follow it through to the full extent of my abilities. If for some reason I am unable to fulfill my obligation, I will promptly notify the physician in charge of the patient and secure a colleague who can and will assume the care of the patient. I will be punctual, reliable, conscientious and truthful in fulfilling clinical responsibilities, never purposely falsifying information or misrepresenting a situation.

## **Honor Code Explanatory Information**

### **Plagiarism and Cheating**

The term “cheating” includes, but is not limited to, the following:

1. Use of any unauthorized assistance in taking quizzes, tests, or examinations;
2. Dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
3. The acquisition, without permission, of tests or other academic material before such material is revealed or distributed by the instructor;
4. The misrepresentation of papers, reports, assignments, or other materials as the product of a student’s sole independent effort, for the purpose of affecting the student’s grade, credit, or status in the university;
5. Failing to abide by the instructions of the proctor concerning test-taking procedures; examples include, but are not limited to, talking, laughing, failing to take a seat assignment, failing to adhere to starting and stopping times, or other disruptive activity;
6. Influencing, or attempting to influence, any university official, faculty member, graduate student, or employee responsible for processing grades, evaluating students, or for maintaining academic records, through the use of bribery, threats, or any other means of coercion in order to affect a student’s grade or evaluation;
7. Any forgery, alteration, unauthorized possession, or misuse of university documents pertaining to academic records. Alteration or misuse of university documents pertaining to academic records by means of computer resources or other equipment also is included within this definition of “cheating.”

It is further considered an infraction of the Honor Code to share test items for the NBME Shelf Exams and USMLE Step Exams with students or proprietary organizations.

### **Computers: Users Guidelines**

The university’s computing and telecommunications facilities are provided for the use of students in fulfilling their needs which relate to the mission of the college. Other usage is not acceptable. Examples of unacceptable usage which are also honor code violations are:

1. Solicitation for charity or other benefits;

2. Activities related to the promotion or running of a personal for-profit venture or other activities unrelated to the provision of an undergraduate education;
3. Using foul or abusive language on the network or any electronic communication;
4. Promoting and sending chain letters;
5. Harassing students or employees at the university or other institutions;
6. Sexual harassment comments directed to another person;
7. Racial comments directed to another person. In a nutshell, usage should be businesslike and appropriate to the college mission. Complaints against any student for violation of the rules will result in immediate revocation of computing and telecommunications privileges. The complaint will then be provided to the student court for disposition and action. Computing and telecommunications privileges will be restored only at the request of the student court or the Dean of Student Affairs.

### **The Mechanism for Handling Violations of the MUSM Code of Honor and Professional Conduct**

- A. If a student is concerned about a fellow student's behavior as outlined in the Honor Code he/she should counsel with the student directly; or request a friend, respected intermediary or Student Council officer to speak with the student; or report the violation to the Honor Council or discuss the matter with the Dean of Student Affairs to help decide what is the appropriate course of action to take.
- B. If an administrator, staff member or faculty member is concerned about a student's behavior as outlined in the Honor Code he/she should counsel with the student directly or bring the matter to the attention of the Honor Council or the Dean of Student Affairs who will discuss the matter with the president of the Honor Council. It is understood that a faculty member may, in extreme cases, summarily request a student who does not meet these standards to leave the group or rounds. The incident should then be reported to the Honor Council.
- C. If, in any case, the Honor Council recommendation is unacceptable to a participant in the case, he/she may appeal to the Student Appraisal and Promotions Committee.

### **The Student Honor Council**

#### **A. Composition, Officers and Their Duties**

1. The Honor Council shall be composed of eight students who shall be elected representatives of each of the four medical school classes and the Dean of Student Affairs who shall serve in an advisory capacity without vote. The members of the Honor Council shall be elected by each class at the time of election of class officers and shall be chosen in the following manner: The freshman class shall elect two members, one for a one year-term and one for a two-year term; the sophomore and junior classes shall elect a single member for a two-year term; and the senior class shall elect one member for a one year term. The Council shall function from the beginning to the end of the academic year for which it is elected. Should any member be required to drop out of the Council for academic

or personal reasons, the class which he/she has represented should elect a replacement as soon as possible.

2. The two-year representative elected by the junior class shall automatically become Chair of the Council during his/her senior year, and the two-year representative elected by the sophomore class shall automatically become vice-chair of the Council during his/her junior year. The two-year representative elected by the freshman class shall automatically become the recorder of the Council during his/her sophomore year.

Officers will thereby have had the experience of having sat on the Council for one year before taking on the duties of their representative offices.

3. When electing their Honor Council representatives, each class should choose students in good academic standing who demonstrate a high degree of responsibility, sound moral character, and mature judgment. Consideration should also be given to the availability of the members.

4. The duties of the Chair of the Council shall be:

- a. To meet with the Dean of Student Affairs, the Associate Dean for Academic Affairs and the Chair of the Student Appraisal and Promotions Committee to ascertain whether a proposed infraction of the Code of Honor and Professionalism by a student should be heard by the Student Honor Council or the Faculty Committee on Student Professionalism.
- b. To meet with the other members of the Council as early in the school year as possible and explain in detail the function of the Council and the duties of its members.
- c. To meet with the officers of the freshman class before their first examination and explain the Honor System.
- d. To arrange a time and place for meetings to be held, and to notify the other members of the Council of such meetings.
- e. To take charge of and conduct all meetings in a timely manner with respect for individual rights and in compliance with procedures outlined in the Student Handbook.
- f. To determine that adequate minutes of the meetings are recorded and that all minutes, all correspondence, and any formal statements received by the Council are kept in proper order.
- g. To be responsible for communications between the Honor Council and the Student Appraisal and Promotions Committee or the Administration of the School of Medicine, and to report to the other members of the Council on resulting matters of importance. Such communications shall include a year-end written report to the Dean to summarize the actions of the Honor Council during the school year without student names.

5. The Vice Chair of the Council shall assume all of the duties of the Chair in his/her absence, or the recorder in his/her absence.

6. The duties of the recorder of the Council shall be:

- a. To take and formally record adequate minutes of every meeting.
- b. To take charge of and record the receipt of all correspondence, any written statements, and all other official papers received by the Council.

- c To file the minutes of the Council meetings and the official papers and documents in proper order in a special Honor Council file in the office of the Dean of Student Affairs.
  - d. To code, using the special coding system, all minutes, papers and documents kept in the Honor Council files to insure anonymity of records.
7. When a representative of the Medical School Faculty is asked to take part in a meeting of the Council, he/she shall not be required to perform any special function, but rather shall be considered to be an advisor only.

### **B. Functions of the Council**

1. The Honor Council shall consider all cases of alleged violations of the Honor Code reported to it.
2. Meetings shall be called by the Chair of the Honor Council when an infraction of the Honor Code is reported. The Chair may also call meetings at any other time for a special purpose. The meeting place shall be an appropriate room within the School of Medicine or affiliate hospital buildings.
3. A quorum shall consist of six of the Council's elected members.
4. The Council shall have the right to call students before it for the purpose of hearing testimony concerning the cases which are reported or referred to it. Students called before the Council are to be notified, in writing, of the meeting and of the nature of the accusation by a member of the Council no less than three school days prior to the meeting time. They shall be called individually and questioned in such a way as to preserve as nearly as possible the anonymity of all persons involved.
5. Reasonably accurate and complete minutes of each meeting are to be recorded and kept in the Honor Council files. Written statements made by a person bringing a charge against a student should also be properly filed. All such documents should be codified to preserve the anonymity of the individual persons.
6. The official and confidential file of the Honor Council shall be kept in a file in the Office of the Dean of Student Affairs. The officers of the Honor Council and the Dean of Students being the only persons having direct access to this file.

### **C. Order and Nature of Proceedings**

1. Having been apprised of a situation requiring the attention of the Honor Council, the Chair shall arrange to have the student or students involved and all others who might contribute information concerning the situation notified, in writing, as to the time and place their presence is requested at a Council meeting. This notification should occur within ten school days after the alleged violation has been reported to the Chair.
2. When the Council has assembled, the Chair shall inform the other members of the nature of the meeting and shall read any written statement or communications received concerning the situation. The Council may then discuss the matter to determine the best approach for its resolution.

3. Witnesses shall be called before the Council individually and with reasonable precautions for privacy. It shall be determined that each individual appearing before the Council is familiar with the rules of the Honor System.
4. Questioning of any persons by the Council members shall be conducted in a dignified manner showing respect for the person being questioned.
5. The accused person or persons shall be advised, in writing, of the nature of the accusation which has been brought before the Council and shall receive copies of all written documents relative to the case prior to the meeting. Should the accused person or persons admit the truth of the accusations they may be requested to write a formal statement regarding the circumstances of the event in question, describing their part in it.
6. Legal counsel is permitted at the hearings as an observer only.
7. If at any point before or during the proceedings of the Council it becomes evident to the Chair that the matter in question might be referred to the Student Appraisal and Promotions Committee, the Chair should seek counsel from the Dean of Student Affairs.
8. When all evidence has been submitted and all testimony heard, the Council shall consider the matter thoroughly and formulate and record its findings and recommendations for disposition of the case.

#### **D. Action of the Council**

1. In every instance the Council shall give written notification to the accused person or persons of its findings concerning the accusations which had been placed before it. All other parties involved in the case will be similarly notified of the Council's final disposition.
2. The Council may take any of the following proposed actions in regard to the cases presented to it.
  - a. Find that the facts do not support the accusations and terminate its concern in the matter.
  - b. Suspend its judgment on the matter because of lack of sufficient or convincing evidence. The Council may choose to notify the accused that his/her actions or behavior are not sufficiently above reproach and may recommend that he/she conduct himself/herself in a more acceptable and professional manner.
  - c. Can recommend action ranging from an official warning to dismissal, and
    - I. Find the accused in violation of the Honor Code and because of the nature of the violation dispose of the case at Council level. The Council may make recommendations to the individual regarding future conduct with respect to the Honor Code. The accused retains the right of appeal to the Student Appraisal and Promotions Committee if he/she does not agree with the findings of the Honor Council.
    - or
    - II. When warranted by the seriousness of the case or the number of different cases against a single individual the Council shall present

its findings on the matter, along with any recommendation for disposition it desires to make, to the Student Appraisal and Promotions Committee for evaluation and appropriate action. This shall be done promptly and in a formal manner and should include any written evidence or statements which are available. Before a case may be referred to the Student Appraisal and Promotions Committee at least six members of the Honor Council must agree that the facts support the accusation. If the Council refers a case to the Student Appraisal and Promotions Committee, the committee shall then be given access, automatically, to all files which the Council may have on the accused, including those concerning past violations. It is expected that the Chair of the Student Appraisal and Promotions Committee will notify the Council Chair of subsequent action which has been taken in making a final disposition of the case.

#### **E. Procedure for Amending and Revising the Honor System**

Amendments to or revision of the Honor System may be recommended by the Honor Council to the Student Appraisal and Promotions Committee. If the Student Appraisal and Promotions Committee approve the modification(s), it will forward the recommendation to the Executive Council for final approval.

#### **Faculty Policy on Student Professionalism**

1. The faculty endorse the concept that it is desirable and feasible to discern and assess any unprofessional behavior on the part of students throughout all four years of the curriculum. It is the proper role of the faculty to assess and to attest to the professionalism and other non-cognitive qualities necessary to function as a competent physician prior to the awarding of the MD degree.
2. Students shall be evaluated by faculty for the presence of basic professional traits and behaviors as part of the written evaluation for each nodal point of the curriculum (e.g., at the end of each phase of the BMP program, after each clerkship in the junior year). The Appendices offer examples of criteria that might assist in identifying students with potential difficulties. In addition, a faculty member may report an incident of unprofessional behavior (examples include but not limited to lying to a faculty member or cheating on an assignment) to the Associate Dean for Academic Affairs (AAD) at any time.
3. Upon receipt of one or more reports judged by the Associate Dean for academic Affairs to warrant concern, the AAD, in consultation with the Dean of Students and the Chair of the Student Professionalism Assessment Committee (SPAC), shall call a meeting of the SPAC to assess the magnitude of the problem, to interview the student, and to discuss the situation. If the SPAC assessment of the incident(s) is that it warrants dismissal, it shall make a recommendation to the Student Appraisal and Promotions Committee (SAPC). If the SAPC's assessment of the incident(s) is that it warrants less than dismissal, it shall devise a remediation and/or monitoring program or both. A written description of its outcome shall be submitted to the AAD's office to document the remediation

and/or monitoring process. The SPAC shall inform the SAPC when a student fails to successfully complete a remediation and/or monitoring program.

4. When the SAPC is notified of a student who has committed an egregious breach of professional behavior or who has failed to successfully complete a remediation/monitoring program, it will review the relevant SPAC records and minutes, interview the student, and make a recommendation which may include dismissal.

5. The composition of the SPAC shall be determined annually by and be answerable to the AAD. The SPAC shall document all its activities appropriately.

6. Nothing in this recommendation shall be construed as interfering with or replacing the function of the Student Honor Council.

### **Description and Core Attributes**

Professionalism in medicine requires the physician to serve the interests of the patient above his or her self-interest. Similarly, professionalism in medical school requires the students to commit to developing, cultivating, and incorporating the attributes of professionalism from the onset of medical school and throughout their careers. The attributes of professionalism include altruism, accountability and professional responsibility, respect, duty, service, integrity, honesty, and social responsibility. As the student is a constant representative of MUSM and the Profession, professionalism attributes must extend beyond the classroom or clinical setting into the community as a whole. The core attributes of professionalism are defined as:

*Altruism is an essential attribute of professionalism. The best interest of patients, rather than self-interest, is the rule.*

*Accountability and Professional Responsibility are required at many levels – with fellow students, faculty, staff, patients, the profession, the community, and society. Sound medical practice and good medical care of patients are the student's and the physician's highest priority. To achieve these goals, the student must maintain internal motivation to place patients' needs and concerns before his or her own. There also must be ever-present motivation for competence and self-improvement, the attainment of high levels of knowledge and skills in the medical field, and the ability to use knowledge and skills appropriately and efficiently. Students must acquire the skills of self-directed learning and the desire to apply these skills throughout their medical careers. Physicians are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession for adhering to medicine's time-honored ethical precepts.*

*Respect: Interpersonal skills must be acquired and expressed, including those of respect for fellow students, faculty, staff, and patients. Respect for colleagues and the profession also includes attendance at activities at which he or she is expected, punctuality, effective communication skills, and appropriate dress. Students shall display courteous behavior and shall respect the dignity, privacy, cultural values, and confidentiality of patients as well as fellow students. Students should demonstrate sensitivity, compassion, respect,*

*empathy, and emotional support to patients, as well as their families and concerned others.*

*Duty is the free acceptance of a commitment to accountability, responsibility, and service to patients, peers, and societal needs. As commitment, it entails being available and responsive when 'on call', accepting inconvenience to meet the needs of one's patients, advocating the best possible care regardless of the ability to pay, seeking active roles in professional organizations, and providing one's skills and expertise for the welfare of the community.*

*Integrity is the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Integrity implies being fair, being truthful, keeping one's word, meeting commitments, and being straightforward.*

*Honesty: Medical students are committed to honesty at all times, including their interactions with patients, their families, other professional colleagues, and peers. Absolute honesty in written notes entered into patients' records and in oral presentation of findings is expected; medical findings are true, complete, and verifiable. This attribute includes the responsibility for reporting dishonesty of others. As with other core values, honesty is not limited to MUSM and its teaching affiliates.*

*Social Responsibility: Societies place physicians in positions of power and authority, with control over patients' and their families' well-being, as well as over their lives. We must always conduct ourselves in a manner worthy of that trust. Medical students must earn the trust. The process of earning trust requires becoming aware of, demonstrating concern for, and being responsive to social ills and other factors which detract from the medical, cultural, spiritual, and emotional health of patients.*

## **Scope of the Program and Educational Methodology**

### **Organization**

The entire 4 year curriculum is taught at both of Mercer's campuses, Macon and Savannah. The curriculum has been organized and designed to support the mission of training physicians to meet the health care needs of rural and other underserved areas of Georgia by insuring a superior medical education, by developing independent, life-long learning skills and by continual practice in the application of medical knowledge to patient problems.

The curriculum in the first two years is designed to facilitate the students' acquisition of fundamental knowledge and skills as well as to develop attitudes appropriate to the practice of community responsive medicine. All element sof the curriculum and testing are identical at both sites.

### **Year I and II**

#### **Biomedical Problems Program**

In this program the basic medical sciences are learned through the study of clinical problems. This occurs in small group tutorial sessions. Groups of six to eight students meet three half-days per week with a tutor from the faculties of the basic or clinical sciences. The tutors are responsible for maintaining positive group dynamics and keeping the discussion relevant and at an appropriate depth. During the tutorials, the students define and discuss the basic and clinical science issues fundamental to the case under consideration. Outside the tutorials, the students study independently and/or in small groups, utilizing appropriate resources from the Library, the [Learning Resources Center](#), and the faculty. For more information download the ['BMP Student Manual'](#).

The student-oriented approach to the study of medicine is interdisciplinary and the array of biomedical problems is carefully chosen to insure that students are challenged to master the basic science concepts requisite to medical practice. Each unit of the curriculum is accompanied by a Study Guide, which includes a list of learning objectives for the unit. These objectives and the suggested references provide a guide for learning.

The first two years are divided into phases for which the basic theme is the molecular, cellular and organ bases for health and disease. First-year phases and their lengths in weeks are: cells & metabolism (6), genetics & development (6), host defense (6), hematology (6), neurology (7), and musculoskeletal (6). For the second year the phases are: brain & behavior (5), cardiology (6), pulmonology (6), gastrointestinal (6), renal (5), endocrinology & biology of reproduction (6).

### **Fundamentals of Clinical Practice Program (FCP)**

The FCP program includes the Clinical Skills course, the Medical Ethics course, and the Community Office Practice course. This program aims to deliver these courses in an integrated manner across the first two years of the curriculum. In the Clinical Skills course students learn the basic skills necessary for interaction with patients. These skills include interview/medical history and physical examination techniques. Students interview and examine "standardized" patients from the Standardized Patient Program. The latter group is comprised of persons who have been trained to portray specific medical problems and behavioral roles, and to give constructive feedback to the students. After learning the basic skills in the Clinical Skills course, students begin to practice their skills through the Community Office Practice (COP) course. The COP Curriculum provides medical students with the opportunity to experience and learn from clinical practice in a community office setting under the supervision of practicing community physicians.

The Medical Ethics course is designed to introduce students to the basic concepts and problems of biomedical ethics. Medical Ethics classes occur during 2-week blocks in the first and second year, augmented by Medical Ethics sessions in the third year clinical clerkships. The course is capped by a Medical Ethics manuscript in the senior year.

## Community Medicine Program

This program is designed to familiarize students with concepts of population-based medicine and the application of these concepts in primary care settings in rural and underserved areas of Georgia. In the first year, students learn about the basic concepts in the **Community Medicine I** phase, a two-week course which focuses on population health issues such as epidemiology, demographics, nonbiological determinants of health, health disparities, cultural competence, family systems and community needs assessment. The students then apply these concepts during a visit to a rural or underserved community-based medical practice during the **Community Medicine Year 1 Visit**. Community physicians serve as mentors as students provide clinical care to patients, complete family assessments and conduct a health needs assessment of the community. During year two, students continue the study of population health, focused on biostatistics and evidence-based medicine during the **Community Medicine II** phase. During the four-week **Community Medicine Year 2 Visit**, the student continues work with the community-based physician preceptor providing clinical care to patients, following up on families previously assessed, and completing a Chronic Disease Management Project. Following the third year clerkships, the students return to the same practice for four weeks to complete their learning in population-based medicine during the **Community Medicine Year 4 Visit**.

### Year III

The Year III Program covers a 48 week period in which students are involved in service-based clerkships at the Mercer Health Systems and affiliated community teaching hospitals – Medical center of Central Georgia in Macon, and Memorial Health University Medical Center in Savannah. The clerkships include a blend of ambulatory and hospital-based patient care to provide the students with a comprehensive clinical experience necessary for a general medical education. The clerkships include [Internal Medicine](#) (12 weeks), [Surgery](#) (8 weeks), [Psychiatry](#) (6 weeks), [Pediatrics](#) (8 weeks), [Family Medicine](#) (8 weeks), and [Obstetrics and Gynecology](#) (6 weeks). Concurrently, there are ongoing seminars in radiology and ethics. A limited number of students elect to complete their Family Medicine clerkship at our affiliated teaching facilities in Albany, Columbus, Morrow, and Rome, Georgia. A Clinical Skills experience is also provided in Year III to provide continuing refinement of patient encounter skills.

### Year IV

The Year IV program includes three 4-week experiences in Community Medicine, and two 4-week selectives in Critical Care, Emergency Medicine or Geriatric Medicine, and 22 weeks of elective experiences, at least 8 weeks of electives must be Mercer-sponsored electives. Unscheduled time is provided for residency interviews. The Year IV program is intended to allow students to round out their clinical training experience while

exploring different specialties as career options. Only 8 weeks in one subspecialty will be credited towards the 22 weeks of elective time needed for graduation. A minimum of 12 weeks of elective courses must have significant patient contact/significant patient care responsibilities. In addition, there is a Medical Ethics paper for senior students that is required, as well as a Clinical Performance Exam.

### **Assessment Activities**

Mercer University School of Medicine, as a component of Mercer University, participates in a university-wide assessment program to measure student progress toward educational goals, to determine academic progress, to improve learning and teaching, and to evaluate institutional effectiveness. Students will be active participants in a variety of assessment activities that focus on attitudes, satisfaction and academic achievement. It is through student participation in the assessment process that the university can better understand itself and better serve its constituents.

### **Academic Performance Standards**

The standards for satisfactory performance in each program will be distributed by the responsible program faculty.

### **Student Academic Status**

The Student Appraisal and Promotions Committee (SAPC) regularly monitors students' progress throughout the curriculum and makes recommendations to the Dean's Office related to students' progress (see "Student Academic Performance Review" in this Handbook). It is expected that students will meet academic performance standards set by the faculty in all of the educational programs. The following guidelines have been issued by the faculty for the SAPC to follow in its assessment of students for promotion and for graduation. Additionally, it is expected that students will adhere to the "Student Code of Honor and Professional Conduct" in this Handbook. Honorable ethics and professional behavior are expected in both the basic science years and the clinical years of medical education. While there are no written guidelines or codes for it, the individual exercise of professional judgment will affect the student's personal performance and the faculty's evaluation of that performance. Each student is personally responsible for making good decisions.

### **Student Appraisal and Promotions Committee (SAPC)**

When the academic standards call for a recommendation of repeating a year or dismissal, the Associate Dean for Academic Affairs shall forward the recommendation to the student. A copy of the recommendation shall also be provided to the Chair of the SAPC and the Associate Dean for Student Affairs.

#### **Year-I**

- A. To be promoted into the Year-II Curriculum, a student must have reached a satisfactory level of performance in the BMP Program.
- B. A recommendation of dismissal shall be made at the time a student fails a fourth MDE.

C. A recommendation to repeat Year-I will be made for any student who, at the end of academic Year I:

1. Has failed to achieve a cumulative MDE average of 65% prior to the beginning of Year-II by remediating individual disciplines; or
2. Has failed 2 MDEs and receives a year-end tutorial grade of 16 or 17; or
3. Has failed 3 MDEs

D. Dismissal at the end of the Year-I Curriculum shall be recommended for a student who:

1. Is unsatisfactory in the BMP program and one other program; or
2. Fails to achieve an overall unremediated MDE average of 61% or higher; or
3. Fails 4 MDEs; or
4. Fails 3 MDEs and receives a year-end tutorial grade of 16 or 17; or
5. Receives a year-end tutorial grade of <16.

## **Year-II**

A. To be promoted into the Year-III Curriculum, a student must have completed all required remediation and must have achieved each of the following prior to entering the Year-III Curriculum: (Year-III curriculum defined as starting on 1<sup>st</sup> day of orientation)

1. A satisfactory grade in all pre-clinical component courses in Fundamentals of Clinical Practice and Community Medicine programs, pending completion of the Year-II Community Science Visit;
2. A satisfactory level of performance in the BMP Program; and
3. A pass on the USMLE STEP 1 Examination

B. A recommendation of dismissal shall be made at the time a student fails a fourth MDE during Year-II.

C. A recommendation to repeat Year-II will be made for any student who, at the end of academic year II:

1. Has failed to achieve a remediated MDE average of 65% or higher prior to the beginning of Year-III by remediating individual disciplines; or
2. Has failed 2 MDEs and receives a year-end tutorial grade of 16 or 17; or
3. Has failed 3 MDEs;

D. Dismissal at the end of the Year-II Curriculum shall be recommended for a student who:

1. Is unsatisfactory in the BMP program and one other program; or
2. Has failed to achieve a cumulative MDE average of 61% or higher; or
3. Fails 4 MDEs; or
4. Fails 3 MDEs and receives a year-end tutorial grade of 16 or 17.
5. Receives a year-end tutorial grade of <16; or
6. Fails to pass the USMLE Step I after three attempts.

## **Repeat Year Rules**

During repeating the Year I or II BMP program, a component of the BMP program is defined as a MDE, or the tutorial year grade.

1. Any student who is repeating the Year-I or II BMP Program and who fails a component that he/she failed during his/her first attempt shall be dismissed.
2. Any student who is repeating the Year-I or II BMP program and who fails any two components during the repeated year shall be dismissed.
3. Any student who is repeating the Year-I or II BMP Program who receives a year-end tutorial grade of <18 shall be dismissed.

### **USMLE Step 1**

A passing score on the USMLE Step 1 Examination, as prescribed by the USMLE, is required for entry into the Year III curriculum. A student who has otherwise satisfactorily completed the Years-I and -II Curricula but who is awaiting notification of current USMLE Step-1 scores may begin the Year-III Curriculum with the contingency that, immediately upon receipt of notification of failure of Step 1, the student will be withdrawn from Year-III without academic credit for any portion of it.

Dismissal from MUSM shall be recommended for any student who fails to pass the USMLE Step I after three attempts.

### **Year-III**

- A. Any student who has been evaluated as unsatisfactory in one Year-III clerkship shall be required to repeat the clerkship.
- B. Any student who has been evaluated as unsatisfactory in two Year-III clerkships shall be required to repeat the Year-III Curriculum.
- C. Any student who has been evaluated unsatisfactory in one Year-III clerkship and has received incompletes for academic performances reasons in two Year-III clerkships shall be required to repeat the Year-III Curriculum.
- D. Dismissal shall be recommended for any student who has been evaluated as unsatisfactory in three clerkships.
- E. Dismissal shall be recommended for any student who has been evaluated as unsatisfactory in the same clerkship twice.
- F. Any student who has failed one Year-III clerkship or has received a grade of incomplete in two Year-III clerkships shall be required to appear before the SAPC. "incomplete" becomes "unsatisfactory" four months following scheduled completion of the core clerkship cycle.

### **Year-IV**

- A. Any student shall be eligible for the required Year-IV Curriculum when:
  1. Any required Year-II Community Medicine remediation has been completed satisfactorily; and
  2. All Year-III core clerkships have been completed satisfactorily or are incomplete. Should a student's incomplete grade become an unsatisfactory grade, the student must withdraw from the Year-IV curriculum and repeat that clerkship.
- B. Any student who has been evaluated as unsatisfactory in a Year-IV required course shall be required to repeat the course.

C. Dismissal shall be recommended for any student who has failed the same required Year-IV course twice.

D. Any student who fails two required Year-IV courses shall be required to repeat the Year-IV Curriculum.

E. A student who receives unsatisfactory grades for all of the required number of weeks for elective/selective clinical experiences shall be recommended for dismissal.

### **Communication of Negative Evaluations, Years-III and -IV**

1. For this policy, a negative evaluation means a report of failing, unsatisfactory, incomplete, or unprofessional performance of a student in or on a component of the Year-III and IV Curriculum for which an evaluation of the student's performance is a standard requirement.

2. The Clerkships or Course Director shall forward the copies of negative evaluations to the Academic Affairs Office, the Year III or IV Program Director, and the Dean of Student Affairs.

3. Negative evaluations shall be filed with the Office of the Dean of Academic Affairs, as is standard for other academic records of student performance in the Years-III and -IV curricula.

4. The Director of the clerkship or course in which the negative evaluation was generated shall discuss the negative evaluation with the student and shall document recommendations for remediation or other improvement.

5. The interpretation and implementation of this policy shall be the responsibility of the Associate Dean for Academic Affairs.

### **USMLE Step 2**

MUSM students are required to achieve a passing score, as defined by the USMLE, on the USMLE Step 2 CK (clinical knowledge) examination as a requirement for successful completion of the curriculum, and thus to be eligible for graduation.

USMLE Step 2 CS (clinical skills) is a clinical skills examination consisting of a multi-station OSCE with standardized patients. MUSM students are required to take the USMLE Step 2 CS examination as a requirement for graduation, and graduates in the class of 2011 and subsequent years are required to pass the Step 2CS exam for graduation.

### **Composite Requirements (6 Year Rule)**

1. A student must complete the program leading to the M.D. degree within six years of initial enrollment as a first-year student at MUSM, inclusive of any leave(s) of absence.

2. A student shall be allowed to repeat only one curriculum year, and a student shall not be allowed to repeat any one curricular year more than one time.

3. A student must meet both the academic and non-academic requirements of Mercer University School of Medicine to be recommended for graduation.

4. With respect to the rule of only one repetition of an academic year (Composite Requirement II), the completion of three or more phases or clerkships shall be considered as being a year.

A student who is satisfactory in all required programs, has passed the USMLE Step 2 Clinical Knowledge examination at the level prescribed by the USMLE Board, has taken the USMLE Step 2 Clinical Skills examination within the six-year limit (Composite Requirement I), and has completed the Clinical Encounters and Clinical Procedures requirements shall be recommended for graduation.

### **Grading and Class Rank**

1. Final course and program evaluations are reported as satisfactory/unsatisfactory and are based on the specific requirements of each course and program.
2. MUSM does not directly report class rank. Relative performance in the clerkships and other components of the curriculum will be reported in the Medical Student Performance Evaluation Letter (Dean's Letter) in accordance with recommended guidelines, combining Macon and Savannah campuses as one class.

### **Special Test Accommodation Policy**

Testing and learning accommodations are available for students who provide appropriate documentation of ADD, ADHD, LD or other relevant diagnoses. Providing such documentation is the responsibility of the student. Students seeking testing and learning accommodations may initiate the process by approaching the Associate Dean for Academic Affairs or Dean of Student Affairs. Testing used as the basis of the diagnosis must have been completed within five years prior to the request for accommodation.

All requests for accommodations should be directed to the Associate Dean for Admissions and Student Affairs who will convene the joint Law School/Medical School Accommodation Committee. This committee is composed of members of the medical school and law school administration and faculty approved by their respective Deans having qualifications to serve in this capacity. Each request for accommodation is handled individually and confidentially. A senior member representing the medical school and the law school jointly chairs the Accommodation Committee. The committee reviews test data, other supporting data and evaluator's recommendations. An action plan is recommended to the Dean's representative for approval and implementation.

USMLE guidelines for test accommodations are a part of but not the sole criteria used by the committee to judge the merit of the request for medical school test accommodations. Any committee recommendation is binding only for the evaluations that are a part of the required curriculum at MUSM. Accommodations granted students with the MUSM curriculum do not assure accommodations on examinations not directly a part of the MUSM programs (for example the USMLE Licensure examinations).

## **STUDENT ACADEMIC PERFORMANCE REVIEW**

At Mercer University School of Medicine, student performance is monitored regularly by the student, the student's faculty advisor, the Student Appraisal and Promotions Committee (SAPC), the Associate Dean for Academic Affairs, and Dean of Student Affairs.

When students receive an unsatisfactory grade on an evaluation (i.e., MDE, clerkship, Community Science project, etc.), they shall schedule, within one week, meetings with their faculty advisor and the Dean of Student Affairs for a review of the student's performance. The purpose of these meetings is (1) to inform students of their academic status; (2) to solicit from the students their perception of the causes of the unsatisfactory evaluation; (3) to recommend to the student potential solutions for avoiding further unsatisfactory performance; and (4) to counsel students appropriately if they may be exercising poor judgment in handling impediments to their studies. The meeting with the Dean of Student Affairs is to determine if issues outside of the classroom are negatively affecting the students' ability to perform at their optimal level. Appropriate interventions and referrals will be made as needed.

### **Right of Appeal**

- A. When notification of a recommendation for dismissal or for repetition of a curricular year has been made by the Associate Dean for Academic Affairs, the student may accept the recommendation or request a hearing by the SAPC by submitting a written request to the Associate Dean for Academic Affairs within 10 working days of receipt of the recommendation.
- B. The hearing shall be conducted under the following rules:
  - 1. The student shall receive written notification at least five working days before the scheduled meeting. This notification itself may be included in the original recommendation for dismissal or for repetition of a curricular year.

2. The student shall be provided with copies of all documentation upon which the recommendation was based.
  3. In hearings on recommendations for dismissal, legal counsel may be present, but only in the capacity of observer.
  4. With the approval of the SAPC Chair, the student may bring witnesses or written statements in support of his/her appeal.
  5. A quorum of the SAPC shall be required for the appeals hearing.
- C. Following the hearing, the SAPC shall prepare a final recommendation and shall send it to the student, the Dean for Academic Affairs and the Dean for Student Affairs.
- D. If the final recommendation is for dismissal, the student shall be dismissed unless he or she appeals to the Dean as provided below (paragraph E). If the SAPC rescinds an original recommendation for dismissal, its final recommendation shall specify an alternative plan, including a time requirement for the student to achieve satisfactory academic status. If the student fails to comply with the alternative plan within the time limit imposed, the SAPC shall recommend dismissal.
- E. A student shall have 10 working days after receipt of the SAPC's final recommendation to file a written request for review by the Dean. If no appeal is filed within 10 working days, the recommendation will be effective as of the date the SAPC made its final recommendation. If an appeal is filed, the Dean shall review the procedures followed and make a decision within 30 calendar days after receipt of the request. The Dean's decision shall be final.

### **Leave of Absence Policies**

MUSM has 5 categories of Leave of Absence:

1. Maternity/Paternity Leave of Absence
2. Child Care and Caregiver's Leave
3. Personal Leave of Absence
4. Medical Leave of Absence
5. Mandatory Medical Leave of Absence

Note: Whenever a student is granted a Leave of Absence and re-entry into MUSM, the SAPC will verify the academic status of the student at the time of re-entry.

### **Maternity / Paternity Leave:**

1. Requesting MPLA.
  - a. Any pregnant medical student has the right to request a medical leave-of-absence if she believes that condition compromises her ability to continue effectively in the curriculum. All such requests must be submitted in writing to the Associate Dean for Academic Affairs (AAD), who will review the request and any supportive materials (see below) and, if appropriate, will grant the leave.
2. Requisites for MPLA for Pregnancy. None.
3. Conditions of Pregnancy related MPLA.
  - a. The AAD will dictate the terms of the MPLA, consistent with standard medical practice. Time taken on MPLA is included in the six years

allowed for completion of the requirements for graduation ("Student Academic Status: Composite Requirements," paragraph I). At the time a medical leave is granted, the AAD must review with the student the academic consequences of the leave as well as the conditions for readmission into the curriculum. A student on MPLA leave is ineligible to attend or to participate in any curricular component or activity.

4. Conditions for Readmission.
  - a. Readmission into medical school following the pregnancy related MPLA must be approved by the AAD and must be requested in writing.

#### **Child Care and Caregiver's Leave:**

1. A student may request family and medical leave for one of the following reasons: for the birth and care of a newborn child; for the placement of a child for adoption or foster care and to care for the newly placed child; to care for the student's spouse, child, parent, grandparent, or other dependent (under age 18 or 18 or older and incapable of self-care because of mental or physical disability) who has a serious health condition. Students desiring to request such leave are required to make the request in writing to the Associate Dean for Academic Affairs. The Academic Affairs Dean may require certification by the attending physician that a serious health condition exists in the affected party. At the time a medical leave is granted, the Associate Dean for Academic Affairs must review with the student the academic consequences of the leave as well as the conditions for readmission into the curriculum. A student on Child Care or Caregivers leave is ineligible to attend or to participate in any curricular component or activity.
2. Readmission into medical school following absence related to family leave must be approved by the AAD and must be requested in writing.

#### **Personal Leave of Absence:**

Any student may request a personal leave of absence. A request must be submitted in writing to the Associate Dean for Academic Affairs requesting the leave. The AAD will review the request with the student and with the Associate Dean for Admissions and Student Affairs. If the AAD and SAD determine that the leave is in the best interest of the student, the leave will be granted with the following provisions:

1. The AAD will determine the length of the leave, not to exceed the last day of the academic year in which the leave was granted.
2. The student will be ineligible to attend or participate in any curricular component.
3. The time accrued on leave will count toward the maximum total time to graduation within 6 years of matriculation at MUSM (6 year rule)
4. The academic record of the student at the time the leave was granted will be in effect at the time readmission is granted
5. The student must review the financial consequences of the leave with the financial aide office.
6. Readmission into medical school following absence related to personal leave must be approved by the AAD and must be requested in writing.

**Medical Leave of Absence:**

Any student may request a medical leave of absence. A request must be submitted in writing to the Associate Dean for Academic Affairs requesting the leave. The request must include supporting documentation as to the basis of the medical condition prompting the request for medical leave. The AAD will review the request with the student and with the Associate Dean for Admissions and Student Affairs. If the AAD and SAD determine that a medical leave is justified, the leave will be granted with the following provisions:

1. The AAD will determine the length of the leave, not to exceed 12 months.
2. The student will be ineligible to attend or participate in any curricular component.
3. The time accrued on leave will count toward the maximum total time to graduation within 6 years of matriculation at MUSM (6 year rule)
4. The academic record of the student at the time the leave was granted will be in effect at the time readmission is granted
5. The student must review the financial consequences of the leave with the financial aid office.

**Readmission following a Medical Leave of Absence:**

1. The student must request reentry to the AAD in writing at least 2 weeks prior to the requested reentry date.
2. The request for reentry must include a statement from the student's physician or health care provider indicating that the student is physically/emotionally ready for reentry.
3. MUSM retains the right to request a second opinion, based on evaluation of the student records and medical records, from an appropriate clinician of the school's choosing. MUSM will bear the cost of this evaluation.

**Mandatory Medical Leave of Absence:**

A student may be placed on a mandatory medical leave if the Dean determines that the student's continuation in the curriculum represents a danger to himself/herself, patients, faculty, staff, or other students. Only the Dean or his/her designee may place a student on mandatory medical leave of absence. The Dean reserves the right to request a complete mental and/or physical evaluation if it is reasonably believed that the student's behavior or health problems warrant such action. Refusal to accept the mental/physical evaluation as recommended by the Dean will be considered grounds for dismissal.

Following completion of the evaluation, the Dean or his designee(s) will review the results of the evaluation, the student's academic and professional record, and the evidence that led to invoking the mandatory medical leave of absence. The Dean will determine the conditions of consideration for readmission to the curriculum. If the student does not agree to meet the conditions for readmission, the student may be encouraged to withdraw or may be dismissed from the school, at the Dean's discretion.

If the student agrees to the terms of readmission, the student may be considered by the Dean for readmission after successful satisfaction of those terms. If appropriate to the terms, written documentation from the student's physicians and counselors may be requested by and reviewed by the Dean to assist him in reaching judgment. If the student

is readmitted to the curriculum, the Dean shall determine the terms for readmission. If the student is not readmitted, the Dean may recommend dismissal, recommend further conditions and terms to be met, or allow the student to withdraw, at the Dean's discretion. The student will be ineligible to attend or participate in any curricular component while on leave. Further, the Dean may require restriction from MUSM facilities, at his/her discretion. The time accrued on leave will count toward the maximum total time to graduation within 6 years of matriculation at MUSM (6 year rule)

The student must review the financial consequences of the leave with the financial aid office. Reentry to the curriculum is not guaranteed following a mandatory medical leave of absence.

### **Policy for Assigning Graduating Class Year for Out-of-Phase Students**

Definition: Out-of-phase students are those students who do not begin a yearly segment of the curriculum on the usual schedule for their class.

A student who enters the Year 3 curriculum on or before the first day of the second half of the Year 3 curriculum shall be assigned to the class that began the Year 3 curriculum in that academic period.

A student who enters the Year 3 curriculum after the first day of the second half of the Year 3 curriculum shall be assigned to the next class year.

### **Aid for the Impaired Medical Student at Mercer (AIMS)**

#### **General Goals of the AIMS Program:**

1. To provide compassionate assistance to impaired students before they are irreversibly harmed
2. To provide help in a way that fully protects the rights of impaired students to receive treatment in strictest confidence
3. To assure that recovered students are able to continue their medical education without stigma or penalty
4. To protect others from the harm that impaired students may cause
5. Prevent future cases of impairment through school-wide interventions

#### **WHY AIMS?**

This program is based on that developed by the University of Tennessee Health Science Center, and much of this document is based on their published program. The University of Tennessee program was the first program of its kind in the country. It was developed to address the issues raised by the recognition that physician impairment, due to alcohol, substance abuse, or mental illness is a significant problem nationwide. Research suggests that 12-14 percent of all practicing physicians are or will become impaired during their careers. A large percentage of these impaired physicians report that the impairment began during their years of medical training. The purpose of the AIMS program is to reduce the number of impaired physicians by identifying, treating and preventing impairments that may begin during training at Mercer University School of Medicine.

## **WHAT IS IMPAIRMENT?**

Many medical students experience medical education as seriously stressful. Most deal with the demands of academic and clinical workload, financial pressures, and changes in lifestyle using healthy coping mechanisms. Occasionally, however, students do not adapt successfully to these stresses and instead begin to engage in potentially harmful coping mechanisms, including the inappropriate use of alcohol and drugs. When these maladaptive coping techniques are relied upon heavily, a student may become impaired. We define an impaired medical student as one whose behavior violates the regulations of Mercer University School of Medicine, or the accepted standards of the medical profession. The behavior violation results from the temporary inability to cope with the stress of medical education, alcohol and/or drug abuse or dependence, or a major psychiatric disorder.

## **THE AIMS PROGRAM AT MUSM**

The AIMS program will be administered by the AIMS Council. The AIMS Council will be made of eight student members and four professional members. Two students from each class are elected by their peers in the winter quarter of their first year, and, ideally, are chosen for their integrity, maturity and discretion. Once elected, these students remain as their class representatives for four years, unless replaced by class vote. The four professional members of the AIMS Council are chosen by the Dean of the School of Medicine. Their selection is based up their expertise in dealing with problems of impairment, as well as their concern for the welfare of medical students. The professional members are not connected in any way with the administration of the School of Medicine, so as to assure the trust and confidence of medical students in the program. One professional Council member is assigned to each medical school class as professional advisor. The AIMS Council is co-chaired by one medical student and one professional member, both being elected by the membership of the Council.

## **ESSENTIAL ELEMENTS OF THE AIMS PROGRAM**

### **Prevention**

We anticipate that some students will continue (as they always have) to recognize that they are coping poorly with stress and seek assistance before impairment occurs. The School of Medicine presently utilizes the structure of the Office of the Dean of Student Affairs to provide resources and facilitate referral for students in such circumstances. We anticipate that both student and professional members of the AIMS Council will augment those resources and provide information and assistance to students in seeking appropriate help when stresses are becoming unmanageable.

### **Assistance to the Impaired Student**

The AIMS Program will have a unique responsibility at Mercer University School of Medicine; that is, where students are identified as impaired by others, but do not seek assistance. In this circumstance the AIMS Program will take responsibility for Identification, Early Intervention, Evaluation, and Monitoring of the impaired student.

### **Identification of Impaired Students**

Research suggests that as many as eight percent of medical students may become impaired during their years of training. Most of these students will not voluntarily seek

help, but their impairment may be detected by classmates, friends, faculty or staff. In this event, the reporting student/faculty member will relate the details of the situation to the appropriate class AIMS representatives. The representatives and professional member will review the facts of the situation to determine the accuracy of the information reported. Based up their review, they will decide that further steps are unnecessary, or that it is appropriate to intervene.

### **Early Intervention**

The Early Intervention process of the AIMS involves meeting with the impaired student to discuss the impairment in a helpful and supportive way. The interview will be conducted by one or both of the class AIMS representatives and an AIMS Council professional member. The purpose of the interview is to bring the student to a recognition that a problem exists, to express a commitment to help, and to explain the evaluation and treatment resources available.

### **Evaluation**

The class advisor and AIMS representatives will assume an advocacy role for the impaired student, and help him/her choose a physician (from a list approved by Council) who will perform an evaluation of the student's condition.

### **Treatment**

The class advisor and AIMS representatives will also assist the impaired student in selecting a treating physician, who will be responsible for the impaired student's treatment until the impairment no longer exists or until further action is taken.

### **Monitoring**

A physician member of the AIMS Council will monitor the progress of the impaired student and will be responsible for ensuring compliance of the student with the treatment process.

### **Cost of Treatment**

A student participating in the AIMS Program may seek treatment from any approved physician. Payment will be met by the students' individual health plan (insurance is required of all students enrolled at Mercer University School of Medicine), and by the Student Health Plan.

For hospital and other residential treatment programs, there may be substantial cost to the student.

### **Families of Impaired Students**

Families can be an important part of a medical student's development into a competent and responsible physician. Students' spouses and families will be integrated into the evaluation and treatment process where indicated, and the costs of treatment addressed appropriately.

### **Failure of Treatment**

In the event that a student is unsuccessful in treatment, the Council will meet to review the case. They may recommend a change in treatment program, especially if the student has been earnest in his/her efforts. If the student has failed to comply with the treatment program, or it appears that recovery continues to be compromised, the Council may decide to inform the Dean of the School of Medicine of the student's situation. This is the only circumstance in which the administration of the school will be aware of the student's involvement in the AIMS program. Final disposition of the case, including dismissal of the student, is a judgment that resides with the Dean of the School of Medicine.

### **Advocacy for the Student**

Where treatment is successful, the AIMS program will vigorously assist the student in assuring that previous impairment will not adversely affect educational and career opportunities. When treatment has interrupted medical studies, the AIMS Program will assist the student in making arrangements for resuming and completing his or her education. The AIMS program will also provide appropriate assurances regarding the student's recovery to educational institutions or employers to whom the student has disclosed his or her previous treatment for impairment.

### **Confidentiality**

The issue of confidentiality is CRUCIAL and of the UTMOST IMPORTANCE. The success of the AIMS program depends on student trust and confidence; a breach of confidentiality would compromise these attitudes, rendering the AIMS program ineffective and important. AIMS is designed to protect both the impaired student, and those who find it necessary to report an impaired colleague or peer. At no time during the treatment process will any uninvolved individual know of a student's impairment. The AIMS Council will review cases by number and anonymously. In an ideal case, only the two student representatives, the faculty advisor, the evaluating and treating physicians, the monitoring physician (member of the AIMS Council) and the chair of the AIMS Council will know the identity of the student in the program.

## **Privacy of Education Records**

### **Student Rights Pertaining to Education Records**

The Family Educational Rights and Privacy Act (FERPA) affords students at Mercer University certain rights with respect to their education records. These rights include:

1. The right to inspect and review a student's education records within 45 days of the day the Office of the Registrar receives a request for access.

The student should submit to the Registrar a written request that identifies the record/s the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the registrar does not maintain the records, the student shall be advised of the correct official at the University to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes is inaccurate.

The student may ask the University to amend a record that he/she believes is inaccurate. The student should write the Registrar, clearly identify the part of the record he/she wants changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the Registrar or other appropriate official, if the record is maintained by another office, will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment.

Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

4. The right of a currently enrolled student to request that his/her "directory information" not be released by Mercer University.

The University at its discretion and without the written consent of the student may release "directory information" which includes the following items: student name, address, telephone number, date and place of birth, academic program, dates of attendance, degrees and honors received, most recent previous institution attended and participation in officially recognized activities and sports. A student request for non-disclosure of the above items must be filed with the Office of the Registrar.

5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Mercer University to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW Washington, DC 20202-4605

### **Use of Student Information**

As part of the ongoing assessment, evaluation and review of the MUSM curriculum, student information is used for evaluation and feedback to improve the educational program and to document student progress. Course evaluations, faculty evaluations, student progress assessment and feedback, surveys, videotaped encounters and group work are included in this process. Data are primarily reported in the aggregate, and individual identification will be protected.

There will be some instances when videotape review will be used to teach interviewing skills and group dynamics. When data are used for documenting and publishing about the curriculum and student outcomes, appropriate institutional review will occur and aggregate data used. If the use of identifying information is needed, appropriate student consent will be obtained.

### **Student Research Scholars Programs**

The Student Research Scholars Program offers research opportunities for students between their first and second years. Students participate with selected faculty members for their summer break. They are matched with a topic and a faculty sponsor. It is

expected that students participate as a member of the faculty research team and learn how to conduct research. Students present their results at the conclusion of the summer and at Research Day. Students receive stipends. Weekly seminars with faculty and students are designed to address how to ask a research question, study design, scientific integrity, the IRB process, etc. Announcements are sent to students on available projects in early spring and students interview with potential research mentors. Other opportunities for research fellowships at the local and national level are also available.

### **Attendance, Attire, Work Hours, and Holidays**

Attendance is expected at all scheduled activities unless otherwise directed by the attending physician or clerkship director. Students are expected to remain on the hospital property during “on-call” periods unless directed otherwise by their attending or clerkship director.

Students are excused from all scheduled activities during MUSM holidays. The holiday period is defined as the **36 hour period** beginning at **6:00 PM** the **day before** the MUSM holiday and ending at 6:00 AM on the morning following the holiday.

### **MUSM Holidays 2009 - 2010**

#### **Religious Observance Policy**

Mercer University is respectful of the religious practices of members of the student body. Students who will be absent from class for religious observances must confer with their instructor(s) regarding the date of the absence at the beginning of each semester or session, or at least two weeks prior to the dates of the absence. The disposition of missed assignments will be arranged between instructor and student. If a mutually satisfactory solution is not reached, the right to establish a reasonable alternative is reserved to the instructor. Students who feel that their academic performance will be compromised by the alternative assignment/examination timetable may ask that the instructor's dean review the instructor's decision.

Labor Day September 7, 2009

Thanksgiving November 26 and November 27, 2009

Christmas Break December 24, 2009 - January 4, 2010

Martin Luther King, Jr Day January 18, 2010

Good Friday April 2, 2010

Memorial Day May 31, 2010

Independence Day July 5, 2010

#### **Student Work Hour Policy**

Medical students must achieve a balance between the time spent in learning activities and the time necessary for adequate rest, self-care, family and personal needs. MUSM has adopted a position that is similar to the ACGME policy for resident work hours.

Specific duty hours are set by the individual clerkships and courses, but duty hours in all clerkships are required to comply with the following policy:

**80 Hour a week rule:** Students will be on duty no more than 80 hours a week averaged over a four week block. This four-week block begins on the first day of the rotation and starts again on the first Monday of the next four-week block. Students will be on duty no more than 88 hours in any one-week. **24 Hour Rule:** Saturday call makes it impossible to guarantee 24 hours off every week. Students should have four 24-hour periods off every 4 weeks and not go more than 2 consecutive weeks without 24 hours off.

**30 Hour Rule:** Students should not be “on call” or involved in-patient care activities for more than 30 consecutive hours. Significant, non-repeating, group educational activities may take place beyond the 30 hours but not for more than 36 total hours. Patient contact and patient care activities are not to exceed 30 consecutive hours.

### **Attire**

Students are expected conform to the policies of the facilities in which they are assigned and to dress professionally and wear white lab coats during clinical rotations and courses, with the following exceptions: **Scrubs** are acceptable attire when approved by the attending during procedurally oriented experiences (i.e. surgery clerkship, obstetrics, and emergency medicine) and after hours when “on call”. Scrubs should not be worn outside the hospital.

**Identification badges** should be visibly worn at all times when on clinical rotations or when on hospital grounds.

### **Getting Ready for Graduation**

1. In the Spring of your graduation year, you will be required to attend an Exit Interview Session given by the Student Financial Planning Office. This session must be attended by all graduates who have received federal loans during medical school. This will be a group session and you will be notified by Student Financial Planning when the session will be held.
2. Graduation Applications will be given out and completed during your Senior Orientation in the Fall of the fourth year.
3. In early spring of your fourth year, you will order your caps, gowns, invitations, and rings. You will be notified by the Registrar’s Office when the Herff Jones representative will be on the Macon and Savannah campuses.
4. Seniors are responsible for making sure that all course evaluations are turned in to their Student Coordinator. Evaluations/grades must be reported to the Registrar in order for transcripts to be completed in a timely manner. All evaluations must be turned in to the Registrar so that you can be cleared for graduation. Mercer One and the MUSM Library will also clear students for graduation. Any outstanding tuition, fees, and parking tickets must be taken care of with Mercer One and Library fees with the MUSM Library (Brenda Dowd) prior to graduation.

### **Participation in graduation ceremony for students with incomplete requirements**

Students who have not completed all requirements for graduation, but can reasonably be expected to meet all requirements prior to December 31<sup>st</sup> of the calendar year, in which

the graduation ceremony for their class occurs, will be allowed to participate in their class graduation ceremony. Actual awarding of the diploma will occur following successful completion of all requirements. Participation in the graduation ceremony does not imply that the degree will be awarded nor that the student has fulfilled all requirements to receive the M.D. degree.

Those students who will not complete graduation requirements prior to December 31<sup>st</sup> of the calendar year in which their assigned class will graduate may elect to participate in the next scheduled graduation ceremony.

### **Clinical Campus Information**

MUSM students are assigned to one of two “home” clinical campuses for their clinical experience – Macon (Medical Center of Central Georgia) and Savannah (Memorial Health University Medical Center). Students may also elect to take their Family Medicine clerkship at our affiliated residency programs in Albany, Columbus, Morrow, and Rome. The “Home” clinical campus is defined as the campus where the student intends to spend the majority of their clinical experience in Year 3. Orientation and administrative services will occur on the “home” campus. When there is availability in curricular components, students are allowed to move between the clinical campuses in Year 3 and Year 4. In addition to the main and affiliated campuses, students may request to complete their senior elective requirements in a wide variety of geographic and clinical settings. Please refer to the Senior Electives Catalogue for the procedures and guidelines governing senior elective selections.

Transfer students are not accepted into the curriculum after the start of Year 3.

### **Student Lounges**

Student lounges are available for MUSM and visiting students on both clinical campuses. Student mailboxes, lockers, mailboxes, televisions, computer access, printing, copying, and FAX are available in the lounges.

The student lounge at MCCG is located on the first floor of the West Tower. The student lounge at MHUMC is located on the first floor behind the outpatient pharmacy.

Keys to the student lounges are distributed at the start of the clinical experience. Personal safety should always be practiced. The student lounge at MCCG is locked between the hours of 4:30 PM and 8:30 AM on weekdays, and at all times on weekends or whenever the student coordinator is not in. The lounge at MHUMC is to be locked at all times. Keys must be returned at the end of the clinical experience in order for grades to be posted.

It is the students’ collective responsibility to keep the lounges clean. General housekeeping is provided, but individuals are responsible for cleaning up after themselves.

Although the lounges are common areas, personal responsibility and respect for others should always be practiced in the lounges. Disruptive behavior, profanity, unprofessional conduct, and any type of harassment in the lounge area will not be tolerated.

**Lockers**

Lockers are available to secure belongings in the lounges at MCCG and MHUMC. Students must provide their own lock. It is strongly recommended that valuables be secured in a locked locker.

**Call rooms**

Call rooms are available at MCCG adjacent to the student lounge. Housekeeping service is provided each afternoon. Personal belongings should not be left in rooms after mid-morning, or housekeeping services may be omitted.

Call rooms are available in the dormitory on the MHUMC campus. The Internal Medicine (4<sup>th</sup> floor) and Obstetrics clerkships (3<sup>rd</sup> floor) provide separate call rooms for students MHUMC. There are also 2 call beds available in the student lounge, which are reserved for students on trauma call.

**Computer Access**

Use of the computer equipment at either clinical campus is subject to the rules governing computer access at MCCG or MHUMC, respectively, and requires signed usage agreements and access codes. Please see the student coordinator at either site for more information and a copy of computer access rules.

**Security**

On-campus security offices are physically located within the MCCG and MHUMC buildings. Security escorts on either campus are available upon request 24 hours/day.

The Mercer University Campus Police Department is located at 1765 Winship Street just behind the Greek Village 478-301-HELP (4357).

**Additional On-Campus Services  
Mercer University Macon Campus**

**Postal Services**

All business transactions (purchase of stamps, etc.) are handled by the University Substation, located in the Connell Student Center on the second floor. It processes both regular U.S. mail as well as campus mail. The Post Office is open from 9:00 a.m. - 1:30 p.m. and 2:00 p.m. - 5:30 p.m. Monday through Friday, and from 9:00 a.m. to noon on Saturday.

MUSM - Each first and second year medical student is assigned a P.O. Box located in the Atrium in the School of Medicine. An outgoing mail basket is also provided in the Atrium. A sample address for a student is:

**U.S. POSTAL SERVICE IN-SCHOOL**

Ms. Stephanie Student  
MUSM Student Box 00  
1550 College Street (Local)

Macon, GA 31207

Mail addressed to junior and senior students at the Memorial Health University Medical Center in Savannah should be sent to:

Mr. Richard Student  
 Memorial Health University Medical Center  
 Mercer Medical Education  
 P.O. Box 23089 Savannah, GA 31403-3089

Mr. Richard Student  
 Box #30  
 MCCG West Towers

This mail should be placed in the container provided for daily courier service to MCCG. If, as in the case of sophomore students, and some junior students, who will be away from MUSM for an extended length of time for study time, etc., it is **your responsibility** to give your new address to departments from which you intend to receive mail during your absence. The Office of Admissions and Student Affairs must also be notified. Your new/temporary address will then be given to the mail clerk who will forward only **FIRST CLASS** mail to you. It is *strongly* recommended that newspapers, magazines, periodicals be given your **home address for processing**.

**It is of utmost importance** that you keep your mail box locked at all times. Open mail boxes not only cause mail to fall out, it also offers access to **anyone** who may be visiting the building which could result in loss of important information.

### **Email Services**

Upon matriculation, students are assigned an email address. **Students are expected to check their email on a daily basis.**

### **Athletic/Sports Facilities**

MUSM students have access to the new University Center. The University Center is the most ambitious project undertaken by the University in the last decade. The facility has a coffee shop, food court, indoor track, indoor pool, weight room, cardiovascular room, varsity athletic team rooms, Trustees' Dining room, President's Dining Room, Heritage Hall, and a 3,500-seat area. Students also have access to 3 playing fields, a soccer field, lighted tennis courts, 4 racquetball/handball courts, men's and women's health club with exercise room and an outdoor Olympic size pool. A fee is charged for the use of the pool. Students will be asked to show proper identification when using facilities.

Students on the Savannah campus may join the MHUMC health facility, located on the Savannah campus, for a reduced rate.

### **Check Cashing Service**

A check cashing service is provided at Mercer One in Ryals Hall with a \$75.00 limit on all personal checks. Students must present a current I.D. card when cashing checks. Insufficient funds checks will result in the loss of check cashing privileges at all University locations.

### **Books and Supplies**

The College Store stocks textbooks and supplies. Store hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. and Saturday, 9:00 a.m. to 12:00 noon. If a medical book is not available in the College Store, the store will order it from Major's Bookstore, Atlanta. Delivery time is in the range of two to three days.

### **Food Services**

Medical students have the option of purchasing a meal ticket through the Mercer University Cafeteria located in the Connell Student Center on the College of Liberal Arts campus. Several plans are available and can be discussed by contacting the Food Management Services Director at extension 2925.

### **Mercer ID'S**

All School of Medicine Students are *required* to have Mercer University Identification Cards. They may be obtained at the Auxiliary Services Building on-campus during the hours of 9:00 a.m. to 3:00 p.m. Cards will be issued as a part of orientation free of charge. Lost cards must be replaced by the individual at a cost of **\$25.00**.

ID badges issues by MCCG or MHUMC are required to be worn at all times on either the Macon or Savannah clinical campuses *and* when participating in learning activities at other locations. The ID badge must be issued by the clinical campus at which the activity is taking place (i.e., a MCCG badge is not acceptable at MHUMC).

### **Pagers**

Pagers are provided for students on either clinical campus through the student coordinators office on that campus. Junior students are expected to have their pager turned on and respond to pages promptly during assigned duty hours on weekdays, and during assigned call periods at night and on weekends.

Senior students are expected to have their pagers turned on and respond promptly to pages during assigned duty hours on clinical experiences, and from 8:30 AM to 5:00 PM except when on vacation or on rotations out of pager range.

### **Parking**

The designated parking area for students at MCCG is the top floor of the "Green" parking deck located on Hemlock Street across from the main hospital entrance. Parking on other floors of the Green deck is permitted on a limited basis only if the top floor is full. Parking stickers are required and are issued through MCCG security. The medical student coordinator can provide the proper forms and assistance.

Parking is permitted at MHUMC in any employee-designated parking area. Parking stickers are required and are issued through MHUMC security. The medical student coordinator can provide the proper forms and assistance.

All motor vehicles driven on the Mercer University main campus must be registered with the University to aid in proper identification. Parking regulations on the city streets surrounding the campus are strictly enforced by the Macon Police Department while the Campus Police Department imposes only those traffic regulations which are necessary to the function of the University and the safety of the members of its community. Students

are required to register their vehicles annually during fall class registration. Students must park only in designated lots according to their parking sticker and in clearly defined parking spaces.

### **Security**

The Campus Police Department is located at 1765 Winship Street just behind the Greek Village. In addition to maintaining campus security, the Campus Police Department also acts as the University Lost and Found Department. Our concern for security has heightened due to a number of thefts and to general perception of vulnerability. In the course of proposing general security measures, we have considered the safety and security of the anatomy lab. “To strengthen both the safety and the security of students’ use of the Anatomy Lab, MUSM strongly recommends that students never enter or work singly in that facility, especially after regular working hours.” Campus Police are available to escort you to and from your car at anytime.

**Any disturbances located in or around the medical education building should be reported promptly by calling the Campus Police at 301-2970.**

### **School of Medicine Directory**

#### **Dean's Office**

William Bina, M.D. M.P.H., Interim Dean..... 478-301-5570  
Elaine Pergerson, Administrative Assistant..... 478-301-5570

#### **Academic Affairs Deans**

Robert Donner, M.D., Associate Dean for Academic Affairs ..... 478-301-2512  
Regina DeCapite, Academic Program Support Specialist..... 478-301-2512  
Tina Thompson, Ph.D., Associate Dean for Academic Affairs - Savannah. .... 912-350-1721  
Administrative Assistant to Dr. Thompson-Ms Phyllis Braly..... 912-350-0392  
Dr. Tina Thompson - BMP Director ..... 912-350-1721  
Dr. Jerry Tift - Assistant BMP Director.....478-301-2405

#### **Admissions and Student Affairs**

Maurice Clifton, MD, MSED, Associate Dean for Admissions and Student Affairs  
..... 478-301-2542  
Sam Murray, MD, Assistant Dean for Admissions and Student Affairs – Savannah  
.....912-350-1720  
Mary Putnam, Assistant Director, Admissions and Student Affairs ..... 478-301-2542  
Gail Coleman, Enrollment Specialist..... 478-301-2524  
Robin Robinson, Student Affairs Specialist ..... 478-301-2524  
Leslie Snellman, Admissions Recruiter.....478-301-5425

#### **Academic Records - Macon**

Pat Judd, Academic Records Associate ..... 478-301-4108  
Renee Thigpen, Academic Records Associate ..... 478-301-4109

#### **Academic Records - Savannah**

David Tomblin, Academic Records Associate ..... 912-350-1716



**MHUMC Beeper System**

In-Hospital ..... X122 then  
enter beeper number

Out-of-Hospital ..... 912-350-8434  
then enter beeper number

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