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**Mission Statement**
To educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia

We believe that the best medical schools are socially responsible, focusing on the needs of their communities and regions. Therefore, we select and educate medical students who are most likely to practice in medical specialties in short supply in the State of Georgia. These include primary care and a variety of other specialties. We also select and educate students who are most likely to practice in locations in Georgia with shortages of physicians. Most of these are in rural areas, while some are in more metropolitan areas.

- The best medical schools focus on the needs of their communities and regions.
- Georgia has a significant shortage of physicians.
- These include primary care physicians and physicians in important non-primary-care specialties.
- Georgia has many medically underserved areas and populations.
- Most medically underserved areas in Georgia are rural, while some are metropolitan.
- Medically underserved areas may need physicians in specialties in which there is not a statewide shortage.

At Mercer University School of Medicine we train the kinds of physicians and health care professionals that Georgia most needs who will practice in the areas where Georgia most needs them.

**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.

**Core Values**
**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 towards the betterment of our community
Vision Statement
To be a recognized leader in educating primary care, rural and community-based health professionals by:

- Improving access to quality health care for Georgia residents.
- Enhancing the health status of Georgia residents.
- Providing an outstanding medical and health science education in an environment that emphasizes professionalism, achievement, discovery, diversity, and inclusion.

Approved by the Executive Council on December 9, 2014

Diversity Statement
Mercer University School of Medicine is privileged to be located in Georgia, a state with a unique, diverse, and evolving heritage. Mercer is committed to serving Georgia by educating physicians and other healthcare professionals to meet the healthcare needs of the state’s medically underserved.

Mercer University School of Medicine believes that an environment of inclusiveness, equal opportunity, acceptance, and respect for the similarities and differences in our community is essential for excellence in the fulfillment of our mission. An atmosphere where differences are valued leads to the training of a culturally competent healthcare workforce qualified to meet the needs of the varied populations of our state and enhances the development of professionalism in our students. Further, we believe that institutional diversity fuels the scholarly advancement of knowledge in an atmosphere of free inquiry and expression.

The School of Medicine adopts a definition of diversity that embraces race, ethnicity, gender and gender identity, religion, sexual orientation, social and cultural attributes, rural or metropolitan background, and disability. The definition of diversity also includes life experiences, record of service and employment, and other talents and personal attributes that can enhance the scholarly and learning environment.

The School of Medicine seeks to attain a diverse learning environment through the recruitment, enrollment, hiring, and retention/graduation of students, faculty, staff, and leadership who meet this definition of diversity. We also seek to deliberately and thoughtfully utilize the benefits of diversity in our interactive, team-based educational programs.

Approved by the Executive Council on December 4, 2012
Students must read the MUSM Student Handbook and acknowledge their understanding of its contents prior to beginning classes at the School of Medicine*.

The Mercer University Student Handbook, the School of Medicine Student Handbook, and the Program Handbooks set forth the major policies and procedures affecting students. Because the University is a dynamic institution, changes are inevitable. This handbook will be revised as new policies and procedures are adopted. The latest edition will supersede all former editions unless stated otherwise in the text. A majority of student policies and resources can be found in the Mercer University Student Handbook and the University Catalog found at www.mercer.edu/provost. The School of Medicine has additional information and policies that pertain to specific student populations that can be found in the SOM Student Handbook and the Program Handbooks also found at www.mercer.edu/provost. These resources, when taken as a whole, provide students with a basic understanding of the rights and responsibilities of Mercer students.

Students are encouraged to review these documents and to contact the Office of Student Affairs on their campus if they have any questions. Online copies will contain the most up to date versions of policies and supersede any printed copies should any discrepancies exist. These documents may be provided in an alternative format upon request. The provisions of the Mercer University Student Handbook supersede collegiate and campus policies and procedures.

Wherever the University has chosen to adopt policies and principles similar to or incorporating portions of statements of the American Association of University Professors or other external bodies, the University reserves the right to interpret such policies or principles for itself and is not bound by external interpretations.

All provisions, regulations, degree programs, and course listings in effect when the Student Handbook went to press and/or are posted on the website 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.

The Mercer University School of Medicine is a Member of the Association of American Medical Colleges with full 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.

*A copy of the acknowledgement form will be provided to each student upon matriculation to the School of Medicine.
MERCER UNIVERSITY
SCHOOL OF MEDICINE
Receipt of Student Handbook and Program Handbook Form

I, the undersigned, am in receipt of the Mercer University School of Medicine Student Handbook and will abide by the policies and procedures provided therein.

I further acknowledge that each program of the School of Medicine will have policies and curricular expectations described in the Program Handbook and I further agree to abide by the policies and procedures provided therein.

__________________________________________________________________________
Print Name

__________________________________________________________________________
Signature                                      Date
# Table of Contents

## General Information
- Athletic/Sports Facilities ........................................................................................................... 9
- Books and Supplies ....................................................................................................................... 9
- Clinical Campus Information ........................................................................................................ 9
- Email Services .............................................................................................................................. 10
- Housing Information .................................................................................................................... 11
- Library and Learning Resource Services .................................................................................... 11
- MUSM Administration and Community Directory ..................................................................... 12
- Pagers ........................................................................................................................................ 14
- Parking ....................................................................................................................................... 14
- Security ....................................................................................................................................... 15

## University-Wide Policies
- Community of Respect ................................................................................................................. 16
- Conduct, Student Conduct, and Judicial Programs ...................................................................... 17
- Drug and Alcohol Policy ............................................................................................................. 18

## School-Wide Policies
- Conflict of Interest Policy ............................................................................................................ 19
- Dress Code and Identification Badges .......................................................................................... 23
- Health Care Policies .................................................................................................................... 24
- Health Insurance Portability and Accountability Act .................................................................... 25
- Holidays 2016-2017, School of Medicine .................................................................................. 26
- Immunization and TB Testing Requirements ................................................................................ 26
- Satisfactory Academic Progress for Financial Aid Policy ............................................................ 28
- Testing Accommodations Policy .................................................................................................. 32

## MD Program Policies
- Attendance Policies and Participation in National Meetings ......................................................... 34
- Criminal Background Check Policy ............................................................................................. 35
- Leave of Absence Policies ........................................................................................................... 35
- Management of Infectious and Environmental Hazard Exposures ............................................. 38
- Medical Student Honor System .................................................................................................. 45
- Student Professionalism Committee ............................................................................................ 50
- Technical Standards for Medical School Admission .................................................................. 51
- Urine Drug Screen Policy ............................................................................................................. 53
- Use of Student Information .......................................................................................................... 55
- Work Hour Rules .......................................................................................................................... 55

## MD Program Curriculum
- Curriculum Principles .................................................................................................................. 56
- Medical Student Competencies .................................................................................................. 57
- Laptop Requirements ................................................................................................................... 60
- Biomedical Problems Program .................................................................................................. 60
- Remediation Policy .................................................................................................................... 61
- Population Health or Community Medicine Program ............................................................... 62
Year III.................................................................................................................................................. 62
Year IV.................................................................................................................................................. 63
Accelerated Track in Family Medicine or Internal Medicine.............................................................. 63
Academic Performance Standards........................................................................................................ 65
Student Appraisal and Promotions Committee and Student Academic Status.............................. 65
Grading and Class Rank ........................................................................................................................ 69
Student Academic Performance Review.............................................................................................. 69
Right of Appeal.................................................................................................................................... 69
Graduation Requirements..................................................................................................................... 70
Policy for Assigning Graduating Class Year for Out-of-Phase Students ........................................... 70
Participation in Graduation Ceremony for Students with Incomplete Requirements ..................... 71

**Student Support Services**

Academic Success Initiative .................................................................................................................. 72
Academic Support Services ................................................................................................................ 73
Aid for the Impaired Medical Student at Mercer (AIMS) ................................................................ 73
Big Sibs Program ................................................................................................................................... 77
Career Counseling Services ................................................................................................................ 77
Debt Management ............................................................................................................................... 83
Financial Aid....................................................................................................................................... 83
Health and Wellness ............................................................................................................................ 83
Insurance Coverage ............................................................................................................................. 83
Mental Health Support Services .......................................................................................................... 84
Mercer Sponsored Student Organizations .......................................................................................... 85
Registrar’s Office ................................................................................................................................. 86
Student Government and Organizations ............................................................................................ 87
Student Health Services Program ...................................................................................................... 93
General Information
Athletic/Sports Facilities

**Macon** - MUSM students on the Macon Campus have access to the University Center. The facility has a coffee shop, food court, indoor track, indoor pool, weight room, cardiovascular room, varsity athletic team rooms, the Trustees' Dining Room, the Presidents' Dining Room, Heritage Hall, and a 3,500-seat arena. In addition, students have access to intramural athletic fields and an outdoor pool, and equipment is available for check out. Students will be asked to show proper identification when using facilities.

**Savannah** - Students on the Savannah campus may join the MUMC health facility, located on the Savannah Campus. The facility features treadmills, elliptical trainers, exercise bicycles as well as multiple exercise machines and free weights. It is staffed by athletic trainers. There is no fee for MUSM students.

**Columbus** - Students on the Columbus campus may utilize the health facility located at the Bradley Center for no charge. The facility features treadmills, elliptical trainers, exercise bicycles, free weights, and weight machines.

Books and Supplies
The College Store (physically located on the Macon Campus with convenient internet access at all sites) stocks textbooks and supplies. Store hours are Monday through Thursday from 10:00 a.m. to 5:30 p.m. and Friday, 10:00 a.m. to 4:30 p.m., as well as Saturday 10:00 a.m. until 1:00 p.m. If a medical book is not available in the College Store, the store's management will order it from Major's Bookstore in Atlanta. Delivery time is in the range of two to three days. Books and supplies can be ordered online through various vendors.

Clinical Campus Information
MUSM students are assigned to one of three clinical campuses for their clinical experience:

- **Macon** - Navicent Health, formerly the Medical Center of Central Georgia
- **Savannah** - Memorial University Medical Center
- **Columbus** - Midtown Medical Center and St. Francis Hospital

The clinical campus is defined as the campus at which the student intends to spend the majority of their clinical experience in Year 3. Orientation and administrative services will occur on the clinical 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. [http://medicine.mercer.edu/academics/curriculum/electives/catalog/](http://medicine.mercer.edu/academics/curriculum/electives/catalog/)

Transfer students will be assigned to a clinical campus at the time of their acceptance but are not accepted into the curriculum after the start of Year 3.

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

**Macon** - The student lounge at Navicent Health is located on the first floor of the West Tower.
**Savannah** - The student lounge at MUMC is located on the first floor near the pharmacy.

**Columbus** - The primary student study space and Distance Learning Room on the Columbus campus is located in the Riverfront Building. Smaller designated lounges are also located at CRH Medical Education Building, as well as at St. Francis Hospital.

The student lounge at Navicent is locked and accessible by identification badge which is swiped at the door.

The lounge at the Riverfront Building in Columbus is locked and accessible by Bear Card.

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 Navicent Health, MUMC, and at the three main clinical sites on the Columbus Campus. Students must provide their own lock. It is strongly recommended that valuables be secured in a locked locker.

**Call rooms**

**Macon** - Individual call rooms are available at Navicent in 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.

**Savannah** - Call rooms are available on the MUMC campus. The Internal Medicine Clerkship (fourth floor) and Obstetrics and Gynecology Clerkship (third floor) provide separate call rooms for students at MUMC. There are also 4 call beds available in the student lounge, which are reserved for students on trauma call.

**Columbus** - Call rooms are available at Midtown Medical Center of Columbus Regional Healthcare System and St. Francis Hospital. Available call rooms are all security controlled with locked access.

**Computer Access**

Use of the computer equipment at any clinical campus is subject to the rules governing computer access at that site and requires signed usage agreements and access codes. Please see the student coordinator at the specific site for more information and a copy of computer access rules.

**Email Services**

Upon matriculation, students are assigned an email address. **The Mercer Email address should be utilized for all official communication; students are expected to check their email on a daily basis.** For your convenience you may forward your Mercer Email to a personal Email account. The University and the School will use the Mercer e-address for any official correspondence to students. In the event of an emergency, Mercer will utilize multiple methods, including emergency text phone messaging and email to notify students.
Some communication will occur via **postal services**. Please check your assigned mailbox regularly. Also, keep your mail box locked at all times. Open mail boxes will allow mail to fall out, offering access to anyone who may be visiting the building and possibly resulting in loss of important information.

**Housing Information**
The Offices of Student Affairs in Macon, Savannah, and Columbus maintain 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 areas.

**Library and Learning Resource Facilities**
The Mercer Medical Libraries are physically located on the Macon, Savannah, and Columbus campuses and serve all MUSM faculty, residents, staff, and students. The Libraries provide resources and services, both physically and virtually, to meet the research, educational, patient care, and information needs of MUSM affiliates.

The combined collection contains 110,000 print volumes, including 76,000 journal volumes, 28,000 books, 4,500 audiovisuals, 1,200 government documents, and about 110 current print journal subscriptions. Access is also made available to more than 14,000 electronic journals, over 1,300 electronic books, and 2 major indexing and abstractive services. Faculty and students with personal computers or devices can access electronic resources onsite and remotely from their offices or homes. A full range of services are provided by Libraries’ faculty and staff. Librarians strive to embed links within the study guides to take students to the electronic access of their readings whenever possible. Reference services are offered weekdays in person, via phone or email. Classes and workshops on a variety of technologies and topics are taught and available on request for individuals, groups, and classes. Librarians are available to help faculty and students in their scholarly activities, including but not limited to: literature searching; document delivery and interlibrary loan; finding appropriate journals to publish in; author instructions; citation management tools.

Study space is made available on all campuses. Both Macon and Savannah campuses house models and plastinated specimens.
MUSM Administration and Community Directory

**Dean's Office**
Jean R. Sumner, M.D., Dean ................................................................. 478-301-5570
Wayne Glasgow, PhD, Executive Associate Dean .................................. 478-301-4022
William F. Bina, M.D., M.P.H., Dean, Savannah Campus/Senior Vice Provost
of Global Medical Programs ................................................................. 912-721-8144
Alice House, M.D., Dean, Columbus Campus ....................................... 706-223-5179
David Mathis, M.D., Dean, Macon Campus .......................................... 478-301-5844
Elaine Arnold, Administrative Assistant to the Dean .............................. 478-301-5570
Barbara Shelton, Administrative Assistant to Savannah Dean ............... 912-721-8144
Annie Stephens, Administrative Assistant .............................................. 478-301-4022

**Admissions and Student Affairs**
W. Patrick Roche, M.D., Associate Dean of Student Affairs-Macon .......... 478-301-2652
Robert Shelley, M.D., Associate Dean of Student Affairs-Savannah ........ 912-721-8146
E.S. Prakash, MBBS, Associate Dean of Admissions–Macon .................. 478-301-5507
Sam Murray, M.D., Associate Dean of Admissions-Savannah ................. 912-721-8145
Wendy N. Gaskin, Student Affairs Specialist-Macon ............................ 478-301-2652
Jina Parrish, Admissions Specialist ..................................................... 478-301-2524
Catharine Groover, Admissions Counselor ........................................... 478-301-5425
Sara-Ashley Spear, Admissions Specialist ............................................. 478-301-2542
Sabina Badalova, Student Affairs Specialist-Savannah ......................... 912-721-8145
LaQuanta Hamilton, Campus Coordinator-Columbus ............................ 706-223-5119

**Academic Affairs and Academic Offices**
Tina Thompson, PhD, Senior Associate Dean of Academic Affairs ......... 912-721-8184
Stephen Williams, MD, Associate Dean of Academic Affairs .................. 478-301-2209
M. Marie Dent, PhD, EdS, MBA, Associate Dean of Faculty Affairs .......... 912-721-8148
Edward Klatt, M.D., Director of Biomedical Problems Program ............. 912-721-8183
Marshall Angle, PhD, Director of Program Evaluation ............................. 912-721-8143
Karla Riley, Administrative Assistant Academic Affairs ....................... 912-721-8185
Jennifer Boryk-Ratner, Faculty Affairs Specialist ................................ 912-721-8149
Bridget McDowell, Academic Records-Macon ..................................... 478-301-4109
Linda Muchin, Administrative Secretary for PBL .................................. 478-301-2540
Kara Ballard, Academic Records-Macon ............................................ 478-301-2108
Jan Basile, Academic Records-Savannah ............................................ 912-721-8140
LaQuanta Hamilton, Medical Student Coordinator-Columbus ................ 706-223-5119
Chris Scoggins, Campus Clerkship Coordinator-Columbus ..................... 706-223-5171
Lisa Killingsworth, Medical Student Coordinator-Macon ........................ 478-633-1063
Penny Bunn, Community Medicine-Macon ......................................... 478-301-2805
Pamela Noble, Clinical Skills-Macon ................................................ 478-301-4047
Ann O'Neal, Director of Standardized Patient Program, Macon ............... 478-301-5589
Jody Jones, Clinical Skills-Savannah ................................................ 912-721-8194
Jill H. Bell, Director of Standardized Patient Program, Savannah ........... 912-721-8193
Richard Elliott, MD, Director of Medical Ethics and Professionalism, Macon 478-301-2435
Martin Greenberg, MD, Director of Medical Ethics and Professionalism, Savannah ................................................................. 912-721-8223
Laura Bland, Director of Community Outreach and Population Health ...... 478-301-4022

12
Diversity and Inclusion
Bonzo Reddick, M.D., M.P.H., Associate Dean, Diversity and Inclusion, Sav ......912-350-3227

Financial Aid Office
Susan Lumsden, Director .................................................................478-301-2539
Mary Scott, Associate Director ............................................................478-301-2853

Registrar’s Office
Cathy Groce, Registrar .................................................................478-301-5137
Chasity Watson, Registrar Specialist ......................................................478-301-2604

Mercer University Offices & Services
Library-Columbus (housed in Chris Scoggins’ office) .........................706-223-5171
Library-Macon ..................................................................................478-301-4056
Library-Savannah ...........................................................................912-721-8230
Learning Resource Center ...............................................................478-301-4149
Library MCCG ..............................................................................478-633-1639
Bear Card Office .............................................................................478-301-2929
Bookstore .......................................................................................478-301-2945
Information Technology Help Desk .................................................478-301-2922
Office of International Programs ......................................................478-301-2573
Student Health Center ....................................................................478-301-2696

EMERGENCY NUMBERS
Columbus Medical Center Security ....................................................706-571-1470
Columbus St. Francis Security ..........................................................706-320-2761
Macon Campus Emergency Number .................................................478-301-2911
Mercer Police (MERPO)-Macon ......................................................478-301-2970
Macon Community Crisis Line (24 hours) .......................................478-745-9292
Macon Police ...................................................................................478-751-7500
Macon Sexual Assault ......................................................................478-751-9441
MCCG Security ..............................................................................478-633-1491
Memorial MUMC Security ...............................................................912-350-8600
Mercer Medicine (24 hours) ............................................................478-301-4111
Medical Center of Central Georgia, Information ................................478-633-1000

Mercer University Online Directory ..............................................http://apps.mercer.edu/directory/
**Pagers**
Pagers are provided for students on all clinical campuses through the student coordinators office on that campus.

Year 3 students are provided a pager and 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.

Year 4 students are assigned pagers during some sub-internships (Internal Medicine and Trauma) and are expected to respond to pages during these rotations.

**Parking**

**Macon - On University Campus**
All motor vehicles driven on the Mercer University main campus in Macon 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. The Mercer University main campus has gated entry that requires ID Badge swipe for entry before 7 AM or after 6 PM.

**Navicent Parking**
The designated parking area for students at Navicent is on 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 **NOT** permitted. Navicent Police will issue you a citation and can revoke your parking privileges if you park in prohibited areas. Parking stickers are required and are issued through Navicent Police. The medical student coordinator can provide the proper forms and assistance.

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

**Columbus**
Parking for students at St. Francis Hospital will be in the designated physician parking areas. Parking at Midtown Medical Center will be in the designated medical education parking lots. Parking at the Bradley Center will be in any of the open parking areas on the property. Parking at the Riverfront Building is in adjacent parking garage and students are given access code.

**All Other Campus and Clinical Sites**
Parking is available at all clinical sites and is site specific. Students should ensure that all regulations surrounding parking are followed at each location through which they rotate.
Security
Mercer University places a high priority on keeping its campuses safe for its students, employees, and visitors. The University bans the use or carriage of weapons on any of its campuses. The Mercer Police Department has the primary responsibility for the security of the campuses. All Mercer Police officers are certified by the Georgia Peace Officer Standards and Training Council as having met the qualifications and training requirements for police officers in Georgia. They are authorized to exercise law enforcement powers, including the power of arrest on all campuses.

Students, employees, and campus visitors are subject to all federal, state, local, and campus regulations. Mercer Police officers may arrest individuals suspected of campus crimes or may detain such individuals for arrest by the local police.

The Mercer Police Department is a service-oriented department. Officers are available 24 hours a day and 365 days a year. Officers will provide escorts at night as a safety measure upon request. In the event of an emergency, a text alert will be sent out from the Mercer Police to registered cell phones warning staff/faculty and students of measures to take.

All crimes and emergencies should be reported to Mercer Police regardless of which campus or clinical site at which the incident occurred.

Macon
All disturbances in or around the Medical Education Building on the Mercer Campus should be reported to Mercer Police at 478-301-2970. Campus Security is located at 1765 Winship Street, and also functions as the University’s Lost and Found Department.

All disturbances in or around Navicent Health should be reported to their Security at 478-633-1491. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.

Savannah
All disturbances in or around the Medical Education Building on the Savannah Campus and all disturbances in or around Memorial University Medical Center should be reported to MUMC Security at 912-350-8600. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.

Columbus
All disturbances in or around the Medical Education Building on the Columbus Campus and all disturbances in or around the clinical settings should be reported to the local facility security or local law enforcement officers. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.

All Other Campus and Clinical Sites
All disturbances in or around any clinical training site should be reported to the local facility security or local law enforcement officers. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.
University-Wide Policies

All University policies as noted below can be found in the Mercer University Student Handbook at http://provost.mercer.edu/handbooks/:

- Accreditation
- Federal Disclosure Requirements
- Mission
- Academic Integrity
- ACCESS and Accommodation
- Attendance
- Cell Phones and Pagers
- Children and Guests
- Communication, Official
- Community of Respect
- Conduct Off Campus Behavior
- Conduct, Student Conduct and Judicial Programs
- Conduct, Formulation of Regulations and Code of Conduct
- Crime, Awareness and Campus Security
- Crime, Campus Statistics
- Crime, Reporting Crimes and Emergencies
- Drug and Alcohol Policy
- Drug Free Workplace and Campus Program
- Emergency Preparedness Plan
- Equal Opportunity and Affirmative Action Policy
- Firearms, Weapons, Fireworks/Explosives
- Grievance Policies and Procedures
- Health and Welfare of Students, Mental and Physical
- Health Insurance
- Honor Code
- Housing without Active Enrollment
- Immunization
- Information Technology
- Intellectual Property
- International Students
- Missing Student
- Parking and Traffic Regulations
- Religious Observance
- Rights of Students
- Rights Pertaining to Educational Records
- Sexual Harassment, Sexual Violence, and Sexual Misconduct Policy
- Tobacco Free
- Voter Registration Requirements of the Higher Education Amendments
- Withdrawals, Administrative or Medical
- Alma Mater
**Community of Respect**
Mercer University is dedicated to the advancement of knowledge and learning and to the development of ethically responsible persons. University students are expected to uphold appropriate standards of behavior and to respect the rights and privileges of others. The University strives to be a *Community of Respect* where everyone is held in mutual high regard. All students and student organizations are expected to adhere to the standards of the Community of Respect. In affirmation to these standards, every student subscribes to the following pledge:

"Having been accepted as a member of the Community of Respect of Mercer University, I pledge myself: to hold each person in high mutual regard; to uphold, respect, and defend the rights of every individual in the community; and to respect the community as a whole. I further pledge that I will not allow to go unreported any violation of the standards of our community."

**Conduct, Student Conduct and Judicial Programs**
The University retains the ultimate authority for setting behavioral standards and judicial procedures. These standards and procedures have been established to protect the University’s educational purpose, to foster a sense of responsibility to the community, to provide for orderly conduct of its activities, to protect the members of the University from disrespect, and to safeguard the interest of the University community. Students are expected to abide by all federal, state, and local laws. Behavior that violates external laws may also adversely affect our University community and may lead to disciplinary actions by the University regardless of the outcome of external legal proceedings. Disciplinary action at the University will normally proceed without regard to the status of any civil or criminal proceeding. Hearings and appeal proceedings conducted as part of this process are not courts of law and they are not subject to many of the rules of civil or criminal hearings.

The University’s *Student Code of Conduct* applies to all students on all campuses, and students are expected to be aware of and conduct themselves in a manner that is in compliance with the full version detailed in Mercer University Student Handbook at the website above. This code covers, but is not limited to, drugs and alcohol, sexual misconduct, destruction of property, media misuse, and violation of published University Regulations. Disciplinary policies found in the University Student Handbook (see link above) supersede and complement any student conduct policies and procedures used by the MD degree and graduate programs within the Medical School.

Having the University Student Code of Conduct (SCC) allows for centralized hearings of alleged violations inside the University. The charged student or organization may have charges heard by a University Hearing Board panel, a student panel or by a designated University Administrator selected and trained by the University's Associate Dean of Students in Macon and Atlanta. Decisions of the hearing bodies (University Hearing Boards and University Administrator) are recommendations to the University's Associate Dean of Students on the corresponding campus, who in the interest of fairness, clarity, or consistency may choose to accept or modify the recommendations as necessary or refer a case back to the hearing body for further review. The University’s Associate Dean of Students may consult with appropriate staff or the academic dean of a particular academic program before accepting or modifying the recommendation for a student in that program. In addition, MD-Program-specific regulations and policies (including professional standards) will remain enforceable by medical school committees that
include the Honor Council, the Student Professionalism Committee, and the Student Appraisal and Promotion Committee.

The conduct of students both on campus and in the wider community is ordinarily of University concern when (a) the conduct interferes with the University’s responsibility for ensuring members of the University full and equal opportunity to obtain their educational objectives, (b) the conduct interferes with the University’s responsibility to protect the health, safety and general welfare of persons in the University community, or (c) the conduct negatively impacts the University’s image and/or academic integrity. In keeping with Mercer University’s values, sanctions imposed on students found to be in violation of the Student Code of Conduct are designed to promote the University’s educational mission, restore or maintain community standards, and promote individual civility and positive growth. Sanctions are also intended to maintain the safety of the University environment and the integrity of the University community. The processes for adjudicating violations of federal, state, and local laws and violations of the Student Code of Conduct are separate and may be pursued independently of one another.

Drug and Alcohol Policy
The possession or consumption of alcoholic beverages by students is prohibited on campus and at University-sponsored events. Public intoxication, consumption, or display of alcoholic liquors, wines, or beer on campus is prohibited. Use or possession of illegal drugs and drug paraphernalia is also prohibited.

Mercer University shares the widespread national concern with the serious threat to health, safety, and welfare posed by the unlawful use of drugs and the abuse of alcohol, especially in the workplace and on college campuses. Excessive use of alcohol and illegal drugs can cause serious health problems, and it can handicap students in the educational and social areas of university life. For this reason, the University is adamantly opposed to alcohol and drug abuse, and the unlawful possession, use, or distribution of drugs by members of the University community. Mercer University strictly prohibits such activities. The University conducts educational programs designed to lead students to an understanding of the problems associated with drug and alcohol abuse and to enable them to make responsible choices on personal and social levels.

In addition to abiding by the regulations prescribed by the Mercer University Student Handbook, students must abide by all local, state, and federal laws pertaining to drug and alcohol use. Violations of such laws, whether they occur on or off campus, are subject to internal University investigation, review, and action. For more information about Mercer University’s policy concerning drugs and alcohol, refer to the section entitled “Drug-Free Workplace and Campus Program.”
School-Wide Policies
All School of Medicine policies as noted below can be found in the Mercer University School of Medicine Student Handbook at http://provost.mercer.edu/handbooks/:

Conflict of Interest Policy
Dress Code and Identification Badges
Grievance, Nonacademic
Health Care Policies
Health Insurance Portability and Accountability Act (HIPAA)
Holidays, School of Medicine
Honor Codes, Mercer University School of Medicine
  Graduate Student Honor System
  Medical Student Honor System
Immunization Policy
Satisfactory Academic Progress for Financial Aid
Testing Accommodations Policy

Conflict of Interest (COI) Policy
Updated April 15, 2014

Policy and Guidelines for Interactions between the Mercer University School of Medicine and 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.

Adherence to this policy is required for all employees of the institution, whether full/part time, and for all students. It is strongly encouraged that all faculty members, all volunteer faculty members, and all trainees affiliated with the School adhere to this policy regardless of clinical site or regulations at other clinical sites.

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, meals 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
VII. Enforcement and sanctions of policies

I. Gifts, meals 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/physician-resources/medical-ethics/code-medical-ethics/opinion8061.page?).

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

C. Individuals may not accept gifts, meals, 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 Pharmaceutical Sales and Medical Device 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. Faculty, students, and trainees are discouraged from attending industry-funded events including accepting reimbursement for meals, travel, or other remuneration. 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. Faculty, students and trainees must disclose all potential conflicts of interest to the School of Medicine as well as to all trainees and members of the audience.
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/). Individuals are strictly prohibited from publishing articles under their own names that are written in whole or material part by industry employees (ghost writing and honorary authorship).

C. Consultation and advising for scientific purposes or to further the mission of the University may be allowed however no consultation or advising for the purpose of assisting a company with the marketing of a pharmaceutical product or medical device shall be permitted for employees and students. Consultation and advising for marketing purposes is strongly discouraged for all volunteer faculty members and trainees.

D. Employees of the School shall be allowed to participate in promotional speaking relationships, including professional speaker bureaus and presentation at speaking events, only if the presentation is not promotional in nature and if the industry funding the event has no role in determining or approving the content of the presentation. No presentations shall be allowed for the purpose of promoting a pharmaceutical product or medical device.

E. 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.

F. 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.

G. 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. Students are required to participate in COI training in First Year Orientation, Ethics, Third Year Orientation, and during the Capstone Course late in the Fourth Year. Curriculum covers the effects of industry marketing on medical education and physician practice, the effects of marketing on the practice of medicine and how it relates to professionalism, and a review of how medical treatments (pharmaceutical and devices) are developed including how efficacy and safety are established.

VII. Enforcement and Sanctions of Policies

All violations of the Conflict of Interest Policy must be reported to the Dean of the School of Medicine who will forward the report to the appropriate entity at the University. Consequences for non-compliance will be determined by the appropriate entity.
Dress Code and Identification Badges
Approved by the Executive Council of the School of Medicine
Updated October 19, 2015 WPR

Mercer University School of Medicine requires faculty, staff, and students to maintain a professional appearance appropriate for the activities required to carry out their expected duties. All faculty, staff, and students are expected to be neat, clean, and presentable at all times. The dress code recognizes that different styles and clothing will be necessary, depending upon the nature of the work, safety issues, contact with the public and patients.

Students are expected to conform to the policies of the facility in which they are assigned and to dress professionally as noted below. They are required to wear a clean and neat white coat, closed toed shoes, socks or hosiery and appropriate, professional dress during all clinical rotations, clinical activities, and all academic activities where a white coat has been required. Scrubs are acceptable attire in a clinical arena only when approved by the attending during procedurally oriented experiences and scrubs provided by the hospital or clinic should never be worn outside of that hospital or clinic.

Dress Code:
A. Attire
All clothing must be clean, neat and should fit properly. Belts should be worn with pants with belt loops at the waist. Shirts must be tucked in unless the garment is designed to be worn outside the pants/skirt. Proper undergarments must be worn and should not be visible through the clothing being worn. Tank tops, halter tops, midriff tops, or tops/dresses that are strapless or that have spaghetti straps will not be permitted. Other rules limiting attire will be in accordance with the sponsoring medical institution and/or in accordance with laboratory regulations.

B. Hair
Hair should be kept clean, neatly trimmed, styled, and combed in such a way that the individual’s eyes are visible. Facial hair shall be neat, clean, and appropriately trimmed.

C. Nails
Nails should be trimmed in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

D. Jewelry
Jewelry is an accessory and as such should not be an interference, distraction, or safety hazard. Conservative rings, watches, necklaces, earrings, pins, bracelets, and service pins may be worn. Jewelry may not be worn in any visibly pierced body part except ears. Earrings shall be limited to small studs only in all clinical settings. Tongue jewelry including a clear plastic insert is not acceptable.

E. Footwear
Shoes must be worn at all times and should be worn in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

F. Tattoos
Tattoos and/or body art must not be visible and must be covered to the extent possible while involved in patient care activities.

A photo ID is to be worn at all times while at the medical school or while in any of the clinical settings. Identification badges should be worn in accordance to the policies of the medical institution sponsoring rotations.
All School of Medicine Students are required to have Mercer University Identification Cards. 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 issued by Navicent Health, MUMC or Columbus clinical sites are required to be worn at all times on the Macon, Savannah, or Columbus 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 Navicent badge is not acceptable at MUMC).

Health Care Policies
Policy on HIV/ HBV or HCV Infected Persons
The Medical School policy on HIV/ HBV OR HCV-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, HBV or HCV-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/ HBV or HCV-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/ HBV or HCV-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/ HBV or HCV status shall be kept confidential and only persons with a need to know shall have access to such information. The Health Insurance Portability and Accountability Act (HIPAA) will be followed and all persons receiving information will have been trained on HIPAA guidelines and agree to follow those regulations. 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.

Pregnancy and access to the Anatomy Lab
1. Medical students who are pregnant or who are considering pregnancy are advised to consult with their primary care providers before beginning or continuing the sequence of anatomy laboratory exercises of the BMP Program.

2. If a student expects to be pregnant during lab rotations, she is to inform the Academic Dean. At that time, the student will be referred to Mr. Alan Baca, University Director of Environmental Health, and Safety, who will inform her of the potential risks of exposure to the embalming compounds, e.g., formaldehyde and phenol as used in the Gross Anatomy Lab.
3. The student will also be instructed on potential filter devices that can be used to remove these chemicals from the air and that can be fitted to the student. A filtration device and its correct fitting may be provided at the School’s expense.

4. The student must provide written recommendation from her physician that (a) the wearing of a specific filtration unit is recommended for her/his patient, and that (b) the student is sufficiently physically fit to respire through that filtration unit.

**Health Insurance Portability and Accountability Act (HIPAA)**

Commonly called the “HIPAA Law”, this law is a regulatory requirement for healthcare organizations and other entities that hold medical information. The Law is designed to protect patient’s 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 prior to contact with patients or patient information.** The medical school administration coordinates this effort for the School of Medicine.

Any questions about HIPAA or Mercer’s Policies and Procedures need to be directed to the Mercer HIPAA Privacy Officer, Jim Calhoun.
Holidays 2017-18, School of Medicine
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.

*Fourth Year students in the MD Program will be required to participate in academic activities during the Christmas break according to the schedule that the student has selected but will not be expected to report to rotations on Christmas Eve, Christmas or the other holidays as noted below.*

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Day</td>
<td>September 4, 2017</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>November 23 and November 24, 2017</td>
</tr>
<tr>
<td>Christmas Break</td>
<td>December 16, 2017 through January 1, 2018</td>
</tr>
<tr>
<td>Martin Luther King, Jr Day</td>
<td>January 15, 2018</td>
</tr>
<tr>
<td>Good Friday</td>
<td>March 30, 2018</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>May 28, 2018</td>
</tr>
</tbody>
</table>

Immunization Policy
All students born after 1956 must provide a statement of immunization against **Measles, Mumps, and Rubella (MMR)**, giving the month, day, and year of immunization. A statement of “up to date” is not sufficient. Two doses of Measles (Rubeola) vaccine, two doses of Mumps vaccine, and one dose of Rubella are required. You must have been at least 12 months old when the first Measles dose was received.

If a student is unable to provide dates of immunization to Measles, Mumps, and Rubella, he or she may document immunity by blood test, at the student’s expense. If this testing shows no immunity to Measles, Mumps, or Rubella, the student may register following documentation of the first dose of MMR, with the second to follow in 30 days, if required.

**Tuberculosis (TB) screening** (within the past year) is required of all new students. Students at risk for TB will be required to have a PPD skin test (Mantoux) at the beginning of each academic year (all MD students are required to have PPD annually). The Tine tuberculosis test is not acceptable. Students should be tested regardless of prior BCG vaccination. Any student with a positive skin test will be required to provide a report of a normal chest x-ray (done after the positive PPD) to be eligible to register. A physician should evaluate individuals with a positive tuberculosis skin test.

Do not assume that childhood immunizations are adequate; requirements have changed during the past several years. Medical facilities in the U.S. and in other countries are required to keep records of vaccinations. Additional sources of immunization information include doctors’ offices, health departments, and schools. Students should make copies of the completed health form for their own files, and then mail the original forms. Do not rely on health care providers, family members, or other colleges to mail the forms.

Exemptions from compliance with the immunization policy include:
1. Religious exemption, written on letterhead stationery, signed by a religious official and notarized.
2. Medical exemption, written on office stationery, and signed by a health care provider. The letter should state the reason for the exemption, and whether the exemption is permanent or temporary.
Immunizations for the following diseases are recommended: chickenpox (varicella), hepatitis A, hepatitis B, polio, and tetanus (or Tdap after age 19). The most recent tetanus booster should have been within the past 10 years.

All immunization documentation must be signed by a health care official and sent to the Mercer University Student Health Center. If not completed, your ability to register for classes at Mercer University SOM will be hindered. If you have questions regarding the immunization policy or forms please call the Mercer Student Health Center at (478) 301-2696 or (800) 637-2378 or visit their website at: [http://www.mercer.edu/shc](http://www.mercer.edu/shc).

Students enrolled in the MD Program will also need to provide documentation of immunization for the following immunizations:
- DTaP (Diphtheria, Tetanus, Pertussis)
- Polio
- Hepatitis B
- Varicella (Chicken Pox)
- **Annual TB testing** after admission
- Many clinical sites require **annual Influenza immunization**

**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.

The Mercer University Immunization Form is required and must be signed by a physician or other health care provider, and stamped with the provider’s name and address. Students are encouraged to keep a photocopy of this completed form, a copy of immunization records and any titers for their personal records.
Satisfactory Academic Progress for Financial Aid Policy

Financial Aid Policy
Approved by Executive Council July 3, 2012
Updated June 13, 2015
This version supersedes all prior versions.

I. Purpose
This policy defines Satisfactory Academic Progress (SAP) for all Mercer University School of Medicine matriculated students.

II. Accountability
Under the Dean and with the assistance of the Offices of Academic Affairs, Student Affairs and the Registrar, the Student Assessment and Promotion Committee (SAPC) and/or the Graduate Program Directors are charged with the responsibility for reviewing the satisfactory academic progress of all students matriculated at the Mercer University School of Medicine.

III. Applicability
This policy shall apply to all students who matriculate at Mercer University School of Medicine.

IV. Policy
Sound academic principles require that students be required to maintain standards of Satisfactory Academic Progress. The following standards apply to all matriculating full-time or less than full-time students, regardless of their receipt of financial aid funds. The standards of Satisfactory Academic Progress measure a student’s performance by qualitative measures (grade point average), quantitative measures (pace of completion) and maximum time allowance.

V. Satisfactory Academic Progress (SAP)

1. Satisfactory Academic Progress
Satisfactory Academic Progress is the appropriate completion of degree requirements, according to published increments, that lead to degree completion with known completion limits.

Student’s academic progress will be reviewed on an annual basis, at the end of each academic year.

2. Maximum Time Allowance
Maximum time frame is defined by the School as the maximum number of years a student may attempt MUSM courses in the pursuit of a degree. Each year maximum time allowance will be evaluated to determine whether each student can complete the program without exceeding the maximum years allowed for that degree program. Each student will be evaluated to determine if he/she has made adequate progress toward his/her degree according to the following schedule.

<table>
<thead>
<tr>
<th>Program</th>
<th>Maximum Time from Matriculation to Graduation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Medicine – 155 hours Medicine</td>
<td>6 Years</td>
</tr>
</tbody>
</table>

*For students not in full-time status, the maximum time from matriculation to graduation may be prorated at a level up to 1.5 times the full-time maximum. Time spent in a Leave of Absence
will be included in the total time in the program but time devoted to external scholarly programs may or may not be included in these time allowances at the decision of the program director or the Student Assessment and Promotion Committee (SAPC).

3. Completion Rate (Quantitative Measure)
As a part of the Satisfactory Academic Progress assessment each student’s Completion Rate will be evaluated by comparing the number of the credit hours earned with the minimum credit hours earned to maintain FA SAP. In order to achieve satisfactory academic progress, a student must maintain a minimum number of credits earned in accordance with the chart below.

<table>
<thead>
<tr>
<th>Program</th>
<th>Minimum Credits Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Medicine – 155</td>
<td>Year 1 – 0 hours</td>
</tr>
<tr>
<td>hours Medicine</td>
<td>Year 2 – 36 hours</td>
</tr>
<tr>
<td></td>
<td>Year 3 – 36 hours</td>
</tr>
<tr>
<td></td>
<td>Year 4 – 72 hours</td>
</tr>
<tr>
<td></td>
<td>Year 5 – 120 hours</td>
</tr>
<tr>
<td></td>
<td>Year 6 – 155 hours</td>
</tr>
</tbody>
</table>

Courses with Incomplete, In Progress, or Withdraw grades are not included as minimum credit hours earned. Transfer credits are included in minimum credits earned calculations.

Transfer students into the MD Program will have 4 years to complete the program and their credits will be prorated. Periods of special independent study in which the student is remediating or completing work towards completion of degree requirements will be applied to the maximum completion time frame.

When assessing SAP for students who were on an approved Leave of Absence during the evaluation period, the time spent on the Leave of Absence will be calculated in the total maximum completion time.

4. Grade Point Average Requirements (Qualitative Measure)
MUSM students will be evaluated to determine if they have achieved satisfactory levels of academic progress. GPA requirements for each program are noted in the table below.

<table>
<thead>
<tr>
<th>Program</th>
<th>Grade Point Average Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Medicine Medicine</td>
<td>Students must receive a Satisfactory in Yr. 1 Foundations of Medicine and Organ Systems. Yr. 2 students must receive a Satisfactory in BMP. Yr. 3 students must receive a Satisfactory in core clerkships and be allowed to continue to the 4th year curriculum by the SAPC. Year 4 students must receive a Satisfactory in the 34 hours of academic work as prescribed in the Handbook.</td>
</tr>
</tbody>
</table>

Successful completion of a course that was previously completed unsuccessfully does not remove the unsuccessful completion from your academic record.
5. Notification of Lack of Satisfactory Academic Progress
Following the annual evaluations, and at any time that failure to meet SAP is noted, notification will be transmitted from the Office of Student Financial Planning to all students who have not met the standards for SAP. The notification shall indicate the nature of the deficiency and any consequences that have resulted or may result, including financial aid ineligibility.

A student who has lost eligibility for financial aid does not automatically regain eligibility simply by paying for his/her tuition and satisfactorily completing the coursework, nor by sitting out for a semester.

6. Financial Aid Warning Status
There are currently no programs in the School of Medicine whose students qualify for financial aid warning status.

7. Financial Aid Ineligibility Status
When the satisfactory academic progress review reveals that a student does not meet either the quantitative or qualitative measures and/or the maximum time frame schedule, then that student becomes ineligible to receive Federal financial aid.

8. Appeal for Reinstatement of Financial Aid Eligibility
Students who wish to appeal for reinstatement of financial aid eligibility should submit a written appeal to the Office of Student Financial Planning. Exceptional circumstances warranting an appeal and a possible exception include circumstances such as the death of a relative, family problems or a personal injury or illness.

A signed appeal form must be submitted and should include a detailed statement of the facts and circumstances supporting the appeal and the student’s rationale for changing the determination. All information supporting the appeal should also be submitted. The appeal should be submitted within 10 days of the notification of the student’s change in financial aid status.

All appeal decisions are final.

9. Financial Aid Probation
Financial Aid Probation is awarded to a student if the Appeal has been approved. While on “financial aid probation status” the student is eligible to receive financial aid funding for one semester.

Students will be removed from Financial Aid Probation Status when they have fully complied with the School’s Satisfactory Academic Standards.

10. Academic Plan
An Academic Plan is created for a student who will not be able to complete the necessary benchmarks to regain SAP within one semester while on financial aid probation. The Academic Plan will include benchmarks that must be completed successfully for each successive term in order to continue to be eligible for financial aid. Students must file an appeal to the Office of Student Financial Planning to be considered for an academic plan.
11. Dismissal or Withdrawal
Students who are dismissed or who have voluntarily withdrawn from the School are not making satisfactory academic progress and are not eligible to receive financial aid.

12. Documentation
Documentation of decisions concerning financial aid probation and/or academic plan, appeal or re-establishment of satisfactory academic progress shall be transmitted to the student and will be maintained in the student file in accordance with the MUSM record retention requirements.

13. Dissemination
This policy shall be published in the same manner as other academic policies of the School including online publication and inclusion in all new editions of the Student Handbook following adoption of the most recent policy amendment.

14. Standards for Satisfactory Academic Progress Established upon Matriculation
Standards for Satisfactory Academic Progress that are distributed to a student upon matriculation are applicable for the duration of the student's continuous matriculation in the same program unless any changes in the standards are made. These changes will be posted upon adoption.

Satisfactory Academic Progress Appeal Process for Doctor of Medicine Students
The Office of Student Financial Planning is required by law to ensure that students receiving financial aid are making satisfactory academic progress. Federal regulations (CFR 668--Student Assistance General Provisions), Sections 668.32(f), 668.16(e), and 668.34, state that a student is eligible to receive title IV, HEA program assistance if the student maintains satisfactory progress in his or her course of study according to the institution's published standards of satisfactory progress.

All Doctor of Medicine students are subject to the Satisfactory Academic Progress (SAP) Financial Aid Policy. The Office of Student Financial Planning will evaluate your SAP status every year that you apply for financial aid.

If you were unable to meet the grade point average, completion rate, or maximum time requirements, you cannot receive financial aid.

However, if extenuating circumstances contributed to your inability to maintain satisfactory academic progress then you may request reconsideration through the financial aid office by submitting an appeal form with appropriate supporting documentation.

Appeal Form
The appeal form may be obtained from the Office of Student Financial Planning and this form gives you the opportunity to tell us about the event(s) that contributed to your unsatisfactory progress.

In your appeal form, you must:
• Describe the extenuating circumstance(s) that led to your noncompliance.
• Explain what has changed that will allow you to meet SAP requirements in the future.
• Describe the timeframe of your extenuating circumstance(s) for the period that you failed SAP.

Sharing personal information can be difficult. Be assured that your statement will remain confidential. Only financial aid personnel and the Associate Dean Student Affairs will review your appeal.
Supporting Documentation
To confirm your extenuating circumstance(s), you must attach documentation from an objective third party (e.g., physician, counselor, lawyer, social worker, teacher, religious leader, academic adviser, MU Office of Disability Services, and/or MU Student Health Center).
Your third party documentation must:
• Be submitted on official stationary or by email from a valid MU email account. (This means when you use MU email, the message must come directly from your third party’s official MU email account to the Office of Student Financial Planning mailbox at financialaid-l@med.mercer.edu).
• Verify that the extenuating circumstance(s) will no longer influence your future academic performance.
• Confirm the timeframe referenced in your appeal.

After reviewing your appeal form and supporting information, we may request additional documentation for clarification purposes.

Appeal Decision
Your appeal will be reviewed within 30 days of receipt; you will be notified by email of a judgment. You will receive either our decision to grant your appeal, deny your appeal, or ask for additional documentation. If we grant your appeal, we will place you on probation for one semester during which time you may receive financial aid. If you cannot return to satisfactory academic progress in one semester then you will need to appeal for an academic plan that would outline your progress until you can meet SAP.

All appeal decisions are final.

Your academic plan will specify the conditions you must meet to continue receiving financial aid for a specified period. An award notice will follow once we complete the review of your FAFSA. If you fail to meet the terms of your academic plan, you will not qualify to receive financial aid for the subsequent semester.

Any future appeal(s) will require new extenuating circumstances and a new (and different) academic plan. Of course, students may reestablish eligibility for financial aid at any time by resolving their academic deficiency which should be confirmed by their transcript.

Students whose appeals are denied, may choose to apply for an alternative loan. You may discuss loan options with the Office of Student Financial Planning.

Testing Accommodations Policy
It is in the intent of Mercer University School of Medicine (MUSM) to create a transparent accommodations environment for those students receiving testing accommodations. Those students requiring additional time for written tests should be given the opportunity to test in an environment separate from those students not receiving accommodations to minimize bias. Separate rooms may be available for those students requiring such accommodations but space may limit this availability.
Each student approved for testing accommodations will be required to sign a form noting their receipt of test accommodations when they initially receive them. The signing of this form will constitute an agreement for the academic year. The form will be collected by the proctor at the end of the exam and delivered to the Office of Academic Affairs. The form will be filed in the confidential files kept in Academic Records.
A confirmatory letter of test accommodations offered should be sent to the Dean of Academic Affairs to ensure that accommodations are appropriated by test administrators. There should be no form or indicator in the student’s academic record indicating that they have received accommodations but a copy of the Testing Accommodations Notification Letter will be on file at the Mercer University Office of Disability Services.

For students receiving extra time to complete examinations, the total time available and the exam start time will be provided prior to the start of the examination. Should the student feel that there were inconsistencies during an examination, that information should be documented and the student should provide a brief, written description and notify the Associate Dean for Student Affairs, promptly.

Testing venues eligible for accommodations are based upon the physician’s recommendation but may include: MDE and BMP Remediation Examinations
Shelf Examinations
Population Health (Epidemiology) Exams
Biostatistics Exams
Evidence Based Medicine Exams

Requesting Testing Accommodations
As required by law, students requiring accommodations for a disability must initially self-identify as a student with a disability by registering with Disability Services (DS). Only students who are registered with DS will be eligible for accommodations and recognized by the institution as a student with a disability. Accommodations for students at the School of Medicine are conditionally approved by the Associate Dean for Student Affairs in Macon, pending a meeting of the Test Accommodation Committee. Approval may require additional or updated medical documentation to be submitted.

Registering with Disability Support Services consists of:
- Submitting a Student Request for Accommodations form to the Associate Dean of Student Affairs (Macon Campus)
- Submitting appropriate documentation verifying the presence of a disability and its current impact (The Mercer University Medical Verification of Disability Form is required)
- Meeting with the Associate Dean for Student Affairs to review procedures and request accommodations (Students at the Savannah or Columbus Campus may be able to complete their registration via phone or email)
- The approval of specific accommodations by the Admissions and Student Affairs based upon the student’s request, the completion of all forms by the student's healthcare provider and national standards for individuals with comparable test-taking issues.

Registering with Disability Services is required of all students wishing to be recognized by the institution as a student with a disability regardless of whether accommodations are being requested.

Documentation for most disabilities consists of a recent formal letter of diagnosis from an appropriate licensed medical professional or licensed psychologist who is not a relative and should include a diagnosis, current impairments in functioning, and recommendations for specific accommodations to reduce the impact of the impairment. Use of the Mercer University Medical Verification of Disability Form includes all requirements. Some types of disabilities may require that diagnostic testing results such as a psychological evaluation report, vision testing, allergy testing, or an audiogram be submitted in addition to the Form or letter of diagnosis. Specific documentation requirements may be found on the Mercer University Medical Verification of Disability Form and more information is available upon request.
Requesting accommodations is an interactive process and should be completed in a timely manner to allow adequate time for accommodation arrangements to be made. Accommodations may be requested at any time during the academic year regardless of when the student is diagnosed. Last minute requests may be denied.

Accommodations are determined on a case-by-case basis and must be supported by appropriate documentation. Additional or updated documentation may be required in order to receive specific or ongoing accommodations. An accommodation may be denied even if it has been recommended by an appropriate medical professional or has been granted by another agency or institution in the past. Provisional accommodations may be provided for up to one academic year in cases where the documentation submitted is determined to be out-of-date, incomplete, or otherwise insufficient to allow the student sufficient time to obtain adequate documentation.

A request for accommodations must be made on an annual basis by completing an annual update form.

**MD Program Policies**

**Attendance Policy and Participation in National Meetings**

Students are encouraged to pursue research and volunteer activities that do not conflict with curricular responsibilities. Students will not be excused nor will accommodations of curricular schedules be made for participation in programs that extend beyond regularly scheduled vacation time. On occasion, students may be excused from curricular activities to attend national or local professional meetings. Students must request permission from the Dean of Academic Affairs prior to registering for a professional meeting.

**Pre-clinical Years Attendance Policy**

Attendance in all BMP, Community Medicine, Clinical Skills, and other required courses is mandatory. Students should follow the attendance policy for the course in which they are participating and report any absence to the appropriate person as soon as is possible.

**Clinical Years Attendance Policy**

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 expected to follow the attendance policy of the rotation or clerkship in which they are currently participating.

**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.

Students are encouraged to pursue research and volunteer activities that do not conflict with curricular
responsibilities. Students will not be excused nor will accommodations of curricular schedules be made for participation in programs that extend beyond regularly scheduled vacation time. On occasion, students may be excused from curricular activities to attend national or local professional meetings. Students must request permission from the Dean of Academic Affairs prior to registering for a professional meeting.

Excused absences, if granted, from required academic programs must be approved in advance by the Associate Dean for Academic Affairs and the director of the program in which the student is currently involved.

Criminal Background Check Policy
Mercer University School of Medicine requires a background check for matriculation through AMCAS. All students who have not had a background check through this process prior to matriculation are required to have one before starting the clinical years. The checks are the responsibility of the student. Positive results will be discussed with the Criminal Background Check Committee (CBC) composed of the Associate Dean for Admissions in Macon and Savannah, the Associate Dean for Student Affairs in Macon and Savannah, and the Chair of the Admissions Committee. The student will be notified by the Associate Dean for Student Affairs of the results of the review.

Leave of Absence Policies
Updated June 18, 2013 AAH
Leave of Absence Categories
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.
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. Conditions of Pregnancy related MPLA.
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).

At the time a maternity/paternity 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. The student
must also review the financial consequences of the leave with the financial aid office. A student on MPLA leave is ineligible to attend or to participate in any curricular component or activity.

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

**Childcare 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 such leave are required to make the request in writing to the AAD. The AAD 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 AAD must review with the student the academic consequences of the leave as well as the conditions for readmission into the curriculum. The student must also review the financial consequences of the leave with the financial aid office. A student on Child Care/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 AAD requesting the leave. The AAD will review the request with the student and with the Associate Dean for Student Affairs (DSA). If the AAD and DSA 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 aid 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 AAD 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 DSA. A medical leave will be approved for injuries or illnesses that are directly related to participation in learning activities of the School. If the AAD and DSA 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). A waiver of this rule may be allowed for those students experiencing an illness or injury directly related to participation in learning activities of the School.

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 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 if applicable.

3. MUSM retains the right to request a second opinion, based on evaluation of the student's record and medical records from an appropriate clinician of the school's choosing. MUSM will bear the cost of the second opinion.

**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/her in reaching a 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.

Management of Infectious and Environmental Hazard Exposures

*Updated Jan 7, 2015 WPR*

1. **Prevention Education**
   a. Medical students will receive training during Year 1 on risk prevention and proper exposure minimization. This training will occur during orientation with the review of OSHA modules and during clinical skills where students learn universal precaution techniques.
   b. Health system specific training is completed during the Year 3 orientation.

2. **Post-exposure Care and Treatment**
   a. Medical students exposed to an infectious or environmental hazard will notify the Office of Student Affairs and report immediately to the closest health care facility which most often will be one of MUSM’s four clinical affiliates.
   b. Medical evaluations, procedures, medications, vaccines, and follow-up resulting from this exposure will be made available at no cost to the medical student.
   c. The Office of Student Affairs will cover the cost of all medical treatment not covered by the student’s medical insurance.

3. **Impact on Medical Student Educational Activities:**
   a. If an exposure of infectious and environmental disease or a subsequent disability impedes the educational progression of a student, the academic affairs dean will be notified and accommodations will be made to allow the student to make up missed educational opportunities in a timely manner.
   b. If exposure presents a continued threat to student health or to patient care, alternative educational experiences will be developed as possible to meet the educational objectives of the school while minimizing the risk to both the student and the patients.

4. **Visiting Students**
   a. Visiting students are required to follow the policies of MUSM and its clinical affiliates.
   b. The acknowledgement of completion of training materials is required for all visiting students prior to undertaking any educational activities.

**Post Exposure Procedure for Faculty, Staff, & Students**

Response guidelines for exposure to human infectious and other environmental hazards apply to needle-sticks, or other contaminated sharp instruments, and injuries and exposures from splashes, spills, or other releases of human blood and/or body fluids. Prompt initial management
of employees or students with blood and/or body fluid exposures is required to minimize the risks of harm to 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 resulting from this exposure will be made available at no cost to the medical student.

**Guidelines to Follow after a Potential Exposure Incident**

After a needle stick or sharps injury or exposure to blood or other body fluid immediately follow these steps.

1. **First Aid**
   - Contaminated wound – Wash the injured area with soap & water
   - Contaminated intact skin – Wash the area with soap & water
   - Contaminated eyes – Gently rinse the eyes while open with saline or water
   - Contaminated mouth – Rinse mouth with water multiple times

2. **Report to an approved healthcare provider without delay**
   - If possible, please provide a verbal notification to: (or have a colleague provide a verbal notice)
     i. Supervising Faculty, Dean’s Office, or Student Affairs Office (Students)
     ii. Department Chair or Dean’s Office (Faculty), or Immediate Supervisor (Staff)
   - A recommended healthcare provider should be consulted. The affected party should be evaluated by an authorized treating facility immediately after exposure to blood or body fluids to insure appropriate medical management and prompt initiation of any recommended medication within 4 hours post exposure. In most cases this will be in the Emergency Department or an Urgent Care Center. See list of recommended providers below under #6.

At all times one should adhere to Infectious and Environmental Hazard Policy in effect at the hospital/clinic where the injury occurred. If an injury occurs in a physician’s office or while on an away rotation then follow the protocol for the nearest regional hospital/clinic. Discuss treatment options with appropriate physician on call at site.

The costs of blood tests and medications that are not covered by the MUSM MD student’s insurance will be covered through the Office of Student Affairs.

Please forward any bills related to a possible exposure for MD students to:
Associate Dean of Student Affairs
Mercer University School of Medicine
1550 College Street
Macon, GA 31207

Visiting MD students should follow these guidelines and any costs of initial blood tests and initial medications that are not covered by their student insurance will be covered through the Office of Student Affairs.
If student learning activities are interrupted, the student will contact the Dean of Student Affairs (DSA). The DSA will communicate with the Office of Academic Affairs regarding absence, make up of work, and future action plan.

Long term effects of conditions resulting from a student exposure injury are addressed in the Leave of Absence Policies and the Health Care Policies found in this Handbook on pages 33 and 21 respectively.

3. After receiving treatment, you must report the exposure as soon as possible and complete requested documentation (form below) for the following officials:
   A. Students
      i. Supervising Faculty, Dean’s Office, or Student Affairs Office
      ii. Mercer Police – Complete the 1st report of injury as soon as possible
   B. Faculty & Staff
      i. Department Chair or Dean’s Office (Faculty), or Immediate Supervisor (Staff)
      ii. Mercer Police – Complete the 1st report of injury as soon as possible

4. Blood Testing (Consent is required, form provided below)
   A. Mercer Faculty, Staff, and/or Student: HIV, Hepatitis B, and Hepatitis C
   B. Source, if possible: HIV, Hepatitis B, and Hepatitis C

5. Follow-up Action (Faculty, Staff, & Students)
   A. Complete all procedures prescribed by the attending physician & staff (Faculty, Staff, & Students)
   B. Provide all requested information to Personal Insurance Representative (Students):
      i. Coordinate communication with Supervising Faculty, Dean’s Office, or Student Affairs Office
   C. Provide all requested information to Mercer’s Workers’ Compensation Plan Administrator (Faculty & Staff)
      i. Coordinate communication with Department Chair, Dean’s Office, or Immediate Supervisor
      ii. Mercer University Workers’ Compensation Plan contact information: CORE Management Resources / Workers’ Compensation Office
         PO Box 969
         Grayson, GA 30017-0969
         770.962.3627
         AGNES.WHITE@COREWORKERSCOMP.COM

6. Recommended Healthcare Provider for the Faculty, Staff, & Students by Campus:

   Mercer Atlanta Campus: North Atlanta Urgent Care
   2700 Clairmont Road
   Atlanta, Georgia 30329
   404.327.8744 http://www.atlantaurgentcare.com/

   Mercer Columbus Campus: Columbus Regional Health / Midtown Medical Center
   710 Center Street
   Columbus, GA 31901
   706.571.1000 http://www.columbusregional.com
St. Francis Hospital  
2122 Manchester Expressway  
Columbus, GA 31904  
706.596.4000 [http://www.wecareforlife.com](http://www.wecareforlife.com)

Mercer Macon Campus:  
Navicent Health  
777 Hemlock Street  
Macon, GA 31201  
478.633.1000 [http://www.navicenthealth.org](http://www.navicenthealth.org)

Mercer Savannah Campus:  
Memorial Health University Medical Center  
4700 Waters Avenue  
Savannah, GA 31404  
912.350.8000 [http://www.memorialhealth.com](http://www.memorialhealth.com)

Mercer University Benefits/Payroll/Employee Wellness:  
Policies, Procedures, & Forms page.  
Scroll down to the bottom of the page to the Workers Compensation section [http://departments.mercer.edu/payroll/FORMS.html](http://departments.mercer.edu/payroll/FORMS.html)

Additional information on this blood borne pathogen exposures can be found at the CDC website at: [http://www.cdc.gov/niosh/topics/bbp/guidelines.html](http://www.cdc.gov/niosh/topics/bbp/guidelines.html)
I give my permission to allow the doctor, appropriate staff, clinic, or hospital to collect necessary blood specimens in order to test for:

(Check all that apply) YES NO

1. Human Immunodeficiency Virus (HIV) ______ ______
2. Hepatitis B ______ ______
3. Hepatitis C ______ ______

By giving this permission, I understand that counseling will be available with the Physician or designee to explain the significance of the test results as it specifically relates to my condition.

I certify that I have received pre-test counseling.

I also understand that these results will become part of my private medical record.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Name and address of physician, appropriate staff, clinic, or hospital (print)

_________________________________________________________________________________________________________

Patient’s Name (print)

_________________________________________________________________________________________________________

Patient’s Signature Date
**Instructions:** This form is to be used to report sharps injury or needle-stick by students who have experienced an injury. Submit form to the Office of Environmental Health & Safety on the Macon Campus regardless of where the injury took place.

Date of Report: __________________________

Student Name: __________________________

Campus: ________________________________

Address/ Phone: __________________________


**INJURY INFORMATION**

Date of Injury: ________  Time of Injury: ________

Facility of Injury: ________________________________________________________________

Where did injury occur? (ER, patient room, etc): ________________________________

Was the source identifiable? (Note name if known): ________________________________

Was the injured student the original user of the sharp instrument? ___________________________

Was the sharp item contaminated? (Visible blood or known exposure in patient): ______________

Please note the intended purpose for the sharp (injection, IV, suture, cutting, etc): ______________

What type of device was the sharp: ________________________________________________

Was the sharp in question a safety device: ____________________________________________

Describe the circumstances surrounding this injury including the bodily location of the injury: ________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Submit form to Alan Baca-Assistant VP Environmental Health & Safety baca_ar@mercer.edu  fax 478-301-5520
**Instructions:** This form is to be used to follow up on sharps injury or needle-stick of students who have experienced an injury. This form is on file in the Office of Environmental health & Safety on the Macon Campus.

Date of Injury: ________________________
Student Name: ________________________
Campus: ______________________________

**SOURCE PATIENT INFORMATION**
Was the source identified? ______
Was the source tested for communicable disease? ______
  - Hepatitis B? ______  Results ______
  - Hepatitis C? ______  Results ______
  - HIV? ___________  Results ______

**MEDICAL STUDENT INFORMATION**
Was student evaluated after injury? ______  Where? _________________________________
Was student previously vaccinated against Hepatitis B? ______
Was student pregnant? ______
Was the student tested for communicable disease? ______
  - Hepatitis B? ______  Results ______
  - Hepatitis C? ______  Results ______
  - HIV? ___________  Results ______
Was the student treated with post-exposure prophylaxis? ______
Please note treatment(s) _______________________________________________________
______________________________________________________________________________

Submit form to Alan Baca-Assistant VP Environmental Health & Safety baca_ar@mercer.edu  fax 478-301-5520
Medical Student Honor System  
Amended June 5, 2016  
The Mercer University Honor Code  
"I pledge myself to neither give nor receive aid during tests or for any individual assignments or papers, nor to use any information other than that allowed by the instructor. I further pledge that I will not allow any violation of the Honor System to go unreported to the proper persons and that I will give true and complete information to the Honor Council." (http://provost.mercer.edu/honor/)  

Introduction  
Monitoring of student honor and professional conduct comes under the aegis of both students and faculty. Alleged violations of the Honor Code will primarily be dealt with by the Honor Council (and occasionally, also by the University Hearing Board if violating University Student Code of Conduct, p17). When an allegation is reported to either a member of the Honor Council, the Dean of Student Affairs (DSA) or the Dean of Academic Affairs (AAD, or Senior Academic Affairs Dean, SAAD) a meeting of the Deans of Student Affairs and the Academic Affairs, often in conjunction with the Chair of the Ethics, is held. Together they will decide whether the student’s case should be heard by the Student Honor Council or the Student Professionalism Committee.  

Student Code of Honor and Professional Conduct (SCHPC)  
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, in 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.

**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, medical records, 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.
Mechanism for Handling Student Code of Honor and Professional Conduct (SCHPC) Violations

A. If a student is concerned about a fellow student's behavior as outlined in the SCHPC he/she may:
   - counsel with the student directly;
   - request a friend, respected intermediary or Student Council officer to speak with the student;
   - discuss the matter with the Dean of Student Affairs (DSA) to help decide what is the appropriate course of action to take, or
   - report the violation to the Dean of Academic Affairs (AAD) by completing an Unprofessional Behavior Report.

B. If an administrator, staff member or faculty member is concerned about a student's behavior as outlined in the Student Code of Honor and Professional Conduct he/she should counsel with the student directly or bring the matter to the attention of the DSA or the AAD. The DSA and the AAD in consultation with each other will attempt to resolve the situation. If resolution does not occur then the administrator, staff member or faculty member that initiated the consultation will be directed to complete an Unprofessional Behavior Report. Filing of an Unprofessional Behavior Report will cause the AAD, in consultation with the DSA, to determine whether the incident is further investigated by the Student Honor Council or the Student Professionalism Committee (SPC).

C. If, in any case, the Honor Council recommendation is unacceptable to the student in the case, he/she may appeal to the Student Appraisal and Promotions Committee (SAPC).

Summary
Decisions to admit or retain a student will be made on the basis of her/his non-academic and academic record. 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. 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, to the Dean of Student Affairs (DSA), or to the Dean of Academic Affairs (AAD) and an Unprofessional Behavior Report may be filed. Unprofessional Behavior Reports should be submitted to the Dean of Academic Affairs on the campus where the behavior was observed.

Based on decisions of the MUSM Honor Council or the Student Professionalism Committee to the Student Appraisal and Promotions Committee, and subsequent recommendation from that committee to the school’s Dean, any academic or non-academic offense which violates the MUSM Student Honor Code may, at her/his discretion, become part of the student’s record and may be grounds for dismissal.

The Student Honor Council
A. Composition, Officers, and Their Duties
1. The Honor Council shall be composed of ten students who shall be elected representatives from each campus and from each of the four medical school classes and the Deans of Student Affairs who shall serve in an advisory capacity without vote. The members of the Honor Council shall be elected annually by each class at the time of election of class officers and shall be chosen in the following manner: each freshman class shall elect a member that will serve a two-year term and each junior class shall elect a member that will a two-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. One of the two-year representatives elected by the junior class shall serve as the Chair of the
Council during his/her senior year and shall be chosen by the majority vote of the Council at the first meeting of the year. One of the two-year representatives elected by the junior class shall serve as the Vice-Chair during his/her senior year and shall be chosen by the majority vote of the Council at the first meeting of the year. One of the two-year representatives elected by the freshman class shall serve as the recorder of the Council during his/her sophomore year and shall be chosen by the majority vote of the Council at the first meeting of the 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 DSA, whenever there is a case of unprofessional behavior referred to the council by the DAA, or a report from a fellow student, to determine a course of action.
   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 three 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 are 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 should be referred to the Student Professionalism Committee or 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 dispositions 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. 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. 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.

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.

Student Professionalism Committee (formerly Student Professionalism Assessment Committee)  
Updated June 27, 2016, WPR

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, and all required courses). In addition, a faculty member may report an incident of unprofessional behavior (examples include but in no way are limited to lying to a faculty member or cheating on an assignment) to the Academic Affairs Dean (AAD)-Macon/Columbus or the Senior Academic Affairs Dean (SAAD), Savannah by completing an Unprofessional Behavior Report at any time.

Upon receipt of an Unprofessional Behavior Report describing a problematic behavior, the SAAD/AAD will determine the severity of the unprofessional behavior. For acts of less severity the SAAD/AAD may determine a course of action to remediate the issue. For acts related more directly to student issues there may be referral to the Student Honor Council. Acts found to be of an egregious nature, the
SAAD/AAD, will refer the case to the Student Professional Committee (SPC). If the incident is assigned to the SPC then appropriate assessment of the incident(s) will be conducted. Upon completion of the assessment, the SPC may recommend repeating the year or curricular component, dismissal from medical school or other significant performance recommendations that may affect a student's progress. Recommendations are made from SPC to SAPC.

b. If the SPC’s assessment of the incident(s) is that it warrants less than dismissal of the student, it will devise a remediation and/or monitoring program, and include this as a recommendation to the SAPC. Upon completion of the remediation or monitoring period, a written report documenting the remediation experience and/or the monitored behavior shall be submitted to the SAAD's office in Savannah or to the AAD’s office in Macon/Columbus. When the SAPC is notified of a student who has failed to successfully complete a remediation/monitoring program, it will review the relevant SPC records and minutes, interview the student, and make a recommendation to the dean which may include dismissal.

c. Recommendations for dismissal are made to the SAPC (Student Appraisal and Promotions Committee). The SPC shall inform the SAPC when a student fails to successfully complete a remediation and/or monitoring program.

3. The composition of the SPC shall be determined by the Dean. The SPC will be comprised of the SAAD/AAD, the Director of Professionalism (Macon/Columbus), the Director of Professionalism (Savannah), the Dean of Student Affairs (Macon/Columbus and Savannah), ex officio, and three at large faculty members appointed by the Dean representing each of the three campuses. The SPC will be chaired by the SAAD for Savannah campus issues and the AAD for Macon/Columbus campus issues. The SPC shall document all its activities appropriately.

4. Quorum will be determined by simple majority of the voting members (4/7)

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

Technical Standards for Medical School Admission

Updated January 30, 2013 AAH

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. Medical school faculties have a responsibility to society to graduate the best possible physicians, and thus admission to medical school has been offered to those who present the highest qualifications for the study and practice of medicine.

Graduates of medical school must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The Admissions Committee of Mercer University School of Medicine acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act of 1990, and asserts that the ability to meet certain essential technical standards with or without reasonable accommodations must be present in the prospective candidates. Disclosure of a disability is voluntary; however, applicants who want to request accommodations during the admissions process should, upon being accepted, contact the
A candidate for the M.D. degree must have aptitude, abilities, and skills in five areas: observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social. Technological compensation can be made for some disabilities in certain areas but a candidate should be able to perform in an independent manner.

Candidates for the M.D. degree must have somatic sensation and the functional use of the senses of vision and other sensory modalities. Candidate’s diagnostic skills would be inadequate without the functional use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, vibratory) and sufficient motor function to permit them to carry out the activities described in the section below. They must be able consistently, quickly, and accurately to integrate all information received by whatever senses employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

**Observation**
The candidate must be able to observe demonstrations and participate in experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities. It is enhanced by the functional use of the sense of smell.

**Communication**
A candidate must be able to communicate effectively and sensitively with colleagues and patients. The focus of this communication is to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. Communication includes not only speech but reading and writing. Candidates and students must be able to read and write in standard format and must be able to interact with computers in rendering patient care. Candidates and students must be proficient in English in order to be able to prepare a legible patient workup and present the workup orally in a focused manner to other health care professionals. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

**Motor**
Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate must have the ability to perform both a complete and an organ system specific examination, including a mental status examination. Additionally, candidates must have the ability to perform routine technical procedures, including but not limited to, venipuncture, inserting an intravenous catheter, arterial puncture, thoracentesis, lumbar puncture, inserting a nasogastric tube, inserting a Foley catheter, and suturing lacerations. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatments include, but are not limited to, adult and pediatric cardiopulmonary resuscitation (including two-rescuer scenarios and use of the bag mask), the opening of obstructed airways, automated external defibrillation, the administration of intravenous medication, application of pressure to stop bleeding, and the performance of simple obstetrical maneuvers. Such actions require quick and immediate reaction. Coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision are required.
**Intellectual-Conceptual, Integrative and Quantitative Abilities**

The abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Candidates and students must possess a range of skills that allows mastery of the complex body of knowledge that comprises a medical education. Candidates and students must be able to recall large amounts of information, perform scientific measurements and calculations, and understand and cognitively manipulate three-dimensional models. Candidates and students must be able to learn effectively through a variety of modalities including but not limited to: classroom instruction, small group discussion, individual study of materials, preparation, and presentation of written and oral reports, and use of computer-based technology. Candidates and students must exhibit reasoning abilities sufficient to analyze and synthesize information from a wide variety of sources. The ultimate goal of the student will be to render patient care by solving difficult problems and making diagnostic and therapeutic decisions in a timely fashion. Candidates must be fully alert and attentive at all times in clinical settings.

**Behavioral and Social Attributes**

A candidate must possess the emotional health required for full utilization of intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively when stressed. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Empathy, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that should be assessed during the admissions and education processes. The candidate must be willing to interview, physically examine, and provide care to all patients regardless of their race, ethnicity, gender, culture, religion, or sexual orientation.

**Urine Drug Screen Policy**

The School of Medicine (MUSM) is committed to assisting members of its community in facing the challenges associated with alcohol abuse and illicit drug use (See Aid for the Impaired Medical Student below). The drug testing policy provides an opportunity for early identification and intervention before consequences of drug abuse adversely impact a student’s health, professional growth, and patient care. Early intervention can also provide for successful treatment without the involvement of formal disciplinary action or other sanctioning.

**Background & Rationale**

1. Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, assessment of a student’s suitability to function in a clinical setting is imperative to promote integrity in health care services.

2. Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.

3. Clinical rotations are an essential element in many degree programs’ curricula. Increasingly, these clinical sites require drug screening before student participation at their site. Students with a positive drug screen may be barred from certain rotations and therefore unable to fulfill degree
program requirements. Identification of such students prior to clinical rotations will enable appropriate assessment and indicated treatment and follow-up.

4. The Medical Center of Central Georgia/Navicent Health, Memorial University Medical Center, Columbus Regional Medical Center and St. Francis Hospital require drug screening of all employees. It is appropriate for clinical students to meet the same standards for the reasons stated above.

Policy
Drug testing is required of all students enrolled at MUSM prior to their clinical rotations. Any student may also be required to have drug testing with cause (e.g., signs of impairment witnessed under supervision or violation of the University Drug and Alcohol Policy), and students tested with cause may later be subject to random drug testing.

Procedure
1. Students will be required to undergo a comprehensive urine drug screen the semester prior to starting their clinical rotations or engaging in patient care, or upon request of Dean of Student Affairs when there is appropriate concern to warrant. The initial ELISA test, if positive, will trigger the reference lab to perform a Gas Chromatography/Mass Spectrometry confirmation before calling a positive result. The cost of these screens is the responsibility of the student.

2. Students will receive a general orientation via email for the routine drug testing requirement prior to clinical duties. In cases of screening done for cause, the student will receive directions from the Dean of Student Affairs on the appropriate campus. Urine Drug Screen orders will be provided to each student and they will be performed per the policy of the individual campus.

3. Test results are sent to a Medical Review Officer and, once confirmed, returned to the Associate Dean for Student Affairs where they become part of your confidential record and may be kept by the Campus hospital. If a test is verified positive, the Associate Dean for Student Affairs will meet with that student and discuss the process for evaluation and treatment.

4. All students with a true positive test will be required to have an evaluation by a mental health professional qualified in the assessment of addictive disorders. This individual will establish the appropriate follow-up, which could include referral to an addiction specialist for further evaluation and treatment, referral to an outside drug treatment program, or follow-up and treatment with a monitoring program. Given that an impaired student poses a risk to patient safety, non-compliance with a monitoring program or directed follow-up will require notification of the Student Affairs Dean and mandated medical leave.

5. If a student is already on a clinical rotation and evaluation or recommended treatment would interfere with their performance on that rotation, or if the evaluation indicates concerns about patient safety because of the student’s impairment, then the appropriate Dean of Student Affairs will be notified and the student will be placed on medical leave. Students will be required to have an Administrative evaluation to return from leave.

6. If during or after treatment there is a question of the student’s suitability for clinical work, s/he will be referred to an outside clinician for evaluation.

7. For students on clinical rotations, part of the assessment will be a report from that student’s clinical preceptor regarding his/her performance (without disclosing the reason for the request). This report will be obtained by the appropriate Dean of Student Affairs and conveyed to the individual assessing the student (monitoring program or addiction specialist).

8. Students whose outside rotations require additional drug testing will also have tests performed as above. If one of these tests is positive, the rotation site must be notified and the student will not be able to participate in that clinical rotation. The appropriate Dean of Student Affairs will be notified.
that the student must be on medical leave and the student referred for assessment and treatment as noted above.

9. Drug screening reports will be held in strict confidence in the student’s medical record unless released at a student’s request or under the specific circumstances identified above.

10. Any results released to the Dean are also confidential and are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information visit http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

**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, video-recorded 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 video-record 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.

**Work Hour Rules**

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 work no more than 80 hours a week averaged over a four week block. This begins on the first day of the rotation and starts again on the first Monday of the next four weeks. Students will work no more that 110% (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 two 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, group educational activities may take place beyond the 30 hours but not for more than 36 total hours.
MD Program Curriculum
Curriculum Principles
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.

**Medical Student Competencies**

*Adopted August 2005
Updated May 2012*

The following list of competencies serves as the institutional learning objectives for the M.D. degree program at Mercer University School of Medicine. These competencies are organized around the competency domain framework of the Accreditation Council for Graduate Medical Education (ACGME), 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:

The student graduating with a Doctor of Medicine degree from MUSM 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 be able 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 diagnostic studies.
8. Use information technology to support patient care decisions and patient education.
10. Recognize the importance of relieving pain and suffering in patients and demonstrate knowledge of appropriate means to relieve pain and suffering.
11. Recognize life-threatening emergencies and know appropriate initial intervention.
12. Demonstrate effective patient education/counseling skills.
13. Apply emerging information on individuals’ biologic, genetic, and population-level risks to support prevention and treatment decision.

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 patient care. Students are expected to be able to:
1. Demonstrate an investigatory and analytic thinking method that approaches clinical problems in a logical, efficient, and evidence-based manner.
2. Demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems, across the life span.
3. Demonstrate knowledge of the mechanisms important in maintaining homeostasis.
4. Identify general mechanisms of disease
5. Identify the altered structure and function (pathology and pathophysiology) of the body and its major organ systems resulting from disease.
6. Utilize the scientific method in diagnosing diseases or conditions and in determining the efficacy of conventional and nonconventional therapies.
7. Describe the role of non-biological determinants of health and illness including socioeconomic, environmental, familial, cultural, and psychosocial.
8. Demonstrate knowledge of the epidemiology of common diseases within a defined population and the approaches useful in reducing the incidence and prevalence of those diseases.
9. Demonstrate knowledge of the principles of pharmacology, therapeutics, and therapeutic decision-making.
10. Demonstrate knowledge of the principles of bioethics.
11. Identify the natural history, clinical presentation, diagnostic findings, treatment, management strategies, prevention, and prognosis for common medical problems.
12. Demonstrate an understanding of the principles of health promotion and wellness.

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 be able to:
1. Analyze clinical experiences and scientific information and use this information to systematically improve care.
2. Locate, appraise, assimilate, and apply evidence from peer-reviewed medical and public health literature for care of patients and populations.
3. Apply the knowledge of study designs and statistical methods to the appraisal of clinical studies.
4. Use technology to access and manage medical information, and support life-long learning.
5. Demonstrate self-directed learning and progressive professional development.
6. Demonstrate knowledge of patient safety issues and quality improvement methods that will
improve medical care and population health.

IV. INTERPERSONAL AND COMMUNICATION SKILLS
Students must be able to demonstrate interpersonal and communication skills with patients, patient families, peers, and other members of the health care team. Students are expected to be able to:
1. Create and sustain therapeutic professional relationships with patients
2. Demonstrate effective patient education/counseling skills.
3. Demonstrate effective verbal and nonverbal communication skills, using technologies appropriately.
4. Work effectively with others as a member and leader of a health care team.
5. Honor patient autonomy by eliciting patient preference and incorporating it into the care plan.
6. Teach and present effectively.

V. PROFESSIONALISM
Students must demonstrate professional behavior, adherence to ethical principles, and sensitivity to patients. Students are expected to be able to:
1. Demonstrate respect (tolerance), compassion, altruism, and integrity when interacting with peers, staff, faculty, and patients.
2. Demonstrate reliability by being present, on time and prepared for all educational, administrative, and patient care activities.
3. Understand and maintain proper professional boundaries (physical, sexual, financial, emotional, and confidentiality) with patients, peers, faculty, other members of the health care team and the public at large.
4. Be truthful about medical data, appropriately deal with medical errors, and convey information honestly and tactfully to patients, peers, faculty, and staff.
5. Maintain their physical and mental wellness and recognize and avoid impairment.
6. Recognize limitations and continually assess their own level of competency while actively pursuing knowledge, skills, and attitudes necessary to be a physician.
7. Recognize and manage situations that present a potential conflict of interest, including balancing obligations to patients with one’s self interest.
8. Maintain clear, accurate, and timely medical records.

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 be able to:
1. Describe the organization and financing of the U.S. health care system and the effects of both on access, utilization, and quality of care for individuals and populations.
2. Compare and contrast types of medical practice and delivery systems, including methods of controlling health care costs, allocating resources and maintaining quality of care.
3. Discuss the ethical implications of health care resource allocation and emerging technologies on population health.
4. Describe ways in which a physician can engage the community, contribute to the reduction of health disparities, and advocate for quality patient care.
5. Demonstrate ability to assist patients as they navigate through available medical and non-medical community resources.
6. Demonstrate the ability to help the patient and family navigate through end-of-life issues.
7. Assess the health status of populations, identify community assets and resources, and recommend community-based strategies to improve the health of individuals and populations.
8. Describe the public health responsibilities of the physician including disease surveillance, reporting adverse events, emergency preparedness, and prevention of chronic conditions.

**Laptop Requirements**

*Adopted fall 2011*

MUSM utilizes a computer-based testing methodology. This requires that every student has or purchases a laptop which is ExamSoft (SofTest) software compatible. Please refer to the information below to insure that your system meets the requirements for computer-based testing.

“SofTest can be used on virtually any modern computer (i.e. purchased within the last 3-4 years). Specific system requirements are noted below:"

The ExamSoft main page is located at [http://support.examsoft.com/h/](http://support.examsoft.com/h/).

**Educational Methodology**

The following is a description of the curriculum and various educational methodologies utilized in its delivery. The entire four year curriculum is taught at the Macon Campus and the Savannah Campus with the third and fourth Years being taught at the Columbus Campus. 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 and 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 elements of the curriculum and testing are identical at all sites.

**Biomedical Problems Program**

In this program the basic medical sciences are studied and applied through clinical cases in small group tutorial sessions. Groups of six to eight students meet two or three times each week with a faculty tutor. Student centered discussions are developed through learning issues, exploring knowledge sources, and applying communication skills. The tutors maintain a positive group dynamic, 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 or blocks for which the basic theme is the molecular, cellular and organ bases for health and disease. First-year blocks are four weeks and are structured over two semesters, giving the student opportunities to build on their knowledge base in teams (small groups) and
lectures. This is a new curriculum for the Class of 2020. For the second year the phases are: brain & behavior (5 weeks), cardiology (6 wks), pulmonology (6 wks), gastrointestinal (6 wks), renal (5 wks), endocrinology & biology of reproduction (6 wks).

BMP Remediation Policy

Updated and approved 12-20-12

At the end of two years, students must be satisfactory in all core basic science disciplines covered in the curriculum (anatomy, biochemistry, behavioral science, genetics, histology, immunology, microbiology, neuroscience, pathology, pharmacology, and physiology). Remediation constitutes an integral component of the BMP Program and is intended to help students overcome academic difficulties. Remediation consists of diagnosis, instruction, and evaluation.

Remediation at the End of Year I

Remediation in Year 1 Curriculum is an ongoing real-time process.

Remediation at the End of Year II

A student with an average below 65% in any discipline at the end of Year II must successfully remediate that discipline before advancing to Year III.

1. Discipline faculty responsible for the remediation will schedule a meeting with the student as soon as year-end discipline grades have been finalized. The purpose of this meeting is to determine an approach for study and learning. At this meeting the following will occur:
   
   a. A review of the student’s performance in the discipline including an assessment of areas (Topics) of weakness.

   b. A recommendation by the faculty member of appropriate resources the student should use in his/her remediation and in preparation for the re-assessment.

   c. The student, in consultation with the Discipline faculty will prepare a study plan. This plan must include scheduled meeting(s) between the student and the Discipline faculty to discuss remediation topics.

   d. The Discipline faculty will prepare a remediation contract which will include a summary of the study plan, the type of assessment (either an oral exam or a shelf test, as below) and the date of the assessment. In addition, it will provide detailed information on a second remediation attempt should that be necessary. The discipline will provide contact information for approved external courses. Scheduling of the assessment may not occur during the Community Medicine visit. Students who cancel the examination may be required to pay the testing fee. A signed copy of this contract will be forwarded to the BMP Directors and academic records prior to the start of remediation activities.

2. Remediation will be assessed in the following manner. If the student’s score in the discipline is less than 63% the student will take an NBME discipline specific shelf exam (disciplines that do not have an NBME discipline specific shelf test will develop an alternative to be approved by the academic affairs deans). A student must score at or above the 25th percentile to pass. If the student’s final discipline score is less than 65% but not less than 63% the student may either take an NBME shelf test or an oral examination, at the discretion of discipline faculty.
3. The Discipline faculty is responsible for notifying the student, Academic Records and the BMP Directors of the outcome of the assessment. The chair of the SAPC will be informed of any student who fails an initial remediation exam. Students who fail initial remediation are encouraged to take a remediation course at another institution (with passing of the course considered to be satisfactory completion of remediation) but may repeat the remediation process above. In either case, an updated contract should be created by the discipline which includes the type of remediation and the date of the remediation exam or course dates. It is the student’s responsibility to schedule an approved course to meet the requirements of the contract. Students who fail a second remediation will appear before the SAPC which will determine if the student should repeat the year or engage in further remediation.

**Population Health (formerly Community Medicine) Program**

This program is designed to introduce students to the concepts of community medicine and the application of these concepts within primary care settings within rural and underserved areas of Georgia. The program provides trainees the opportunity to learn the principles of population medicine/population health, community-based disease prevention, care of the underserved, and culturally appropriate approaches to health problems.

**Class of 2020**

During the first two years of our new integrated curriculum, Population Health will be included in each block. A three-week off campus experience (Population Health Visit) with a community physician is included as a component of Professional Growth and Development at the end of Block 2. Community physicians serve as mentors to students who provide clinical care to patients, complete family assessments and conduct a community health needs assessment.

In Year 2, the Population Health Visit will occur in the 3 weeks preceding the Winter Break.

**Class of 2017-19**

During year two, students will again participate in a two week, campus-based phase which addresses evidence-based medicine and biostatistics **Community Medicine II** phase. During the four-week **Community Medicine Year 2 Visit** (in June), the student continues to work with the community-based physician preceptor providing clinical care to patients, following up on families previously assessed, and completing a Chronic Disease Patient Management Project.

Fourth-year students will have an opportunity to conceptualize and implement a community-based or practice-systems based, longitudinal capstone project informed by the year one and year two projects. During year four, students may select from a number of electives offered by the Department of Community Medicine. Students are also exposed to current trends / issues relative to Community Medicine by attending the Grassmann Rural Medicine Lecture Series during their first and second years.

**Year III**

The Year III Program covers a 48 week period in which students are involved in service-based clerkships in Mercer-affiliated community teaching hospitals. The main community teaching hospitals are the Navicent Health in Macon, Memorial University Medical Center in Savannah, Columbus Regional Medical Center, and St. Francis Hospital in Columbus with other sites as available throughout the State. 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
Year IV
The Year IV program includes three required 4-week experiences: one in Community Medicine, and two 4-week selectives in Critical Care, Emergency Medicine, or Geriatric Medicine. A 4 week Sub-Internship which does not count toward the accumulation of patient contact hours is required of each student in Family Medicine, Internal Medicine, Obstetrics /Gynecology, Pediatrics, Psychiatry or Surgery. This requirement may be achieved at a non-MUSM teaching facility if it is labeled as such in VSAS or meets with Year IV Committee Approval if it is not listed in the Senior Elective Catalog. Of the 17 weeks of elective experiences, at least 8 weeks of electives must be Mercer-sponsored electives. Unscheduled time (weeks of vacation time) is provided for residency interviews, vacation, and personal time. 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 17 weeks of elective time needed for graduation. A minimum of 8 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. The Senior Year is completed after the successful completion of a one (1) credit-hour Capstone Course designed to prepare the Senior Student for their entry into their Internship Year.

Accelerated Track in Family Medicine or Internal Medicine
Educational Methodology
Organization
This program allows for students interested in a career in Family Medicine or Internal Medicine the opportunity to complete their medical school coursework in an accelerated 3 year program of study. This accelerated curriculum builds upon the strengths of the MUSM problem-based curriculum with clinical experiences and community medicine activities built into the preclinical curriculum and reinforced through clerkships and elective experiences. The educational objectives for this program are identical to the first three years of the four year MD program. The curriculum is essentially the same as the curriculum for the 4 year MD program but is compressed into 130 weeks of instructional time and offers more educational contact opportunities between students and the respective residency faculty in the chosen specialty. Both Family Medicine and Internal Medicine tracks are available in Savannah and Macon; in Columbus only the Family Medicine track is available.

Admission
Students may apply for admission in this program following the completion of the first semester in the spring of Year I. Students must demonstrate a commitment to excellence and a strong desire to enter into a career in Family Medicine or Internal Medicine. Since this program is an accelerated three year curriculum, demonstrated evidence of academic excellence is a requirement for acceptance. Only students who meet the following criteria will be considered for the program:

1. Strong motivation to enter into Family Medicine or Internal Medicine
2. Maturity necessary to be successful in an accelerated three year program
3. An excellent academic record

Once accepted, a student may remain in the program as long as they remain satisfactory in all educational...
programs. A student who becomes unsatisfactory in any program will be returned to the four year MD program. A student may opt to return to the four year MD program at any time.

**Year I and Year II**

Years I and II covers 89 weeks of scheduled educational activities during which students are involved in the Biomedical Problems Program, clinical skills, bioethics, a community office practice course and clinical experiences in either Family Medicine or Internal Medicine.

The Biomedical Problems Program in the Accelerated Track is identical with that described for the 4 year MD program.

At the beginning of the second year, students will participate in a six-week combined Family Medicine/Community Medicine (or IM/Com Med) rotation unique to this track. This rotation will be under the supervision of specialty specific faculty members and will include several innovative curricular activities that will ensure that students are prepared appropriately for their accelerated experiences. During Year II, students attend a half day continuity clinic every six week at the Resident clinic for the appropriate specialty. This experience allows students increased exposure to clinical medicine and ongoing mentoring by faculty and residents.

The Clinical Skills, Bioethics and Community Office Practice courses in the Accelerated Track are identical with those described for the 4 year MD program.

The didactic portion of the Community Medicine curriculum in the Accelerated Track is identical with that described for the 4 year MD program. Students also participate in a two-week Community Medicine preceptorship at a rural or underserved community-based Family Medicine or Internal Medicine practice during Year 1. These attending physicians serve as mentors as students provide clinical care to patients, complete family assessments and conduct a health needs assessment of the community.

**Year III**

The Year III Program covers 48 instructional weeks during which students are involved in service-based clerkships at Memorial Health University Medical Center in Savannah, Navicent Health in Macon, or Midtown Medical Center in Columbus. Students will participate in 6 core clerkships including: Community Medicine in combination with the accelerated specialty clerkship (5 weeks); Internal Medicine or Family Medicine; Surgery (8 weeks); Pediatrics (8 weeks); Ob/Gyn (6 weeks); Psychiatry (6 weeks) and 6 weeks of electives. The clinical experiences 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.

**USMLE Step 1, Step 2 Clinical Knowledge and Clinical Skills Examination**

Students are required to achieve a passing score on the USMLE Step 1 to advance to Year 3. Students are required to achieve a passing score on the USMLE Step 2 Clinical Knowledge (CK) prior to graduation. Due to the time constraints of the Accelerated program and the time delays in reporting Step 2 Clinical Skills (CS) scores, students are required to take but not pass Step 2 CS prior to graduation. Students are encouraged to take these examinations in the early spring of their third year.

**Academic Performance Standards**

The standards for satisfactory performance in each program component will be distributed by the responsible program component faculty.
Student Appraisal and Promotions Committee (SAPC) and 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.

When the academic standards call for a recommendation of repeating the 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

1. To be promoted into the Year-II curriculum, a student must have satisfactorily completed Blocks I and II of the curriculum.
2. A recommendation to repeat Year-I will be made for any student who has:
   a. failed to achieve an overall passing cumulative score on the content exams at the end of the Block; or
   b. a cumulative tutor score of < 18 in Block I or < 20 in Block II; or
   c. has unsuccessfully remediated the Population Health module; or
   d. has failed the remediation of the MPRA.
3. A recommendation of dismissal during the Year-I curriculum will be made for any student who has:
   a. failed to achieve an overall passing cumulative average score on the content exams at the end of the Block AND has a cumulative tutor score of < 18 in Block I or < 20 in Block II or
   b. failed to achieve an overall passing cumulative average score on the content exams at the end of the Block AND failed the remediation of the MPRA; or
   c. the student receives a cumulative tutor evaluation score of < 18 in Block I or < 20 in Block II AND failed the remediation of the MPRA.

Year I Repeat Year Rules

During repetition of Year-I, a student must successfully complete all components of the Block.
   a. Any student who receives a failing overall passing cumulative score on the content exams at the end of a Block previously failed during his/her first attempt shall be dismissed.
   b. Any student who has a cumulative tutor score of < 18 in Block I or < 20 in Block II shall be dismissed.
   c. Any student who has failed the remediated MPRA shall be dismissed.

Year-II

1. To be promoted into the Year-III curriculum, a student must have satisfactorily completed Blocks III
and IV of the curriculum.
2. A recommendation to repeat Year-II will be made for any student who has:
   a. failed to achieve an overall passing cumulative score on the content exams at the end of the Block; or
   b. a cumulative tutor score of < 16 in Block III or < 24 in Block IV; or
   c. has unsuccessfully remediated the Population Health module; or
   d. has failed the remediation of the MPRA; or
   e. has failed to remediate an unsatisfactory scholarly project
3. A recommendation of dismissal during the Year-II curriculum will be made for any student who has:
   a. failed to achieve an overall passing cumulative average score on the content exams at the end of the Block AND has a cumulative tutor score of < 16 in Block III or < 24 in Block IV or
   b. failed to achieve an overall passing cumulative average score on the content exams at the end of the Block and failed the remediation of the MPRA; or
   c. received a cumulative tutor evaluation score of < 16 in Block III or < 20 in Block IV and failed the remediation of the MPRA; or
   d. failed to achieve an overall passing cumulative average score on the content exams at the end of the Block and has failed to remediate an unsatisfactory scholarly project

**Year II Repeat Year Rules**

During repetition of Year II a student must successfully complete the components of the Block.
   a. Any student who receives a failing overall passing cumulative score on the content exams at the end of a Block previously failed during his/her first attempt shall be dismissed.
   b. Any student who has a cumulative tutor score of < 16 in Block III or < 24 in Block IV shall be dismissed.
   c. Any student who has failed the remediated MPRA shall be dismissed.
   d. Any student who has failed to remediate an unsatisfactory scholarly project shall be dismissed.

**USMLE Step 1**

_A updated July 2015 WPR_

A passing score on the USMLE Step 1 Examination, as prescribed by the USMLE, is required for entry into the Year III curriculum. However, a student who has otherwise satisfactorily completed the Year II curricula but who is awaiting notification of USMLE Step-1 scores may begin the first clerkship. If the student subsequently receives notification that they have failed Step 1, the student is expected to complete that clerkship. If the student satisfactorily fulfills the requirements for the clerkship they will be given academic credit for that clerkship (otherwise they will be given no credit for the clerkship). Once the clerkship is completed, the student will be withdrawn from Year III and be required to complete independent study until a passing score on Step 1 has been achieved.

A student who receives a failing Step 1 score prior to the start of Year III will be placed on independent study to retake Step 1. When USMLE scores are pending after a second attempt on Step 1, that student may begin the Year III clerkships while awaiting the return of the scores. If a second failure is registered, the aforementioned pathway will become effective; after completion of the first clerkship, the student will be withdrawn from Year III until a passing score on Step 1 has been achieved. This student will be placed on academic warning and be required to meet with the Academic Dean to devise a study plan for the next attempt at taking the USMLE I. Failure of the USMLE I for the third time will result in a recommendation for dismissal.
**Year-III**

A. To be promoted to Year IV of the curriculum a student must have satisfactorily completed all requirements of Year III.

B. Any student who receives two (2) or less incomplete evaluations in Year III shall be required to successfully remediate the incomplete(s). This remediation must be completed within 8 weeks of the end of Year III.
   1. Students who are required to remediate any components of a clerkship(s) (with the exception of incomplete clinical encounters-ICE) may not do so during a subsequent clerkship.
   2. Students will not be allowed to participate in any Year IV patient care majority coursework until all remediation events are complete.
   3. Students who fail to complete remediation within 8 weeks of the end of Year III will receive an unsatisfactory grade for the given clerkship.

C. Any student who receives an unsatisfactory in a Year III clerkship shall be required to repeat the clerkship
   1. Students who are required to repeat a clerkship may not do so until the end of the academic year.
   2. Students may be allowed to repeat a clerkship at the end of the academic year but before the start of the next academic year at the discretion of the clerkship director.

D. Any student who receives an unsatisfactory evaluation in one (1) Year III clerkship AND receives an incomplete in one (1) Year III clerkship shall be required:
   1. To repeat the unsatisfactory clerkship; **AND**
   2. Remediate the incomplete clerkship within eight (8) weeks of the completion of Year III.

E. A recommendation to repeat Year III shall be made for any student who:
   1. Receives three (3) incomplete evaluations in Year III (with the exception of incomplete clinical encounters-ICE). This standard will be enforced immediately upon the receipt of the third incomplete evaluation and the student will be placed on a leave of absence. The time on leave will count toward the six (6) year rule; **OR**
   2. Receives unsatisfactory evaluations in two (2) Year III clerkships. This standard will be enforced immediately upon the receipt of the second unsatisfactory evaluation and the student will be placed on a leave of absence. The time on leave will count toward the six (6) year rule.

F. A recommendation of dismissal shall be made for any student who:
   1. Receives an unsatisfactory in the same clerkship twice.

**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.
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 Clerkship Director 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 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 2), 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 both the USMLE Step 2 Clinical Knowledge examination and the USMLE Step 2 Clinical Skills examination within the six-year limit (Composite Requirement 1), 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, Savannah, and Columbus campuses as one class.
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 Medicine 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.

**Graduation Requirements**

1. In the spring of graduation (senior), the student will be required to attend an Exit Interview Session conducted 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 the fourth year, caps, gowns, invitations, and rings will be ordered. Students will be notified by the Registrar's Office when the representative will be on the Macon, Savannah, and Columbus campuses and when the electronic form is available to order graduation paraphernalia.

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 prior to graduation.

**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.

**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 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 of the calendar
year in which their assigned class will graduate may elect to participate in the next scheduled graduation ceremony.

**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. 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. Serve as clearing house for housing information.
5. Administrative supervision of all student groups as listed in the Student Handbook.
6. Oversee student government including the following:
   a. Student Government Association
   b. Student Council Steering Committee
   c. Class Officers
   d. Honor Council
7. Assist students applying for grants and scholarships that require a letter of recommendation from the Associate Dean for Student Affairs.
8. Promote leadership development through encouraging student participation in national meetings.
9. Administer Careers in Medicine Program, a four-year longitudinal program to increase the level of specialty selection in the student population.
10. Supply support for Big Sibs Program.
11. Serve as contact source for referral and follow-up for students presenting with emotional and academic difficulties.
12. Assist in the following student skills development:
   a. Test taking skills
   b. Study skills development
   c. Curriculum Vitae preparation
   d. How to write the “Personal Statement” for residency application
   e. Preparation for residency and employment interviews.
13. Writing the Medical Student Performance Evaluation Letter for all rising fourth-year students.
14. 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.”
15. Responsible for:
   a. White Coat Ceremony
   b. Electronic Residency Application Service (ERAS)
   c. Match Day
   d. Student Clinician Ceremony
   e. Honors/Awards Ceremony
   f. Medical School Graduation
17. Administer Needle Stick Prevention Program and Needle Stick Survey for graduating seniors.
18. 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.

**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 (ACTs), and Case Conferences.

**Preclinical Faculty Advisor**
*Updated July 25, 2016 WPR*
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 PBL 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 pre-clinical curriculum. 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 a resource 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 week of orientation at medical school. Signup sheets for appointment times will be available on the doors of the respective faculty. Other mandatory meetings will occur in early in Block 1 (first year students), early in Block 2 (reflecting on Block 1), and after each block thereafter through the ‘Professional Growth and Development’ block at the end of Year Two.
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 Student Affairs or his/her designee.
6. Students may initiate a request to be assigned a different faculty advisor at any time upon request through the Associate Dean for Student Affairs.

**Clinical Advisor**
You will be asked to select a clinical year’s 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 year’s advisor in year 3 and year 4. You may change clinical advisors upon request to the clinical coordinator. The clinical year’s advisor system will be explained in detail at the year 3 orientation.

**Academic Counseling Team (ACT)**
*Updated June 19, 2013 AAH*
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 student advisor will continue to 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 Academic Affairs and includes: the Deans of Academic Affairs, the Deans of Student Affairs, 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 Student Affairs will meet with the student and discuss this recommendation.

**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. The Academic Resource Center (ARC) seeks to help members of the campus community attain academic and career success by promoting independent, active, and lifelong learning; scholarly achievement, and personal development. **Contact the ARC Director at: (478) 301-2669 or go to their website:** [www.mercer.edu/arc](http://www.mercer.edu/arc) **for more information.** ARC is located in the Connell Student Center and is open 24 hours a day.

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.

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

*Updated January 2013 AAH*

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. Graduate Students and Medical Students are held to the same standard as regards to University premises and other premises where the student is present as part of the School’s educational program.

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 Office of Student Affairs is a specific contact point 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 problems are identified by the School and when 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.

*Signs of Emotional Illness or Chemical Dependency*

The following are signs of emotional illness or chemical dependency. The list is not necessarily comprehensive. It is intended to assist individual faculty in identifying students with potential difficulties.

- Change in personality, dressing habits or neatness
- Excessive irritability, anger beyond control
- Mental confusion, drowsiness, inattention to work, loud, inappropriate euphoria
- Appearance of being depressed, sad, withdrawn
- Unsteady gait, slurred speech, alcohol on breath

**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 policy 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 heavily relied upon, 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 violations may result 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 twenty student members and four professional members. Two students from each class are elected by their peers in the fall semester of their first year, and two students from the Columbus Campus are elected by their peers in the fall semester of their third year. They should be chosen for their integrity, maturity, and discretion. Once elected, these students remain as their class representatives for the remainder of their time at MUSM, unless replaced by class vote. The four professional members of the AIMS Council are chosen by the Dean of the School of Medicine and should represent all campuses of the SOM. 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 campus as the campus 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 Campus Advisor. The purpose of the interview is to bring the student to the point of recognition that a problem exists, to express a commitment to help, and to explain the evaluation and treatment resources available.

Evaluation

The campus 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 the Composite State Medical Board of Georgia) who will perform an evaluation of the student’s condition.
**Treatment**
The campus advisor and AIMS representatives will also assist the impaired student in selecting a treating physician, who 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 student’s individual health plan (insurance is required of all students enrolled at Mercer University School of Medicine).

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
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.

Career Counseling Services
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.

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 an increasingly close look at many of the specialties as you progress. In addition, you have the following resources to help you make that decision.

Career Counseling and Residency Planning Program
The overall objective of the Career Counseling and Residency Planning Program is to provide medical students with the information, counsel, advisement, and resources to enable them to make sound, individual career choices, to navigate the residency match process successfully and ultimately to take their place in the House of Medicine as professional and caring physicians.

The Student Affairs Deans are available to provide individualized career counseling. In addition to individual counseling the Office of Student Affairs utilizes the AAMC Careers in Medicine (CiM) career counseling program to assist medical students in developing their professional identity, to identify a medical specialty fit and to select and apply to residency programs.

Sessions are also held to assist the student in financial planning, study skills, wellness, CV writing and in writing of the personal statement. Sessions are held in a large group setting on all three campuses of Mercer University (Macon, Savannah, and Columbus) as well as via web based modules.

The mission of Mercer University School of Medicine is to provide physicians to serve in primary care and other underrepresented specialties in rural and underserved areas of the State of Georgia. Still, the multitude of healthcare specialties available to students is daunting. To assist them in exploring the various specialties, in exploring themselves and in gathering information about training programs, we have developed a program that begins in orientation to medical school and continues throughout the four years of education culminating in a successful match, the completion of their post-graduate training and taking their place in the House of Medicine as professional and well trained physicians.

Events
This section provides an up to date listing of events offered by the Office of Student Affairs. While all events are targeted to a specific class based upon the timeline, students may attend any session as space is available.

**Freshman Class**

**Pre-matriculation**
A financial aid award packet will be mailed to all accepted students which will include general financial aid information, tuition costs, budget information, and specific award information tailored to each matriculant.

**Orientation**
The entrance workshop for financial planning will be held which will include information concerning the rights and responsibilities of student loan borrowers. Specific agenda items include: Know the Details of Your Loans, The Repayment Timeline, Borrowing Strategically, Understanding and Protecting Your Credit, Loan Disbursement Guidelines.

A session will be presented that reviews the general principles of the Career Counseling and Residency Planning Program and introduces the student to the AAMC Career in Medicine (CiM) website with some emphasis on Wellness, Planning for Residency Applications, Student Abuse, and the Honor Code. Title IX and safety will also be discussed.

**August**
A further introduction to the CiM program with an in-depth review of the opportunities offered on the AAMC CiM website is offered in a one hour session. Each student completes a self-assessment, which allows the student insight into possible specialty choices that might represent good fits for their personality and skills. Students will be given a timeline of events for navigating residency selection and placement.

**September**
A one hour session on the benefits of becoming a life-long learner, building a CV and creating opportunities that will assist the student as they apply to residency (what to do over the summer break). A student panel will be utilized in this session.

**November**
A one hour session on Professionalism and Student Abuse will be presented and will cover expectations of students, staff, and faculty. Also covered will be the process for reporting unprofessional behavior and student mistreatment. The AIMS representatives will be available to offer further insight into the Aid for Impaired Medical Student program as well as to discuss issues surrounding student wellness.

**January**
A session on finances will be presented with fourth year students and the Director of Student Financial Planning discussing budgeting and financial aid through medical school and beyond.

**May**
A one hour session on Specialty Choice will be presented. Students will have the opportunity to speak with a panel of attending and resident physicians on the issue of specialty choice.

**Sophomore Class**

**August**
A one hour session on Exploring Options will be presented with an in-depth exploration of the AAMC CiM Specialty Pages.
<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>September</td>
<td>A session will be held on Financial Literacy will be presented by the Director of Student Financial Planning.</td>
</tr>
<tr>
<td>December</td>
<td>A one hour session will be presented on preparation for USMLE Step 1. Information will be provided on study tips, study aides and various study programs.</td>
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<tr>
<td>January</td>
<td>A session on financial competence will be ably presented by the Director of Student Financial Planning.</td>
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<tr>
<td>March</td>
<td>A one hour session on Preparation for the Third Year will be presented by the clerkship directors and/or representatives and will cover information on general expectations of clerks, call duties, study skills and resources, and differences between the various clerkships.</td>
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**Junior Class**

| July      | An orientation is held for all third year transfer students to cover all first and second year sessions as well as to provide entrance counseling for financial planning and budgeting. A session on Choosing a Clinical Advisor, Specialty Choice, Professionalism, Wellness, Student Mistreatment, and Drug and Alcohol Use Policy, will be presented. |
| Oct-Jan   | 30 minute sessions will be held by the Director of Student Financial Services on all three campuses to discuss loan forgiveness and repayment. |
| December  | A session with MS 4 students to discuss away rotations, VSAS, budgeting, Advisors, and the application process will be presented. |
| January   | A session is held immediately preceding the longitudinal course to discuss VSAS, budgeting for away rotations, interviews, and beyond. |
| April     | A session to discuss Match Strategies, Backup Plans and Navigating a Successful Match. |

Fourth Year Orientation – A one hour session held near the end of the third year that will cover Fourth Year Planning, ERAS, NRMP, How to Apply for Residency and the Interview Process.

**Senior Class**

| Fall      | Resources on Residency Match Process are emailed to students, including information from the AAMC CiM website, a copy of the American Academy of Family Physician’s Strolling through the Match, and the information on registering with ERAS and the NRMP. |
| January   | Resources on How to Prepare a Rank Order List are emailed to students including information from the NRMP website. |
Financial Planning resources will be emailed to all students.

March

Financial planning resources will be emailed to all students.

Capstone Course

All students will attend mandatory Financial Planning Exit Counseling.

A one hour session will be held to discuss Wellness, Professionalism, and CiM for residents or these topics will be covered by the curriculum of the Capstone Course.

Careers in Medicine (CiM) Program

Careers in Medicine is a four-phase program designed by the AAMC 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.

Student Research Scholars Programs

The Student Research Scholars Program (aka Summer Scholars) 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 then the students will interview with potential research mentors. Other opportunities for research fellowships at the local and national level are also available.

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 - https://www.aamc.org/cim/specialty/

FREIDA website by the AMA - http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online/about-freida-online/freida-online-services.page

So you want to be a surgeon - http://www.facs.org/residencysearch/

Electronic Residency Application Service (ERAS) – https://www.aamc.org/services/eras/

National Resident Matching Program (NRMP) – www.nrmp.org

Strolling Through the Match

Strolling through the Match was designed by the American Academy of Family Physicians to help students navigate the complexities of the Match. It was developed to help you make appropriate decisions about your professional career and to learn more about the process of getting residency training. It contains information on how to choose a specialty, preparing your personal statement, preparing your CV and resume, tips on letters of recommendation and the MSPE (Dean’s letter) as well as selecting a residency program and the interview process. Finally, you will find information about the
Match and how it works. This is intended as a supplement to the ERAS and NRMP websites noted elsewhere in this handbook. You can find out more about this resource at the following link: Strolling through the Match

**ERAS- Electronic Residency Application Service**

Electronic Residency Application Service (ERAS®) is a service that transmits applications, letters of recommendation (LoRs), Medical Student Performance Evaluations (MSPEs), medical school transcripts, USMLE transcripts, COMLEX transcripts, and other supporting credentials from applicants and their designated dean's office to program directors. ERAS consists of MyERAS, Dean's Office Workstation (DWS), Program Director's Workstation (PDWS), and ERAS PostOffice. You can find out more about ERAS at the following link: [https://www.aamc.org/services/eras/](https://www.aamc.org/services/eras/)

**CV- Curriculum Vitae**

Though you may not have prepared a formal CV ("course of life"), you are already familiar with its function and the type of information needed from your applications for employment, college, or for that matter, medical school. One of the primary functions of a CV is to provide a succinct chronicle of your experience and training.

In a sense, a CV is a multi-purpose, personal application form for employment, educational opportunities, honors and awards, membership or participation in an organization. Learning to prepare a good CV now will help you throughout your professional life. It is a living, not a static, document that must be continually updated as you complete new experiences or accomplishments.

For more information on how to write a CV you can refer to Strolling through the Match or check out some of the following resources.


*Résumés for Better Jobs*, Lawrence Brennan, Stanley Strand, Edward C. Gruber, IDG Books

*The Perfect Résumé*, Tom Jackson, Ellen Jackson, Main Street Books, 1996.


You can also find many more titles at the medical school library or your local library or bookstore. Some libraries offer online videos dedicated to CV and résumé writing that you can check out. And most cities probably have at least one résumé writing service available.

**Personal Statement**

A part of every application process is the preparation of a personal or autobiographical statement. Generally speaking, the application forms for residency positions will request a personal statement. Some tips to help you include the following:

- Write in complete sentences.
- Avoid abbreviations — don’t assume your reader knows the acronyms you use.
- As a courtesy, spell it out.
Avoid repetitive sentence structure. Avoid using jargon. If there is a shorter, simpler, less pretentious way of putting it, do so. Use a dictionary and spell check. Misspelled words look bad. Use a thesaurus. Variety in the written language can add interest — but don’t get carried away.

ERAS lets applicants create one or more personal statements that can be earmarked for specific programs. Some programs ask applicants to address specific questions in their personal statements. ERAS includes a simple text editor for typing your personal statements; however, you may complete your personal statement using word processing software that lets you make changes more easily and take advantage of the available editing features, such as spell check. After you’ve completed the final text, save your document as a text file. Then use the “cut and paste” feature to add your information to the personal statement section of your ERAS application. Before you assign the personal statement to a program, print a copy for review to ensure there are no hidden page breaks or special characters embedded from the word processor.

Your personal statement(s) must be assigned individually to each program. The MyERAS website has a link that describes how to complete the document and assign personal statements to individual programs using MyERAS.

For more information on how to write your personal statement you may also refer to Strolling through the Match

**MSPE- Medical Student Performance Evaluation Letter (Dean's 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 that 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 into 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 October 1st deadline.

**NRMP- National Residency Matching Program**
The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States. You can find out more about this at the following link: [www.nrmp.org](http://www.nrmp.org)

**Debt Management**
Because debt management is very important to students and graduates, the Financial Planning Office conducts financial literacy sessions to provide important information about budgeting, credit, financial
resources, loan terms, repayment options, etc. to help students plan their borrowing and loan repayment. Attendance at these sessions is MANDATORY for all students who have outstanding student loan balances. In addition, personnel in the Financial Planning Office are available for individual counseling sessions. Please contact the Financial Planning Office at 478-301-2853 or email at financialaid-l@med.mercer.edu.

**Financial Aid**

Financial Aid is available to eligible students in all degree programs on all campuses to help reduce the cost of education (tuition, fees and living expenses). Personnel in the MUSM Office of Financial Planning are available to help students explore the financial aid resources available to meet their individual needs. Completion of the Free Application for Federal Aid (FAFSA) is required annually in order to qualify for federal, state, and institutional programs. Detailed information regarding the various programs may be obtained on the MUSM website at [http://medicine.mercer.edu/student-services/financial-aid/](http://medicine.mercer.edu/student-services/financial-aid/). Please contact the Financial Planning Office at 478-301-2853, or email at financialaid-l@med.mercer.edu, if you need assistance.

**Health and Wellness**

MUSM recognizes that the challenges and stresses associated with attending medical school can be overwhelming at times. In order to ensure the best possible health and wellness of our students we provide wellness education beginning in the Orientation to medical school. Additionally, facilities are provided on both four-year campuses.

**Macon** - MUSM students on the Macon Campus have access to the University Center. The University Center has a coffee shop, food court, indoor track, indoor pool, weight room, cardiovascular room, varsity athletic team rooms, the Trustees’ Dining Room, the Presidents’ Dining Room, Heritage Hall, and a 3,500-seat arena. A fee is charged for the use of the indoor pool however, the outdoor pool is available free of charge. Students will be asked to show proper identification when using facilities.

**Savannah** - Students on the Savannah campus may join the MUMC health facility, located on the Savannah Campus.

**Insurance Coverage**

**Health Insurance**

Due to the continuing need for all students to have adequate health care coverage, Mercer University requires that all Macon, Atlanta, Savannah, and Columbus Campus students 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 your studies at Mercer.

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.

**Disability Insurance**

There is limited disability insurance provided through MedPlus Advantage should you become disabled while in medical school. You can learn more at [www.medplusadvantage.com](http://www.medplusadvantage.com)
**Malpractice Insurance**
When students participate in clinical experiences that are approved as part of their medical training they will be covered by the School’s malpractice insurance policy. In addition to the formal curriculum, MUSM recognizes that other experiences and activities contribute to the education and development of a physician. The experiences and activities include but are not limited to shadowing of physicians and health-care professionals, participation in hospital and community health care and wellness activities, participation in charitable health care organizations such as free clinics, and participation in faith-based and non-faith-based medical functions such as medical missionary trips. Students are expected to participate in such activities and the Medical School considers these to be approved curricular activities.

**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.

In recognition of this, MUSM provides confidential psychology and counseling services at no charge to our students. In order to protect confidential student health information, MUSM provides general healthcare and psychology care providers and sites separate from the teaching environment.

These resources are available to you:
Counseling and Psychological Services (Macon): 478-301-2862  
Coliseum Health System Life-Line (Macon): 800-548-4221  
Dr. Steve Livingston (Savannah): 912-350-2024  
Pastoral Institute-Ronald King (Columbus): 706-649-6500

If the student prefers, the Associate Dean of Student Affairs-Macon Campus, Dr. Patrick Roche, can be reached at 478-301-2531 (daytime), or after hours at 478-361-5378. The Associate Dean of Student Affairs-Savannah Campus, Dr. Robert Shelley, can be reached at 912-350-1738 (daytime), or after hours at 912-657-7510. Feel free to call either Dr. Roche or Dr. Shelley regardless of your campus affiliation. In Columbus, Dr. Alice House, Campus Dean, is available for advice and support by calling 706-223-5119.

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

**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.

**Student Council/Class Officers**
Each class elects a President, Vice President, Secretary, and Treasurer, per campus, as well as other class officers as described above in Article III, Section B. See Student Council By-laws.
**Student Council Steering Committee**
The Student Council Steering 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.

**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. With significant involvement in these types of activities, the Distinction in Service to the Community (DISC) Award is given to senior students. Examples of DISC projects and requirements for the DISC recognition are found at [http://medicine.mercer.edu/outreach/disc/](http://medicine.mercer.edu/outreach/disc/)

**Fund-Raising Projects**
All fund raising activities **must be pre-approved** by the Associate Dean for 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. A request submitted for absence does guarantee permission to miss required components of the curriculum.

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, as well as the Treasurer of the Student Council and the Associate Dean for Academic Affairs, to be reviewed and approved by the Dean of Student Affairs.
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 University requires that all receipts are originals and that they are itemized. For example, if you turn in a receipt from a restaurant, it is not adequate to have the credit card receipt only, you must also have a receipt that shows details of the ordered food/beverage. Alcoholic beverages are not reimbursable.

The Office of Student Affairs processes the paperwork 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 1st for travel that occurs before June 1st or immediately upon return for travel during June. Students incurring expenses prior to July 1st and who do not turn in proper documentation until after July 1st will not be reimbursed.**

Funding offered through the Office of the Provost of the University will be managed through the Dean’s office and receipts and requests should be submitted to that office.

**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 if all requirements are met.

**Registrar’s Office**

Located in the first floor’s Dean’s Suite in Macon, the Office of the Registrar serves all students of the School of Medicine 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. Cathy Groce serves as Medical School Registrar (478-301-5137) and is assisted by Chasity Watson as Registrar Specialist (478-301-2604).

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**Student Government and Organizations**

*Approved by MUSM Student Council and student body, February 2016*

**Medical Student Council**

**Article I. Name**

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

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 allow any student to appear before it in person to present any matters of interest for consideration.

Section D: The SC shall manage funds allocated to the student body of MUSM in conjunction with the Department of Student Affairs.

Section E: The SC shall be responsible for appointments and elections of class officers, special committees, and any other student organizations within the School of Medicine and shall act to ensure proper and adequate representation of the student body throughout MUSM.

Section F: The SC shall recognize groups as MUSM student organizations after an approval process. Any student organization may apply to the SC for a charter. Student organizations must be chartered to receive funding from the SC.

Section G: Officers and members of SC shall derive their powers and duties solely from their positions on the Student Council as defined in these by-laws and in the Student Council Policies and Procedures Manual.

Section H: Student Council shall not make any rule or require any duty from a member of the Honor Council, Aid for Impaired Medical Students, or any faculty committee that would contradict by-laws or duties specific to that organization’s own rules, policies, or procedures.

Article III. Student Council Membership and Officers

Section A: Student Council will consist of a general council and a Steering Committee and will be made up of both voting and non-voting members. All SC members and officers accept the responsibility to perform the duties outlined in the MUSM Student Handbook and the Student Council Policies and Procedures Manual for their respective positions, as well as any delegated tasks that are deemed a reasonable extension of these duties.

Part 1: Voting members of Student Council include the Presidents and Vice Presidents of each class on each campus from the Doctor of Medicine program, all special council representatives and student representatives to faculty committees (see the SC Policies and Procedures Manual for a complete list), the members of Aid for the Impaired Medical Student (AIMS), and the members of the Organization of Student Representatives (OSR).

Part 2: Non-voting members of Student Council include the Student Body Presidents (except as stipulated in Article IV, Section D), Student Council Treasurer, Student Council Secretary, Honor Council Representatives, and any representatives of other graduate degree programs within the School of Medicine. The Deans of Student Affairs or their representatives shall also serve on the SC as non-voting members.
Part 3: The Steering Committee (formerly “Student Affairs Committee”) will consist of the President and Vice President of each class on each campus, the Student Body Presidents, the SC Treasurer, the SC Secretary, and the Deans of Student Affairs or their representatives. Voting members of the Steering Committee are limited to the class Presidents and Vice Presidents (except as stipulated in Article IV, Section D).

Part 4: Newly elected members of the SC shall assume their full duties and privileges in the spring semester of each year, with specific date varying per year and listed in the Policies and Procedures Manual. If a member is unable to serve the duration of his/her term, he or she will be replaced by a representative elected, or appointed from, his/her class. The Student Body Presidents will determine the course of the new appointment or election.

Section B: Student Council Officers are those members elected by the student body or by student council who do not represent a specific class or committee. These officers are the Student Body Presidents, the Student Council Treasurer, and the Student Council Secretary.

Part 1: Each four-year campus will elect a Student Body President from the rising third or fourth year class.

a. There will be one Student Body President for each four-year campus. He or she may serve only one term. A single term will be defined as one year.

b. One of the Student Body Presidents from a four-year campus will serve as Chair of the Student Council and Steering Committee, and the remaining Student Body President(s) will serve as Vice Chair(s). The responsibilities of Chair of the Student Council will rotate among four-year campuses each year.

Part 2: Student Council will elect a Treasurer and a Secretary from the student body.

a. A voting member of SC may serve as either SC Treasurer or Secretary in addition to his/her role as class or committee representative, in which case the aforementioned member will retain his/her original position’s right to vote on all matters relevant to SC during his/her term as SC Treasurer or Secretary.

Article IV. Voting

Section A: The SC representatives from each class and committee shall possess one vote per representative. A student may not serve concurrently in more than one position that confers a vote on SC.

Section B: A simple majority of the votes cast by a quorum of the members of SC 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.

Section D: In the event of a tie, the Student Body Presidents will wield a single, collective, tie-breaking vote.

Article V. Committees

Section A: Standing and special committee Chairs may be appointed by the Student Body Presidents with the approval of the SC. Members of these committees shall be chosen from the student body by the Chair of the committee.
Section B: 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 in the presence of a quorum.

Article VI. Meetings

Section A: Meetings of the SC shall be called or scheduled by the Student Body Presidents at their discretion, or by any member of the SC.

Section B: All meetings of the SC shall be open to attendance by all members of the MUSM student body.

Section C: The Student Body Presidents may declare attendance to any particular meeting mandatory for all SC members.

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

Section E: Active participants in a called meeting will consist solely of SC members unless otherwise designated by the Student Body Presidents. Any member of the faculty or student body may be placed on the meeting agenda, at the discretion of a Student Body Presidents.

Section F: The Student Body Presidents may request the presence of an individual at a designated meeting as deemed necessary/ideal.

Article VII. Attendance

Section A: All voting members of SC will be allowed two unexcused absences from called meetings each year. Failure to contact a Student Body President in advance of a meeting automatically constitutes an unexcused absence. The determination of an excused or unexcused absence will be made by the Student Body Presidents. Once two unexcused absences have been exceeded by a voting member, that member’s actions may have constituted dereliction of duty and should be addressed as stated in Article IX, Section C, Part 3.

Section B: 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 C: Non-voting members are welcome but not required to attend SC meetings.

Article VIII. Revision of Student Council By-laws and Policies and Procedures Manual

Section A: An amendment or revision of the by-laws may be proposed by any member of SC or by any member of the student body.

Part 1: An amendment or revision must receive a two-thirds affirmative vote of the SC in the presence of a quorum as defined above in Article IV, Section C.

Part 2: Following approval by the SC, the student body will vote on the proposed revisions or amendments. In order for a proposed revision or amendment to be accepted, a simple majority of the student body must vote in favor of the change in the presence of a quorum.

Part 3: A quorum will be defined as two-thirds of the student body.

Part 4: An amendment to the by-laws becomes effective immediately upon adoption unless otherwise specified by the amendment.
**Section B:** An amendment or revision of the Policies and Procedures Manual may be proposed by any member of SC or by any member of the student body.

**Part 1:** An amendment or revision must receive a two-thirds vote of the SC in the presence of a quorum as defined above in Article IV, Section C.

**Part 2:** An amendment or revision of the Policies and Procedures Manual becomes effective immediately upon adoption unless otherwise specified by the amendment.

**Part 3:** The student body may force a vote of reconsideration for any individual policy in the Policies and Procedures Manual by submitting a petition containing at least twenty student signatures to the Student Body Presidents. After receipt of the petition, SC will call a vote to consider amending or replacing the policy in question and schedule it for the next meeting. The vote will be conducted in the usual manner described in Article IV of these bylaws. Petition signatories and concerned parties will be invited to speak at the meeting before the vote. If the motion to reconsider passes, SC will then propose a revision or replacement of the policy by no later than the next monthly meeting. Any vote on the proposed new policy must occur according to Article VIII, Section B, Part 1 above. If the proposed new policy fails to gain a two-thirds majority of SC, the original policy in question will be retained.

**Article IX. Removal of Officers from Elected Office**

**Section A:** Should an elected student’s position hinder his or her academic performance, the Dean of Academic Affairs with the approval of the Dean of Student Affairs has the authority to remove that student from said position.

**Section B:** The Student Body Presidents also have the collective authority to propose to the Deans of Student Affairs the removal of any SC member or class officer deemed to have violated or ignored the duties of his or her position as stated in Article III, Section A, or to have breached the Honor Code as presented in the Mercer University Student Handbook. The proposed removal will proceed only with the unanimous agreement of the Deans of Student Affairs and the Student Body Presidents. In the case of removal, a special election or appointment will be held. The Student Body Presidents will determine the course of the new appointment or election. In the event that a Student Body President is found to have violated Article III, Section A, or to have breached the Honor Code, a vote of “No Confidence” may be undertaken by SC to remove the Student Body President as outlined in Article IX, Section C, below.

**Section C:** The voting members of SC have the authority to initiate a vote of “No Confidence” for misconduct or dereliction of duty by any SC member or class officer.

**Part 1:** It is the duty of the Student Council to oversee the actions of the class officer positions of all classes on all campuses of the Mercer University School of Medicine, pursuant to Article II, Section E.

**Part 2:** As stated in Article III, Section A: “[a]ll SC members and class officers accept the responsibility to perform the duties outlined in the MUSM Student Handbook and the SC Policies and Procedures Manual for their respective positions, as well as any delegated tasks that are deemed a reasonable extension of these duties.”

**Part 3:** Any elected SC member or class officer may face a vote of no confidence if the aforementioned duties are not fulfilled.

a. In the event of dereliction of these required tasks, any member of Student Council can suggest a vote of no confidence.
b. A vote of no confidence will require a two-thirds vote of the Student Council in the presence of a quorum as defined in Article IV, Section C.

c. If the position is vacated by a vote of no confidence, the position will be filled using the same protocol by which it was originally elected.

Section D: In the event of any SC member or class officer’s impeachment, whether by the authority granted in Article IX, Section B or C, SC will proceed in accordance with the specific procedures detailed in the SC Policy and Procedures Manual for ensuring a fair hearing before SC.

Class Council

Article I. Duties and Powers
Section A: A class council shall serve as the collective representative of its class to the administration and faculty of MUSM, as well as to the Student Council.

Section B: A class council shall collect dues and manage the finances and accounts of its class.

Section C: A class council shall conduct itself in accordance with the Student Council Policies and Procedures Manual. Officers and members of a class council shall derive their powers and duties solely from their positions as defined in these by-laws and in the Student Council Policies and Procedures Manual.

Article II. Membership and Officers
Section A: Each class on each campus will elect the following members to their Class Council: President, Vice President, Secretary, Treasurer, and Social Chair(s). Additionally, the aforementioned class executive officers may create positions not listed here and elect officers to those positions which they deem necessary to adequately serve their peers. Elections will be held annually in accordance with the policies and procedures outlined in the SC Policies and Procedures Manual.

Section B: Newly elected members of a Class Council shall assume their full duties and privileges according to the timeline set in the Policies and Procedures Manual. First years will be elected in the fall, and other classes shall hold elections in the spring. If an officer is unable to serve the duration of his/her term, he or she will be replaced by a representative elected from his/her class.

Article III. Removal of Officers from Elected Office
Section A: All issues related to dereliction of duty and removal of a class officer from his/her elected position should be handled pursuant to the Medical Student Council section of the by-laws, Article IX.

Honor Council

Article I. Duties and Powers
Section A: Honor Council Representatives will comport themselves in accordance with the by-laws specific to their committee and with the description of their duties as stated in the SC Policies and Procedures Manual.

Article II. Membership
Section A: The student representatives to the Honor Council shall be composed of an elected representative from each class on each campus of the School of Medicine. Should any member be required to leave the Council for academic or personal reasons, the class which he/she has represented should elect a replacement as soon as possible to complete the unexpired term. Elections will be held annually in accordance with the policies and procedures outlined in the SC Policies and Procedures Manual.
Article III. Removal of Officers from Elected Office
Section A: All issues related to dereliction of duty and removal of an Honor Council representative from his/her elected position should be handled pursuant to the Medical Student Council section of the by-laws, Article IX, and by the Honor Council’s own regulatory system.

Organization of Student Representatives (OSR)
Article I. Duties and Powers
Section A: MUSM students chosen to represent the School of Medicine on the Organization of Student Representatives shall be liaisons among the MUSM student body, MUSM faculty and administration, and the American Association of Medical Colleges’ OSR.

Section B: Representatives shall serve as ambassadors to MUSM and may be called upon to serve the school in various capacities as such.

Section C: OSR members shall attend official OSR conferences according to the Policies and Procedures Manual, disseminating relevant information to the student body upon return.

Section D: Students serving on OSR shall work closely with the Deans of Student Affairs to relay relevant information from conferences and student body feedback, initiate and advocate for changes or improvements within MUSM, and to maintain OSR’s visibility within the School of Medicine.

Article II. Membership
Section A: Students will be elected annually as MUSM OSR representatives according to the Policies and Procedures Manual.
Section B: Each OSR representative shall possess one vote on the MUSM Student Council.

Article III. Removal of Officers from Elected Office
Section A: All issues related to dereliction of duty and removal of an OSR member from his/her elected position should be handled pursuant to the Medical Student Council section of the by-laws, Article IX.

Aid for the Impaired Medical Student (AIMS)
Article I. Duties and Powers
Section A: AIMS representatives shall serve the student body as advocates for any and all MUSM students who are becoming or have become impaired in their ability to complete their studies.

Section B: Representatives shall detect impaired classmates, respectfully and compassionately guiding them through a process to receive help and support.
Section C: AIMS Representatives will comport themselves in accordance with the by-laws specific to their committee and with the description of their duties as stated in the SC Policies and Procedures Manual.

Article II. Membership
Section A: The AIMS representatives shall be elected annually from each class on each campus according to the SC Policies and Procedures Manual. Should any member be required to leave the Council for academic or personal reasons, the class which he/she has represented, with the guidance of the remaining AIMS representatives and AIMS Council, should elect a replacement as soon as possible to complete the unexpired term.
Article III. Removal of Officers from Elected Office
Section A: All issues related to dereliction of duty and removal of an AIMS representative from his/her elected position should be handled pursuant to the Medical Student Council section of the by-laws, Article IX, in conjunction with the AIMS Council.

Special Council and Faculty Committee Positions
Article I. Duties and Powers
Section A: Student representatives elected to faculty committees shall represent the views of SC and of their peers to their respective committees and shall provide updates to SC of relevant committee proceedings. Additionally, these student representatives shall conduct themselves in accordance with the by-laws of their respective committees.

Section B: In addition to their particular student organization responsibilities, special council representatives shall represent the views of SC to their organizations and will provide updates to SC of relevant organization activities.

Article II. Membership
Section A: A list of faculty committees requiring student representation, relevant election procedures, and the specifics of faculty committee functions will be maintained and updated by student council in the Policies and Procedures Manual annually. Elections will be held annually in accordance with the policies and procedures outlined in the SC Policies and Procedures Manual.

Section B: Special council representatives will include elected members to any committee or organization designated as such in the SC Policies and Procedures Manual.

Article III. Removal of Officers from Elected Office
Section A: All issues related to dereliction of duty and removal of a representative from his/her elected position should be handled pursuant to the Medical Student Council section of the by-laws, Article IX.

Student Health Services Program*
The Mercer University Student Health Services Program (SHSP) offers students a comprehensive approach to health care, and is available to all Mercerians at no additional cost. The SHSP is NOT a health insurance policy, but is rather a means of access to a health care delivery system. Please see the Mercer University SOM Student Handbook for more information on the program and the exclusion list.

The SHSP is also available to assist students in reducing the costs of health care while enrolled at Mercer. Thus, spouses, children, and relatives of Mercer students and Mercer Faculty and Staff are not eligible for coverage under the SHSP.

For students enrolled in the MD Program at the School of Medicine, access through the Program is available for the entire calendar year.

Student Health Center
The Student Health Center is the primary provider of health services for all Mercer students however in order to protect confidential medical student health information, MUSM provides general healthcare and psychology care providers and sites separate from the teaching environment. Clinical care shall not be
rendered by clinicians who will evaluate the academic performance of students seeking care. Clinicians who have rendered care to students will be required to disclose this information if asked to complete an academic evaluation and that evaluation will be excluded from the student’s record. Additionally, students may report any potential conflict of interest that arises from the physician-student relationship to Academic Records. At no time will students seeking care be examined by fellow students that may be rotating through a clinician’s office, nor do medical students complete clinical rotations at the Student Health Center.

**Macon** - On the Macon Campus, the Student Health Center is staffed by two registered nurses and one physician who see patients during scheduled clinics for minor health care needs. Students are first seen at the Student Health Center by the nursing staff, and then are either treated by the nurse if the problem is minor or not of a sensitive nature, or referred to other providers in the community who do not have a role in the academic evaluation of medical students. 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. Student Health can be contacted at 478-301-2696 during regular office hours. For emergencies that occur after these hours please call 911 or present to the nearest emergency room.

**Savannah** - Memorial Medical Associates and Chatham Medical will be primary care providers for Mercer University School of Medicine students. Also, the CareNow Urgent Care facility on Eisenhower Drive will provide urgent care and accept walk ins. Physicians in these practices do not have a role in the academic evaluation of medical students. The contact number is 912-350-0111. Students will be given an appointment with the first available doctor in either group - or they may request a doctor at that physician’s first available slot. “After hours” care is provided by Memorial Emergency Department.

**Columbus** - Student health services on the Columbus campus parallel those on the other campuses. Columbus Regional Medical Center and St. Francis Hospital employee health departments oversee immunizations and any occupational exposures for the Columbus students. Episodic and ongoing health care needs are met by the student’s personal physician who will not have a role in the academic evaluation of medical students.

**All Other Campus and Clinical Sites** - Students at all other campuses and clinical sites should present to the closest urgent care or emergent care facility for appropriate medical attention. If you have any questions please address them to the staff of the Student Health Center or the Student Affairs Office on your campus.

The SHSP is not meant to take the place of primary insurance held by you, your parents, guardian, or spouse. Your primary insurance will be billed for all physician services provided and all co-pays will apply.

*For those students enrolled on a campus that is 50 miles or more from the Atlanta or Macon Campus then the requirement for a referral prior to medical attention is waived however attention should be paid to those services not included.*

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

All Campuses:
CORE Administrative Services  478-741-3521
(Call with questions regarding coverage or payment of claims)